



# NORTH DAKOTA HEAD START STATE COLLABORATION OFFICE NEEDS ASSESSMENT

## 2008-2009 SURVEY RESULTS



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

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This report, entitled *North Dakota Head Start State Collaboration Office Needs Assessment, 2008-2009 Survey Results*, presents findings from a survey of staff and directors representing 11 of the 14 Head Start programs in North Dakota for the school year 2008-2009. 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.

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### **Authors**

Ramona Danielson  
Dr. Richard Rathge, Director

### **Contributors**

Kay Schwarzwalter  
Kendra Erickson

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# INTRODUCTION

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## 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 2007, the poverty threshold for a family of four was \$20,650. 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 Program Information Report data, North Dakota had funded enrollment of 3,353 participants and 3,905 enrollees over the 2006-07 program year. This represented 3,625 families, and included 82 pregnant women.

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

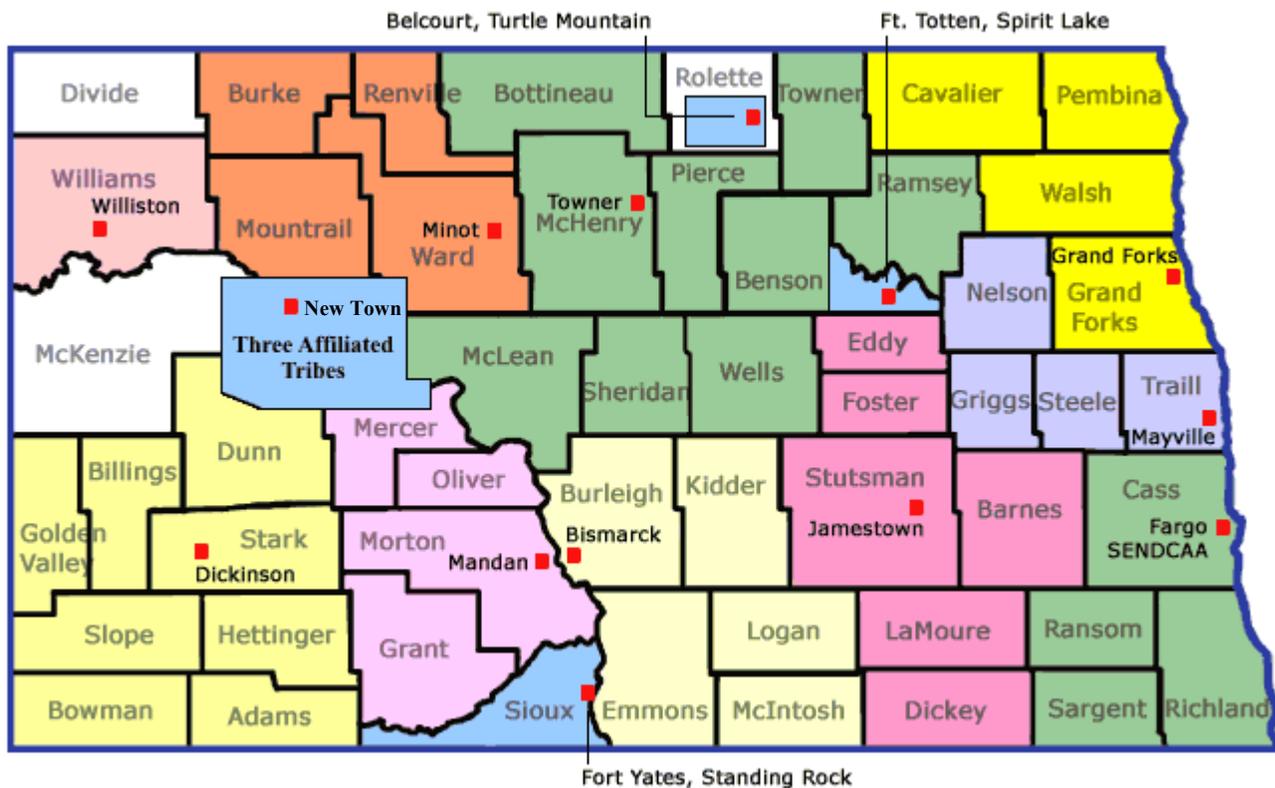
Information and data from 11 of the state’s 14 programs are included in this report (see Table 1).

The locations and total funded enrollment of the 14 Head Start and Early Head Start programs are as follows (<http://www.nd.gov/dhs/services/childfamily/headstart/>; <http://www.ndkidscount.org/headstart/HeadStart2007AnnualProfileReport.pdf>):

- 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 2006-07 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 2006-07 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 2006-07 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 2006-07 was 332.

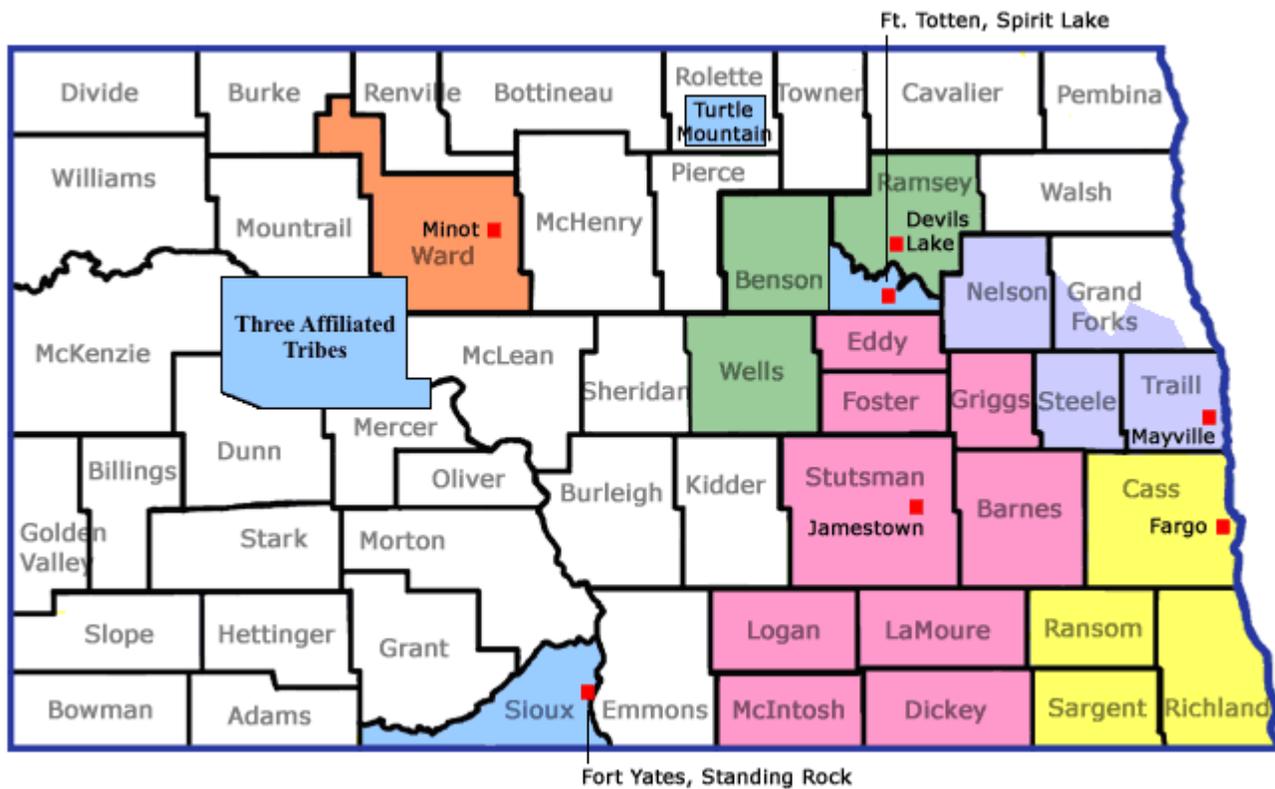
- 5) **Turtle Mountain Band of Chippewa Indians Head Start** is based in *Belcourt* and serves Rolette County and the Turtle Mountain Band of Chippewa Indians reservation. Total funded enrollment in 2006-07 was 330.
- 6) **Early Explorers Head Start Program** is based in *Towner* and serves Bottineau, 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 2006-07 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 2006-07 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 2006-07 was 231.
- 9) **Spirit Lake 0-5 Head Start Program** is based in *Fort Totten* and serves the Spirit Lake Dakota Sioux reservation. This program also has Early Head Start. Total funded enrollment in 2006-07 was 175.
- 10) **West River Head Start** is based in *Mandan* and serves Mercer, Oliver, Morton, and Grant counties. Total funded enrollment in 2006-07 was 168.
- 11) **Three Affiliated Tribes Head Start** is based in *New Town* and serves the Three Affiliated Tribes reservation. Total funded enrollment in 2006-07 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 2006-07 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 2006-07 was 120.
- 14) **Williston Head Start** is based in *Williston* and serves Williams County. Total funded enrollment in 2006-07 was 115.

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>)

# STUDY DESIGN

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## 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.

## Survey Instruments

Ten separate surveys were developed, each representing one of the nine activity areas noted above. This was accomplished in collaboration with the National Office of Head Start. The surveys were pre-tested with two Head Start programs (i.e., one urban and one rural). Feedback from the pre-test was used to modify and finalize the survey instruments.

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

Surveys were mailed in early October 2008. Reminder letters were sent in early December. Data collection was completed by mid-December.

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. The 10 separate surveys were packaged into one set for mailing. Two sets of the 10 surveys were mailed to each of the 14 North Dakota Head Start directors. A cover letter from State Head Start Administrator Linda Rorman was included in the mailing. The letter explained the purpose of the survey and requested each Head Start director to distribute one set of the surveys to the appropriate people tasked with each activity. If a person was responsible for more than one activity area, they were to fill out each of the surveys that corresponded to their areas of responsibility. A separate stamped return envelope was included with each of the 10 surveys. This was done to ensure confidentiality of the respondent. The directors were requested to fill out the second set of 10 surveys themselves and return the surveys in an accompanying stamped envelope. All surveys were returned directly to the North Dakota State Data Center for analysis.

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 in this survey, but were not required to participate because they were responsible for completing a separate needs assessment. Ten surveys were received from one program (Belcourt), and the data are included in the analysis and discussion. All of the 10 programs required to participate responded to the survey. Of the 200 surveys mailed out to these 10 programs, 151 were returned for a response rate of 76 percent (see Table 1). Individual program response rates ranged from 50 percent to 100 percent.

Table 1. Survey Responses by North Dakota Head Start Program

Head Start Program	Surveys mailed		Surveys returned	
	Number	Percent of total number mailed	Number	Response rate
<b>Required to participate</b>				
West River Head Start (Mandan)	20	10%	20	100%
Head Start and Child Development Center at Mayville State University	20	10%	20	100%
Minot Public Schools Head Start	20	10%	20	100%
Williston Head Start	20	10%	18	90%
Community Action Head Start (Dickinson)	20	10%	16	80%
Community Action Agency Region VI Head Start (Jamestown)	20	10%	16	80%
Grand Forks Head Start Program	20	10%	11	55%
Head Start at BECEP (Bismarck)	20	10%	10	50%
SENDCAA Head Start Program (Fargo)	20	10%	10	50%
Early Explorers Head Start Program (Towner/Devils Lake)	20	10%	10	50%
TOTAL	200	100%	151	76%
<b>Invited to participate, but not required</b>				
Turtle Mountain Band of Chippewa Indians Head Start (Belcourt)	20	25%	10	50%
Spirit Lake 0-5 Head Start Program (Fort Totten)	20	25%	0	0%
Standing Rock 0-5 Head Start Program (Fort Yates)	20	25%	0	0%
Three Affiliated Tribes Head Start (New Town)	20	25%	0	0%
TOTAL	80	100%	10	13%

The 151 surveys from the programs that were required to participate and the 10 surveys from a program that was not required to participate, a total N of 161 surveys, were combined and presented in the analysis and discussion. The total numbers of responses per key activity area ranged from 14 to 17 (see Table 2).

Table 2. Survey Responses by Key Activity Area

Key Activity Area	Number of surveys returned
Area 1: Health care	17
Area 2: Children experiencing homelessness	17
Area 3: Family/child assistance	17
Area 4: Child care	16
Area 5: Family literacy services	16
Area 6: Children with disabilities and their families	16
Area 7: Community services	16
Area 8A: Education - Publicly funded Pre-K partnership development	15
Area 8B: Education - Head Start transition and alignment with K-12	17
Area 9: Professional development	14
TOTAL	161

## 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. A summary and discussion of key findings are presented in the Trends and Recommendations section. Frequency distributions for each of the 10 surveys representing the nine activity areas are presented in the Appendix Tables and Survey Instruments section. All open-ended responses, including additional comments where applicable, are included in the Appendix Tables and Survey Instruments section.

# SURVEY RESULTS

## Key Activity Area 1: Health Care

### Area 1: Involvement with health care

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)

The majority of respondents indicated that their North Dakota Head Start agencies have a working relationship with all 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, WIC, other nutrition services, and public health services. Nearly one in four have no working relationship with state agencies providing mental health prevention and treatment and Indian Health Services, and one in five have no working relationship with programs/services related to children's physical fitness and obesity prevention.

