



NORTH DAKOTA HEAD START STATE COLLABORATION OFFICE NEEDS ASSESSMENT

2011-2012 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.



Preface

This report, entitled *North Dakota Head Start State Collaboration Office Needs Assessment, 2011-2012 Survey Results*, presents findings from a survey of staff and directors representing 13 of 15 Head Start programs serving North Dakota children and families for the school year 2011-2012. 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 the following 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, 8A) education – publicly funded Pre-K partnership development, 8B) education – Head Start transition and alignment with K-12, 9) professional development, and 10) early childhood systems. This report presents the results of the 2011-2012 needs assessment and assesses changes since the previous study was conducted in 2009-2010.

This report was prepared by research staff at North Dakota State University and is funded by the North Dakota Head Start State Collaboration Office, North Dakota Department of Human Services – Division of Children and Family Services, through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families. Head Start State Collaboration Offices are required by the Head Start Act (as amended in December 2007) to assess the needs of Head Start agencies in the areas of coordination and collaboration. This is the third round of the needs assessment for North Dakota, and will cover the requirements from 2012 through 2016.

This report and the previous needs assessments are available online at www.nd.gov/dhs/services/childfamily/headstart/resources.html.

Publication date:
February 2012

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A special *Thank You* to the following Head Start and Early Head Start programs for sharing photos of children, families, and staff:

- Community Action Head Start and Early Head Start (Dickinson)
- Head Start and Child Development Center at Mayville State University
- Minot Public Schools Head Start and Early Head Start
- Southeastern North Dakota Community Action Agency Head Start and Early Head Start Program (Fargo)



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Introduction

Overview of the Head Start and Early Head Start Programs

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 and for-profit, who in turn provide services to economically disadvantaged children (<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. Although federally-funded, programs must provide a 20 percent local funding match. Head Start programs are free-of-charge to participants. Ten percent of enrollment must be made available to children with disabilities. At least 90 percent of children enrolled in Head Start programs must meet federal income guidelines (<http://www.nd.gov/dhs/services/childfamily/headstart/>). In 2012, the poverty guidelines used by the U.S. Department of Health & Human Services for a family of four was \$23,050 (<http://aspe.hhs.gov/poverty/12poverty.shtml>).

The basic elements of Head Start are regulated through federal Program Performance Standards. However, grantees and parents have control over individual programs, which are designed to meet the needs of families in the local community. Services can be delivered in different ways, including center-based programs, home-based options, and combination models (<http://www.nd.gov/dhs/services/childfamily/headstart/>).

Head Start Collaboration offices were created in order to facilitate collaboration between different Head Start programs within a state. The North Dakota Head Start State Collaboration Office (HSSCO) is part of the Division of Children and Family Services of the North Dakota Department of Human Services. The goals of the HSSCO are to assist in building early childhood systems and access to comprehensive services and support for all low-income children; encourage widespread collaboration between Head Start and other programs and services; augment Head Start’s capacity to be a partner in State initiatives on behalf of children and families; and facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting the Head Start target population and other low-income families (http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/HSSCO/HSSCO_Description_-2009.pdf).

The HSSCO is also tasked with addressing the priorities set by the federal Office of Head Start. These priorities include school transitions, professional development, child care and early childhood systems, health services, services to children experiencing homelessness, services to children with disabilities, child welfare, family literacy, welfare, community services, and military families (<http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/HSSCO/hssco-priority-areas.pdf>).

Summary of North Dakota Head Start and Early Head Start Programs

North Dakota had total funded enrollment for 3,503 participants for the 2011-2012 program year. According to Head Start Program Information Report data, total funded enrollment in 2010-2011 was for 3,426 participants. Total cumulative enrollment was 4,055, which represented 3,651 families, and included 94 pregnant women.

Until the 2010-2011 program year, funded enrollment had remained the same at 3,353 since 2003-2004. North Dakota saw increases in total funded enrollment in the 2010-2011 school year. There was an additional increase in total funded enrollment in the 2011-2012 school year.

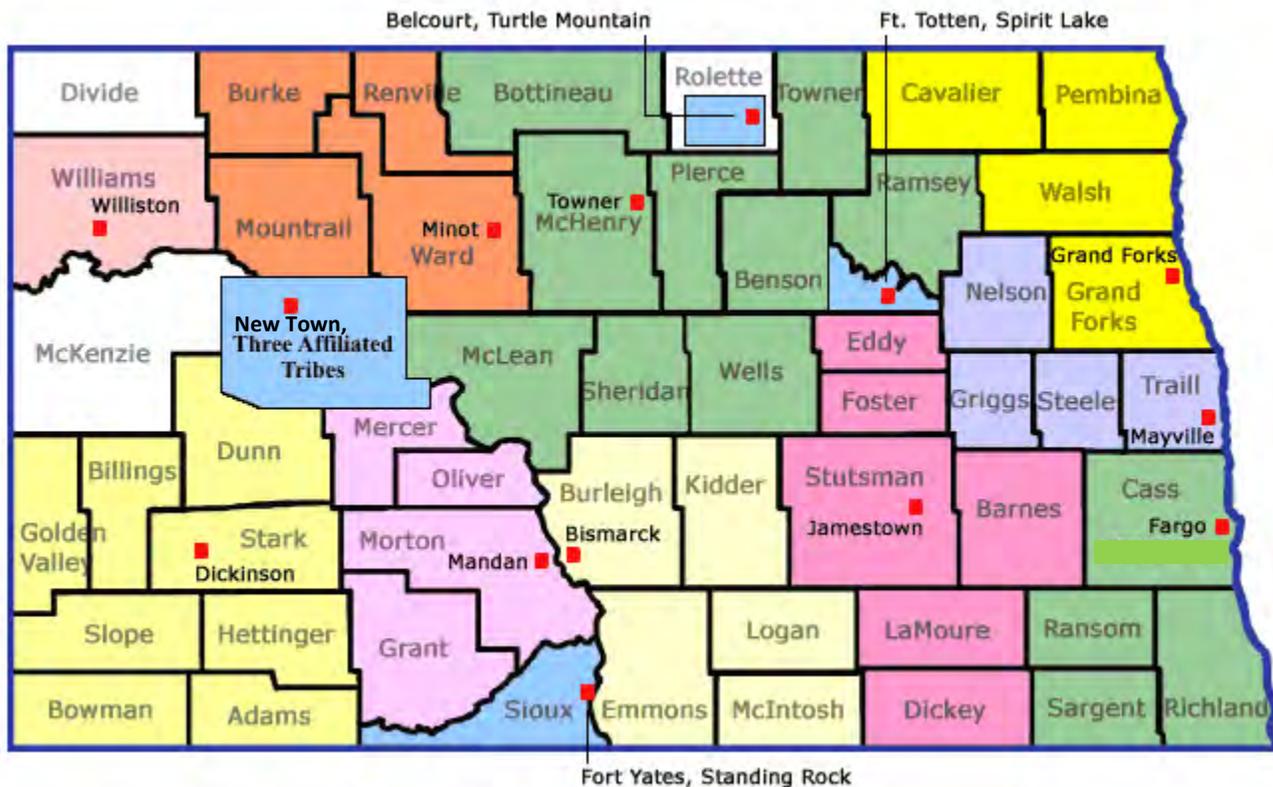
- There are 14 Head Start Programs in North Dakota (see Map 1). The three largest programs are located in some of North Dakota’s major urban areas (Fargo, Minot, and Grand Forks). Four of the programs serve American Indian communities (Fort Yates, Belcourt, Fort Totten, and New Town).
- Eight of the 14 Head Start Programs also have Early Head Start Programs (see Map 2).

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

1. **Southeastern North Dakota Community Action Agency (SENDCAA) Head Start Program**
 - Based in *Fargo* and serves Cass, Ransom, Richland, and Sargent counties.
 - Total Head Start funded enrollment for 2011-2012 was 309.
 - Total Early Head Start funded enrollment for 2011-2012 was 60.
2. **Minot Public Schools Head Start**
 - Based in *Minot* and serves Burke, Mountrail, Renville, and Ward counties and the Minot Air Force Base.
 - Total Head Start funded enrollment for 2011-2012 was 270.
 - Total Early Head Start funded enrollment for 2011-2012 was 85. This program serves Ward County.
3. **Grand Forks Head Start Program**
 - Based in *Grand Forks* and serves Cavalier, Grand Forks, Pembina, and Walsh counties.
 - Total Head Start funded enrollment for 2011-2012 was 357.
4. **Standing Rock 0-5 Head Start Program**
 - Based in *Fort Yates* and serves the Standing Rock Sioux Tribe (Standing Rock Reservation).
 - Total Head Start funded enrollment for 2011-2012 was 257.
 - Total Early Head Start funded enrollment for 2011-2012 was 75.
5. **Turtle Mountain Band of Chippewa Indians Head Start**
 - Based in *Belcourt* and serves Rolette County and the Turtle Mountain Band of Chippewa Indians (Turtle Mountain Reservation).
 - Total Head Start funded enrollment for 2011-2012 was 330.
6. **Early Explorers Head Start Program**
 - Head Start is based in *Towner* and serves Benson, Bottineau, McHenry, McLean, Pierce, Ramsey, Sheridan, Towner, and Wells counties.
 - Total Head Start funded enrollment for 2011-2012 was 216.
 - Early Head Start is based in *Devils Lake* and serves Benson, Ramsey, and Wells counties.
 - Total Early Head Start funded enrollment for 2011-2012 was 66.
7. **Community Action Agency Region VI Head Start**
 - Based in *Jamestown* and serves Barnes, Dickey, Eddy, Foster, LaMoure, and Stutsman counties.
 - Total Head Start funded enrollment for 2011-2012 was 198.
 - Total Early Head Start funded enrollment for 2011-2012 was 36. This program extends services to the additional counties of Griggs, Logan, and McIntosh.
8. **Head Start at Bismarck Early Childhood Education Program (BECEP)**
 - Based in *Bismarck* and serves Burleigh, Emmons, Kidder, Logan, and McIntosh counties.
 - Total Head Start funded enrollment for 2011-2012 was 231.
9. **Community Action Head Start**
 - Based in *Dickinson* and serves Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark counties.
 - Total Head Start funded enrollment for 2011-2012 was 152.
 - Total Early Head Start funded enrollment for 2011-2012 was 72.
10. **Head Start and Child Development Center at Mayville State University**
 - Head Start is based in *Mayville* and serves Griggs, Nelson, Steele, and Traill counties. It also serves parts of rural Grand Forks County.
 - Total Head Start funded enrollment for 2011-2012 was 80.
 - Early Head is also based in *Mayville* and serves Grand Forks, Nelson, Steele, and Traill counties.
 - Total Early Head Start funded enrollment for 2011-2012 was 96.
11. **Spirit Lake 0-5 Head Start Program**
 - Based in *Fort Totten* and serves the Spirit Lake Tribe (Spirit Lake Tribe Reservation).
 - Total Head Start funded enrollment for 2011-2012 was 100.
 - Total Early Head Start funded enrollment for 2011-2012 was 75.
12. **Three Affiliated Tribes Head Start**
 - Based in *New Town* and serves the Three Affiliated Tribes (Fort Berthold Reservation).
 - Total Head Start funded enrollment for 2011-2012 was 163.
13. **West River Head Start**
 - Based in *Mandan* and serves Grant, Mercer, Morton, and Oliver counties.
 - Total Head Start funded enrollment for 2011-2012 was 160.
14. **Williston Head Start**
 - Based in *Williston* and serves Williams County.
 - Total Head Start funded enrollment for 2011-2012 was 115.