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

% of Respondents	Provider/Organization
24%	State agencies providing mental health prevention and treatment
24%	Indian Health Services
21%	Programs/services related to children's physical fitness and obesity prevention
18%	Children's health education providers (e.g., Child Care Resource & Referral, community-based training)
18%	Parent health education providers (e.g., clinics, wellness centers on the reservations)
18%	Home-visiting providers
14%	Community health centers
6%	Local agencies providing mental health prevention and treatment
6%	Agencies/programs that conduct mental health screenings
6%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
0%	Medical home providers
0%	Dental home providers for treatment and care
0%	WIC (i.e., Women, Infants, and Children Program)
0%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
0%	Public health services

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

- 56% - Services were not available in the area
- 33% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 33% - Other (e.g., being unaware of how to establish/utilize relationships with these providers)
- 22% - Transportation/distance was an issue
- 11% - Met resistance when trying to establish a working relationship

#### Cooperation (exchange information and referrals)

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 41% have a cooperative relationship with Indian Health Services, medical home providers, and dental home providers for treatment and care. Fewer than one in five has a cooperative relationship with children's health education providers, home-visiting providers, and public health services.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
50%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
41%	Indian Health Services
41%	Medical home providers
41%	Dental home providers for treatment and care
35%	Agencies/programs that conduct mental health screenings
35%	WIC (i.e., Women, Infants, and Children Program)
31%	Local agencies providing mental health prevention and treatment
29%	State agencies providing mental health prevention and treatment
29%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
29%	Community health centers
29%	Programs/services related to children's physical fitness and obesity prevention
24%	Parent health education providers (e.g., clinics, wellness centers on the reservations)
18%	Children's health education providers (e.g., Child Care Resource & Referral, community-based training)
18%	Home-visiting providers
13%	Public health services

### Coordination (work together on projects or activities)

Nearly half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with dental home providers for treatment and care and 35% have a coordinating relationship with other nutrition services, children's health education providers, and parent health education providers. Fewer than one in five has a coordinating relationship with WIC and 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

<b>% of Respondents</b>	<b>Provider/Organization</b>
47%	Dental home providers for treatment and care
35%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
35%	Children's health education providers (e.g., Child Care Resource & Referral, community-based training)
35%	Parent health education providers (e.g., clinics, wellness centers on the reservations)
31%	Public health services
29%	State agencies providing mental health prevention and treatment
29%	Community health centers
29%	Programs/services related to children's physical fitness and obesity prevention
29%	Medical home providers
25%	Local agencies providing mental health prevention and treatment
25%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
24%	Agencies/programs that conduct mental health screenings
24%	Home-visiting providers
18%	WIC (i.e., Women, Infants, and Children Program)
12%	Indian Health Services

### Collaboration (share resources and/or have formal, written agreements)

More than half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with public health services, 47% have collaboration with WIC, and 38% have collaboration with local agencies providing mental health prevention and treatment. None has a collaborative relationship with home-visiting providers and Indian Health Services.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
56%	Public health services
47%	WIC (i.e., Women, Infants, and Children Program)
38%	Local agencies providing mental health prevention and treatment
35%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
29%	Medical home providers
29%	Agencies/programs that conduct mental health screenings
19%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
18%	Children's health education providers (e.g., Child Care Resource & Referral, community-based training)
18%	State agencies providing mental health prevention and treatment
14%	Programs/services related to children's physical fitness and obesity prevention
12%	Dental home providers for treatment and care
12%	Parent health education providers (e.g., clinics, wellness centers on the reservations)
7%	Community health centers
0%	Home-visiting providers
0%	Indian Health Services

### Would like more involvement

43% of respondents indicated that their North Dakota Head Start agencies would like more involvement with programs/services related to children's physical fitness and obesity prevention and 29% would like more involvement with dental home providers for treatment and care. None indicated that more involvement is necessary with WIC.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
43%	Programs/services related to children's physical fitness and obesity prevention
29%	Dental home providers for treatment and care
19%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
18%	Medical home providers
18%	State agencies providing mental health prevention and treatment
14%	Community health centers
13%	Local agencies providing mental health prevention and treatment
13%	Public health services
12%	Agencies/programs that conduct mental health screenings
12%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
12%	Children's health education providers (e.g., Child Care Resource & Referral, community-based training)
12%	Parent health education providers (e.g., clinics, wellness centers on the reservations)
12%	Home-visiting providers
6%	Indian Health Services
0%	WIC (i.e., Women, Infants, and Children Program)

### Area 1: Level of difficulty with tasks involving health care

Respondents were asked to indicate the extent to which each 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, and getting children enrolled in SCHIP or Health Tracks/EPST.

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

% of Respondents	Task
59%	Linking children to dental homes that serve young children
34%	Assisting parents to communicate effectively with medical/dental providers
30%	Getting children enrolled in SCHIP or Health Tracks/EPST
24%	Partnering with oral health professionals on oral health related issues (e.g., hygiene, education)
18%	Assisting families to get transportation to appointments
18%	Exchanging information on roles and resources with medical, dental, and other providers/organizations regarding health care
12%	Information/referral/enrollment to Medicaid Waiver programs
11%	Information/referral/enrollment to Medicaid Buy In
6%	Partnering with medical professionals on health related issues (e.g., screening, safety, hygiene)
6%	Arranging coordinated services for children with special health care needs (e.g., link children with special needs to Early Intervention)
6%	Getting full representation and active commitment on your Health Advisory Committee
0%	Linking children to medical homes
0%	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)
0%	Referring families to parent organizations (e.g., Federation of Families, Family Voices)

### Area 1: 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:

- Cost issues (e.g., that parents don't always follow through with needed services because of the cost, that they don't know where to get the money for blood lead screenings and cholesterol referrals)
- Shortage of dental and mental health providers, especially those in rural areas and those who serve Medicaid patients
- Too much paperwork
- Being understaffed

### Area 1: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 5. Some themes include:

- Having a strong Health Advisory board
- Having two RNs on staff
- Having great working relationships with good community partners
- Having great participation from dentists and vision specialists

## Key Activity Area 2: Children Experiencing Homelessness

### Area 2: Involvement with children experiencing homelessness

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)

All of the respondents indicated that their North Dakota Head Start agencies do have a working relationship with local agencies serving families experiencing homelessness. More than half have no working relationship with the Title I Director, 29% have no working relationship with parent organizations that help children and families with homelessness, and 25% have no working relationship with the Local McKinney-Vento Homeless Assistance Act liaison.

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

% of Respondents	Provider/Organization
56%	Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness
29%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)
25%	Local McKinney-Vento Homeless Assistance Act liaison
7%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
0%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)

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

- 49% - Services were not available in the area
- 36% - Other (e.g., not a priority or haven't had a need)
- 9% - Transportation/distance was an issue
- 0% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 0% - Met resistance when trying to establish a working relationship

#### Cooperation (exchange information and referrals)

38% of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the Local McKinney-Vento Homeless Assistance Act liaison and local agencies serving families experiencing homelessness. Fewer than one in five has a cooperative relationship with parent organizations that help children and families with homelessness and with 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

% of Respondents	Provider/Organization
38%	Local McKinney-Vento Homeless Assistance Act liaison
38%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
29%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
14%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)
6%	Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness

### Coordination (work together on projects or activities)

29% of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with local housing agencies and planning groups as well as parent organizations that help children and families with homelessness. Fewer than one in five has a coordinating relationship with the Title I Director.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
29%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
29%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)
25%	Local McKinney-Vento Homeless Assistance Act liaison
25%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
13%	Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness

### Collaboration (share resources and/or have formal, written agreements)

31% of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with local agencies serving families experiencing homelessness and 29% have a collaborative relationship with local housing agencies and planning groups. None has a collaborative relationship with the Title I Director.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
31%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
29%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
14%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)
13%	Local McKinney-Vento Homeless Assistance Act liaison
0%	Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness

### Would like more involvement

29% of respondents indicated that their North Dakota Head Start agencies would like more involvement with parent organizations that help children and families with homelessness.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
29%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)
21%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
19%	Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness
13%	Local McKinney-Vento Homeless Assistance Act liaison
13%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)

**Area 2: Level of difficulty with tasks involving children experiencing homelessness**

Respondents were asked to indicate the extent to which each 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.

Respondents indicated that their Head Start agencies have the greatest difficulties with obtaining sufficient data on the needs of homeless children to inform the program’s annual community assessment as well as with coordination with local education agencies.

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

% of Respondents	Task
32%	Obtaining sufficient data on the needs of homeless children to inform the program’s annual community assessment
30%	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
20%	Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities
18%	Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment
18%	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
12%	Aligning the Head Start program definition of homelessness with the McKinney-Vento Homeless Assistance Act
6%	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

**Area 2: 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:

- People not reaching out for help
- Getting assistance to a family that has a poor rental history or a criminal record or who didn’t follow rules/regulations appropriately
- Resistance from local agencies who think homelessness isn’t an issue in our service area
- Still learning details about the McKinney-Vento Homeless Act
- The definition of homeless being confusing or too defining

**Area 2: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 10. Some themes include:

- Having a good relationship with housing authority, Homeless Coalition, county housing, social services
- Having partnerships with Domestic Violence, Salvation Army, Rental Assistance Programs
- Linking families to services

## Key Activity Area 3: Family/Child Assistance

### Area 3: Involvement with family/child assistance

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 12.

#### No working relationship (little or no contact)

The majority of respondents indicated that their North Dakota Head Start agencies have a working relationship with all of the family/child assistance providers/organizations. All of the respondents indicated that their agencies do have a working relationship with Child Welfare agencies.

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

% of Respondents	Provider/Organization
19%	Employment and Training and Labor Services agencies
19%	Economic and Community Development Councils
12%	TANF agency
6%	Services and networks supporting foster and adoptive families
6%	Parent organizations (e.g., Parent and Family Resource Centers)
0%	Child Welfare agency

Among those with no working relationship, the reasons why: (Appendix Table 13)

- 55% - Services were not available in the area
- 27% - Other (e.g., not aware of local resources, haven't had a purpose to involve them)
- 9% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 9% - Transportation/distance was an issue
- 9% - Met resistance when trying to establish a working relationship

#### Cooperation (exchange information and referrals)

38% of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with services and networks supporting foster and adoptive families and 31% have a cooperative relationship with Economic and Community Development Councils. 13% have a cooperative relationship with Employment Training and Labor Services agencies and parent organizations.

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

% of Respondents	Provider/Organization
38%	Services and networks supporting foster and adoptive families
31%	Economic and Community Development Councils
18%	TANF agency
18%	Child Welfare agency
13%	Employment and Training and Labor Services agencies
13%	Parent organizations (e.g., Parent and Family Resource Centers)

### Coordination (work together on projects or activities)

Nearly two-thirds of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with Employment and Training and Labor Services agencies.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
63%	Employment and Training and Labor Services agencies
38%	Services and networks supporting foster and adoptive families
35%	Child Welfare agency
31%	Economic and Community Development Councils
25%	Parent organizations (e.g., Parent and Family Resource Centers)
18%	TANF agency

### Collaboration (share resources and/or have formal, written agreements)

More than half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent organizations and TANF agencies. Nearly half have a collaborative relationship with Child Welfare agencies. None has a collaborative relationship with 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

<b>% of Respondents</b>	<b>Provider/Organization</b>
56%	Parent organizations (e.g., Parent and Family Resource Centers)
53%	TANF agency
47%	Child Welfare agency
19%	Services and networks supporting foster and adoptive families
6%	Employment and Training and Labor Services agencies
0%	Economic and Community Development Councils

### Would like more involvement

Nearly one in five respondents indicated that their North Dakota Head Start agencies would like more involvement with Economic and Community Development Councils and services and networks supporting foster and adoptive families.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
19%	Economic and Community Development Councils
19%	Services and networks supporting foster and adoptive families
13%	Parent organizations (e.g., Parent and Family Resource Centers)
6%	TANF agency
6%	Employment and Training and Labor Services agencies
6%	Child Welfare agency

### Area 3: Level of difficulty with tasks involving family/child assistance

Respondents were asked to indicate the extent to which each 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 14.

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 task involving family/child assistance is difficult or extremely difficult

% of Respondents	Task
12%	Facilitating shared training and technical assistance opportunities
12%	Getting involved in state level planning and policy development
6%	Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment
6%	Exchanging information on roles and resources with other service providers and organizations regarding family/child assistance services
0%	Obtaining information and data for community assessment and planning
0%	Working together to target recruitment to families receiving TANF, Employment and Training, and related support services
0%	Establishing and implementing local interagency partnership agreements

### Area 3: 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 15. Some themes include:

- Shortage of mental health resources in the area
- Families with poor credit history
- Lack of infant care, transportation, child care assistance
- Not enough parenting supports
- No home visiting programs
- Support for families where parents are developmentally disabled

### Area 3: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 16. Some themes include:

- Improving agency communication, which can lead to a better understanding of resources available
- Collaborating with other agencies, including shared resources and training sessions
- Having staff involved on various boards and committees (e.g., child protection, Child Care Resource & Referral)
- Having on-site parenting classes
- Having close working relationships with local social services office
- Doing your own resource directory
- Having a network with community partners to meet emergency needs of families

## Key Activity Area 4: Child Care

### Area 4: Involvement with child care

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 17.

#### No working relationship (little or no contact)

The majority of respondents indicated that their North Dakota Head Start agencies have a working relationship with all of the child care providers/organizations. All of the respondents indicated that their agencies do have a working relationship with state or regional policy/planning committees that address child care issues as well as higher education programs/services/resources related to child care. One in five has no working relationship with the state agency for child care.

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

% of Respondents	Provider/Organization
21%	State agency for child care
13%	Local child care programs for full-year, full-day services
7%	Child Care Resource & Referral agencies
0%	State or regional policy/planning committees that address child care issues
0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross training)

Among those with no working relationship, the reasons why: (Appendix Table 18)

- 57% - Services were not available in the area
- 43% - Other (e.g., hard to work with local child care providers as they act as separate independent units, no state-level working relationships developed that flow down to local Head Start programs and child care providers)
- 14% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 0% - Transportation/distance was an issue
- 0% - Met resistance when trying to establish a working relationship
- 0% - Children had special needs and provider(s) were unable to meet care requirements

#### Cooperation (exchange information and referrals)

Half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with local child care programs for full-year, full-day services. 29% has a cooperative relationship with the state agency for child care.

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

% of Respondents	Provider/Organization
53%	Local child care programs for full-year, full-day services
40%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross training)
33%	Child Care Resource & Referral agencies
33%	State or regional policy/planning committees that address child care issues
29%	State agency for child care

### Coordination (work together on projects or activities)

Nearly half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with state or regional policy/planning committees that address child care issues. One in five has a coordinating relationship with local child care programs for full-year, full-day services as well as higher education programs/services/resources related to child care.

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

% of Respondents	Provider/Organization
47%	State or regional policy/planning committees that address child care issues
36%	State agency for child care
33%	Child Care Resource & Referral agencies
20%	Local child care programs for full-year, full-day services
20%	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)

One-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with higher education programs/services/resources related to child care. None has a collaborative relationship with local child care programs for full-year, full-day services.

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

% of Respondents	Provider/Organization
33%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross training)
27%	Child Care Resource & Referral agencies
20%	State or regional policy/planning committees that address child care issues
7%	State agency for child care
0%	Local child care programs for full-year, full-day services

### Would like more involvement

One in five respondents indicated that their North Dakota Head Start agencies would like more involvement with local child care programs for full-year, full-day services.

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

% of Respondents	Provider/Organization
20%	Local child care programs for full-year, full-day services
14%	State agency for child care
13%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross training)
7%	Child Care Resource & Referral agencies
7%	State or regional policy/planning committees that address child care issues

#### Area 4: Level of difficulty with tasks involving child care

Respondents were asked to indicate the extent to which each 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 19.

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

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

<b>% of Respondents</b>	<b>Task</b>
53%	Assisting families to access full-year, full-day services
40%	Establishing linkages/partnerships with child care providers
28%	Aligning policies and practices with other service providers
14%	Sharing data/information on children that are jointly served (e.g., assessments, outcomes)
14%	Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment

#### Area 4: 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 20. Some themes include:

- Shortage of quality programs for infants/toddlers
- Child care providers do not have strict enough standards
- Lack of child care in the area and a shortage of slots in certain times (e.g., for shift work people)
- Costs to provide care
- Child care salaries are low
- Local providers not being unified under a state organization
- Financial support for families
- Head Start four-day weeks are difficult for child care centers to serve

#### Area 4: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 21. Some themes include:

- Collaborating with school districts to provide quality Pre-K services
- Coordinating services and sharing information with existing child care providers already connected with families enrolled in Head Start
- Having parents sign releases at registration so Head Start staff can contact Head Start child's provider as needed
- Accessing the Child Care Resource & Referral website to assist parents in finding child care, though there are often shortages of slots
- Inviting and paying for child care providers to participate in Head Start self-assessments, education committees, policy council

## Key Activity Area 5: Family Literacy Services

### Area 5: Involvement with family literacy services

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 23.

#### No working relationship (little or no contact)

The majority of respondents indicated that their North Dakota Head Start agencies have a working relationship with all of the family literacy services providers/organizations. All of the respondents indicated that their agencies do have a working relationship with Adult Education and public/private sources that provide book donations or funding for books. Approximately half have no working relationship with Department of Public Instruction Title I, Part A Family Literacy and museums.

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

% of Respondents	Provider/Organization
50%	Department of Public Instruction Title I, Part A Family Literacy
46%	Museums
43%	School libraries
38%	English Language Learner programs and services
29%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)
25%	Providers of services for children and families who are English Language Learners
21%	Parent education programs/services (e.g., Prairie Public programming)
20%	Even Start
13%	Employment and Training programs
7%	Public libraries
7%	Reading Readiness programs
6%	Services to promote parent/child literacy interactions
0%	Adult Education
0%	Public/private sources that provide book donations or funding for books

Among those with no working relationship, the reasons why: (Appendix Table 24)

- 62% - Services were not available in the area
- 15% - Other (e.g., funding source dried up)
- 8% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 8% - Transportation/distance was an issue
- 8% - Met resistance when trying to establish a working relationship

### Cooperation (exchange information and referrals)

44% of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with Employment and Training programs as well as Adult Education. None has a cooperative relationship with Even Start.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
44%	Employment and Training programs
44%	Adult Education
33%	Public libraries
29%	Parent education programs/services (e.g., Prairie Public programming)
25%	Services to promote parent/child literacy interactions
25%	Providers of services for children and families who are English Language Learners
21%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)
19%	English Language Learner programs and services
8%	Museums
7%	Department of Public Instruction Title I, Part A Family Literacy
7%	School libraries
7%	Public/private sources that provide book donations or funding for books
7%	Reading Readiness programs
0%	Even Start

### Coordination (work together on projects or activities)

43% of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with Reading Readiness programs and 40% have a coordinating relationship with public/private sources that provide book donations or funding for books. Very few have a coordinating relationship with the Department of Public Instruction Title I, Part A Family Literacy and higher education programs/services/resources related to family literacy.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
43%	Reading Readiness programs
40%	Public/private sources that provide book donations or funding for books
36%	Parent education programs/services (e.g., Prairie Public programming)
31%	Employment and Training programs
31%	Services to promote parent/child literacy interactions
27%	Public libraries
25%	Adult Education
21%	School libraries
19%	English Language Learner programs and services
19%	Providers of services for children and families who are English Language Learners
15%	Museums
13%	Even Start
7%	Department of Public Instruction Title I, Part A Family Literacy
7%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)

### Collaboration (share resources and/or have formal, written agreements)

More than 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. None has a collaborative relationship with museums.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
53%	Public/private sources that provide book donations or funding for books
36%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)
33%	Public libraries
33%	Even Start
31%	Services to promote parent/child literacy interactions
29%	School libraries
29%	Reading Readiness programs
25%	Adult Education
14%	Department of Public Instruction Title I, Part A Family Literacy
14%	Parent education programs/services (e.g., Prairie Public programming)
13%	English Language Learner programs and services
6%	Employment and Training programs
6%	Providers of services for children and families who are English Language Learners
0%	Museums

### Would like more involvement

36% of respondents indicated that their North Dakota Head Start agencies would like more involvement with 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

<b>% of Respondents</b>	<b>Provider/Organization</b>
36%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)
21%	School libraries
20%	Public libraries
20%	Even Start
15%	Museums
14%	Parent education programs/services (e.g., Prairie Public programming)
13%	Public/private sources that provide book donations or funding for books
7%	Reading Readiness programs
7%	Department of Public Instruction Title I, Part A Family Literacy
6%	Employment and Training programs
6%	Adult Education
6%	English Language Learner programs and services
6%	Services to promote parent/child literacy interactions
6%	Providers of services for children and families who are English Language Learners

**Area 5: Level of difficulty with tasks involving family literacy services**

Respondents were asked to indicate the extent to which each 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 25.

Respondents indicated that their Head Start agencies have the greatest difficulties with recruiting families to Family Literacy Services.

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

% of Respondents	Task
25%	Recruiting families to Family Literacy Services
13%	Educating others (e.g., parents, the community) about the importance of family literacy
12%	Establishing linkages/partnerships with key literacy providers
12%	Establishing linkages/partnerships with key local level organizations/programs (other than libraries)
6%	Incorporating family literacy into your program policies and practices
6%	Exchanging information with other providers/organizations regarding roles and resources related to family literacy

**Area 5: 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 26. Some themes include:

- Lack of funding for Even Start
- None, or very limited, local resources available, especially in smaller, rural communities (e.g., funding, museums, libraries, second language programming, adult learning centers)
- Distance to adult learning centers are barriers to parents getting these services (e.g., gas prices, lack of transportation), and parents have problems scheduling the time due to many demands
- Not having enough time for parent training and literacy rich activities to be at top of priority list

**Area 5: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 27. Some themes include:

- Working with the local public library
- Receiving books, monetary support, and volunteer guest readers from local Kiwanis
- Collaborating with Reading is Fundamental (RIT)
- Linking with higher education
- Providing Family Literacy Nights with on-site meal and child care
- Providing hands-on activities for parents and children to do together
- Serving on library and adult education councils

## Key Activity Area 6: Children with Disabilities and Their Families

### Area 6: Involvement with children with disabilities and their families

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 29.

#### No working relationship (little or no contact)

The majority of respondents indicated that their North Dakota Head Start agencies have a working relationship with all the providers/organizations serving children with disabilities and their families. All of the respondents indicated that their agencies do have a working relationship with Local Part B/619 providers; Local Part C providers; university and community college programs/services related to children with disabilities; and non-Head Start councils, committees, or work groups that address policy/program issues regarding children with disabilities. One in four has no working relationship with the State Lead Agency for Part C.

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

% of Respondents	Provider/Organization
27%	State Lead Agency for Part C
21%	State Education Agency – other programs/services (e.g., Section 504, special projects regarding children with disabilities)
20%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
19%	Parent organizations (e.g., Family Voices)
13%	State Lead Agency for Part B/619
13%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Maternal and Child Health, Protection and Advocacy Agency, Special Medical Services)
0%	Local Part B/619 providers
0%	Local Part C providers
0%	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))
0%	Non-Head Start councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/advisory group)

Among those with no working relationship, the reasons why: (Appendix Table 30)

- 33% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 33% - Other (e.g., haven't pursued further involvement, state lead agencies do not consider Head Start programs in keeping informed of state/federal policies/regulations)
- 22% - Services were not available in the area
- 22% - Transportation/distance was an issue
- 22% - Met resistance when trying to establish a working relationship

#### Cooperation (exchange information and referrals)

Nearly half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the State Lead Agency for Part B/619 and 44% have a cooperative relationship with federally funded programs for families of children with disabilities as well as parent organizations. Fewer than one in five has a cooperative relationship with local Part B/619 providers, university and community college programs/services related to children with disabilities, and local Part C providers.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
47%	State Lead Agency for Part B/619
44%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Maternal and Child Health, Protection and Advocacy Agency, Special Medical Services)
44%	Parent organizations (e.g., Family Voices)
36%	State Education Agency – other programs/services (e.g., Section 504, special projects regarding children with disabilities)
35%	Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/advisory group)
33%	State Lead Agency for Part C
33%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
19%	Local Part B/619 providers
14%	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%	Local Part C providers

### Coordination (work together on projects or activities)

Approximately one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with university and community college programs/services related to children with disabilities, state-funded programs for children with disabilities and their families, and local Part B/619 providers. Approximately one in 10 has a coordinating relationship with local Part C providers and the State Lead Agency for Part C.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
36%	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))
33%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
31%	Local Part B/619 providers
25%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Maternal and Child Health, Protection and Advocacy Agency, Special Medical Services)
25%	Parent organizations (e.g., Family Voices)
24%	Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/advisory group)
21%	State Education Agency – other programs/services (e.g., Section 504, special projects regarding children with disabilities)
20%	State Lead Agency for Part B/619
11%	Local Part C providers
7%	State Lead Agency for Part C

### Collaboration (share resources and/or have formal, written agreements)

Nearly three-fourths of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with local Part C providers. 44% have a collaborative relationship with local Part B/619 providers. Very few have a collaborative relationship with state-funded programs for children with disabilities and their families.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
72%	Local Part C providers
44%	Local Part B/619 providers
29%	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))
29%	Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/advisory group)
27%	State Lead Agency for Part C
14%	State Education Agency – other programs/services (e.g., Section 504, special projects regarding children with disabilities)
13%	State Lead Agency for Part B/619
13%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Maternal and Child Health, Protection and Advocacy Agency, Special Medical Services)
13%	Parent organizations (e.g., Family Voices)
7%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)

### Would like more involvement

One in five respondents indicated that their North Dakota Head Start agencies would like more involvement with the State Education Agency as well as state-funded programs for children with disabilities and their families. None indicated that more involvement is necessary with local Part B/619 providers; local Part C providers; federally funded programs for families of children with disabilities; non-Head Start councils, committees, or work groups that address policy/program issues regarding children with disabilities; and parent organizations.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
21%	State Education Agency – other programs/services (e.g., Section 504, special projects regarding children with disabilities)
20%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
14%	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))
13%	State Lead Agency for Part B/619
13%	State Lead Agency for Part C
0%	Local Part B/619 providers
0%	Local Part C providers
0%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Maternal and Child Health, Protection and Advocacy Agency, Special Medical Services)
0%	Non-Head Start councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/advisory group)
0%	Parent organizations (e.g., Family Voices)

## Area 6: Level of difficulty with tasks involving children with disabilities and their families

Respondents were asked to indicate the extent to which each 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 31.

Respondents indicated that their Head Start agencies have the greatest difficulties with obtaining timely evaluations of children.

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

% of Respondents	Task
19%	Obtaining timely evaluations of children
13%	Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families
12%	Parental support offered through parent organizations
7%	Coordinating services with Part B/619 providers
6%	Having staff attend IEP or IFSP meetings
6%	Sharing data/information on jointly served children (e.g., assessments, outcomes)
0%	Coordinating services with Part C providers

## Area 6: 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 32. Some themes include:

- It can be difficult to find services for low incidence disabilities (e.g., interpreter for a deaf person)
- Not being consulted for training or in-services when State Lead Part B & Part C Disability agencies do their planning
- Limitations on eligibility criteria in North Dakota, funding
- High caseloads for staff create slow results, difficulties scheduling meetings and services
- Need for screenings and evaluations during the summer to have services in place when school starts in the fall

## Area 6: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 33. Some themes include:

- Becoming stronger advocates through Special Quest trainings
- Using Common Ground manuals for basic information
- Coordinating screening with special education unit
- Coordinating with Local Education Agencies (LEAs)

## Key Activity Area 7: Community Services

### Area 7: Involvement with community services

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 35.

#### No working relationship (little or no contact)

The majority of respondents indicated that their North Dakota Head Start agencies have a 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 substance abuse/treatment services, providers of child abuse prevention/treatment services, providers of domestic violence prevention/treatment services, and providers of emergency 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

% of Respondents	Provider/Organization
25%	Providers of adult disability services (e.g., Independent Living Centers)
13%	Law enforcement
13%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
0%	Providers of substance abuse prevention/treatment services
0%	Providers of child abuse prevention/treatment services
0%	Providers of domestic violence prevention/treatment services
0%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)

Among those with no working relationship, the reasons why: (Appendix Table 36)

- 50% - Services were not available in the area
- 50% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 50% - Other (e.g., haven't had reason to establish, few business foundations to collaborate with)
- 17% - Transportation/distance was an issue
- 17% - Met resistance when trying to establish a working relationship

#### Cooperation (exchange information and referrals)

38% of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with providers of adult disability services and 36% have a cooperative relationship with providers of substance abuse prevention/treatment services. Very few have a cooperative relationship with providers of child abuse prevention/treatment services.

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

% of Respondents	Provider/Organization
38%	Providers of adult disability services (e.g., Independent Living Centers)
36%	Providers of substance abuse prevention/treatment services
33%	Providers of domestic violence prevention/treatment services
33%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
33%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
25%	Law enforcement
7%	Providers of child abuse prevention/treatment services

### Coordination (work together on projects or activities)

More than half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with law enforcement. One in five has a coordinating relationship with providers of domestic violence prevention/treatment services and providers of adult disability services.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
56%	Law enforcement
43%	Providers of substance abuse prevention/treatment services
40%	Providers of child abuse prevention/treatment services
40%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
27%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
20%	Providers of domestic violence prevention/treatment services
19%	Providers of adult disability services (e.g., Independent Living Centers)

### Collaboration (share resources and/or have formal, written agreements)

More than half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with providers of child abuse prevention/treatment services and nearly half have a collaborative relationship with providers of domestic violence prevention/treatment services. None has 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

<b>% of Respondents</b>	<b>Provider/Organization</b>
53%	Providers of child abuse prevention/treatment services
47%	Providers of domestic violence prevention/treatment services
33%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
21%	Providers of substance abuse prevention/treatment services
7%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
6%	Law enforcement
0%	Providers of adult disability services (e.g., Independent Living Centers)

### Would like more involvement

One in five respondents indicated that their North Dakota Head Start agencies would like more involvement with providers of substance abuse prevention/treatment services and private resources geared toward prevention/intervention. None indicated that more involvement is necessary with providers of adult disability services.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
21%	Providers of substance abuse prevention/treatment services
20%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
7%	Providers of child abuse prevention/treatment services
7%	Providers of domestic violence prevention/treatment services
7%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
6%	Law enforcement
0%	Providers of adult disability services (e.g., Independent Living Centers)

### Area 7: Level of difficulty with tasks involving community services

Respondents were asked to indicate the extent to which each 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 37.

Respondents indicated that their Head Start agencies have the greatest difficulties sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services followed by partnering with service providers on outreach activities for eligible families.

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

<b>% of Respondents</b>	<b>Task</b>
25%	Sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services
20%	Partnering with service providers on outreach activities for eligible families
12%	Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services
12%	Obtaining in-kind community services for the children/families in your program
7%	Exchanging information on roles and resources with other providers/organizations regarding community services
0%	Establishing linkages/partnerships with law enforcement agencies
0%	Establishing linkages/partnerships with public resources (e.g., state, county, city) regarding prevention/treatment services

### **Area 7: 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 38. Some themes include:

- Living in a rural area makes it difficult for some families to participate in certain programs (e.g., gas money, distance to travel)
- Difficulty in finding time – to talk, plan, work jointly
- Difficult to align Head Start families with the most appropriate, cost effective resources as costs rise and funding drops
- Social Services have not included Head Start Family Partnership worker as part of the Social Service Team Planning meetings for Head Start enrolled families
- Huge waiting lists for families
- Getting release of information

### **Area 7: 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 Head Start programs that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 39. Some themes include:

- Having wrap-around meetings where all parties working with the family come together to discuss how they are helping with supporting the family
- Having direct relationships and open communication with other entities that have the well-being of children/families in mind
- Knowing community people and names when referring
- Having Head Start coordinators and director as members of many local boards and councils

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

### Area 8A: Involvement with education – publicly funded Pre-K partnership development

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 40.

#### No working relationship (little or no contact)

All 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 this state or indicated that the question is not applicable.

14% indicated they do not have a Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs.

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

% of Respondents	Provider/Organization
14%	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

Among those with no working relationship, the reasons why: (Appendix Table 41)

- 56% - Services were not available in the area
- 22% - Other (e.g., no state-funded Pre-K in the state of North Dakota, one program offered with rural area where we offer home-based services but no children enrolled in that city)
- 0% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 0% - Transportation/distance was an issue
- 0% - Met resistance when trying to establish a working relationship

#### Cooperation (exchange information and referrals)

14% indicated that the nature of the Memorandum of Understanding (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

% of Respondents	Provider/Organization
14%	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

#### Coordination (work together on projects or activities)

29% of respondents indicated that the nature of the Memorandum of Understanding (MOU) their agencies have with the appropriate local entity responsible for managing publicly funded preschool programs 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

% of Respondents	Provider/Organization
29%	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

**Collaboration (share resources and/or have formal, written agreements)**

14% of respondents indicated that the nature of the Memorandum of Understanding (MOU) their agencies have with the appropriate local entity responsible for managing publicly funded preschool programs 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

% of Respondents	Provider/Organization
14%	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

**Would like more involvement**

14% of respondents indicated they would like more involvement with a Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs.