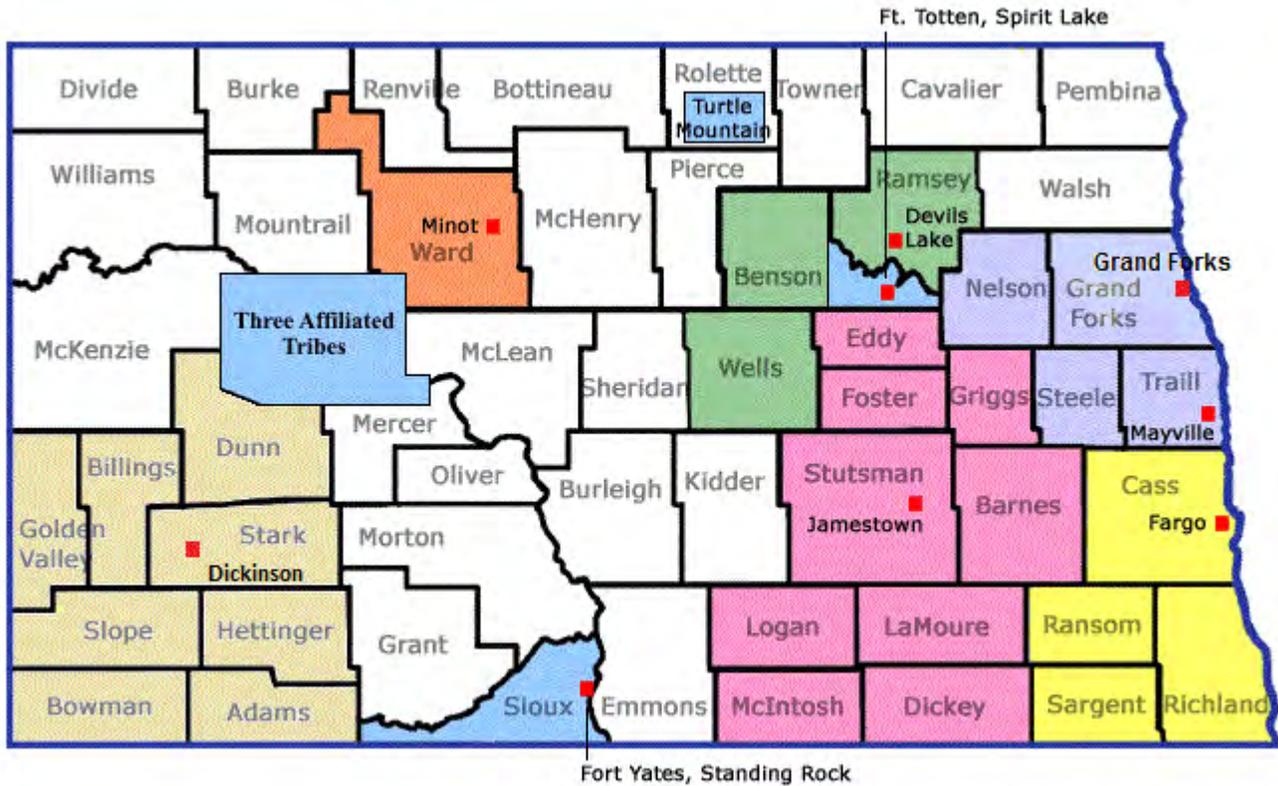


Map 1. North Dakota Head Start Programs



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>).

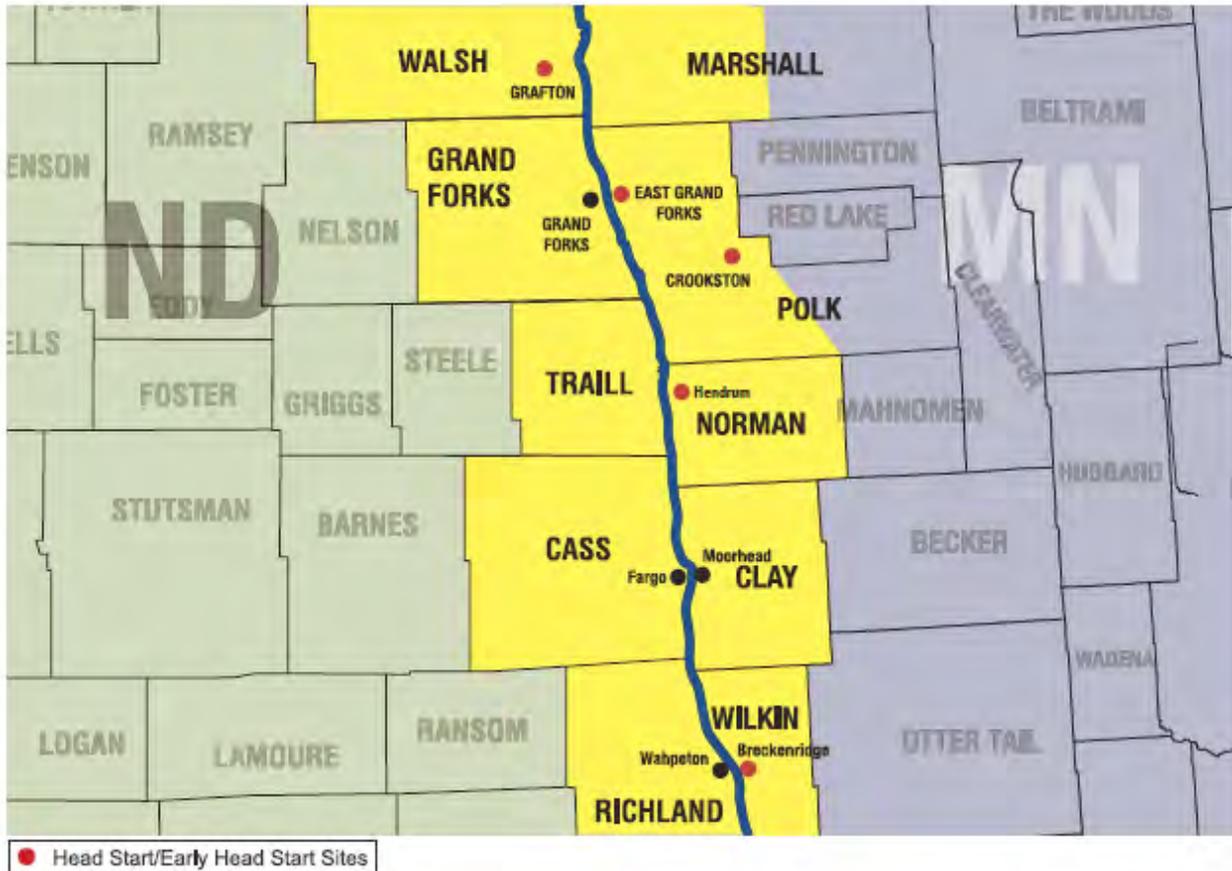
Map 2. North Dakota Early Head Start Programs



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>).

Additional North Dakotans are served by the Tri-Valley Opportunity Council, Inc., headquartered in Crookston, MN. This Minnesota-based program serves North Dakota seasonal migrant Head Start/Early Head Start families at their Minnesota sites as well as at the site in Grafton, North Dakota (see Map 3). Through this program, there is total funded enrollment to serve 144 seasonal migrant children in Walsh, Grand Forks, Traill, Cass, and Richland counties in North Dakota.

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



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

Study Design

Study Objectives

Head Start State Collaboration Offices are required by the Head Start Act (as amended in December 2007) to assess the needs of Head Start agencies in the areas of coordination and collaboration. This is the third round of the needs assessment for North Dakota. The first study was conducted for program year 2008-2009, with a follow-up in 2009-2010. This round of surveys, for program year 2011-2012, will cover the requirements from 2012 through 2016.

A series of surveys has been created organized around the key activity areas for collaboration offices' work. The goal of the needs assessment is to conduct a site-based assessment of North Dakota Head Start programs with specific focus on cooperation, coordination, and collaboration around nine key activity areas important to the 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, 8) education (A- publicly funded pre-K partnership development and B- Head Start transition and alignment with K-12, and 9) professional development. This year, the needs assessment includes an additional survey reflecting national priorities: 10) early childhood systems.

This report presents the results of the 2011-2012 needs assessment and assesses changes since the last needs assessment conducted in 2009-2010.

Survey Instruments

In the design of the individual survey questionnaires, questions were incorporated, where appropriate, that address national priority areas. These national priority areas include:

- Collaborations with institutions of higher education.
- Transition of children and continuity of services between Head Start and elementary schools.
- State assigned student identifiers to promote interoperability between data systems.
- Ensuring that Head Start performance standards are included in individual state's quality rating and improvement system's standards.
- Access to quality early childhood services for children in military families.

Questions regarding the priority areas of interoperability between data systems or the state's quality rating and improvement system's standards were not easily integrated into the existing survey instruments, therefore, the additional survey on early childhood systems was developed.

The original survey instruments were designed with input from the National Office of Head Start along with feedback from a pre-test with two North Dakota programs. The survey instruments were modified and updated slightly for the 2009-2010 needs assessment and were again adjusted for this needs assessment. This year, adjustments were made reflecting the North Dakota HSSCO 2011-2015 Strategic Plan, the federal 2011-2016 5-year grant refunding application, and surveys made available by the national Office of Head Start.

Each survey had three main parts. 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 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:

- **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.
- **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.
- **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.
- **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.

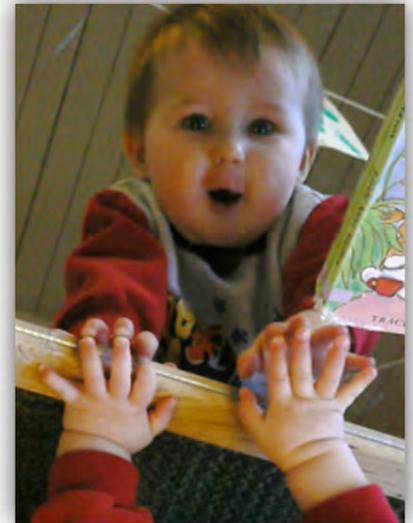
Second, information was obtained regarding the level of difficulty each program has had engaging in each of the variety of tasks associated with the respective activity areas. A 4-point scale was used to measure the level of difficulty which ranged from “not at all difficult” to “extremely difficult.”

Finally, open-ended questions were used to document any remaining concerns, investigate topic specific issues, to give respondents an opportunity to share insight about what is working well in their program, and to reflect on ways in which the HSSCO can assist them in their work.

Methodology

The surveys were administered via the Survey Monkey website. Each of the Head Start program directors were asked to complete the set of 11 surveys. Since the responsibility for each of the activity areas is typically assigned to a different person within each Head Start program, the directors were also asked to identify an additional person in their office who could respond to each survey topic area. Invitations for each of the 11 surveys were sent via email October 28, 2011. Reminder emails were sent November 10 and November 28. The final date of data collection was moved from November 15 to December 2 in order to capture a greater response rate.

Though the four Head Start programs representing American Indian communities/reservations in North Dakota (i.e., Fort Yates, Belcourt, Fort Totten, and New Town) are included in a separate needs assessment conducted by the National American Indian/Alaska Native Head Start Collaboration Office, they were also invited to participate in this year’s North Dakota HSSCO needs assessment.



The Tri-Valley Opportunity Council, Inc., which is headquartered in Crookston, MN, and serves the needs of North Dakota seasonal migrant Head Start/Early Head Start families in Walsh, Grand Forks, Traill, Cass, and Richland counties, was also invited to participate in the 2011-2012 needs assessment.

A total of 301 survey invitations for the set of 11 surveys were sent to the 15 programs (i.e., the 14 North Dakota Head Start and Early Head Start programs and the Tri-Valley Opportunity Council, Inc.), of which 250 were completed, for a response rate of 83 percent (see Table 1). The total number of responses per key activity area ranged from 20 to 24, with response rates per survey ranging from 77 percent to 88 percent.

Table 1. Responses by Topic Area

Key Activity Area (KAA)/ National Priority Area (NP)	Surveys		Response Rate by Survey
	Number Sent	Number Completed	
KAA 1: Health care	28	23	82.1
KAA 2: Children experiencing homelessness	28	22	78.6
KAA 3: Family/child assistance	28	24	85.7
KAA 4: Child care	27	22	81.5
KAA 5: Family literacy services	28	24	85.7
KAA 6: Children with disabilities and their families	28	23	82.1
KAA 7: Community services	27	23	85.2
KAA 8A: Education – Publicly funded pre-K partnership development	25	22	88.0
KAA 8B: Education – Head Start transition and alignment with K-12	28	24	85.7
KAA 9: Professional development	28	23	82.1
NP 10: Early Childhood Systems	26	20	76.9
Total	301	250	83.1

Among the 10 non-tribal North Dakota programs, the response rate was 95 percent, with response rates ranging from 86 percent to 100 percent (see Table 2). Among the additional programs invited to participate, response rates ranged from 0 percent to 100 percent. All of the completed surveys were combined for analysis and discussion.

Table 2. Responses by North Dakota Head Start Program

Head Start Program	Surveys		Response Rate by Program
	Number Sent	Number Completed	
Participation Among 10 Non-Tribal North Dakota Programs			
SENDCAA Head Start Program (Fargo)	22	19	86.4
Minot Public Schools Head Start	19	19	100.0
Grand Forks Head Start Program	22	21	95.5
Early Explorers Head Start Program (Towner/Devils Lake)	21	21	100.0
Community Action Agency Region VI Head Start (Jamestown)	22	19	86.4
Head Start at BECEP (Bismarck)	22	20	90.9
Community Action Head Start (Dickinson)	22	22	100.0
Head Start and Child Development Center at Mayville State University	22	22	100.0
West River Head Start (Mandan)	22	21	95.5
Williston Head Start	22	21	95.5
<i>Total</i>	<i>216</i>	<i>205</i>	<i>94.9</i>
Participation Among Additional Invited Programs (4 North Dakota Tribal Programs and Seasonal Migrant Program Serving North Dakota)			
Standing Rock 0-5 Head Start Program (Fort Yates)	22	11	50.0
Turtle Mountain Band of Chippewa Indians Head Start (Belcourt)	11	0	0.0
Spirit Lake 0-5 Head Start Program (Fort Totten)	19	12	63.2
Three Affiliated Tribes Head Start (New Town)	11	0	0.0
Tri-Valley Opportunity Council, Inc., serving seasonal migrants (Crookston, MN)	22	22	100.0
<i>Total</i>	<i>301</i>	<i>250</i>	<i>83.1</i>

Presentation of Findings

A detailed review of the data responses for each key activity area is presented in the Survey Results section of the report, followed by a summary and discussion of key findings presented in the Trends and Recommendations section. An example of the Survey Monkey survey instrument is provided as an Appendix. Frequency distributions for each of the 11 surveys are presented in the Appendices section. Open-ended responses are also included, with amendments when necessary to clarify responses or ensure the confidentiality of respondents and other persons involved. Information about guidelines for the Head Start State Collaboration Office are also included as appendices.