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

% of Respondents	Provider/Organization
14%	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

**Area 8A: Level of difficulty with tasks involving education – publicly funded Pre-K partnership development**

Respondents were asked to indicate the extent to which each 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 42.

Respondents indicated that their Head Start agencies have the greatest difficulties with service areas and provision of services to meet needs of working parents. None indicated they have great difficulties with program technical assistance.

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

% of Respondents	Task
23%	Service areas
23%	Provision of services to meet needs of working parents, as applicable
16%	Staff training, including opportunities for joint staff training
8%	Educational activities, curricular objectives, and instruction
8%	Information, dissemination, and access for families contacting Head Start or other preschool program
8%	Selection priorities for eligible children served
8%	Communications and parent outreach for transition to kindergarten (through the local school districts and/or the special education units with the local school districts)
8%	Provision and use of facilities, transportation, etc.
8%	Referral to parent organizations for parents of children with special needs (e.g., working with experienced parents through Early Intervention to assist with the transition process)
8%	Other elements mutually agreed to by the parties to the MOU
0%	Program technical assistance

### **Area 8A: 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 43. Some themes include:

- No statewide publicly funded Pre-K at this point
- We are ready to go with Pre-K if the state of North Dakota approves it
- Lots to work out – funding concerns, who operates, whose rules
- Superintendents/school boards need to understand that Pre-K is not watered down kindergarten
- Child care is opposing Pre-K (seen as competition)

### **Area 8A: 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 that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 44. Some themes include:

- Collaborating with Local Education Agencies (LEAs)
- Collaborating with the school districts
- Written agreements regarding sharing staff, facilities, and transportation to serve preschool children at risk (e.g., disabilities) and those eligible for Head Start
- Keeping Superintendent “in the loop”

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

### Area 8B: Involvement with education – Head Start transition and alignment with K-12

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 46.

#### No working relationship (little or no contact)

All of the respondents indicated that their agencies do have a 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

% of Respondents	Provider/Organization
0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

#### Cooperation (exchange information and referrals)

One in four 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

% of Respondents	Provider/Organization
25%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

#### Coordination (work together on projects or activities)

Half of the 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

% of Respondents	Provider/Organization
50%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

#### Collaboration (share resources and/or have formal, written agreements)

One in four 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

% of Respondents	Provider/Organization
25%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

**Would like more involvement**

13% 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

<b>% of Respondents</b>	<b>Provider/Organization</b>
13%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

**Area 8B: Level of difficulty with tasks involving education – Head Start transition and alignment with K-12**

Respondents were asked to indicate the extent to which each 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.

Respondents indicated that their Head Start agencies have the greatest difficulties with coordinating transportation with Local Education Agencies (LEAs).

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

<b>% of Respondents</b>	<b>Task</b>
18%	Coordinating transportation with LEAs
13%	Organizing and participating in joint training, including transition-related training for school staff and Head Start staff
12%	Coordinating with LEAs regarding other support services for children and families
12%	Aligning curricula and assessment practices with LEAs
7%	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
6%	Coordinating shared use of facilities with LEAs
6%	Coordinating for an IFSP or IEP with LEA
6%	Exchanging information with LEAs on roles, resources, and regulations
0%	Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school
0%	Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)
0%	Establishing and implementing comprehensive transition policies and procedures with LEAs
0%	Linking LEA and Head Start services relating to language, numeracy, and literacy
0%	Aligning LEA and Head Start curricula and assessments with Head Start Outcomes Framework
0%	Aligning Head Start curricula with State Early Learning Guidelines Three through Five Years
0%	Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records
0%	Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten
0%	Establish policies and procedures that support children’s transitions to school that includes engagement with LEA

### **Area 8B: 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 49. Some themes include:

- Special Education Units do not always understand our role
- Would like building principals to be more actively engaged in transition from Head Start to Local Education Agency Kindergarten, and would like more interaction with kindergarten teachers on a regular basis regarding transition
- Have had difficulty establishing a working relationship with some Local Education Agencies
- Securing additional staff when a special needs child requires one-on-one during the time they are at the Head Start Center

### **Area 8B: 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 that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 50. Some themes include:

- Having schools that are supportive of Head Start
- Establishing good relationships with agencies
- Reminding parents about registration
- Calling parents and kindergarten teachers twice in the year to provide feedback
- Communicating with teachers in public schools and parents
- Having Kindergarten Transition meetings in each elementary building and a fall follow-up

## Key Activity Area 9: Professional Development

### Area 9: Involvement with professional development

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 52.

#### No working relationship (little or no contact)

The majority of respondents indicated that their North Dakota Head Start agencies have a working relationship with all of the professional development providers/organizations. All of the respondents indicated that their agencies do have a working relationship with institutions of Higher Education (4 year), the Training and Technical Assistance Network of the local Office of Head Start, service providers/organizations offering relevant training/Technical Assistance cross-training opportunities, and parent organizations that can do professional development with staff and provide trainings for families. 15% have no working relationship with on-line courses/programs as well as other Training and Technical Assistance networks, and 14% have no working relationship with institutions of Higher Education (less than 4 year).

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

% of Respondents	Provider/Organization
15%	On-line courses/programs
15%	Other Training and Technical Assistance networks (regional, state)
14%	Institutions of Higher Education (less than 4 year) (e.g., community and Tribal colleges)
7%	Child Care Resource & Referral Network
0%	Institutions of Higher Education (4 year)
0%	Training and Technical Assistance Network of the local Office of Head Start
0%	Service providers/organizations offering relevant training/Technical Assistance cross-training opportunities
0%	Parent organizations that can do professional development with staff and provide trainings for families

Among those with no working relationship, the reasons why: (Appendix Table 53)

- 67% - Services were not available in the area
- 33% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 17% - Other (e.g., no interest at this time)
- 17% - Transportation/distance was an issue
- 17% - Met resistance when trying to establish a working relationship

### Cooperation (exchange information and referrals)

More than half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the Child Care Resource & Referral Network and nearly half have a cooperative relationship with parent organizations that can do professional development with staff and provide trainings for families. 14% have a cooperative relationship with the Training and Technical Assistance Network of the local Office of Head Start.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
57%	Child Care Resource & Referral Network
46%	Parent organizations that can do professional development with staff and provide trainings for families
43%	Service providers/organizations offering relevant training/Technical Assistance cross-training opportunities
39%	Other Training and Technical Assistance networks (regional, state)
31%	On-line courses/programs
23%	Institutions of Higher Education (4 year)
21%	Institutions of Higher Education (less than 4 year) (e.g., community and Tribal colleges)
14%	Training and Technical Assistance Network of the local Office of Head Start

### Coordination (work together on projects or activities)

Half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with institutions of Higher Education (less than 4 year) and 39% have a coordinating relationship with on-line courses/programs as well as other Training and Technical Assistance networks. 14% have a coordinating relationship with the Child Care Resource & Referral Network.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
50%	Institutions of Higher Education (less than 4 year) (e.g., community and Tribal colleges)
39%	On-line courses/programs
39%	Other Training and Technical Assistance networks (regional, state)
31%	Institutions of Higher Education (4 year)
23%	Parent organizations that can do professional development with staff and provide trainings for families
21%	Training and Technical Assistance Network of the local Office of Head Start
21%	Service providers/organizations offering relevant training/Technical Assistance cross-training opportunities
14%	Child Care Resource & Referral Network

### Collaboration (share resources and/or have formal, written agreements)

Nearly two-thirds of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with the Training and Technical Assistance Network of the local Office of Head Start. 39% have a collaborative relationship with institutions of Higher Education (4 year) and 36% have a collaborative relationship with service providers/organizations offering relevant training/Technical Assistance cross-training opportunities. Fewer than one in 10 has a collaborative relationship with other Training and Technical Assistance networks as well as institutions of Higher Education (less than 4 year).

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
64%	Training and Technical Assistance Network of the local Office of Head Start
39%	Institutions of Higher Education (4 year)
36%	Service providers/organizations offering relevant training/Technical Assistance cross-training opportunities
31%	Parent organizations that can do professional development with staff and provide trainings for families
15%	On-line courses/programs
14%	Child Care Resource & Referral Network
8%	Other Training and Technical Assistance networks (regional, state)
7%	Institutions of Higher Education (less than 4 year) (e.g., community and Tribal colleges)

### Would like more involvement

15% of respondents indicated that their North Dakota Head Start agencies would like more involvement with institutions of Higher Education (4 year), on-line courses/programs, other Training and Technical Assistance networks, and parent organizations that can do professional development with staff and provide training for families. None indicated that more involvement is necessary with the Training and Technical Assistance Network of the local Office of Head Start.

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

<b>% of Respondents</b>	<b>Provider/Organization</b>
15%	Institutions of Higher Education (4 year)
15%	On-line courses/programs
15%	Other Training and Technical Assistance networks (regional, state)
15%	Parent organizations that can do professional development with staff and provide trainings for families
14%	Service providers/organizations offering relevant training/Technical Assistance cross-training opportunities
7%	Institutions of Higher Education (less than 4 year) (e.g., community and Tribal colleges)
7%	Child Care Resource & Referral Network
0%	Training and Technical Assistance Network of the local Office of Head Start

**Area 9: Level of difficulty with tasks involving professional development**

Respondents were asked to indicate the extent to which each 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 54.

Respondents indicated that their Head Start agencies have the greatest difficulties with staff release time to attend professional development activities as well as accessing scholarships and other financial support for professional development programs/activities.

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

% of Respondents	Task
58%	Staff release time to attend professional development activities
57%	Accessing scholarships and other financial support for professional development programs/activities
35%	Accessing early childhood education degree programs in the community
14%	Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection)
14%	Exchanging information on roles and resources with other providers/organizations regarding professional development
7%	Accessing Training and Technical Assistance opportunities in the community (including cross-training)
0%	Transferring credits between public institutions of learning

**Area 9: 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 55. Some themes include:

- Lack of funding
- Staff not being paid enough to pursue additional education; paying staff a competitive salary once they receive a degree is difficult
- Lack of substitute teachers to provide coverage for those needing staff release time to attend professional development activities
- Some staff are not interested
- Need classes or trainings that are scheduled in the evening, weekends, and during the summer
- Staff with early childhood degrees not being eligible for teacher licensure because they have not student taught in an elementary school
- Lack of four-year Early Childhood Education opportunities

**Area 9: 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 that are working well and that might be helpful to other programs in the state. Detailed responses can be found in Appendix Table 56. Some themes include:

- Being on the campus of a university with an Early Childhood major
- Staff being able to take classes online, and having flexible and not-traditional approaches available
- Having employee interest forms for future training ideas that all employees fill out
- Participating with local education consortium to participate in their professional development opportunities

## 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-fourth 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 the Title I Director and the Department of Public Instruction Title I, Part A Family Literacy. Nearly half have no working relationship with museums or school libraries. At least one-fourth of respondents indicated that their Head Start agencies have no working relationship with several providers/organizations relating to Key Activity Area 5: Family Literacy Services.

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). At least half have a collaborative relationship with Local Part C providers, the Training and Technical Assistance Network of the local Office of Head Start, public health services, parent organizations, the TANF agency, public/private sources that provide book donations or funding for books, and providers of child abuse prevention/treatment services.

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). The top providers/organizations that respondents said their agencies would like to see more involvement with are programs/services related to children's physical fitness and obesity prevention (43%) followed by higher education programs/services/resources related to family literacy (36%).

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

% of Respondents	Provider/Organization	Key Activity Area
56%	Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness	Area 2: Children Experiencing Homelessness
50%	Department of Public Instruction Title I, Part A Family Literacy	Area 5: Family Literacy Services
46%	Museums	Area 5: Family Literacy Services
43%	School libraries	Area 5: Family Literacy Services
38%	English Language Learner programs and services	Area 5: Family Literacy Services
29%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)	Area 2: Children Experiencing Homelessness
29%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)	Area 5: Family Literacy Services
27%	State Lead Agency for Part C	Area 6: Children with Disabilities and Their Families
25%	Local McKinney-Vento Homeless Assistance Act liaison	Area 2: Children Experiencing Homelessness
25%	Providers of services for children and families who are English Language Learners	Area 5: Family Literacy Services
25%	Providers of adult disability services (e.g., Independent Living Centers)	Area 7: Community Services

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*

<b>% of Respondents</b>	<b>Provider/Organization</b>	<b>Key Activity Area</b>
72%	Local Part C providers	Area 6: Children with Disabilities and Their Families
64%	Training and Technical Assistance Network of the local Office of Head Start	Area 9: Professional Development
56%	Public health services	Area 1: Health Care
56%	Parent organizations (e.g., Parent and Family Resource Centers)	Area 3: Family/Child Assistance
53%	TANF agency	Area 3: Family/Child Assistance
53%	Public/private sources that provide book donations or funding for books	Area 5: Family Literacy Services
53%	Providers of child abuse prevention/treatment services	Area 7: Community Services
47%	WIC (i.e., Women, Infants, and Children Program)	Area 1: Health Care
47%	Child Welfare agency	Area 3: Family/Child Assistance
47%	Providers of domestic violence prevention/treatment services	Area 7: Community Services
44%	Local Part B/619 providers	Area 6: Children with Disabilities and Their Families
39%	Institutions of Higher Education (4 year)	Area 9: Professional Development
38%	Local agencies providing mental health prevention and treatment	Area 1: Health Care
36%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)	Area 5: Family Literacy Services
36%	Service providers/organizations offering relevant training/Technical Assistance cross-training opportunities	Area 9: Professional Development
35%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)	Area 1: Health Care
33%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross training)	Area 4: Child Care
33%	Public libraries	Area 5: Family Literacy Services
33%	Even Start	Area 5: Family Literacy Services
33%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)	Area 7: Community Services

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

<b>% of Respondents</b>	<b>Provider/Organization</b>	<b>Key Activity Area</b>
43%	Programs/services related to children’s physical fitness and obesity prevention	Area 1: Health Care
36%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross training)	Area 5: Family Literacy Services
29%	Dental home providers for treatment and care	Area 1: Health Care
29%	Parent organizations that help children and families with homelessness (e.g., North Dakota Homeless Coalition)	Area 2: Children Experiencing Homelessness
21%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	Area 2: Children Experiencing Homelessness
21%	School libraries	Area 5: Family Literacy Services
21%	State Education Agency – other programs/services (Section 504, special projects regarding children with disabilities, etc.)	Area 6: Children with Disabilities and Their Families
21%	Providers of substance abuse prevention/treatment services	Area 7: Community Services
20%	Local child care programs for full-year, full-day services	Area 4: Child Care
20%	Public libraries	Area 5: Family Literacy Services
20%	Even Start	Area 5: Family Literacy Services
20%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	Area 6: Children with Disabilities and Their Families
20%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)	Area 7: Community Services

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

Respondents were asked to indicate the extent to which each 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 tasks across the key activity areas with which at least one-fourth of respondents indicated that the task has been difficult or extremely difficult (see Table 66). More than half of respondents indicated that the following tasks have been difficult or extremely difficult: linking children to dental homes that serve young children (59%), staff release time to attend professional development activities (58%), accessing scholarships and other financial support for professional development programs/activities (57%), and assisting families to access full-year, full-day child care services (53%).