DETAILED SURVEY RESULTS



Key Activity Area 1: Health Care

Involvement with health care providers/organizations

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following health care providers/organizations, and to indicate if they would like more involvement with each respective provider/organization.

Detailed responses can be found in Appendix Table 1.

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

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed health care providers/organizations; all of the respondents indicated their agencies have some level of working relationship with medical home providers, dental home providers for treatment and care, and other nutrition services.
- More than one in four has no working relationship with Indian Health Services, parent health education providers, state agencies providing mental health prevention and treatment, and children's health education providers.

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

Percent of Respondents	Provider/Organization
43.5%	Indian Health Services
34.8%	Parent health education providers (clinics, wellness centers on the reservations)
30.4%	State agencies providing mental health prevention and treatment
27.3%	Children's health education providers (e.g., Child Care Resource & Referral (CCR&R) health consultants, community-based training)*
17.4%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
13.6%	Community health centers
13.6%	Community dental health centers
13.0%	Home visiting providers
9.5%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady's Let's Move Initiative)
9.1%	Public health services
4.3%	Local agencies providing mental health prevention and treatment
4.3%	Agencies/programs that conduct mental health screenings
4.3%	WIC program (i.e., Women, Infants, and Children)
0.0%	Medical home providers**
0.0%	Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)**
0.0%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
0.0%	Other (specify)

*In response to this question, one respondent indicated that they didn't know that the CCR&R health consultant was available for assistance.

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

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

- Services were not available in the area – 43.5%
- Met resistance when trying to establish a working relationship – 21.7%
- Transportation/distance was an issue – 8.7%
- Other (specify: no need for services at this time, have been aware of activities but have not worked directly with them and are not aware of what services they could provide) – 8.7%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 0.0%

Cooperation (exchange information and referrals) – Table 4

- Approximately half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with parent organizations that help children with chronic disabilities and mental health needs.
- Approximately two in five have a cooperative relationship with the medical home providers and agencies/programs that conduct mental health screenings.
- Fewer than one in five has a cooperative relationship with programs/services related to children’s healthy eating and physical activity, public health services, the WIC program, and children’s health education providers.

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

Percent of Respondents	Provider/Organization
52.2%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
43.5%	Medical home providers*
43.5%	Agencies/programs that conduct mental health screenings
31.8%	Community health centers
31.8%	Community dental health centers
30.4%	Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)*
30.4%	State agencies providing mental health prevention and treatment
30.4%	Local agencies providing mental health prevention and treatment
30.4%	Home visiting providers
26.1%	Indian Health Services
21.7%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
21.7%	Parent health education providers (clinics, wellness centers on the reservations)
19.0%	Programs/services related to children’s healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady’s Let’s Move Initiative)
18.2%	Public health services
17.4%	WIC program (i.e., Women, Infants, and Children)
13.6%	Children’s health education providers (e.g., CCR&R health consultants, community-based training)
0.0%	Other (specify)

*“Medical home” and “Dental home” mean comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

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

- Nearly half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with programs/services related to children’s healthy eating and physical activity.
- Two in five have a coordinating relationship with dental home providers for treatment and care, local agencies providing mental health prevention and treatment, and other nutrition services.
- Fewer than one in five has a coordinating relationship with Indian Health Services, parent organizations that help children with chronic disabilities and mental health needs, parent health education providers, agencies/programs that conduct mental health screenings, and home visiting providers.
- In response to the “other” option, one respondent indicated that their program works with the North Dakota Oral Health Program/dental hygienist consultant.



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

Percent of Respondents	Provider/Organization
47.6%	Programs/services related to children’s healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady’s Let’s Move Initiative)
39.1%	Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)*
39.1%	Local agencies providing mental health prevention and treatment
39.1%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
36.4%	Public health services
34.8%	WIC program (i.e., Women, Infants, and Children)
31.8%	Children’s health education providers (e.g., CCR&R health consultants, community-based training)
31.8%	Community health centers
33.3%	Other (specify)
30.4%	Medical home providers*
30.4%	State agencies providing mental health prevention and treatment
27.3%	Community dental health centers
17.4%	Indian Health Services
17.4%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
17.4%	Parent health education providers (clinics, wellness centers on the reservations)
13.0%	Agencies/programs that conduct mental health screenings
13.0%	Home visiting providers

**“Medical home” and “Dental home” mean comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

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

- More than one-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with the WIC program and with public health services.
- None have a collaborative relationship with Indian Health Services, and few have a collaborative relationship with community health centers, parent organizations that help children with chronic disabilities and mental health needs, or parent health education providers.

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

Percent of Respondents	Provider/Organization
39.1%	WIC program (i.e., Women, Infants, and Children)
36.4%	Public health services
30.4%	Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)*
30.4%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
26.1%	Agencies/programs that conduct mental health screenings
21.7%	Medical home providers*
21.7%	Local agencies providing mental health prevention and treatment
19.0%	Programs/services related to children’s healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady’s Let’s Move Initiative)
18.2%	Children’s health education providers (e.g., CCR&R health consultants, community-based training)
17.4%	Home visiting providers
13.6%	Community dental health centers
8.7%	State agencies providing mental health prevention and treatment
4.5%	Community health centers
4.3%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
4.3%	Parent health education providers (clinics, wellness centers on the reservations)
0.0%	Indian Health Services
0.0%	Other (specify)

**“Medical home” and “Dental home” mean comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

Would like more involvement – Table 7

- Respondents indicated interest across the board in more involvement with the various health care providers/organizations.
- Three-fourths of respondents indicated that their North Dakota Head Start agencies would like more involvement with state agencies providing mental health prevention and treatment.
- At least three in five would like more involvement with home visiting providers, agencies/programs that conduct mental health screenings, and community health centers.

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

Percent of Respondents	Provider/Organization
75.0%	State agencies providing mental health prevention and treatment
70.0%	Home visiting providers
63.6%	Agencies/programs that conduct mental health screenings
60.0%	Community health centers
58.3%	Medical home providers*
58.3%	Local agencies providing mental health prevention and treatment
58.3%	WIC program (i.e., Women, Infants, and Children)
57.1%	Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)*
54.5%	Parent health education providers (clinics, wellness centers on the reservations)
54.5%	Public health services
54.5%	Programs/services related to children’s healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady’s Let’s Move Initiative)
50.0%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
50.0%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
50.0%	Children’s health education providers (e.g., CCR&R health consultants, community-based training)
50.0%	Community dental health centers
41.7%	Indian Health Services
0.0%	Other (specify)

*“Medical home” and “Dental home” mean comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

Level of difficulty with areas/tasks involving health care

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

Detailed responses can be found in Appendix Table 3.

- More than one-third of respondents indicated that their Head Start agencies have the greatest difficulties with linking children to dental homes that serve young children.
- More than one in five has difficulty with assisting parents to communicate effectively with medical/dental providers and assisting families to get transportation to appointments.

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

Percent of Respondents	Area/Task
36.3%	Linking children to dental homes that serve young children
22.7%	Assisting parents to communicate effectively with medical/dental providers
22.7%	Assisting families to get transportation to appointments
13.6%	Linking children to medical homes
13.6%	Arranging coordinated services for children with special health care needs (link children with special needs to Early Intervention)
9.1%	Partnering with oral health professionals on oral-health related issues (e.g., American Academy of Pediatric Dentistry – Head Start Dental Home Initiative)
9.1%	Getting children enrolled in Healthy Steps/CHIP
9.1%	Getting full representation and active commitment on your Health Advisory Committee

9.1%	Exchanging information on roles and resources with medical, dental, and other providers/organizations regarding health care
9.1%	Information/referral/enrollment to Medicaid
9.0%	Getting children enrolled in Caring for Children program
4.5%	Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene)
0.0%	Getting children enrolled in Health Tracks/EPSTD
0.0%	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)
0.0%	Referring families to parent organizations (e.g., Federation of Families, Family Voices)
0.0%	Information/referral/enrollment to Medicaid Waiver programs (e.g., Children with Medically Fragile Needs Program)
0.0%	Other (specify)

Other issues with health care

Respondents were asked to offer information about issues they have experienced relating to health care for children and families in Head Start programs.

Detailed responses can be found in Appendix Table 4.

Some themes include:

- Parental follow-through, including keeping appointments.
- Access to dental care for children on medical assistance, children younger than three.
- Cost of dental services.
- Communication with outside program staff, medical professionals, and dental professionals to avoid duplication of services and to ensure that all necessary tests and screenings are performed.
- Providing clear information to parents about the importance of early medical and dental screenings and when they should occur.
- Getting parents on board regarding childhood obesity issues.
- Lack of providers.
- Lack of preventive medical care among the adult caregivers.

Efforts to address health care needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to health care for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 5.

Some themes include:

- Local providers demonstrating commitment to our families and the program.
- Onsite clinics provided by public health, although this arrangement ends at the end of the year.
- Local dentists who are making sure the children are screened and their follow-ups are completed.
- Dental field trips.
- Hearing fairs.
- Local optometrists who come to the centers annually to examine children.
- Nurses who come to the center to give flu vaccines to children and to adults.
- Working with public health and with CCR&R which provide great ideas and resources.
- Great partnerships with local programs, including those on their health service advisory committee.
- Strong working relationship with area dentists who provide onsite parent dental education at the first parent committee meetings and an onsite dental day.
- Onsite physical examinations by the public health nurse.
- Monthly onsite mental health meetings attended by the local human services child psychologist, the parent aide supervisor, and other relevant community and Head Start/Early Head Start staff.
- Providing dental and health standards to area dentists and clinics, which has improved the number of labs and dental visits that have been completed.
- Increasing collaboration with state dental consultants, public health clinics, local dentists, and NDSU Extension.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the health care needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 6.

Some themes include:

- Keeping programs aware of changes at the state level, changes in legislation, and any other initiatives.
- Keeping programs informed about resources available and health-related information.
- Linking programs to services.
- The HSSCO is easy to reach and is helpful in answering questions.
- Great work on the part of dental needs across the state, including strong efforts with the North Dakota Oral Health Coalition to educate the state's dentists about the importance of treating young preschool children.
- Strong efforts with the state Department of Health to ensure that public health offices complete all components of the well-child examinations, including mental health screenings.
- Provides ongoing communication with state health officials about the reality of health care for families living in poverty.
- Increasing programs' communication with and understanding of the Medicaid Program.



Key Activity Area 2: Children Experiencing Homelessness

Involvement with providers/organizations serving 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 7.

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

- Three in five respondents indicated that their North Dakota Head Start agencies have no working relationship with parent organizations that help children and families with homelessness.
- Two in five have no working relationship with the Title I Director or the Title I/Homeless Program Administrator.

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

Percent of Respondents	Provider/Organization
59.1%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)
40.9%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
40.9%	Title I/Homeless Program Administrator
36.4%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
22.7%	Local McKinney Vento Homeless Assistance Act liaison
4.5%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)

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

Among those with no working relationship, the reasons why: (Appendix Table 8)

- Services were not available in the area – 45.5%
- Other (specify: e.g., limited need for service, don't know who the state homeless coordinator is, not sure what support services are available, our community is overwhelmed) – 31.8%
- Met resistance when trying to establish a working relationship – 9.1%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 9.1%
- Transportation/distance was an issue – 4.5%

Cooperation (exchange information and referrals) – Table 10

- More than half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with local agencies serving families experiencing homelessness.

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

Percent of Respondents	Provider/Organization
54.5%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
45.5%	Local McKinney Vento Homeless Assistance Act liaison
36.4%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
27.3%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)
22.7%	Title I/Homeless Program Administrator
18.2%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*

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

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

- Nearly one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with the local agencies serving families experiencing homelessness.
- Few have a coordinating relationship with parent organizations that help children and families with homelessness.

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

Percent of Respondents	Provider/Organization
31.8%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
18.2%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
18.2%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
13.6%	Local McKinney Vento Homeless Assistance Act liaison
13.6%	Title I/Homeless Program Administrator
4.5%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)

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

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

- The vast majority of North Dakota Head Start agencies do not have a collaborative relationship with any providers/organizations serving children experiencing homelessness.

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

Percent of Respondents	Provider/Organization
13.6%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
9.1%	Local McKinney Vento Homeless Assistance Act liaison
9.1%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
9.1%	Title I/Homeless Program Administrator
4.5%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
4.5%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)

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

Would like more involvement – Table 13

- Respondents indicated interest across the board in more involvement with the various providers/organizations serving children experiencing homelessness.
- Two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with local housing agencies and planning groups, the Title I Director, and the Title I/Homeless Program Administrator.