Table 66. Tasks (among all the key activity areas) that at least one-fourth of respondents indicated are difficult or extremely difficult

<b>% of Respondents</b>	<b>Task</b>	<b>Key Activity Area</b>
59%	Linking children to dental homes that serve young children	Area 1: Health Care
58%	Staff release time to attend professional development activities	Area 9: Professional Development
57%	Accessing scholarships and other financial support for professional development programs/activities	Area 9: Professional Development
53%	Assisting families to access full-year, full-day services	Area 4: Child Care
40%	Establishing linkages/partnerships with child care providers	Area 4: Child Care
35%	Accessing early childhood education degree programs in the community	Area 9: Professional Development
34%	Assisting parents to communicate effectively with medical/dental providers	Area 1: Health Care
32%	Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	Area 2: Children Experiencing Homelessness
30%	Getting children enrolled in SCHIP or Health Tracks/EPST	Area 1: Health Care
30%	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	Area 2: Children Experiencing Homelessness
28%	Aligning policies and practices with other service providers	Area 4: Child Care
25%	Recruiting families to Family Literacy Services	Area 5: Family Literacy Services
25%	Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	Area 7: Community Services

### Trends within the key activity areas

#### Key Activity Area 1: Health Care

- The majority of respondents indicated that their Head Start agencies do have working relationships with health care providers/organizations.
- There are some strong collaborative relationships with health care providers/organizations; however, none of the respondents indicated that their Head Start agencies have a collaborative relationship with home-visiting providers or Indian Health Services.
- At least one-fourth of respondents indicated that their Head Start agencies would like more involvement with two of the providers/organizations relating to this key activity area (i.e., physical fitness and obesity prevention as well as dental home providers).
  - Programs/services related to children's physical fitness and obesity prevention had the largest proportion of respondents for any provider/organization in any key activity area who indicated they want more involvement (43%).
- At least one-fourth of respondents indicated that they found some of the tasks relating to this key activity area to be difficult or extremely difficult (i.e., linking children to dental homes, assisting parents to communicate effectively with medical/dental providers, and getting children enrolled in health programs).

#### Key Activity Area 2: Children Experiencing Homelessness

- At least one-fourth of respondents indicated that their Head Start agencies do not have a working relationship with several providers/organizations relating to this key activity area (i.e., Title I Director, parent organizations that help children and families with homelessness, the local McKinney-Vento Homeless Assistance Act Liaison).
- None of the providers/organizations in this key activity area have at least one-third of respondents whose Head Start agencies have a collaborative relationship with them.
- At least one-fifth of respondents indicated that their Head Start agencies would like more involvement with two of the providers/organizations relating to this key activity area (i.e., parent organizations as well as local housing agencies and planning groups).
- 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., obtaining sufficient data on needs to inform the program's annual community assessment as well as developing and implementing family outreach and support efforts).

#### Key Activity Area 3: Family/Child Assistance

- The majority of respondents indicated that their Head Start agencies do have working relationships with family/child assistance providers/organizations.
- More than half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent organizations and TANF agencies. Nearly half have a collaborative relationship with Child Welfare agencies.
- One-fifth of respondents indicated that their Head Start agencies would like more involvement with two of the types of providers/organizations relating to this key activity area (i.e., Economic and Community Development Councils, services and networks supporting foster and adoptive families).

#### Key Activity Area 4: Child Care

- The majority of respondents indicated that their Head Start agencies do have working relationships with child care providers/organizations.
- 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 and one in five would like more involvement with these programs.
- At least one-fourth of respondents indicated that they found some of the tasks relating to this activity area to be difficult or extremely difficult (i.e., assisting families to access full-year, full-day services; establishing linkages/partnerships with child care providers; and aligning policies and practices with other service providers).

#### Key Activity Area 5: Family Literacy Services

- Several of the providers/organizations relating to this activity area were among those with which at least one-fourth of respondents indicated that their Head Start agencies have no working relationship (i.e., Department of Public Instruction Title I, Part A Family Literacy; museums; school libraries; English Language Learner programs and services; higher education resources related to family literacy; and providers of services for children and families who are English Language Learners).
- There are some strong collaborative relationships with family literacy services providers/organizations; however, none of the respondents indicated their Head Start agencies have a collaborative relationship with museums.
- At least one-fifth of respondents indicated that their Head Start agencies would like more involvement with four of the types of providers/organizations relating to this key activity area (i.e., higher education resources, school libraries, public libraries, and Even Start).
- One-fourth of respondents indicated that recruiting families to Family Literacy Services was difficult or extremely difficult.

#### Key Activity Area 6: Children with Disabilities and Their Families

- The majority of respondents indicated that their Head Start agencies do have working relationships with providers/organizations serving children with disabilities and their families, although more than one in four have no working relationship with the State Lead Agency for Part C.
- There are some strong collaborative relationships with providers/organizations serving children with disabilities and their families.
- At least one-fifth of respondents indicated that their Head Start agencies would like more involvement with two of the types of providers/organizations relating to this key activity area (i.e., other programs/services through the State Education Agency as well as state-funded programs for children with disabilities and their families).

#### Key Activity Area 7: Community Services

- The majority of respondents indicated that their Head Start agencies do have working relationships with community services providers/organizations, although one in four has no working relationship with providers of adult disability services.
- There are some strong collaborative relationships with community services providers/organizations; however, none of the respondents indicated their Head Start agencies have a collaborative relationship with providers of adult disability services.
- At least one-fifth of respondents indicated that their Head Start agencies would like more involvement with two of the types of providers/organizations relating to this key activity area (i.e., providers of substance abuse prevention/treatment services and private resources geared toward prevention/intervention).
- One-fourth of respondents indicated that sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services was difficult or extremely difficult.

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

- There is no publicly funded Pre-K in North Dakota.

#### 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; however, only one in four of these relationships is collaborative.

#### Key Activity Area 9: Professional Development

- The majority of respondents indicated that their Head Start agencies do have working relationships with professional development providers/organizations, including some strong collaborative relationships.
- At least one-third of respondents indicated that they found some of the tasks relating to this key activity area to be difficult or extremely difficult (i.e., staff release time to attend professional development activities, accessing scholarships, and accessing early childhood education degree programs in the community).

#### 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 Appendix Tables and Survey Instruments section. However, certain themes present in several of the key activity areas are worth noting here, including:

- Cost issues for families to access services, resources
- Funding issues
- Shortage of providers or services, especially in rural areas
- Difficulty getting assistance to a family that has a poor rental history or a criminal record or who didn't follow rules/regulations appropriately
- Not having enough time
- Getting release of information
- Being included in the planning process by relevant state and local agencies

#### 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 great working relationships and open communication with good community partners
- Collaborating with other agencies, including shared resources and trainings
- Having staff involved on various boards and committees

#### 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 developing collaborations with other agencies.
- 3) Help Head Start agencies address the needs of children and families living in rural areas.
- 4) Assist agencies in developing and expanding relationships regarding children experiencing homelessness and addressing barriers to related tasks.
- 5) Assist agencies in developing and expanding relationships regarding family literacy services.
- 6) Assist agencies in expanding relationships regarding health care and addressing barriers to related tasks.
- 7) Assist agencies in expanding relationships regarding community services, especially regarding substance abuse prevention, treatment, and intervention.
- 8) Address barriers relating to child care and relating to professional development.

## APPENDIX TABLES AND SURVEY INSTRUMENTS

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### Cover Letter

October 7, 2008

Dear Head Start Director:

Each year the Head Start State Collaboration Offices are mandated by Congress to assess the needs of Head Start agencies in the areas of coordination and collaboration with other agencies. The purpose of gathering this program information is to support the direction and inform the activities of the annually revised strategic plan for the Head Start State Collaboration Office in North Dakota. We are asking for your assistance in helping us gather this information. We have contracted with the North Dakota State Data Center (NDSDC), under the direction of Dr. Richard Rathge, to assist us in this endeavor.

This is not an evaluation. Specifically, it is a needs assessment that 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 (A. Publicly-funded Pre-K Partnership Development and B. Head Start Transition and Alignment with K-12). A ninth area, Professional Development, has also been included.

The package you received contains two identical packets. Each includes one survey for each of the priority areas listed and a pre-paid, self-addressed envelope to return each completed survey. For one packet, please distribute the individual surveys and envelopes to your colleagues or team members who head up those priority areas. If a colleague or team member is responsible for multiple areas, please have them complete all surveys that pertain to their areas. After completing the surveys, they can mail them directly to the NDSDC, thereby maintaining confidentiality and anonymity.

The other packet is for you. Please complete the individual surveys for each priority area based on your perspective. We recognize that you may have already completed some surveys if you were the team member responsible for that area. Should that be the case, do not complete a duplicate survey.

Once all surveys are returned, the NDSDC will aggregate the survey findings from all Head Start agencies in the state and then compile a report. The report will be forwarded to your regional office and made available to you and the public.

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 us in supporting your program needs in the collaboration and systems development work in North Dakota. Our shared goal is to support and promote your success in serving our children and families.

If you have any questions about this project, please call Linda Rorman at 701-328-1711.

Sincerely,



Linda Rorman, Administrator  
Head-Start State Collaboration Office  
600 East Boulevard Ave. Dept. 325  
Bismarck, North Dakota 58505-0250



Dr. Richard Rathge, Director  
North Dakota State Data Center  
NDSU, IACC Bldg. Room 424  
Fargo, North Dakota 58108-6050

Introduction/Definitions



**HEAD START - STATE NEEDS ASSESSMENT SURVEY**

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A. Date survey was completed: \_\_\_\_\_ 12-month time frame included (e.g., 9/1/07 – 8/31/08): \_\_\_\_\_

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

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

C. Head Start Agency Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Contact information for person responsible for this survey:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete this survey by **October 24, 2008** and submit it via mail in postage-paid envelope to:

The North Dakota State Data Center  
 NDSU, IACC Building Room 424  
 PO Box 6050  
 Fargo, North Dakota 58108-6050

If you have any questions about this survey, please contact: **Linda Rorman at 701-328-1711**

# Head Start State Needs Assessment Survey

6/2008

## Introduction for Head Start Agencies

The 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 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 Head Start State Collaboration Office in your state.**

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

**Part 1** asks you to a) rate the **extent of your involvement** with various service providers and organizations related to the content area (this part uses the following 4-point scale and definitions to reflect your progress in relationship-building at this point in time). If you do not know the extent of involvement, check the box DNK. If the agency/organization does not apply to you, check the box N/A. Secondly, part 1 asks you to check the box for each service provider or organization where you would like **more** involvement.

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Definitions:

**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.

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

Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
<input type="checkbox"/>					

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

Your Head Start State Collaboration Director will aggregate the survey findings from all Head Start agencies in your state and then compile a report that will be forwarded to your regional office, made available to you and to the public.

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.

## Key Activity Area 1 Survey Instrument with Responses: Health Care (N=17)

### Appendix Table 1. Involvement with health care

1. Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=17)	0%	41%	29%	29%	0%	0%	18%
B. Dental home* providers for treatment and care (N=17)	0%	41%	47%	12%	0%	0%	29%
C. State agencies providing mental health prevention and treatment (N=17)	24%	29%	29%	18%	0%	0%	18%
D. Local agencies providing mental health prevention and treatment (N=16)	6%	31%	25%	38%	0%	0%	13%
E. Agencies/programs that conduct mental health screenings (N=17)	6%	35%	24%	29%	6%	0%	12%
F. Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices) (N=16)	6%	50%	25%	19%	0%	0%	19%
G. WIC (i.e., Women, Infants, and Children) (N=17)	0%	35%	18%	47%	0%	0%	0%
H. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.) (N=17)	0%	29%	35%	35%	0%	0%	12%
I. Children's health education providers (e.g., Child Care R&R, community-based training) (N=17)	18%	18%	35%	18%	6%	6%	12%
J. Parent health	18%	24%	35%	12%	6%	6%	12%

Provider/Organization	a. Extent of Involvement						b. Would like <b>MORE</b> involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
education providers (clinics, wellness centers (on the reservations) (N=17)							
K. Home-visiting providers (N=17)	18%	18%	24%	0%	18%	24%	12%
L. Community health centers (N=14)	14%	29%	29%	7%	7%	14%	14%
M. Public health services (N=16)	0%	13%	31%	56%	0%	0%	13%
N. Programs/services related to children's physical fitness and obesity prevention (N=14)	21%	29%	29%	14%	0%	7%	43%
O. Indian Health Services (N=17)	24%	41%	12%	0%	0%	24%	6%
P. Other (specify) (N=1)	0%	0%	0%	0%	0%	0%	100%

\* "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".

Other Responses:

- Alternative school and first choice clinic

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

1b. 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)

- 56% a. Services were not available in the area
- 22% b. Transportation/distance was an issue
- 11% c. Met resistance when trying to establish a working relationship
- 33% d. Lack of resources (personnel, money) to establish a working relationship
- 33% e. Other (please specify) \_\_\_\_\_

Other Responses:

- Program provides some services
- Have migrant health that assists some families over the summer months - but this is rarely needed due to population we serve.
- Unaware of how to establish/utilize relationship with those providers.

Note: One response was included in this question's N for a respondent who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

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

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Linking children to medical homes (N=17)	59%	41%	0%	0%	0%	0%
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene) (N=17)	65%	29%	6%	0%	0%	0%
C. Linking children to dental homes that serve young children (N=17)	12%	29%	35%	24%	0%	0%
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene,	41%	35%	12%	12%	0%	0%

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
education) (N=17)						
E. Getting children enrolled in SCHIP or Health Tracks/EPSDT (N=17)	29%	41%	18%	12%	0%	0%
F. Arranging coordinated services for children with special health care needs (link children with special needs to Early Intervention) (N=16)	50%	31%	6%	0%	13%	0%
G. Assisting parents to communicate effectively with medical/dental providers (N=18)	22%	44%	17%	17%	0%	0%
H. Assisting families to get transportation to appointments (N=17)	29%	53%	6%	12%	0%	0%
I. Getting full representation and active commitment on your Health Advisory Committee (N=17)	41%	53%	6%	0%	0%	0%
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports) (N=17)	71%	29%	0%	0%	0%	0%
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care (N=17)	18%	65%	12%	6%	0%	0%
L. Referring families to parent organizations (e.g., Federation of Families, Family Voices) (N=17)	65%	12%	0%	0%	24%	0%
M. Information/referral/enrollment to Medicaid Buy In (N=18)	22%	11%	11%	0%	33%	22%
N. Information/referral/enrollment to Medicaid Waiver programs (N=17)	29%	12%	12%	0%	29%	18%
O. Other (specify) (N=0)	0%	0%	0%	0%	0%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

#### Appendix Table 4. Other issues with health care

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

- Parents don't always follow thru with needed services due to the cost.
- Medical providers don't do lead blood screens like required.
- Struggle with dental exams - not enough dentists or families not really understanding importance of getting small children seen.
- Dental provider – Mayville and Hillsboro are good; however, outlining sites it can be very difficult.
- Blood leads and cholesterol referrals- where do we get the money to pay for the blood lead test for every child? And how to pay for follow-up for cholesterol referrals?
- The paperwork has grown so enormously, we now devote probably 90 percent to paperwork and 10 percent to actually providing services to children.
- Shortage of mental health providers. Incomplete compliance to EPSDT guidelines – especially medical clinics.
- Poor access to pediatric dentists.
- Resistance by general dentists to see pediatric population (for whatever reasons qualify that resistance.)
- Costs of those who have private insurance- it does not always cover the costs and the proportion that parents are to pay is often great.
- Dental access in rural areas.
- Some rural sites do not have local access to dental care if on medical assistance.
- Parents staying on medical assistance and other problems due to inconsistency of getting necessary paperwork in on time.
- Local dentists have stopped accepting new Medicaid patients. Children are left without dentist homes.
- Few dentists in the area serve Medicaid children. Some parents miss an appt. and are then "fired" from dentist office, even if miss only one visit. Pediatric dental care is 100 miles, family cannot leave job for the day to take their child.
- Our Indian Health Service Unit is under staffed and it is difficult for the existing staff to provide all the services we need. Also some staff at HIS (medical records) restrict the information the HIS staff can share with Head Start.