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

Percent of Respondents	Provider/Organization
66.7%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
66.7%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
66.7%	Title I/Homeless Program Administrator
57.1%	Local McKinney Vento Homeless Assistance Act liaison
53.3%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)
35.7%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)

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

Level of difficulty with areas/tasks involving children experiencing homelessness

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

Detailed responses can be found in Appendix Table 9.

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

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

Percent of Respondents	Area/Task
31.8%	Obtaining sufficient data on the needs of homeless children to inform the program’s annual community assessment
27.3%	Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities
22.7%	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
13.6%	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
13.6%	Assisting families affected by water/flooding issues through appropriate referrals and connections
9.0%	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
4.5%	Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act
4.5%	Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment

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 10.

Some themes include:

- Homelessness is hidden, as multiple families share a residence.
- Difficult to help families when a family member has a past felony or is a registered sex offender.
- No services available for homeless, despite homelessness being a major issue; had to bus a family to Fargo to receive shelter.
- Few agencies with funds available to help with deposits and starting rent, and what money is available is used very quickly.
- Communities don't see people as being homeless.
- High rent increase is a big problem; Head Start and Early Head Start families are leaving their rented homes and apartments and moving out of the area due to soaring rents.
- Homelessness related to oil field workers, and having children in the man camps.
- People seeking employment opportunities find work but not a place to live, so share a residence or live in a camper or hotel. Family moves away and working parent stays behind.
- Huge service area for their program makes it difficult to work closely with all of the agencies.

Efforts to address homelessness needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to homelessness for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 11.

Some themes include:

- Relationships with community agencies and land lords.
- Initiate conversations and help parents research choices.
- Partnerships and good working relationships with Domestic Violence, Rape and Abuse Crisis Center, Community Action Partnership, North Dakota Homeless Coalition, Housing Authority, Social Service agencies, and local school districts.
- Positive past experiences in assisting families with securing deposits and first month of rent through partnerships with their Community Action Agency and their Salvation Army.
- Friends and family support when available.

Other comments include:

- Most homeless families are living with their family or have already been to agencies before coming to Head Start.
- There are extensive waiting lists for low-income affordable housing on their reservation.
- With soaring rents, even a housing voucher is no longer adequate to support a family in securing housing.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address housing needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 12.

Some themes include:

- Providing programs with information from the national and state perspective.
- Continuing to balance the positive effects of energy development with the reality of families living in poverty in western ND, including the housing situation for residents in western communities before the energy boom who have lost their housing.
- Connecting programs with state contacts.
- Providing ideas, flyers, materials, information.
- Providing information on the McKinney-Vento Act.

General comments include:

- At a time of such prosperity, the state needs to be encouraged to assist those who have negatively suffered due to this energy boom.
- Their program has not been as greatly affected as the western part of the state, but is starting to see more effects from the flooding and population increases.

Key Activity Area 3: Family/Child Assistance

Involvement with family/child assistance providers/organizations

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 13.

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

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed family/child assistance providers/organizations; all have a relationship with county social services.
- One-third of respondents indicated that their North Dakota Head Start agencies have no working relationship with Economic and Community Development Councils.

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

Percent of Respondents	Provider/Organization
33.3%	Economic and Community Development Councils
8.3%	Employment and Training and Labor Services agencies
8.3%	Human service centers
8.3%	Services and networks supporting foster and adoptive families*
8.3%	Parent organizations (e.g., Parent Resource Centers)
8.3%	Parent advocacy groups (e.g., North Dakota Head Start Association)
0.0%	County social services (e.g., TANF, food stamps, child welfare)

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

Among those with no working relationship, the reasons why: (Appendix Table 14)

- Other (specify: e.g., unable to provide special training requests for parents due to limited staff, not sure who could provide support services or what services are available, have not attempted to establish a working relationship) – 25.0%
- Services were not available in the area – 20.8%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 12.5%
- Transportation/distance was an issue – 8.3%
- Met resistance when trying to establish a working relationship – 8.3%



Cooperation (exchange information and referrals) – Table 16

- Nearly half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with services and networks supporting foster and adoptive families.
- Less than one in five have a cooperative relationship with Economic and Community Development Councils or parent advocacy groups.

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

Percent of Respondents	Provider/Organization
45.8%	Services and networks supporting foster and adoptive families*
41.7%	Employment and Training and Labor Services agencies
37.5%	Human service centers
29.2%	County social services (e.g., TANF, food stamps, child welfare)
25.0%	Parent organizations (e.g., Parent Resource Centers)
16.7%	Economic and Community Development Councils
16.7%	Parent advocacy groups (e.g., North Dakota Head Start Association)

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

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

- More than one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with county social services and human service centers.

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

Percent of Respondents	Provider/Organization
37.5%	County social services (e.g., TANF, food stamps, child welfare)
37.5%	Human service centers
29.2%	Employment and Training and Labor Services agencies
29.2%	Services and networks supporting foster and adoptive families*
29.2%	Parent advocacy groups (e.g., North Dakota Head Start Association)
25.0%	Parent organizations (e.g., Parent Resource Centers)
20.8%	Economic and Community Development Councils

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

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

- At least one-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent advocacy groups, parent organizations, and county social services.

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

Percent of Respondents	Provider/Organization
45.8%	Parent advocacy groups (e.g., North Dakota Head Start Association)
37.5%	Parent organizations (e.g., Parent Resource Centers)
33.3%	County social services (e.g., TANF, food stamps, child welfare)
16.7%	Human service centers
12.5%	Employment and Training and Labor Services agencies
12.5%	Services and networks supporting foster and adoptive families*
8.3%	Economic and Community Development Councils

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

Would like more involvement – Table 19

- Respondents indicated interest across the board in more involvement with the various family/child assistance providers/organizations.
- Nearly two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with services and networks supporting foster and adoptive families as well as Economic and Community Development Councils.

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

Percent of Respondents	Provider/Organization
64.7%	Services and networks supporting foster and adoptive families*
62.5%	Economic and Community Development Councils
58.8%	County social services (e.g., TANF, food stamps, child welfare)
58.8%	Parent advocacy groups (e.g., North Dakota Head Start Association)
52.9%	Employment and Training and Labor Services agencies
52.9%	Human service centers
52.9%	Parent organizations (e.g., Parent Resource Centers)

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

Level of difficulty with areas/tasks involving family/child assistance

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

Detailed responses can be found in Appendix Table 15.

- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving family/child assistance.
- At least one in five respondents indicated that their Head Start agencies have difficulties with getting involved in state level planning and policy development as well as targeting recruitment to families receiving TANF, Employment and Training, and related support services.

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

Percent of Respondents	Area/Task
25.0%	Getting involved in state level planning and policy development
20.8%	Targeting recruitment to families receiving TANF, Employment and Training, and related support services
12.5%	Facilitating shared training and technical assistance opportunities
8.7%	Obtaining information and data for community assessment and planning
8.4%	Exchanging information on roles and resources with other service providers and organizations regarding family/child assistance services
4.2%	Establishing and implementing local interagency partnership agreements
0.0%	Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment

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 16. Some themes include:

- Families are having difficulty meeting their basic needs.
- Child care services are not easily obtainable and many are not quality driven.
- Child care costs are a financial strain for families due to poor wages and benefits; both parents need to be employed in this economy, but most of one parent's check will go to pay for child care.

- The system is over-burdened.
- Housing is a huge issue in western North Dakota. Families are having to move due to very high rent. Nonprofit organizations are working hard to help these families, but there is little they can do with rents so high.
- Families who finish school and get work who then make just over the qualifying amount for food stamps; they get cut off and in trying to provide food for their families are unable to pay other bills. They are ultimately worse off because they are cut off from all assistance.
- Determining eligibility for medical and family assistance is still a struggle.
- Making sure we are getting the neediest children in our service area.
- TANF lists were helpful to recruit for Head Start; what is being done to get those lists again?
- Grandparents who have custody of grandchildren face financial and mental health concerns related to their children (the Head Start child's parents). Personal finances (such as saving for retirement) are often affected.
- Families with serious needs related to employment, housing, or medical care who do not qualify for available programs and fall through the cracks.
- Not being invited to participate in family plans developed with families at the county social service level.

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

Respondents were asked to offer information about efforts they are doing to address needs relating to family/child assistance for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 17.

Some themes include:

- Keeping their families well informed about trainings offered in the community (rather than duplicating efforts and offering trainings as well) has brought about better attendance to classes.
- Being able to offer Head Start services is a blessing - it helps the families that qualify succeed in life.
- Serving on local committees provides an opportunity to get to know one another, open lines of communication, and connect with local agencies.
- Host family staffing and invite parents, the Parent Aide Coordinator, and other appropriate people to attend, which provides a working atmosphere to discuss issues.
- Family needs assessment.
- Partnerships and good working relationships with community partners, including CPS, county social services, referral agencies, Community Assistance, Children's Services Coordinating Committee, Children's Consultative Network, local universities (e.g., practicum students, students teachers, interns), the Parent Resource Center, interagency meetings, and local JDA boards.
- Have a network of nonprofits that help with emergencies if their program can find matching funds (from individual or group donations).
- Working with families to problem solve alternative strategies and money management issues.

General comments include:

- Hopeful that at some point there will be state funded preschool for all families, with the expectations coming into kindergarten being higher.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the family/child assistance needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 18.

Some themes include:

- Excellent at keeping us informed about what is important for us to know. Providing us with information and tools that we can use to help our families become self-supportive and strong advocates for their children.
- Consistently working on keeping doors open to the agencies.
- Keeping programs up-to-date on new information statewide and nationally.
- Continuing to be a liaison for statewide agencies and local programs.
- Help do state-level recruiting for Head Start with the TANF program.
- Works very closely with the state lead in child protection services. Perhaps the MOU could include that Head Start staff must be invited to participate in the development of the family plan at the social service level.

Key Activity Area 4: Child Care

Involvement with child care providers/organizations

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 19.

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

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed child care providers/organizations.
- One-third have no working relationship with the state agency for child care; local child care programs for full-year, full-day services; or state, regional, or local policy/planning committees that address child care issues.

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

Percent of Respondents	Provider/Organization
33.3%	State agency for child care
33.3%	Local child care programs for full-year, full-day services
33.3%	State, regional, or local policy/planning committees that address child care issues
13.6%	Child Care Resource & Referral agencies
13.6%	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 20)

- Services were not available in the area – 36.4%
- Met resistance when trying to establish a working relationship – 18.2%
- Transportation/distance was an issue – 13.6%
- Other (specify: e.g., no opportunity to collaborate, North Dakota child care standards are low, no immediate need, program has not been contacted to participate, local university does not provide programs related to child care) – 13.6%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 9.1%
- Children had special needs and provider(s) were unable to meet care requirements – 4.5%

Cooperation (exchange information and referrals) – Table 22

- At least one-third of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the state agency for child care; Child Care Resource & Referral agencies; and local child care programs for full-year, full-day services.

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

Percent of Respondents	Provider/Organization
38.1%	State agency for child care
36.4%	Child Care Resource & Referral agencies
33.3%	Local child care programs for full-year, full-day services
28.6%	State, regional, or local policy/planning committees that address child care issues
27.3%	Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)

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

- Approximately one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with state, regional, or local policy/planning committees that address child care issues; Child Care Resource & Referral agencies; and 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

Percent of Respondents	Provider/Organization
33.3%	State, regional, or local policy/planning committees that address child care issues
31.8%	Child Care Resource & Referral agencies
31.8%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
23.8%	State agency for child care
9.5%	Local child care programs for full-year, full-day services

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

- The vast majority of respondents indicated that their North Dakota Head Start agencies do not have a collaborative relationship with any child care providers/organizations.
- Nearly one in five have a collaborative relationship with Child Care Resource & Referral agencies and with higher education programs/services/resources related to child care.
- None have a collaborative relationship with the state agency for child care or with state, regional, or local policy/planning committees that address child care issues.

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

Percent of Respondents	Provider/Organization
18.2%	Child Care Resource & Referral agencies
18.2%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
9.5%	Local child care programs for full-year, full-day services
0.0%	State agency for child care
0.0%	State, regional, or local policy/planning committees that address child care issues

Would like more involvement – Table 25

- Respondents indicated interest in more involvement with the various child care providers/organizations.
- More than half of respondents indicated that their North Dakota Head Start agencies would like more involvement with local child care programs for full-year, full-day services and with higher education programs/services/resources related to child care.

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

Percent of Respondents	Provider/Organization
53.3%	Local child care programs for full-year, full-day services
53.3%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
42.9%	State, regional, or local policy/planning committees that address child care issues
35.7%	State agency for child care
28.6%	Child Care Resource & Referral agencies

Level of difficulty with areas/tasks involving child care

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

Detailed responses can be found in Appendix Table 21.

- Half of respondents indicated that their Head Start agencies have difficulties with the capacity to blend or braid Head Start and child care funds to provide full-year, full-day services.
- Few respondents indicated that assisting military families in accessing child care services is difficult.

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

Percent of Respondents	Area/Task
50.0%	Capacity to blend or braid Head Start and child care funds to provide full-year, full-day services
31.8%	Assisting families to access full-year, full-day services
27.2%	Aligning policies and practices with other service providers
18.2%	Establishing linkages/partnerships with child care providers
18.2%	Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment
18.1%	Sharing data/information on children that are jointly served (e.g., assessments, outcomes)
4.8%	Assisting military families in accessing child care services

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 22.

Some themes include:

- Despite great success in cultivating child care partnerships in the past, their program has to determine which priorities were most important in the face of rising expectations of staff without additional funds – outreach services were cut.
- Shortage of quality child care in many areas of the state.
- Lack of quality child care is an increasing issue in western North Dakota. Many providers are getting out for higher paying jobs with benefits.
- Need to work better together and support one another for the improvement of services to all young children.
- Affordability of child care for their parents.
- Despite efforts to establish family child care partnerships as one of their Early Head Start program options, most child care providers have wait lists and none are willing to put forth the extra efforts needed to partner with them despite resources and financial incentives.

Efforts to address child care needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to child care for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 23.

Some themes include:

- Staff access classified ads to find possible child care for families.
- Collaboration for full day services; families need full day to be able to work or go to school.
- After years of attempts, their program finally has a child care extended day arrangement with a wonderful center.
- Work closely with regional CCR&R staff regarding new child care providers and any child care initiatives and quality incentives, as well as being a partner on a grant application.
- Staff being informed about existing child care, initiatives, and the challenges and strengths of local providers.
- Having the county child care licenser as a community representative on their policy council.

General comments include:

- With 65% unemployment on their reservation, child care is not a major need.
- No options for day care in their community.
- Anything free.

Full-year, full-day child care services

Respondents were asked whether their program offers full-year, full-day child care services. More than one-fourth of respondents indicated their program currently offers full-year, full-day child care services. Another one-fourth do not currently offer services, but are interested in doing so (Appendix Table 24).

Respondents were also asked to explain their answers, including insights into benefits/barriers associated with full-year, full-day child care services.

Detailed responses can be found in Appendix Table 24.

Some themes include:

- Until their program gets out of their severe funding slump, it is no position to be expanding services – they are fighting to continue what they have.
- They would love to partner with an outside entity to provide wrap around services.
- Who would want to deal with the headaches for braided funding and collecting from parents.
- There is not Head Start funding for full-year services in their area.
- Early Head Start offers full day, full year – one benefit is that the child has fewer transitions to make throughout the day and over the course of the year.
- Would like to expand from our Early Head Start setting to our Head Start centers.
- Too many hurdles.
- Difficulty in making a profit is a barrier, as are additional workload and lack of space.
- They do not have the capacity to offer full-year, full-day child care onsite at their Head Start facility but will at their Early Head Start center.
- They have worked with local providers to ensure that their enrolled Head Start children have access to care before and after their Head Start day.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the child care needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 25.

Some themes include:

- Monitors what is going on at the state level and gives input, when possible, that would better serve Head Start families.
- Provides information, training, and collaborative opportunities.
- Share resource materials for upgrading their program.
- Keep the conversation and possibilities open.
- Has been extremely supportive in maintaining a close working relationship with the state child care administrator and by using the HSSCO resources to support projects that would benefit both Head Start and child care.



Key Activity Area 5: Family Literacy Services

Involvement with family literacy services providers/organizations

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 26.

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

- At least half of respondents indicated that their North Dakota Head Start agencies have no working relationship with museums; Department of Public Instruction Title I, Part A, Family Literacy; and Prairie Public education services.



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

Percent of Respondents	Provider/Organization
62.5%	Museums
50.0%	Dept. of Public Instruction Title I, Part A, Family Literacy
50.0%	Prairie Public education services
50.0%	Other (specify)*
41.7%	School libraries
41.7%	Reading Readiness programs
29.2%	English Language Learner programs and services
29.2%	Providers of services for children and families who are English Language Learners
25.0%	Parent education programs/services to promote parent/child literacy interactions
25.0%	Higher education programs/ services/ resources related to family literacy (e.g., grant projects, student interns, cross-training)
20.8%	Public libraries
8.3%	Employment and Training programs
4.2%	Adult Education
4.2%	Public/private sources that provide book donations or funding for books

*In response to this question, one respondent indicated that their Head Start program has developed a family literacy program that addresses the needs of their children and families, and that there are no public libraries on the Indian Reservation where their program is located.

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

- Services were not available in the area – 54.2%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 29.2%
- Other (specify: e.g., have not made it a priority but an excellent idea for future actions, not aware of how to access services locally or if they are available, have never felt the need to access local school libraries but might pursue this further, there are either no services or not a need for our families, haven't had a need for ESL/ELL prior to this year but have now targeted this area as a need) – 20.8%
- Transportation/distance was an issue – 16.7%
- Met resistance when trying to establish a working relationship – 8.3%

Cooperation (exchange information and referrals) – Table 28

- Approximately two-thirds of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with Adult Education and with Employment and Training programs.
- At least one-third have a cooperative relationship with English Language Learner programs and services, parent education programs/services to promote parent/child literacy interactions, and providers of services for children and families who are English Language Learners.

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

Percent of Respondents	Provider/Organization
70.8%	Adult Education
62.5%	Employment and Training programs
41.7%	English Language Learner programs and services
33.3%	Parent education programs/services to promote parent/child literacy interactions
33.3%	Providers of services for children and families who are English Language Learners
29.2%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
25.0%	Public libraries
25.0%	School libraries
20.8%	Dept. of Public Instruction Title I, Part A, Family Literacy
20.8%	Prairie Public education services
20.8%	Museums
20.8%	Reading Readiness programs
12.5%	Public/private sources that provide book donations or funding for books
0.0%	Other (specify)

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

- Approximately one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with public/private sources that provide book donations or funding for books and with public libraries.
- Very few have a coordinating relationship with English Language Learner programs and services.
- None have a coordinating relationship with museums.

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

Percent of Respondents	Provider/Organization
37.5%	Public/private sources that provide book donations or funding for books
29.2%	Public libraries
16.7%	Employment and Training programs
16.7%	Adult Education
16.7%	Parent education programs/services to promote parent/child literacy interactions
16.7%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
12.5%	Dept. of Public Instruction Title I, Part A, Family Literacy
12.5%	Prairie Public education services
12.5%	School libraries
12.5%	Providers of services for children and families who are English Language Learners
8.3%	Reading Readiness programs
4.2%	English Language Learner programs and services
0.0%	Museums
0.0%	Other (specify)

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

- Nearly half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with public/private sources that provide book donations or funding for books.
- Very few have a collaborative relationship with Employment and Training programs, English Language Learner programs and services, or Prairie Public Education services.
- None have a collaborative relationship with museums or with providers of services for children and families who are English Language Learners.

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

Percent of Respondents	Provider/Organization
45.8%	Public/private sources that provide book donations or funding for books
25.0%	Parent education programs/services to promote parent/child literacy interactions
20.8%	Public libraries
16.7%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
12.5%	School libraries
8.3%	Dept. of Public Instruction Title I, Part A, Family Literacy
8.3%	Adult Education
8.3%	Reading Readiness programs
4.2%	Employment and Training programs
4.2%	English Language Learner programs and services
4.2%	Prairie Public education services
0.0%	Museums
0.0%	Providers of services for children and families who are English Language Learners
0.0%	Other (specify)

Would like more involvement – Table 31

- Respondents indicated interest across the board in more involvement with the various family literacy services providers/organizations.
- At least two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with providers of services for children and families who are English Language Learners; Employment and Training Programs; parent education programs/services to promote parent/child literacy interactions; English Language Learner programs and services; Prairie Public education services; Dept. of Public Instruction Title I, Part A, Family Literacy; and Reading Readiness programs.

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

Percent of Respondents	Provider/Organization
100.0%	Other*
76.9%	Providers of services for children and families who are English Language Learners
71.4%	Employment and Training programs
71.4%	Parent education programs/services to promote parent/child literacy interactions
70.6%	English Language Learner programs and services
69.2%	Prairie Public education services
66.7%	Dept. of Public Instruction Title I, Part A, Family Literacy
66.7%	Reading Readiness programs
64.3%	Adult Education
64.3%	Public libraries
64.3%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
61.5%	Public/private sources that provide book donations or funding for books
58.3%	Museums
50.0%	School libraries

*In response to this question, one respondent indicated that their Head Start program has developed a family literacy program that addresses the needs of their children and families, and that there are no public libraries on the Indian Reservation where their program is located.

Level of difficulty with areas/tasks involving family literacy services

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

Detailed responses can be found in Appendix Table 28.

- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving family literacy services.
- One in four respondents indicated that their Head Start agencies have difficulties with establishing linkages/partnerships with key local level organizations/programs as well as with establishing linkages/partnerships with key literacy providers.

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

Percent of Respondents	Area/Task
26.0%	Establishing linkages/partnerships with key local level organizations/programs (other than libraries)
25.0%	Establishing linkages/partnerships with key literacy providers
16.6%	Recruiting families to Family Literacy Services
8.4%	Educating others (e.g., parents, the community) about the importance of family literacy
8.3%	Incorporating family literacy into your program policies and practices
4.2%	Exchanging information with other providers/organizations regarding roles and resources related to family literacy
0.0%	Other (specify)

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 29.

Some themes include:

- Lack of funds to maintain the variety of books needed for the children to access via the family literacy project.
- Lack of people/staff to coordinate.
- Not aware of what state family literacy services and resources are available within their local community.
- There are so few family literacy services.

General comments include:

- Family literacy has been a huge priority for their program.
- Their staff is very knowledgeable on family literacy.

Efforts to address family literacy services needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to family literacy services for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 30.

Some themes include:

- Backpack reading programs are successful.
- Parents love access to cheap books through scholastic book orders.
- "Hallway happenings" inform parents about the importance of reading and literacy issues.
- Great adult education programs in close proximity to their program helps parents access those services.
- Families really enjoy opportunities involving engagement with their Head Start child in making something together.
- Funding for resources for families.
- Having services on site is very effective and critical.
- Their program has a checkout book program that the children can use to take books home to have their parents or siblings read to them.

- Parent involvement and community involvement as mystery readers in the classroom.
- Male involvement; father reading every day.
- Library visits and presentations.
- Donations from local service groups.
- Partnering with local schools for classroom projects.
- RIF Program has been very beneficial.
- Local library has been open to working together.
- Scheduled Family Literacy Act.
- A free book fair once a year; the community donates books for children and adults and our families get to pick all the books that they want.
- Incorporate family literacy into the Parent Committee meetings that end with a parent-child family literacy shared activity.
- Strong written partnership with the local Adult Learning Center to refer families who wish to complete their GED or work on computer literacy skills.
- Involved in special grants requiring systems development and providing resources for supplies.
- Have started a parent/guardian GED scholarship to help parents with their own education goals and it's been successful in motivating parents to work toward their personal literacy goals.

General comment:

- Books become torn and need to be replaced and sometimes there are not funds to do this.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the literacy needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 31.

Some themes include:

- Continue to educate regarding new opportunities, Family Literacy activities and information statewide and nationally.
- Passes along information which may promote linkages with Head Start.
- The HSSCO could help network to develop college internships within Head Start programs.
- Provide specific information related to family literacy services and information available from the state Family Literacy office as well as how to access those services at the local community level.
- Provides useful information/updates, shares current information.

General comments include:

- Their program is very rural and isolated and there are not any services provided locally; not sure if there is anything that the HSSCO can do to improve the situation.
- Their staff has been scaled down so they are all doing more than ever before and just have not been able to dedicate the time it takes to some of these efforts.



Key Activity Area 6: Children with Disabilities and Their Families

Involvement with providers/organizations serving 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 that serve children with disabilities and their families, and to indicate if they would like more involvement with each respective provider/organization.

Detailed responses can be found in Appendix Table 32.

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

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all the providers/organizations serving children with disabilities and their families.
- Almost all have a working relationship with local Part C providers.
- More than one-third have no working relationship with the State Lead Agency for Part C and the State Lead Agency for Part B/619.

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

Percent of Respondents	Provider/Organization
39.1%	State Lead Agency for Part C
36.4%	State Lead Agency for Part B/619
30.4%	Parent organizations (e.g., Family Voices)
26.1%	State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities)
26.1%	Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group)
22.7%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities)
13.0%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center, Pathfinder Parent Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
13.0%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
8.7%	Local Part B/619 providers
4.3%	Local Part C providers
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 33)

- Services were not available in the area – 17.4%
- Other (specify: e.g., not adequate time/resources to serve in multiple staff capacities, no communication from the state Part C coordinator, no need for a working relationship, working well at local level) – 17.4%
- Transportation/distance was an issue – 8.7%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 8.7%
- Met resistance when trying to establish a working relationship – 0.0%

Cooperation (exchange information and referrals) – Table 34

- More than one-third of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with university and community college programs/services related to children with disabilities as well as with state-funded programs for children with disabilities and their families.
- In response to the “other” option, one respondent indicated that their program works with Path of North Dakota.