- Mental health services are a big need. The HIS Mental Health Department has a small staff and has a client list 600 plus clients a month.
- Difficulty with oral health – providers not taking new Medicaid patients, waiting list long for all patients, dentists getting ready to retire, population increasing with no providers being added.
- Obtaining immunization records from Minot AFB.
- Children who need dental intervention: fillings, pulp therapy, orthodontia, etc. who do not have Medicaid, CHIPs, or private health insurance. Paying for this is a problem.

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

4. In your efforts to address the health care needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other Head Start programs in the state?
- EPSDT – Clarity on their screenings, who can do these (dental) – not all EPSDT agencies follow the state rules/regulations.
  - Having two RN's on staff is a great asset to the program.
  - We have a strong Health Advisory board.
  - Many good community partners we have great working relationships we can contact for information.
  - Having Health Advisory to give us input.
  - Getting to know the nurses at the clinics in our areas has helped. They understand our forms better and are calling and asking questions of us. It has taken us a while to get these relationships going, but is worth it.
  - We bill for doing EPSDT physicals in Grand Forks. It eliminates barriers for our families and it provides us with extra money that we use to pay for dental care.
  - Our working relationship with part C in 0-3. Also Right Track (0-3).
  - Easy access to the MA providers who deliver speech and language services-
  - Private health care providers are willing to work with Head Start (e.g. audiologists, optometrists, speech therapists, Anne Carlson Center, and many more.
  - We truly believe in supporting the establishment of a medical home by our families. We truly utilize our community partners in a positive, helpful, cooperative way.
  - Public Health (cluster) is wonderful!!
  - Collaboration with local dentists if families are willing to travel.
  - Working one on one with agency to form an agreement that meets both program or agency needs.
  - Partnering with community providers through Health Advisory and Partnerships. Educating community health providers about needs of Head Start children.
  - We do dental screening here with dentists coming to center close to our 90 day deadline for children unable to find a dental home; still not much use if the child needs treatment; other dentists don't accept referrals.
  - The local health unit does screenings here for children that don't have or didn't keep their well-child checkup. (Again close to 90 day deadline).
  - The medical home and our work with the health tracks program work very well.
  - Public health, Northwest Human Service Center for Mental Health.
  - Great participation from dentists and vision specialists. They tend to work together to cover our needs!
  - Six area dentists do routine annual first quarter dental exams on all Head Start children (with parent's consent) and then refers to area pediadentist for continued care → establish a pediatric dental health home.
  - Five area optometrists do routine annual first quarter vision exams on all Head Start children—referrals for full vision exams to parents—assist/encourage follow-up.
  - Minot State College audiologist brings students to Head Start annually to do routine annual first quarter hearing screenings. He supervises and oversees use of tympanograms, OAE's and audiometry. Referrals for full audiologic testing to parents—assist/encourage follow-up.
  - Two area nurse practitioners do routine annual first quarter well child exams (per parent request and only with parent present) and refer to individual child's pediatrician for follow-up/treatment.

## Key Activity Area 2 Survey Instrument with Responses: Children Experiencing Homelessness (N=17)

### Appendix Table 6. Involvement with children experiencing homelessness

1. Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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 <b>MORE</b> 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=16)	25%	38%	25%	13%	0%	0%	13%
B. Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens) (N=16)	0%	38%	25%	31%	6%	0%	13%
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees) (N=14)	7%	29%	29%	29%	7%	0%	21%
D. Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition) (N=14)	29%	14%	29%	14%	14%	0%	29%
E. Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness* (N=16)	56%	6%	13%	0%	6%	19%	19%

\*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

- 1b. 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=11)

- 46% a. Services were not available in the area
- 9% b. Transportation/distance was an issue
- 0% c. Met resistance when trying to establish a relationship
- 0% d. Lack of resources (personnel, money) to establish relationship
- 36% e. Other (please specify) \_\_\_\_\_

Other Responses:

- No contact or need
- Not seen as an issue in our community by other agencies – not a priority.
- Haven’t had a need for some agencies.
- We are on committees

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

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

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=17)	65%	18%	6%	6%	0%	6%
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment (N=17)	71%	12%	12%	6%	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=17)	82%	12%	6%	0%	0%	0%
D. Obtaining sufficient data on the needs of homeless children to inform the program’s annual community assessment (N=16)	44%	25%	19%	13%	0%	0%
E. Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities (N=15)	13%	27%	13%	7%	20%	20%
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=17)	0%	6%	12%	6%	35%	41%
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=17)	29%	24%	24%	6%	12%	6%

Note: DNK means “Do Not Know” and N/A means “Not Applicable”.

**Appendix Table 9. Other issues with children experiencing homelessness**

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

- Renters or rental agencies declining family’s application due to poor rental history in the past. Obtaining financial aid for deposits – home and utilities.
- Reaching out for help – admitting that they are homeless.
- McKinney-Vento Homeless Assistance Act is rather new – still learning details about it.
- Finding a place to reside through housing assistance if parents have criminal records.
- Local agencies to not think there is an issue in our service area. They do not understand the definition of homeless.

- Transportation, childcare
- We have not had much experience with homelessness and have been able to collaborate with agencies that provide these services.
- No resources for chronic homeless families who have “used up” local resources by not following rules and regulations regarding those services.
- The State definition of homelessness is to defining – will look at the LEAs definition instead.
- Determination of homelessness—so many circumstances!

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

4. In your efforts to address the housing needs of the children and families in your program who are without homes, what is working well? Which of these efforts do you think might be helpful to other state Head Start programs?
- We work with county housing/social services.
  - A good working relationship with housing authority.
  - We are able to link families to services – SENDCAA and local social service agencies.
  - The training provided by the state collaboration office helped us update and better serve the homeless population.
  - Program policies were updated.
  - Have partnerships with Domestic Violence, Salvation Army, and Rental Assistance Programs.
  - FP Coordinator sits on local Homeless Coalition Bd.
  - I am new in our agency and up to this point have not been involved in the Community Homeless Coalition group. However I do know that our previous family partnership coordinator was very involved in this group.
  - We are facing huge housing issue with affordability of housing for rent.
  - Staff serves on committees.
  - Relationship we have with MHA and the Homeless Coalition—works well.

**Appendix Table 11. Additional Comments**

- This area is still new to our service area. We are still learning as are other agencies in our service area.

**Key Activity Area 3 Survey Instrument with Responses: Family/Child Assistance (N=17)**

**Appendix Table 12. Involvement with family/child assistance**

1. Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=17)	12%	18%	18%	53%	0%	0%	6%
B. Employment and Training and Labor Services agencies (N=16)	19%	13%	63%	6%	0%	0%	6%
C. Economic and Community Development Councils (N=16)	19%	31%	31%	0%	13%	6%	19%
D. Child Welfare agency (N=17)	0%	18%	35%	47%	0%	0%	6%
E. Services and networks supporting foster and adoptive families* (N=16)	6%	38%	38%	19%	0%	0%	19%

Provider/Organization	a. Extent of Involvement						b. Would like <b>MORE</b> involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
F. Parent orgs. (e.g., Parent and Family Resource Centers) (N=16)	6%	13%	25%	56%	0%	0%	13%

\*Examples include: Residential Child Care Facilities (RCCF) and Child Placing Agencies such as Catholic Charities North Dakota, Christian Family Life Services, LDS Social 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 13. No working relationship with family/child assistance provider/organization

1b. 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=11)

55% a. Services were not available in the area

9% b. Transportation/distance was an issue

9% c. Met resistance when trying to establish a relationship

9% d. Lack of resources (personnel, money) to establish relationship

27% e. Other (please specify) \_\_\_\_\_

Other Responses:

- Don't know what it is!
- Not aware of local resources
- Haven't had a purpose to involve them
- This has become more fragmented—new people—new guidelines—difficult to keep current on the approaches!

Note: One response was included in this question's N for a respondent who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

### Appendix Table 14. Level of difficulty with tasks involving family/child assistance

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

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=15)	53%	47%	0%	0%	0%	0%
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services (N=16)	81%	13%	0%	0%	6%	0%
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment (N=17)	94%	0%	6%	0%	0%	0%
D. Establishing and implementing local interagency partnership agreements (N=17)	71%	29%	0%	0%	0%	0%
E. Facilitating shared training and technical assistance opportunities (N=17)	35%	41%	12%	0%	6%	6%
F. Getting involved in state level planning and policy development (N=17)	47%	29%	12%	0%	6%	6%
G. Exchanging information on roles and resources with other service providers and organizations regarding family/child assistance services (N=17)	59%	29%	6%	0%	0%	6%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

**Appendix Table 15. Other issues with family/child assistance**

3. What other issues, if any, do you have regarding the family/child assistance needs of the children and families in your program? Please describe.
- Shortage of mental health resources in the area. To utilize services often involves travel.
  - Adults without medical insurance: Reasons for this vary from part-time/shift work with no benefits offered to not being able to afford what's offered.
  - Financial issues: Poor credit history due to mistakes, defaults on student loans, high interest rates due to past credit history, credit cards with high balances, families that don't qualify for help often hit the hardest.
  - We have a great relationship with social service agencies in our service area. We need to develop more written agreements.
  - Lack of infant care, transportation, child care assistance.
  - No major problems except availability due to distance.
  - Not enough parenting supports
  - Not enough parenting supports available.
  - No home visiting programs (e.g. Nurse home visitors to work on caring for young children). (Do have Home Intervention) Programs focused on providing services after family is in trouble.
  - Our community is growing and changing rapidly because of the oilfield activity.
  - There is a critical need for families with parents who are developmentally disabled! There is no support and effective case management for them!

**Appendix Table 16. Efforts to address family/child assistance needs that are working well**

4. In your efforts to address the family/child assistance needs of children and families in your program, what is working well? Which of these efforts do you think might be helpful to other state Head Start programs?
- There is an abundance of information on the internet! Sorting through it is challenging!
  - Agency communication – An effort has been made by many agencies to publicize their trainings and resources. This has been cost effective and seems to have drawn more participation from families. We often saw duplication of programs and trainings causing lack of full participation. There is a better understanding of the resources available due to agencies sharing more info and education on their resources, communication, and effort!
  - Collaboration!
  - We have a network of community partners who help us meet some of the emergency needs of families via direct services in addition to our referrals to community agencies.
  - Collaboration – open discussions regarding services with our clients. Shared resources, shared trainings on each others' committees.
  - Staff involvement on boards and committees, especially child protection, CSCC, Child Care R & R.
  - We focus on sharing training opportunities with other agencies. We also utilize local community agency expertise to train staff.
  - On site parenting classes (meal and child care provided) in partnership with local Family Parent Center. FP Coordinator sits on many Community BDs: (a) Salvation Army, (b) Interagency, (c) homeless, etc. rather than providing parenting prevention programs.
  - Local parent resource center does NOT have adequate funding to provide needed parent classes.
  - We have a very positive and close working relationship with our local Social Service office to access and share info on Public Assistance Benefits, Child Welfare/CPS, Foster services, etc.
  - Resource directory—we do our own.
  - Our form—family and holiday needs assessment/FPA mental health observation forms and FPA's. We have mental health consultant and help families deal with their needs and or concerns.
  - Staff sits on many committees and boards.

## Key Activity Area 4 Survey Instrument with Responses: Child Care (N=16)

### Appendix Table 17. Involvement with child care

1. Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=14)	21%	29%	36%	7%	0%	7%	14%
B. Child Care Resource & Referral agencies (N=15)	7%	33%	33%	27%	0%	0%	7%
C. Local child care programs for full-year, full-day services (N=15)	13%	53%	20%	0%	0%	13%	20%
D. State or regional policy/planning committees that address child care issues (N=15)	0%	33%	47%	20%	0%	0%	7%
E. Higher education programs/services/resources related to child care (e.g., lab schools, stdt. interns, cross-training) (N=15)	0%	40%	20%	33%	0%	7%	13%

*Note: DNK means "Do Not Know" and N/A means "Not Applicable".*

### Appendix Table 18. No working relationship with child care provider/organization

- 1b. 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=7)

57% a. Services were not available in the area

0% b. Transportation/distance was an issue

0% c. Met resistance when trying to establish a relationship

14% d. Lack of resources (personnel, money) to establish relationship

0% e. Children had special needs and provider(s) were unable to meet care requirements

43% f. Other (please specify) \_\_\_\_\_

#### Other Responses:

- Not yet organized
- Hard to work with local child care providers as act as separate independent units.
- No state-level working relationships developed that flow down to local Head Start programs and child care providers.
- EHS does full day/full year programming for the enrolled children. We usually do not need to contact another caregiver. If we did, we would need to have the parent sign off and also the caregiver would need to sign our confidentiality agreement. We do not refer families to child cares, but we do give them the list on the website or assist them to find it on their own computer.

*Note: One response was included in this question's N for a respondent who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.*

**Appendix Table 19. Level of difficulty with tasks involving child care**

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Establishing linkages/partnerships with child care providers (N=15)	20%	40%	27%	13%	0%	0%
B. Assisting families to access full-year, full day services (N=15)	33%	13%	40%	13%	0%	0%
C. Aligning policies and practices with other service providers (N=14)	0%	43%	7%	21%	7%	21%
D. Sharing data/information on children that are jointly served (e.g., assessments, outcomes) (N=14)	14%	43%	0%	14%	0%	29%
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment (N=15)	27%	47%	7%	7%	13%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

**Appendix Table 20. Other issues with child care**

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

- Child care is so lax in ND!
- Infant/toddler care- shortage of quality programs.
- Child care providers do not have strict standards like we do. Our collaboration in one site very difficult due to policy/procedural differences
- Lack of daycares in our area/ for shift work people.
- Full year- full day services- we refer families to CCL and R. Sometimes the cost of the services is a barrier for the families we serve. Other barriers, hours needed by family, availability, etc.
- Lack of providers!
- Cost to provide care
- Child care salaries are low
- Viewed as non-professional
- There is a significant shortage of infant/toddler care in a majority of areas. I am concerned that if state funded pre-K goes through we will lose providers because they cannot afford to lose preschoolers.
- Local providers are NOT unified under a state organization.
- Have tried to host child care training at Head Start Center (No child care providers came)
- Shortage of child care slots at times.
- Financial support for families not always there.
- Financial support for parents of children in care that are enrolled in a 4 yr higher education university.
- Time to be involved with child cares. Personally I do training for CCRR and have developed a slight relationship with a few caregivers.
- There are few child care centers in Minot—a crisis.
- Head Start 4 day weeks are very difficult for childcare centers to serve.

**Appendix Table 21. Efforts to address child care needs that are working well**

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

- We are now collaborating with three school districts to provide quality Pre-K service. All programs have been very successful. Other programs could collaborate in their communities.
- We work with existing child care providers who are already connected with families enrolled in our program. It's been very helpful to coordinate services and share information to help support children.
- Collaboration with our own programs.
- We use braided funding and provide our own services at most sites.
- We are linked to a university, we have support.
- At one time we offered wrap around care (after school child care) for payment at four sites. Because of budget cuts we no longer offer any. This has been difficult to parents. This year we have our first private contact for an outside person to offer before and after school care. The local licensure was difficult to work with and we had to contact the state to make it happen.

- Have invited (and paid) for child care providers to participate in Head Start self-assessments, education committees, policy council.
- Have parents sign releases at registration so Head Start staff can contact Head Start child's provider as needed.
- Need local or state organization or leadership to unify child care and Head Start programs.
- Seems to be lack of understanding regarding what each group does. Head Starts cannot fit into child care rules/regulations.
- Accessing the CCR&R website to assist parents in finding childcare is easy and successful however, there is a shortage of childcare at times.
- Invite to CDA training on site.

**Appendix Table 22. Additional Comments**

- This Head Start program does not provide before or after school child care. We do not have any written agreements with the local child care providers. The majority of the child care is provided in home day care situations.

**Key Activity Area 5 Survey Instrument with Responses: Family Literacy Services (N=16)**

**Appendix Table 23. Involvement with family literacy services**

- Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=14)	50%	7%	7%	14%	0%	21%	7%
B. Employment and Training programs (N=16)	13%	44%	31%	6%	0%	6%	6%
C. Adult Education (N=16)	0%	44%	25%	25%	0%	6%	6%
D. English Language Learner programs & services (N=16)	38%	19%	19%	13%	0%	13%	6%
E. Services to promote parent/child literacy interactions (N=16)	6%	25%	31%	31%	0%	6%	6%
F. Parent education programs/services (Prairie Public programming) (N=14)	21%	29%	36%	14%	0%	0%	14%
G. Public libraries (N=15)	7%	33%	27%	33%	0%	0%	20%
H. School libraries (N=14)	43%	7%	21%	29%	0%	0%	21%
I. Public/private sources that provide book donations or	0%	7%	40%	53%	0%	0%	13%

Provider/Organization	a. Extent of Involvement						b. Would like <b>MORE</b> involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
funding for books (N=15)							
J. Museums (N=13)	46%	8%	15%	0%	0%	31%	15%
K. Reading Readiness programs (N=14)	7%	7%	43%	29%	0%	14%	7%
L. Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training) (N=14)	29%	21%	7%	36%	0%	7%	36%
M. Providers of services for children and families who are English Language Learners (N=16)	25%	25%	19%	6%	0%	25%	6%
N. Even Start (N=15)	20%	0%	13%	33%	0%	33%	20%
O. Other (specify) (N=0)	0%	0%	0%	0%	0%	0%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

#### Appendix Table 24. No working relationship with family literacy services provider/organization

1b. 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)

62% a. Services were not available in the area

8% b. Transportation/distance was an issue

8% c. Met resistance when trying to establish a relationship

8% d. Lack of resources (personnel, money) to establish relationship

15% e. Other (please specify) \_\_\_\_\_

Other Responses:

- We have an Even Start program but no longer have it due to lack of funding/budget cuts/grant wasn't renewed.
- Funding source dried up - Even Start.

Note: One response was included in this question's N for a respondent who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

#### Appendix Table 25. Level of difficulty with tasks involving family literacy services

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Recruiting families to Family Literacy Services (N=16)	38%	31%	19%	6%	6%	0%
B. Educating others (e.g., parents, the community) about the importance of family literacy (N=16)	50%	38%	13%	0%	0%	0%
C. Establishing linkages/partnerships with key literacy providers (N=16)	50%	38%	6%	6%	0%	0%
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries) (N=16)	50%	38%	6%	6%	0%	0%

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
E. Incorporating family literacy into your program policies and practices (N=16)	75%	19%	6%	0%	0%	0%
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy (N=16)	50%	38%	0%	6%	6%	0%
G. Other (specify) (N=0)	0%	0%	0%	0%	0%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

### Appendix Table 26. Other issues with family literacy services

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

- Even start wasn't funded and needs to be!
- Distance to adult learning centers. Closest are Grand Forks and Fargo. Gas prices and lack of transportation are barriers to parents getting these services.
- Time- lack of time is a barrier.
- I would like to focus more on parent training and literacy rich activities, but there are many other priorities too! We try to integrate literacy into other areas though.
- Staff and parental support is sometimes an issue. I don't always have the help needed to adequately provide the services.
- Would like more support, training and funding with Title I programs.
- Funding cuts impact program offerings and resources!
- No museums or libraries in smaller communities. School librarians are busy with school programs.
- Our main difficulties are lack of agencies due to rural program and no available second language programming near enrolled families.
- No local resources available –or VERY LIMITED.
- Title I does NOT reach out to Head Starts. Local school district supports Title I grant by recording what activities Head Start has done – Do NOT use any Title funds to support Head Start Program literacy. NO Even Start or Family Literacy Programs.
- Parents have so many demands on their time, it is difficult to schedule time.

### Appendix Table 27. Efforts to address family literacy services needs that are working well

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

- Our collaboration with Reading is Fundamental (RIF) is working well. We are Parents as Teacher (PAT) certified and collaborated with the past NDPASS coordinator. We miss our collaboration with the Even Start Program.
- Abundance of literacy services- we are in university town- adequate funds for literacy materials in program.
- We have the Family of Readers RIF program which complements our H.S. literacy goals as well.
- We work with our public library- they provide special story times for children, classrooms and parents/families. We have collaborated on family nights too.
- The local Kiwanis has provided us with books and monetary support to match our RIF funds and also volunteer guest readers.
- Our grantee is the public school so we have been included in their new reading curriculum – Reading Street purchased by school system.
- BECEP parents and policy council have provided materials to (through BECEP fundraisers) established classroom lending library crates for the RIF LL books and check out books.
- RIF collaborate with school districts
- PBS grants for literacy events
- First book
- Links with higher education
- In 2008 we started FRED "Fathers Reading Every Day." This has encouraged male role models to read to children. We have also had family events focusing on literacy. Trips to library and the program has backpack reading.
- We have a RIF Grant, our managers are part of national SPARC, and we provide training opportunities to other programs and agencies.
- Hold Family Literacy Nights (provide on-site meal and child care). Family can work together on literacy activities. Hold RIF distributions in conjunction with Family Literacy Nights.
- Providing a meal for the family.

- Providing hands-on activities for parents and children to do together. Afterwards; reflecting on the activity to discuss the impact the activity they just completed had on their child’s literacy skills.
- Reading is fundamental “Family of Readers.”
- Serve on library and adult education councils.
- Just finished Even Start grant.
- Recently awarded Early Reading First which will promote family literacy.

**Appendix Table 28. Additional Comments**

- Funding was cut by state; we lost our program – Even Start.

**Key Activity Area 6 Survey Instrument with Responses: Children with Disabilities and Their Families (N=16)**

**Appendix Table 29. Involvement with children with disabilities and their families**

- Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=15)	13%	47%	20%	13%	7%	0%	13%
B. Local Part B/619 providers (N=16)	0%	19%	31%	44%	6%	0%	0%
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.) (N=14)	21%	36%	21%	14%	7%	0%	21%
D. State Lead Agency for Part C (N=15)	27%	33%	7%	27%	7%	0%	13%
E. Local Part C providers (N=18)	0%	11%	11%	72%	6%	0%	0%
F. Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.) (N=16)	13%	44%	25%	13%	6%	0%	0%
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	20%	33%	33%	7%	7%	0%	20%

Provider/Organization	a. Extent of Involvement						b. Would like <b>MORE</b> involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
(N=15)							
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=14)	0%	14%	36%	29%	7%	14%	14%
I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special educ. work/advisory group) (N=17)	0%	35%	24%	29%	6%	6%	0%
J. Parent organizations (Family Voices) (N=16)	19%	44%	25%	13%	0%	0%	0%
K. Other (specify) (N=1)	0%	0%	0%	0%	0%	100%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

**Appendix Table 30. No working relationship with provider/organization serving children with disabilities and their families**

1b. 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)

- 22% a. Services were not available in the area
- 22% b. Transportation/distance was an issue
- 22% c. Met resistance when trying to establish a relationship
- 33% d. Lack of resources (personnel, money) to establish relationship
- 33% e. Other (please specify) \_\_\_\_\_

Other Responses:

- Our special education building coordinator has relationships with agencies noted and a portion of our referrals come through her.
- State lead agencies for Part B & C do not consider Head Starts in keeping informed of State/Fed policies/regulations.
- We receive the newsletter, just haven't pursued further involvement - no particular reason.

Note: Two responses were included in this question's N for two respondents who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

**Appendix Table 31. Level of difficulty with tasks involving children with disabilities and their families**

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Obtaining timely evaluations of children (N=16)	50%	31%	19%	0%	0%	0%
B. Having staff attend IEP or IFSP meetings (N=16)	56%	38%	6%	0%	0%	0%
C. Coordinating services with Part C providers (N=16)	50%	44%	0%	0%	0%	6%
D. Coordinating services with Part B/619 providers (N=15)	33%	53%	7%	0%	0%	7%
E. Sharing data/information on jointly served children (assessments, outcomes, etc.) (N=16)	75%	13%	6%	0%	0%	6%
F. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families (N=16)	56%	31%	13%	0%	0%	0%
G. Parental support offered through parent organizations (N=16)	25%	50%	6%	6%	0%	13%
H. Other (specify) (N=1)	0%	0%	0%	0%	0%	100%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

**Appendix Table 32. Other issues with children with disabilities and their families**

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

- Least restrictive environments for two of the three special education units.
- Children receiving services in a least restrictive environment.
- Aids for autistic children
- It can be difficult to find funding for services for low incidence disabilities (i.e. interpreter for deaf, etc.)
- The local special education agency is short staffed (due to budget) which in turn create difficulties scheduling meetings and services.
- We have five LEA's to work with-with only one of those agencies our relationship is very strained. It isn't the providers- is the directors. Families, travel time, expensive gas made our support group fall apart.
- One Co-op is hard to work with-they have even "trashed" us to state level agencies-all due to our advocating for parent rights and appropriate LRE regs.
- Part C limitations on eligibility criteria in ND and funding, caseload of Part C staff slows results.
- State Lead Part B & Part C Disability agencies do not consider Head Start Disability coordinators when they plan training or in-services.
- Would like summer screenings and evaluations to help determine appropriate placement for fall and to have services in place when school starts.
- Infants development has experienced much frustration in their (?)
- Outside school districts only support through their site but does not support any other options for families when PT people have to drive anyway

**Appendix Table 33. Efforts to address the needs of children with disabilities and their families that are working well**

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

- All children's screening is coordinated and done together. Excellent partnerships with all three units.
- Coordinated screening with special education unit.
- Coordination with LEA, access to resources and staff through LEA.
- I think the Special Quest trainings made us stronger advocates for our families.
- We also use our Common Ground manuals for solid/basic information.
- All of our preschool classes are integrated with children with an IEP and those who do not have an IEP. We have tried to develop our continuum of services for children with an IEP, so that our classes vary in size, length of day, and are taught by either a Head Start teacher or an Early Childhood Special Education teacher to better match

the child's needs with the services. Since our Head Start and Early Childhood Special Education program are collocated, the two staffs work directly with each other, share space, resources, training, equipment and supplies, and are members of joint program Professional Learning Communities.

- Joint classrooms where services are provided in and out of the room. Based on needs of child/family.
- CAP Head Start has an AWESOME relationship with (DPS) Dickinson Public Schools Special Education Unit. DPS provides early child spec education staff on site full-time. Pays for teaching assistants and .5 FTE of a Head Start teacher salary. Pays half rent/utilities of Head Start Center, 20% of HS Director salary to provide inclusive setting for preschool children living in Dickinson.
- Our agreement with our LEA works well.

**Appendix Table 34. Additional Comments**

- I have two Special Education Co-ops we work with. One is fantastic!! The other is ☹ [sad]. This was hard to complete due to the extremes. Positive communication is essential – flexibility is key! But hard to do by our self. Have gone to mediation and that did not work!

**Key Activity Area 7 Survey Instrument with Responses: Community Services (N=16)**

**Appendix Table 35. Involvement with community services**

- Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=16)	13%	25%	56%	6%	0%	0%	6%
B. Providers of substance abuse prevention/treatment services (N=14)	0%	36%	43%	21%	0%	0%	21%
C. Providers of child abuse prevention/treatment services (N=15)	0%	7%	40%	53%	0%	0%	7%
D. Providers of domestic violence prevention/treatment services (N=15)	0%	33%	20%	47%	0%	0%	7%
E. Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters) (N=15)	13%	33%	40%	7%	0%	7%	20%
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action)	0%	33%	27%	33%	7%	0%	7%

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	
Agency) (N=15)							
G. Providers of adult disability services (e.g., Independent Living Centers) (N=16)	25%	38%	19%	0%	6%	13%	0%
H. Other (specify) (N=2)	0%	0%	50%	0%	0%	50%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

Other Responses:

- Homeless

**Appendix Table 36. No working relationship with community services provider/organization**

1b. 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=6)

50% a. Services were not available in the area

17% b. Transportation/distance was an issue

17% c. Met resistance when trying to establish a relationship

50% d. Lack of resources (personnel, money) to establish relationship

50% e. Other (please specify) \_\_\_\_\_

Other Responses:

- Haven't had reason to establish.
- Few business foundations to collaborate with.

Note: Two responses were included in this question's N for two respondents who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

**Appendix Table 37. Level of difficulty with tasks involving community services**

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Establishing linkages/partnerships with law enforcement agencies (N=16)	63%	38%	0%	0%	0%	0%
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services (N=16)	63%	38%	0%	0%	0%	0%
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services (N=17)	47%	29%	12%	0%	0%	12%
D. Partnering with service providers on outreach activities for eligible families (N=15)	53%	27%	20%	0%	0%	0%
E. Obtaining in-kind community services for the children/families in your program (N=16)	50%	38%	6%	6%	0%	0%
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services (N=16)	38%	38%	19%	6%	0%	0%
G. Exchanging information on roles and resources with other providers/ organizations regarding community services (N=15)	40%	53%	7%	0%	0%	0%
H. Other (specify) (N=2)	0%	50%	0%	0%	0%	50%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

**Appendix Table 38. Other issues with community services**

3. What other issues, if any, do you have regarding community services for the families in your program? Please describe.
- Living in a rural area makes it difficult for some families to participate in certain programs due to distance to travel and lack of financial resources (gas money).
  - Shelter programs for homeless.
  - Time is always hard to find – time to talk, plan and work jointly.
  - As increases in the costs of doing business continue to rise, and funding continues to drop, it is getting more difficult to align Head Start families with the most appropriate, cost effective resources.
  - We are for the most part very rural in 9 counties in northeast ND. We don't have many, if any, agencies near most of our enrolled population.
  - Cannot be invited to Social Service Team Planning meetings for Head Start enrolled families. Social Services has NOT included Head Start Family Partnership worker to be part of plan.
  - Again—limited services for families with parents with development disabilities.
  - Huge waiting lists for families!
  - Getting release of inform.