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

Percent of Respondents	Provider/Organization
40.9%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities)
34.8%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
30.4%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center, Pathfinder Parent Center, Community Health, Protection & Advocacy agency, Children’s Special Health Services)
26.1%	State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities)
22.7%	State Lead Agency for Part B/619
21.7%	State Lead Agency for Part C
21.7%	Parent organizations (e.g., Family Voices)
20.0%	Other (specify)
17.4%	Local Part B/619 providers
17.4%	Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group)
4.3%	Local Part C providers

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

- More than one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with federally funded programs for families of children with disabilities as well as with state-funded programs for children with disabilities and their families.

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

Percent of Respondents	Provider/Organization
39.1%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center, Pathfinder Parent Center, Community Health, Protection & Advocacy agency, Children’s Special Health Services)
34.8%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
30.4%	Parent organizations (e.g., Family Voices)
26.1%	State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities)
26.1%	Local Part C providers
22.7%	State Lead Agency for Part B/619
21.7%	Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group)
17.4%	Local Part B/619 providers
17.4%	State Lead Agency for Part C
13.6%	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)
0.0%	Other (specify)

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

- The majority of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with local Part C providers and nearly half have a collaborative relationship with local Part B/619 providers.

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

Percent of Respondents	Provider/Organization
60.9%	Local Part C providers
47.8%	Local Part B/619 providers
21.7%	Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group)
13.0%	State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities)
13.0%	State Lead Agency for Part C
13.0%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center, Pathfinder Parent Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
9.1%	State Lead Agency for Part B/619
9.1%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities)
4.3%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
4.3%	Parent organizations (e.g., Family Voices)
0.0%	Other (specify)

Would like more involvement – Table 37

- Respondents indicated interest across the board in more involvement with the various providers/organizations serving children with disabilities and their families.
- At least half of respondents indicated that their North Dakota Head Start agencies would like more involvement with the State Education Agency – other programs/services; non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities; local Part C providers; 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

Percent of Respondents	Provider/Organization
60.0%	State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities)
55.6%	Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group)
50.0%	Local Part C providers
50.0%	Parent organizations (e.g., Family Voices)
45.5%	Local Part B/619 providers
44.4%	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)
40.0%	State Lead Agency for Part C
40.0%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center, Pathfinder Parent Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
40.0%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
36.4%	State Lead Agency for Part B/619
0.0%	Other (specify)

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

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

Detailed responses can be found in Appendix Table 34.

- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving children with disabilities and their families.
- Nearly one in five respondents indicated that their Head Start agencies have difficulties with obtaining timely Part B/619 evaluations of children.

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

Percent of Respondents	Area/Task
17.4%	Obtaining timely Part B/619 (preschool special education) evaluations of children
13.6%	Parental support offered through parent organizations
9.1%	Supporting the referral process to Part C providers/agencies for children identified under CAPTA (Children Abuse Prevention and Treatment Act)
9.1%	Coordinating services with Part B/619 providers
8.7%	Obtaining timely Part C (early intervention) evaluations of children
8.7%	Having staff attend Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) meetings
4.3%	Coordinating services with Part C providers
4.3%	Sharing data/information on jointly served children (assessments, outcomes, etc.)
0.0%	Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families
0.0%	Other (specify)

Other issues with children with disabilities and their families

Respondents were asked to offer information about issues they have experienced relating to children with disabilities and their families in Head Start programs.

Detailed responses can be found in Appendix Table 35.

Some themes include:

- Getting the LEA to accept referrals for general development evaluations. Head Start staff may be concerned about a child's low developmental skills, but if they are not looking for a change in placement then it is sometimes difficult to secure testing.
- Having a timely evaluation done.
- Lack of Speech Therapists.
- Funding for one-on-one para professionals.
- The program works with three Part C agencies and five Part B; most are great and some are not.
- With the start of an Early Head Start program, working out a philosophy of shared service delivery to assist both Part C and EHS service providers with clear expectations regarding roles and responsibilities.
- Would like to collaborate but LEA is not interested.

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

Respondents were asked to offer information about efforts they are doing to address needs relating to children with disabilities and their families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 36.

Some themes include:

- Comprehensive written agreements to integrate children with disabilities into Head Start center classrooms. Having Part B and Head Start staff work together toward implementation of program goals has ensured their success.
- Having the Special Education staff right in their building has been a great resource to the teachers, especially when planning for differentiating instruction.
- Integration of five preschool special needs children into one of their Head Start classrooms.
- Teaming the referral process – teacher/parent.
- Being housed with the ECSE staff.
- Having good support from the local special education units.

General comments include:

- Preschool special needs at their reservation program are working well.
- It is difficult to get staff in the classroom through Part B services.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the needs of children with disabilities and their families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 37.

Some themes include:

- Don't know how the HSSCO could help. They have arguments with Part B in defining the least restrictive environment, what services the school should provide versus what they are willing to provide, who will pay for the services, and where services will be provided.
- Maintain open communication with state Part B staff to share information and secure appropriate Head Start participation related to statewide projects and initiatives.
- Statewide training that invites Part C, Part B, Head Start, and other agencies serving Part B and Part C children with disabilities.
- The HSSCO needs to remain involved with DPI (Title I, Special Education, etc.) and work on developing that relationship so it's at least as good or better than the relationship with the Department of Health.



Key Activity Area 7: Community Services

Involvement with community services providers/organizations

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 38.

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

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the community services providers/organizations; all of the respondents indicated that their agencies do have a working relationship with providers of child abuse prevention/treatment services.
- Nearly one-third has no working relationship with providers of adult disability services.

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

Percent of Respondents	Provider/Organization
30.4%	Providers of adult disability services (e.g., Independent Living Centers)
26.1%	Law enforcement
21.7%	Providers of substance abuse prevention/treatment services
17.4%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
13.0%	Parent education and family support services (e.g., Parent Resource Centers)
8.7%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
4.3%	Providers of domestic violence prevention/treatment services
4.3%	Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota)
0.0%	Providers of child abuse prevention/treatment services
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 39)

- Lack of resources (e.g., personnel, money) to establish a working relationship – 21.7%
- Services were not available in the area – 13.0%
- Met resistance when trying to establish a working relationship – 8.7%
- Other (specify: not sure what we would do with adult disability services) – 4.3%
- Transportation/distance was an issue – 0.0%



Cooperation (exchange information and referrals) – Table 40

- More than one-third of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with providers of emergency services, providers of domestic violence prevention/treatment services, and providers of adult disability services.

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

Percent of Respondents	Provider/Organization
47.8%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
43.5%	Providers of domestic violence prevention/treatment services
34.8%	Providers of adult disability services (e.g., Independent Living Centers)
30.4%	Law enforcement
30.4%	Parent education and family support services (e.g., Parent Resource Centers)
30.4%	Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota)
26.1%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
21.7%	Providers of substance abuse prevention/treatment services
21.7%	Providers of child abuse prevention/treatment services
0.0%	Other (specify)

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

- More than half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with providers of child abuse prevention/treatment services.

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

Percent of Respondents	Provider/Organization
56.5%	Providers of child abuse prevention/treatment services
39.1%	Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota)
34.8%	Law enforcement
34.8%	Providers of substance abuse prevention/treatment services
30.4%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
26.1%	Providers of domestic violence prevention/treatment services
21.7%	Parent education and family support services (e.g., Parent Resource Centers)
17.4%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
8.7%	Providers of adult disability services (e.g., Independent Living Centers)
0.0%	Other (specify)

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

- One-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent education and family support services.
- One-fourth have a collaborative relationship with providers of domestic violence prevention/treatment services, providers of emergency services, and community-based organizations.
- Few have a collaborative relationship with law enforcement or with providers of adult disability services.

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

Percent of Respondents	Provider/Organization
34.8%	Parent education and family support services (e.g., Parent Resource Centers)
26.1%	Providers of domestic violence prevention/treatment services
26.1%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
26.1%	Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota)
21.7%	Providers of child abuse prevention/treatment services
17.4%	Providers of substance abuse prevention/treatment services
13.0%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
8.7%	Law enforcement
8.7%	Providers of adult disability services (e.g., Independent Living Centers)
0.0%	Other (specify)

Would like more involvement – Table 43

- Respondents indicated interest across the board in more involvement with the various community services providers/organizations.
- At least half of respondents indicated that their North Dakota Head Start agencies would like more involvement with community-based organizations, private resources geared toward prevention/intervention, law enforcement, parent education and family support services, and providers of domestic violence prevention/treatment services.

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

Percent of Respondents	Provider/Organization
58.3%	Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota)
57.1%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
53.8%	Law enforcement
53.8%	Parent education and family support services (e.g., Parent Resource Centers)
50.0%	Providers of domestic violence prevention/treatment services
46.7%	Providers of substance abuse prevention/treatment services
42.9%	Providers of child abuse prevention/treatment services
38.5%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
23.1%	Providers of adult disability services (e.g., Independent Living Centers)
4.3%	Other (specify)

Level of difficulty with areas/tasks involving community services

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

Detailed responses can be found in Appendix Table 40.

- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving community services.
- One-fourth of respondents indicated that their Head Start agencies have difficulties with obtaining in-kind community services for the children/families in their program.
- Very few said they have difficulties with assisting families affected by water/flooding issues through appropriate referrals and connections.
- None said they have difficulties with assisting military families in accessing quality early childhood services.

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

Percent of Respondents	Area/Task
26.1%	Obtaining in-kind community services for the children/families in your program
17.4%	Establishing linkages/partnerships with law enforcement agencies
17.4%	Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services
13.0%	Sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services
8.7%	Partnering with service providers on outreach activities for eligible families
8.7%	Exchanging information on roles and resources with other providers/organizations regarding community services
8.6%	Establishing linkages/partnerships with public resources (e.g., state, county, city) regarding prevention/treatment services
4.3%	Assisting families affected by water/flooding issues through appropriate referrals and connections
0.0%	Assisting military families in accessing quality early childhood services
0.0%	Other (specify)

Note: One respondent commented that of the many agencies listed, their program has limited need/opportunity to connect, so strong relationships have not been developed.

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 41.

Some themes include:

- Because of flooding and related stress, it is difficult to meet with agencies.
- Big need, few resources.
- Getting information out to the community-at-large. Housing, food, and other basics are issues for many of their families right now.
- It is hard for families in western North Dakota to pay for rent. Non-profit community resources are unable to help families as rent is too high.
- Lack of affordable housing. Housing vouchers are available, but they do not make the high costs of local rental units affordable.
- In the midst of the oil development, they would like to secure a meaningful partnership between private business and the local Head Start/Early Head Start program.
- Language barriers for New Americans to receive help.
- Families need help more often than the one time per calendar year that is allowed. Families exhaust resources and are stuck.
- They need to do a better job of pulling agencies that they do not work with on a regular basis into the program to provide information and education.

Efforts to address community services needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to community services for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 42.

Some themes include:

- The Community Agency Network Association is a great way for them to share information about what's available in their community.
- Their Head Start Family Service Manager is a member of the local Child Protection Team.
- Partnership with Community Action.
- Staff liaison with public schools.
- GED classes offered through Adult Learning Center.

- Staff person whose position is to connect to the community and schedule classes and inform staff and parents.
- Partnerships with County Social Services and the West Dakota Parent and Family Resource Center through the public schools have helped out families with parenting classes and other needs.
- Strong partnerships with the local Parent Resource Center. Parent training is hosted at the Head Start Center, costs are shared between programs, and training is open to the community. This has provided evidenced-based parenting programs for Head Start and Early Head Start and has been a source of nonfederal share.
- The Head Start and Early Head Start Family Partnership Coordinators serve on the local Salvation Army and Prevent Child Abuse planning boards. The Salvation Army has been a source of payment for emergency vouchers (e.g., gas for appointments, car repairs, emergency food, clothing).
- Local dentists have volunteered their time for their “Dental Day” to examine children who have not accessed dental care and provide dental education for the children and staff.
- They just need to provide the invitation and/or hold agencies accountable.
- They’ve developed community resource guides to assist families in identifying resources they could use.
- They use ChildPlus to organize their community resources and can run reports to see what organizations they are sending the most families to, what’s working, etc.

General comments include:

- Agencies seem to coordinate well to meet the needs of families as best as they can.
- There are a lot of services available to families and information about how to access those services.
- Partnerships within local communities where sites are located are easier in rural communities than in the larger cities.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the community services needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 43.

Some themes include:

- Continue to share new information about community services in the area.
- Not sure what is available from the HSSCO.
- Promote private business support of community Head Start and Early Head Start programs. Oil companies are making significant donations to the state for education-related programs that do not address early childhood.

General comment:

- It is a local responsibility.



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

Involvement with education – publicly funded pre-K partnership development providers/ organizations

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 44.