**Appendix Table 39. Efforts to address community services needs that are working well**

4. In your efforts to address the community services needs of the families in your program, what is working well? Which of these efforts do you think might be helpful to other state Head Start programs?
- We serve over 5,000 square miles and that's always a challenge!
  - We have wrap-around meetings re: some of the families that are experiencing a lot of difficulty or crises. All parties working with the family come together to discuss how they are helping with supporting the family.
  - Open communication with other entities.
  - Relationships with Even Start, RRVCA, Social Services, WIC, other family programs all have well-being of children/families in mind.
  - Direct relationships with contacts in these agencies
  - Collaborative programs where we share resources such as parent trainings.
  - Sessions with joint parents (Child Protection Services, etc)
  - We have interagency meetings in a couple larger communities. This keeps members up to date on services.
  - Great relationships/partnerships with local Salvation Army, (CAP is our grantee so have immediate access to Emergency, Weatherization, and Prevention Programs). Have Family Partnership coordinator serve on local interagency coordinating committees. Head Start Program coordinators and director are members of many local boards and councils.
  - As CAP is our grantee, we have immediate access to the many community services offered in our area. We also have a great working relationship with our local Social Service agency.
  - Again, serving on local and state communities.
  - Knowing community people and names when referring and join groups with similar needs

## Key Activity Area 8A Survey Instrument with Responses: Education – Publicly Funded Pre-K Partnership Development (N=15)

### Appendix Table 40. Involvement with education - publicly funded Pre-K partnership development

1. Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

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=14)	14%	14%	29%	14%	0%	29%	14%
B. No publicly funded pre-k in this state → Check "no working relationship" (N=10)	80%	0%	0%	0%	0%	20%	10%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

### Appendix Table 41. No working relationship with education – publicly funded Pre-K partnership development provider/organization

- 1b. 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)

56% a. Services were not available in the area

0% b. Transportation/distance was an issue

0% c. Met resistance when trying to establish a relationship

0% d. Lack of resources (personnel, money) to establish relationship

22% e. Other (please specify) \_\_\_\_\_

Other Responses:

- 1 program offered with rural area where we offer home-base services. No children enrolled in that city.
- No public Pre-K in state of ND

Note: One response was included in this question's N for a respondent who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

**Appendix Table 42. Level of difficulty with tasks involving education – publicly funded Pre-K partnership development**

2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs. The MOU must include a review of, and plans to coordinate as appropriate, 10 areas/activities, as listed below. For each of the following areas, please rate the level of difficulty *you have had in the past, or expect to have*, as you develop partnerships with publicly-funded Pre-K programs. Select *one rating for each area*.

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Educational activities, curricular objectives and instruction (N=13)	23%	15%	0%	8%	15%	39%
B. Information, dissemination and access for families contacting Head Start or other preschool program (N=13)	31%	8%	0%	8%	15%	39%
C. Selection priorities for eligible children served (N=13)	39%	0%	8%	0%	15%	39%
D. Service areas (N=13)	31%	0%	8%	15%	15%	31%
E. Staff training, including opportunities for joint staff training (N=13)	23%	8%	8%	8%	15%	39%
F. Program technical assistance (N=13)	31%	15%	0%	0%	15%	39%
G. Provision of services to meet needs of working parents, as applicable (N=13)	15%	8%	15%	8%	15%	39%
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=13)	39%	0%	8%	0%	15%	39%
I. Provision and use of facilities, transportation, etc. (N=13)	15%	23%	0%	8%	15%	39%
J. Referral to parent organizations for parents of children with special needs (working with experienced parents through EI to assist with the transition process) (N=13)	39%	0%	8%	0%	15%	39%
K. Other elements mutually agreed to by the parties to the MOU (N=12)	25%	8%	8%	0%	17%	42%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

**Appendix Table 43. Other issues with education – publicly funded Pre-K partnership development**

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

- ND does not have publicly funded Pre-K at this point.
- We are ready to go with Pre-K if the state of ND approves Pre-K.
- Funding concerns, who operates, whose rules, lots to work out – Not easy!
- At this time I feel we are all in a state of flex regarding Pre-K. I believe it is too costly to get an accurate picture of the landscape regarding this issue.
- Superintendents/school boards understanding Pre-K is NOT watered down kindergarten. Understanding importance of comprehensive services for young children, quality indicators for a good preschool program.
- The areas that have pre-k are located in areas that we do not have sites and many of the families are over income. We will be taking over one of the preschools next year at the request of the school district. We have limited contact because we are full and cannot serve all areas. We are also seen as competition.
- Many programs operate in SEVERAL school districts
- Childcare opposing Pre-K

**Appendix Table 44. Efforts to address education – publicly funded Pre-K partnership development needs that are working well**

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

- Our program is currently collaborating with 3 LEA's to provide Pre-K classrooms within the systems. Working very well.

- Collaboration with the school districts.
- I have three Pre-K pilots working currently; two have written MOU's one is in process. Call me at this if you want specifics.
- Written agreements with school districts that collaborate with sharing staff, facilities, transportation to serve preschool children at risk (disabilities) and those eligible for Head Start.
- Integrating into public school structure by putting Head Start teachers on public school payrolls, sharing training/in service days. Public school special education staff housed in Head Start facility full time.
- If we are full, we will refer families to other services.
- Keeping (one of 6!!) Superintendent in "the loop!"

**Appendix Table 45. Additional Comments**

- ND does not have state-funded Pre-K but some school districts do. There are 6 school districts that operate Pre-K programming – Devils Lake, Minnewaukan, Garrison, Underwood, Washburn and Rugby
- There are no publically funded Pre-K programs in our service area.

**Key Activity Area 8B Survey Instrument with Responses: Education – Head Start Transition and Alignment with K-12 (N=17)**

**Appendix Table 46. Involvement with education – Head Start transition and alignment with K-12**

- Using the definitions on page 2, please rate the **extent of your involvement** with local education agencies (LEAs) **during the past 12 months**. Check **one rating**. If you would like MORE involvement with LEAs, please check the appropriate box.

*Note: If you have different relationships with different LEAs, 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=16)	0%	25%	50%	25%	0%	0%	13%

*Note: DNK means "Do Not Know" and N/A means "Not Applicable".*

**Appendix Table 47. No working relationship with education – Head Start transition and alignment with K-12 provider/organization**

- 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% a. Services were not available in the area
  - 0% b. Transportation/distance was an issue
  - 0% c. Met resistance when trying to establish a relationship
  - 0% d. Lack of resources (personnel, money) to establish relationship
  - 0% e. Other (please specify) \_\_\_\_\_

**Appendix Table 48. Level of difficulty with tasks involving education – Head Start transition and alignment with K-12**

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school (N=17)	82%	18%	0%	0%	0%	0%
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers,	53%	35%	0%	0%	0%	12%

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
social workers, McKinney-Vento liaisons, etc.) (N=17)						
C. Establishing and implementing comprehensive transition policies and procedures with LEAs (N=17)	53%	35%	0%	0%	6%	6%
D. Linking LEA and Head Start services relating to language, numeracy and literacy (N=17)	59%	29%	0%	0%	0%	12%
E. Aligning LEA and Head Start curricula and assessments with Head Start Outcomes Framework (N=16)	44%	31%	0%	0%	0%	25%
F. Aligning Head Start curricula with State Early Learning Guidelines Three through Five Years (N=17)	65%	18%	0%	0%	0%	18%
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records (N=17)	65%	29%	0%	0%	0%	6%
H. Coordinating transportation with LEAs (N=17)	41%	18%	18%	0%	0%	24%
I. Coordinating shared use of facilities with LEAs (N=17)	59%	24%	6%	0%	0%	12%
J. Coordinating with LEAs regarding other support services for children and families (N=16)	38%	38%	6%	6%	6%	6%
K. Coordinating for an IFSP or IEP with LEA (N=17)	41%	47%	0%	6%	0%	6%
L. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten (N=17)	59%	35%	0%	0%	0%	6%
M. Establish policies and procedures that support children's transitions to school that includes engagement with LEA (N=17)	65%	29%	0%	0%	0%	6%
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=15)	20%	20%	7%	0%	7%	47%
O. Exchanging information with LEAs on roles, resources and regulations (N=17)	41%	41%	6%	0%	0%	12%
P. Aligning curricula and assessment practices with LEAs (N=17)	35%	35%	12%	0%	0%	18%
Q. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff (N=16)	25%	38%	13%	0%	0%	25%
R. Other (specify) (N=2)	0%	0%	50%	0%	50%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

#### Appendix Table 49. Other issues with education – Head Start transition and alignment with K-12

3. 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.

- Pre K initiative is ongoing – not many specifics to follow upon. The “somewhat difficult” answers are due to one Local Education Agency (LEA) (we have five) for the most part we work very well with the other four.
- Special Education Units do not always understand our role.
- We have taken initiative to align H.S. curriculum with State Early Learning guidelines. Do not meet with LEA to discuss curriculum alignment. We have taken initiative to establish transition practices. Would like more

interaction with kindergarten teachers on a regular basis regarding transition. Would like building principals to be more actively engaged in transition from Head Start to Local Education Agency Kindergarten.

- We've been trying to get a kindergarten teacher to serve on our education committee. We've scheduled meetings at various times, but no one shows. We've asked to have our teachers be a part of the LEA's monthly networking, but have had no response.
- Securing additional staff when a special needs child requires one-on-one during the time that they are at the Head Start Center.
- Pressure on K to have mentally healthy children!

**Appendix Table 50. Efforts to address education – Head Start transition and alignment with K-12 needs that are working well**

4. In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?
- Our schools are supportive of Head Start.
  - Because we lead three Pre K programs within LEA's, the transition is extremely easy. The other two Pre K classes do make transition visits – Kinder Kids visit use also.
  - Kindergarten Transition meetings in each elementary building (spring) and follow-up in the fall with each building. Individual transition meetings when needed.
  - Good relationships established with some agencies (joint fall/spring meetings on expectations)
  - We initiate contact with each building principal and arrange visits for Head Start children attending kindergarten in their buildings. We send HS child records over to Elem School at end of year for H. S. children transitioning. We hold meetings with parents and school staff for HS children with disabilities that are transitioning. We follow-up with LEA to ensure that every HS child has been registered for kindergarten.
  - Children visit schools
  - Parents given reminders about registration
  - Parents and K teachers get 2 calls each in the year to provide feedback!
  - Communication with teachers in public schools and parents—provide support and information when needed.

**Appendix Table 51. Additional Comments**

- We cover an 8-county area. While we have very active and strong partnerships with LEA's in some areas, in other areas, we have much less involved LEA's. We would really like the state (Governor's office) or DPI to mandate school districts collaborate with Head Start programs in their areas to provide Pre-K (especially if state funded Pre-K becomes a reality). We do not want two separate systems of Preschool: 1. State funded Pre-K and 2. Head Start.
- Title I programs are required to collaborate with local preschool/Head Start programs on transition, yet they do NOT initiate any transition activities and leave the responsibility to local HS programs.

**Key Activity Area 9 Survey Instrument with Responses: Professional Development (N=14)**

**Appendix Table 52. Involvement with professional development**

1. Using the definitions on page 2, please do the following: a) rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months** - check **one rating** for each provider, and b) if you would like MORE involvement with service providers/organizations, please check the box for each respective provider/organization where you would like more involvement.

*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=13)	0%	23%	31%	39%	0%	8%	15%
B. Institutions of Higher Education (less than 4 year)(e.g., community and Tribal	14%	21%	50%	7%	0%	7%	7%

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	
colleges) (N=14)							
C. On-line courses/programs (N=13)	15%	31%	39%	15%	0%	0%	15%
D. Child Care Resource & Referral Network (N=14)	7%	57%	14%	14%	0%	7%	7%
E. T & TA Network of the local Office of Head Start (N=14)	0%	14%	21%	64%	0%	0%	0%
F. Other T & TA networks (regional, state) (N=13)	15%	39%	39%	8%	0%	0%	15%
G. Service providers/organizations offering relevant training/TA cross-training opportunities (N=14)	0%	43%	21%	36%	0%	0%	14%
H. Connecting with parent organizations who can do professional development with staff and provide trainings for families (N=13)	0%	46%	23%	31%	0%	0%	15%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

### Appendix Table 53. No working relationship with professional development provider/organization

1b. 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=6)

67% a. Services were not available in the area

17% b. Transportation/distance was an issue

17% c. Met resistance when trying to establish a relationship

33% d. Lack of resources (personnel, money) to establish relationship

17% e. Other (please specify) \_\_\_\_\_

Other Responses:

- No interest at this time.

Note: One response was included in this question's N for a respondent who did not indicate "no working relationship" on the previous question, but did answer this follow-up question.

### Appendix Table 54. Level of difficulty with tasks involving professional development

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

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Transferring credits between public institutions of learning (N=13)	15%	54%	0%	0%	8%	23%
B. Accessing early childhood education degree programs in the community (N=14)	29%	21%	21%	14%	0%	14%
C. Accessing T & TA opportunities in the community (including cross-training) (N=14)	50%	29%	0%	7%	0%	14%
D. Accessing scholarships and other financial support for professional development programs/activities (N=14)	14%	14%	36%	21%	7%	7%

Area (Task)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
E. Staff release time to attend professional development activities (N=14)	0%	36%	29%	29%	0%	7%
F. Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection) (N=14)	64%	14%	7%	7%	0%	7%
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development (N=14)	43%	29%	7%	7%	0%	14%
H. Other (specify) (N=1)	0%	0%	0%	0%	100%	0%

Note: DNK means "Do Not Know" and N/A means "Not Applicable".

### Appendix Table 55. Other issues with professional development

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

- Funding, or lack thereof, is a HUGE challenge! Then, paying staff once they've received a degree so they make as much as the local community is difficult.
- Many staff are not paid enough to pursue additional education. T/TA money only goes so far. No wage increase to pay for education expenses that are incurred.
- Staff release time to attend professional development activities is somewhat difficult because of lack of substitute teachers to provide coverage for those that would like to attend.
- Lack of funding for staff to obtain ECE degrees and lack of 4-year ECE opportunities.
- Providing paid time/release or subs with lack of budget/resources.
- Limited knowledge of all local/regional resources.
- Lack of clarity between BA and BS in Early Childhood Education. Few, if any, preschool tracks in K-12 education conferences. Complete lack of ECE courses in community. Must access distance learning, online, IVN.
- Our biggest frustration right now is staff with early childhood degrees not eligible for teacher licensure because they have not student taught in Elementary. Smaller colleges have been amazing to work with. The larger systems are not as willing to change. Overall access to professional development is better than it has ever been.
- Classes or training needs to be scheduled for evening and weekends and during the summer. Not during the regular work day of 8 to 5.
- Some staff are not interested
- Time in the work week to get in PD!!
- EC Certification by the State of North Dakota.

### Appendix Table 56. Efforts to address professional development needs that are working well

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

- Minot State University is doing an M. Ed. Program. We have an excellent Professional Development process!
- We are fortunate to be on the campus of a university with an Early Childhood major.
- UTTC 2-year online program. Our program training needs assessment that is completed annually.
- Staff is able to take classes online. Good collaboration with UND.
- Within the last 12 months, I have not had staff who were interested in furthering their education.
- Collaboration with Higher Ed is going well as we are a University grantee! Articulation agreements across the state!
- Employee interest forms for future training ideas. All employees fill this out.
- Work with Mayville State to access online and IVN classes for ECE major to complete at distance education. Collaborated with CCR&R to provide CDA classes/program for teaching assistants. Participate in local education consortium to participate in their professional development opportunities.
- Working with Mayville State and Lake Region State has been good. They are flexible and offer not-traditional approaches. Online courses give staff many options.
- Professional Development Committee.
- Ind. Training Needs Assessments—goals—performance appraisals that tie back goals, try needs and job descriptions.