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

- The vast majority of respondents indicated that their North Dakota Head Start agencies have no working relationship with education relating to publicly funded pre-K partnership development because there is no publicly funded pre-K in North Dakota.

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

Percent of Respondents	Provider/Organization
85.7%	No state funded pre-K in North Dakota
45.5%	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
28.6%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/ or private preschool)

Among those with no working relationship, the reasons why: (Appendix Table 45)

- Services were not available in the area – 45.5%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 22.7%
- Met resistance when trying to establish a working relationship – 13.6%
- Other (specify: e.g., first year of pre-K program in community and have not had time to develop MOU, only one school was willing to use ARRA dollars to start a pre-K, just started as Education Coordinator) – 9.1%
- Transportation/distance was an issue – 0.0%

Cooperation (exchange information and referrals) – Table 46

- One in seven respondents indicated that the nature of the other type of Memorandum of Understanding (MOU) their agencies have is cooperative.

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

Percent of Respondents	Provider/Organization
14.3%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/ or private preschool)
4.8%	No state funded pre-K in North Dakota
0.0%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities

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

- One in seven respondents indicated that the nature of the other type of MOU their agencies have is coordinating.

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

Percent of Respondents	Provider/Organization
14.3%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/ or private preschool)
4.8%	No state funded pre-K in North Dakota
4.5%	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) – Table 48

- One-third of respondents indicated that the nature of the other type of MOU their agencies have is collaborative.
- Nearly one-third indicated that the nature of the MOU they have with the appropriate local entity responsible for managing publicly funded preschool programs in their agency’s service area is collaborative.
- Respondents who indicated they have a collaborative relationship with an “other” MOU expressed tremendous enthusiasm for these arrangements (see Appendix Table 44). They explained the arrangements as follows:
 - Program has three district collaborative agreements.
 - Program has an MOU with a local special education unit.
 - Program has MOUs with two local education agencies (LEAs) in their enrollment area to exchange resources including staff and facilities. Other school districts in their enrollment area have started preschools that charge tuition and do not want to follow Head Start regulations.
 - Program is responsible for one Title I pre-K room which is contracted through a school district.

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

Percent of Respondents	Provider/Organization
33.3%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/or private preschool)
31.8%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
0.0%	No state funded pre-K in North Dakota

Would like more involvement – Table 49

- Two-thirds of respondents would like more involvement with an MOU with the appropriate local entity responsible for managing publicly funded preschool programs.
- More than half would like more involvement with other types of MOUs.

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

Percent of Respondents	Provider/Organization
75.0%	No state funded pre-K in North Dakota
66.7%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
53.8%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/ or private preschool)

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

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

Detailed responses can be found in Appendix Table 46.

- Respondents indicated that their Head Start agencies are not having great difficulties with areas/tasks related to education – publicly funded pre-K partnership development.
- One in five indicated difficulties with staff training, including opportunities for joint staff training.
- None said they have difficulties with educational activities, curricular objectives, and instruction; information, dissemination, and access for families contacting Head Start or another preschool program; service areas; provision and use of facilities, transportation, etc.; or other elements mutually agreed to by the parties to the MOU.

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

Percent of Respondents	Area/Task
19.1%	Staff training, including opportunities for joint staff training
14.3%	Developing Memorandum of Understanding (MOU) with existing pre-school programs
10.0%	Program technical assistance
9.6%	Provision of services to meet needs of working parents, as applicable
4.8%	Selection priorities for eligible children served
4.8%	Communications and parent outreach for transition to kindergarten (through the local school districts and/or the special education units with the local school districts)
4.8%	Referral to parent organizations for parents of children with special needs (working with experienced parents through Early Intervention to assist with the transition process)
0.0%	Educational activities, curricular objectives, and instruction
0.0%	Information, dissemination, and access for families contacting Head Start or another preschool program
0.0%	Service areas
0.0%	Provision and use of facilities, transportation, etc.
0.0%	Other elements mutually agreed to by the parties to the MOU

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 47.

Some themes include:

- North Dakota does not have public pre-K.
- North Dakota needs pre-K. Families come to their communities from out-of-state and some to the Head Start program looking for pre-K.
- No communication with pre-K staff at this time.
- School districts are slow to warm up to pre-K. They state their either do not have the money or the space. They may also decide it is easier to do without a partnership.
- The LEA-supported preschools in their enrollment area do not follow many of the indicators associated with quality, including a research-based, developmentally-appropriate curriculum, ongoing developmentally appropriate assessments, appropriate teacher early childhood education qualifications, teaching guided by the state's ELGs, and appropriate monitoring for quality.
- Would like to have better partnerships with other preschools in the area, but resources/staff are limited.

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

Respondents were asked to offer information about efforts they are doing to address needs relating to education – publicly funded pre-K partnership development in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 48.

Some themes include:

- They have written collaborations with two LEAs where resources are meaningfully shared, including staff and facilities. These school districts pay for the enrollment of the non-Head Start eligible children and allow Head Start regulations to serve as the foundation for services. These school districts have been willing to invest their own financial services to make the partnership work and serve both eligible and non-eligible Head Start preschool children within the same classroom settings.
- We keep pushing the conversation with administrators, school boards, parents, and communities.
- Written agreements work well.
- Annual meetings to discuss the collaborations.
- Shared costs.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the education/pre-K partnership development needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 49.

Some themes include:

- They would greatly benefit from a working relationship at the state level that requires LEAs to develop a written agreement to share resources and follow Head Start regulations in areas where both programs serve the same preschool population.
- The HSSCO has been promoting Head Start's involvement with pre-K at all levels.
- The HSSCO can promote getting representation by public school partners on the ECEC so they can carry the message of the importance of high quality early childhood education.
- Provides useful information.

General comment:

- Since there is no publicly funded pre-K program in North Dakota, their answers were based on the relationship with the LEA Early Childhood Special Education program.



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

Involvement with education – Head Start transition and alignment with K-12 providers/ organizations

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 50.

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

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

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

Percent of Respondents	Provider/Organization
4.2%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Among those with no working relationship, the reasons why: (Appendix Table 51)

- Met resistance when trying to establish a working relationship – 4.2%
- Other (specify: e.g., program has excellent transitioning plans and relationships with school districts, just started as Education Coordinator) – 4.2%
- Services were not available in the area – 0.0%
- Transportation/distance was an issue – 0.0%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 0.0%

Cooperation (exchange information and referrals) – Table 52

- Fewer than one in five respondents indicated that their agencies have a cooperative relationship with Local Education Agencies regarding the transition from Head Start to kindergarten.

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

Percent of Respondents	Provider/Organization
16.7%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

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

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

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

Percent of Respondents	Provider/Organization
33.3%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

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

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

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

Percent of Respondents	Provider/Organization
45.8%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Would like more involvement – Table 55

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

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

Percent of Respondents	Provider/Organization
56.3%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

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

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

Detailed responses can be found in Appendix Table 52.

- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving education – Head Start transition and alignment with K-12.
- Approximately one in 10 respondents indicated that their Head Start agencies have difficulties with exchanging information with Local Education Agencies (LEAs) on roles, resources, and regulations and with organizing and participating in joint training, including transition-related training for school staff and Head Start staff.
- None said they have difficulties with ongoing communication with LEAs to facilitate coordination of programs, coordinating transportation with LEAs, coordinating with LEAs regarding other support services for children and families, coordinating for an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) with LEAs, conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten, or establishing policies and procedures that support children’s transitions to school that includes engagement with LEAs.
- Two respondents provided general comments:
 - Their program works extremely well with local school districts, but that the relationship depends on the administration at the time and there has been a lot of change in administration this year. They would like to see educator representation back on the ECEC so they can be strong advocates for how high quality early childhood programs prepare children for school.
 - Their program has annual meetings with each school involving the Head Start teacher, site supervisor, kindergarten teacher, elementary principal, and special education staff when appropriate, to discuss transition plans, curriculum, parent involvement, etc. They will be working with each district to develop a joint definition of school readiness this year. Also, their program administrator communicates with school administrators throughout the year.

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

Percent of Respondents	Area/Task
33.3%	Other (specify)*
12.5%	Exchanging information with LEAs on roles, resources, and regulations
12.5%	Organizing and participating in joint training, including transition-related training for school staff and Head Start staff
8.3%	Partnering with Local Education Agencies (LEAs) to implement systematic procedures for transferring Head Start program records to school
8.3%	Linking LEA and Head Start services relating to language, numeracy, and literacy
8.3%	Aligning LEA and Head Start curricula and assessments with the Head Start Child Development and Early Learning Framework
8.3%	Helping parents of English Language Learning children understand instructional and other information and services provided by the receiving school, including section 3302 of the Elementary and Secondary Education Act
8.3%	Aligning curricula and assessment practices with LEAs
4.3%	Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records
4.2%	Establishing and implementing comprehensive transition policies and procedures with LEAs
4.2%	Coordinating with state and local school entities to foster the seamless transition of children and continuity of services between Head Start and elementary schools
4.2%	Aligning Head Start curricula with State Early Learning Guidelines and the Head Start Child Development and Early Learning Framework
4.2%	Coordinating shared use of facilities with LEAs
0.0%	Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)
0.0%	Coordinating transportation with LEAs
0.0%	Coordinating with LEAs regarding other support services for children and families
0.0%	Coordinating for an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) with LEAs
0.0%	Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten
0.0%	Establishing policies and procedures that support children’s transitions to school that includes engagement with LEAs

*One respondent said their program has had difficulty working with public school settings who are not interested in following Head Start regulations. They also indicated that transition planning has been a one-sided effort, and that transition activities specific to Head Start children only receive limited support from LEAs.

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 53.

Some themes include:

- In the upcoming year, their program will focus on developing a shared definition of school readiness with each school district, developing an MOU regarding transition, and piloting a longitudinal data collection system with two schools.
- Their biggest problem with schools is always who pays for support staff for children with special needs.
- Knowing what School Readiness Goals for Head Start children should include.
- Their greatest concern is the lack of recognition by DPI of the role that Head Start programs serve in preparing children for kindergarten. DPI should be requiring that LEAs develop written collaborative agreements with their local Head Start programs prior to approving the many preschool programs that are becoming prevalent within LEA settings. LEAs are providing preschools with little understanding of appropriate curriculum and assessment and very little if any understanding of the ELGs and their relationship to the kindergarten standards and benchmarks.
- The removal of the elementary principal and elementary education teacher from the ECEC was the biggest systemic error that has happened to the state. The other schools need to hear from their peers about the good work that Head Start programs do and they would have been the leaders that carried that message.

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

Respondents were asked to offer information about efforts they are doing to address needs relating to education – Head Start transition and alignment with K-12 in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 54.

Some themes include:

- Our program has aligned the Head Start Framework and curriculum with the ELGs. This alignment has become the foundation for intentional teaching to ensure that our program is targeting those skills that have been aligned with the kindergarten standards and benchmarks. Currently the Head Start teachers are developing a set of super standards that must be taught during the program year to ensure children are prepared for the kindergarten standards and benchmarks.
- Kindergarten teachers are members of the Education Advisory Committee to provide input into curriculum areas, school readiness, and transition.
- A one-page transition summary developed by the Head Start and kindergarten teachers is completed for each Head Start child transitioning to kindergarten and is shared with the assigned kindergarten teacher and relevant LEA staff.
- The elementary principals are a standing member of the Policy Council, rotating in and out of a three-year term cycle. This administrative support keeps Head Start informed of LEA policies and procedures and the LEA informed of Head Start educational practices, outcome reports, curriculum, and assessment work.
- Sharing child outcomes data.
- Providing collaborative pre-K with school districts.
- Transition meetings with receiving schools every April and build on transition from day one of Head Start.
- They just keep initiating conversations.
- They've been doing transition activities with our local public schools for many years. With new administrators, it is taking the time to let them know the process that's been happening for years and they've always been very supportive.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the K-12 needs of the children and families in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 55.

Some themes include:

- The HSSCO is visible in Bismarck representing Head Start on committees with DPI.
- Many licensed preschools are popping up within the public school setting. We need a strongly worded state agreement between DPI and Head Start that outlines collaboration with Head Start as one of the requirements before a preschool is approved by DPI.
- Provides useful information and support.
- Information regarding the skills kindergarten teachers expect Head Start children to acquire before entering kindergarten.
- The state office has made so many opportunities a reality. It has been instrumental in the longitudinal data system development, early learning guidelines, early learning council, etc.



Key Activity Area 9: Professional Development

Involvement with professional development providers/organizations

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 56.

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

- Nearly two-thirds of respondents indicated that their North Dakota Head Start agencies have no working relationship with tribal colleges.
- Half have no working relationship with the National Center-Quality Teaching and Learning.
- Nearly half have no working relationship with regional and tribal training and technical assistance (T & TA) networks; the National Center-Cultural & Linguistic Responsiveness; the National Center-Parent, Family, & Community Engagement; the National Center-Program Management & Fiscal Operation; or the National Center-Center on Health.

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

Percent of Respondents	Provider/Organization
65.2%	Tribal colleges
50.0%	National Center-Quality Teaching and Learning
45.5%	Regional and tribal T & TA networks
45.5%	National Center-Cultural & Linguistic Responsiveness
45.5%	National Center-Parent, Family, & Community Engagement
45.5%	National Center-Program Management & Fiscal Operation
45.5%	National Center-Center on Health
40.9%	Growing Futures Professional Development System
27.3%	National Center-Early Head Start National Resource Center
21.7%	On-line courses/programs
21.7%	Service providers/organizations offering relevant training/ technical assistance cross-training opportunities
18.2%	Institutions of Higher Education (less than 4 year)
17.4%	Child Care Resource & Referral Network
17.4%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
13.6%	Institutions of Higher Education (4 year)
4.3%	Head Start and Early Head Start T & TA Network

Among those with no working relationship, the reasons why: (Appendix Table 57)

- Services were not available in the area – 34.8%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 26.1%
- Other (specify: e.g., have not been able to interact with the national centers to receive individualized information and assistance, no information about courses of study at tribal colleges, individual staff already have working relationships with institutions to get their degrees, national centers are too new and don't seem to have the information ready yet, not a top priority, national centers are slow in responding to local issues, T & TA can now help since the Family Frameworks came out because it's related to child outcomes) – 26.1%
- Met resistance when trying to establish a working relationship – 17.4%
- Transportation/distance was an issue – 8.7%

Cooperation (exchange information and referrals) – Table 58

- Half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with institutions of Higher Education (less than 4 year).

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

Percent of Respondents	Provider/Organization
50.0%	Institutions of Higher Education (less than 4 year)
31.8%	Institutions of Higher Education (4 year)
31.8%	National Center-Parent, Family, & Community Engagement
31.8%	National Center-Early Head Start National Resource Center
30.4%	On-line courses/programs
30.4%	Child Care Resource & Referral Network
27.3%	National Center-Quality Teaching and Learning
26.1%	Service providers/organizations offering relevant training/ technical assistance cross-training opportunities
26.1%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
22.7%	Growing Futures Professional Development System
18.2%	Regional and tribal T & TA networks
18.2%	National Center-Cultural & Linguistic Responsiveness
18.2%	National Center-Program Management & Fiscal Operation
18.2%	National Center-Center on Health
13.0%	Head Start and Early Head Start T & TA Network
8.7%	Tribal colleges

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

- At least one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with the Head Start and Early Head Start T & TA Network, institutions of higher education (4 year), and with the CCR&R network.

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

Percent of Respondents	Provider/Organization
43.5%	Head Start and Early Head Start T & TA Network
36.4%	Institutions of Higher Education (4 year)
34.8%	Child Care Resource & Referral Network
30.4%	On-line courses/programs
22.7%	Growing Futures Professional Development System
18.2%	Institutions of Higher Education (less than 4 year)
18.2%	National Center-Early Head Start National Resource Center
17.4%	Service providers/organizations offering relevant training/ technical assistance cross-training opportunities
17.4%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
13.0%	Tribal colleges
9.1%	Regional and tribal T & TA networks
9.1%	National Center-Program Management & Fiscal Operation
9.1%	National Center-Center on Health
4.5%	National Center-Parent, Family, & Community Engagement
4.5%	National Center-Quality Teaching and Learning
0.0%	National Center-Cultural & Linguistic Responsiveness

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

- There are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area.
- Approximately one-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with the Head Start and Early Head Start T & TA Network and with connecting with parent organizations which can do professional development with staff and provide trainings for families.
- None have a collaborative relationship with the Growing Futures Professional Development System or with any of the National Centers.

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

Percent of Respondents	Provider/Organization
34.8%	Head Start and Early Head Start T & TA Network
30.4%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
17.4%	Child Care Resource & Referral Network
17.4%	Service providers/organizations offering relevant T & TA cross-training opportunities
13.6%	Institutions of Higher Education (4 year)
13.0%	On-line courses/programs
9.1%	Institutions of Higher Education (less than 4 year)
4.5%	Regional and tribal T & TA networks
4.3%	Tribal colleges
0.0%	Growing Futures Professional Development System
0.0%	National Center-Cultural & Linguistic Responsiveness
0.0%	National Center-Parent, Family, & Community Engagement
0.0%	National Center-Quality Teaching and Learning
0.0%	National Center-Early Head Start National Resource Center
0.0%	National Center-Program Management & Fiscal Operation
0.0%	National Center-Center on Health

Would like more involvement – Table 61

- Respondents indicated interest across the board in more involvement with the various professional development providers/organizations.
- At least two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with the National Centers on Program Management & Fiscal Operation, Cultural & Linguistic Responsiveness, and Quality Teaching and Learning.

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

Percent of Respondents	Provider/Organization
69.2%	National Center-Program Management & Fiscal Operation
66.7%	National Center-Cultural & Linguistic Responsiveness
66.7%	National Center-Quality Teaching and Learning
63.6%	National Center-Parent, Family, & Community Engagement
63.6%	National Center-Center on Health
54.5%	National Center-Early Head Start National Resource Center
53.8%	Head Start and Early Head Start T & TA Network
46.2%	Institutions of Higher Education (4 year)
46.2%	Institutions of Higher Education (less than 4 year)
46.2%	Service providers/organizations offering relevant T & TA cross-training opportunities
41.7%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
38.5%	Child Care Resource & Referral Network
38.5%	Growing Futures Professional Development System
38.5%	Regional and tribal T & TA networks
30.8%	On-line courses/programs
15.4%	Tribal colleges

Level of difficulty with areas/tasks involving professional development

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

Detailed responses can be found in Appendix Table 58.

- At least one-third of respondents indicated that their Head Start agencies have difficulties with staff release time to attend professional development activities and with accessing scholarships and other financial support for professional development programs/activities.
- One respondent provided a general comment:
 - Regarding “accessing training and technical assistance opportunities in the community,” they just do it themselves. Regarding “accessing scholarships and other financial support for professional development programs/activities,” they are still waiting for the HSSCO to get information out for staff about loans and grants.

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

Percent of Respondents	Area/Task
39.1%	Staff release time to attend professional development activities
34.7%	Accessing scholarships and other financial support for professional development programs/activities (e.g., early childhood education grants)
30.4%	Accessing early childhood education degree programs in the community
14.3%	Exchanging information on roles and resources with other providers/organizations regarding professional development
13.0%	Accessing training and technical assistance opportunities in the community (including cross-training)
13.0%	Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection)
4.3%	Transferring credits between tribal colleges and other institutions of higher education
0.0%	Other (specify)*

*One respondent did indicate an “other” response that was somewhat difficult: Their teaching staff has utilized online courses to meet the early childhood major requirements since no early childhood classes are available in their community; they often bring in specialized training from outside the community and then invite their community agency partners to attend this training.

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 59.

Some themes include:

- Colleges that have appropriate content and expectations for on-site experiences.
- It is becoming more and more difficult to find ECE degreed staff for our rural communities.
- Lack of fiscal resources.
- Many trainings are not in their area.
- Not enough time.
- Lack of funds to pay for college classes.
- BS Degree in Early Childhood requirements do not give credit for AA Degree in Early Childhood Education.
- Limited staff available to cover staff who are gone attending training.

Efforts to address professional development needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to professional development in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 60.

Some themes include:

- Ability to meet HS early childhood requirements.
- Being part of a University where there is an Early Childhood Program makes accessing services easier for their staff.
- CDA on site.
- Even though we are rural we never have a problem accessing quality training.
- Online classes through UTTC works well for our rural staff who are working on their two-year degrees.
- Partnering with Universities and CCR&R.
- They have worked hard to ensure that their teaching staff and home visitors attend the same training with their Part C and Part B providers to ensure that they develop and share the same philosophy about service delivery. They access whatever training is available within their community through CCR&R, Part C, Part B, and their local public school system. When they bring specialized training into their programs (e.g., infant toddler mental health), they invite those same partners to attend.
- They bring in the training so that all of their staff can attend. They focus on one or two major training areas each year. After they receive training as a group, they follow up the application of that training by continuing to meet weekly or monthly to provide a support and ensure that the training was implemented successfully into the program. They call these training meetings their Professional Learning Communities.
- They had a summer two-day training. All staff were excited to be there!
- They try to give them time during their work day for professional development. Their professional development plans are driven by the staff and that's helping them be able to incorporate them into their day-to-day activities.
- They work with their own Head Start program, when possible, to share staff.
- Working with staff to complete CDAs and start ECE degree.

Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the professional development needs of your staff, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 61.

Some themes include:

- Continue to make available partnership opportunities at the state level that filter down to the local programs through the sharing of resources and training opportunities.
- Have tried to secure funding for classes via legislature and DPI.
- The HSSCO participates in the Early Childhood Higher Education Consortium and keeps Head Start informed.
- The office could get out information about the teacher's grants and scholarships.
- Providing actual onsite training and conference calls.
- The Consortium and the articulation agreements.
- The state office has been instrumental in sharing information regarding trainings and initiatives appropriate for programs. It is one of their main sources for new information.



National Priority Area 10: Early Childhood Systems

Involvement with early childhood systems providers/organizations

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following early childhood systems providers/organizations, and to indicate if they would like more involvement with the service provider/organization.

Detailed responses can be found in Appendix Table 62.

One respondent commented that the responses do not quite match their level of involvement on this issue. They know about these entities, but “referrals,” etc., are not really the role they play. They are glad to see a change in the Higher Education Consortium representative.

No working relationship (little or no contact) – Table 63

- More than half of respondents indicated that their North Dakota Head Start agencies have no working relationship with the State Quality Rating & Improvement System.
- Nearly half have no working relationship with the Early Childhood Council or with state efforts to unify early childhood data systems.

Table 63. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each service provider/organization

Percent of Respondents	Provider/Organization
55.0%	State Quality Rating & Improvement System (QRIS)
45.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)
45.0%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 63)

- Other (specify: e.g., ECEC needs to put an elementary principal back on the committee, have not established a relationship yet since started position, don't know much about it, regarding State Advisory Council: didn't know when meetings were held, regarding QRIS: no interest at this time, have representation through NDHSA) – 35.0%
- Services were not available in the area – 30.0%
- Lack of resources (e.g., personnel, money) to establish a working relationship – 10.0%
- Transportation/distance was an issue – 0.0%
- Met resistance when trying to establish a working relationship - 0.0%

Cooperation (exchange information and referrals) – Table 64

- More than one-third of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the Early Childhood Council.

Table 64. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each service provider/organization

Percent of Respondents	Provider/Organization
35.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)
25.0%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)
20.0%	State Quality Rating & Improvement System (QRIS)
0.0%	Other (specify)

Coordination (work together on projects or activities) – Table 65

- One in five respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with state efforts to unify early childhood data systems.

Table 65. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each service provider/organization

Percent of Respondents	Provider/Organization
20.0%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)
10.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)
5.0%	State Quality Rating & Improvement System (QRIS)
0.0%	Other (specify)

Collaboration (share resources and/or have formal, written agreements) – Table 66

- Almost no respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with any of the early childhood systems providers/organizations.

Table 66. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each service provider/organization

Percent of Respondents	Provider/Organization
5.0%	State Quality Rating & Improvement System (QRIS)
0.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)
0.0%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)
0.0%	Other (specify)

Would like more involvement – Table 67

- Respondents indicated interest across the board in more involvement with the various early childhood systems providers/organizations.
- Nearly all of the respondents indicated that their North Dakota Head Start agencies would like more involvement with state efforts to unify early childhood data systems.
- More than two-thirds would like more involvement with the Early Childhood Council.

Table 67. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each service provider/organization

Percent of Respondents	Provider/Organization
90.9%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)
70.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)
40.0%	State Quality Rating & Improvement System (QRIS)
0.0%	Other (specify)



Level of difficulty with areas/tasks involving early childhood systems

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

Detailed responses can be found in Appendix Table 64.

- Nearly one-third of respondents indicated that their Head Start agencies have difficulties with exchanging information from and providing input to the Early Childhood Education Council.

Table 68. Percent of respondents who indicated that each area/task involving early childhood systems is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
30.0%	Exchanging information from and providing input to the Early Childhood Education Council (i.e., State Advisory Council on Early Learning)
15.0%	Participating in state efforts to unify early childhood data systems
15.0%	Participating in the development of the Early Childhood State Longitudinal Data System (SLDS) by sharing child outcome data
5.0%	Participating in state Quality Rating & Improvement System (QRIS)
0.0%	Other (specify)

Note: Three respondents indicated a DNK or N/A response. One explained that it was hard to answer these questions; the tasks are not difficult, but are not something they do every day and their program has no direct role in some of them yet. Another respondent indicated their program has not been invited to participate in the development of the SLDS, but they would be very willing to participate in this discussion. A third respondent explained that their program has not been asked to share child outcomes data yet.

Other issues with early childhood systems

Respondents were asked to offer information about issues they have experienced relating to early childhood systems.

Detailed responses can be found in Appendix Table 65.

Some themes include:

- Aligning Head Start, school districts, and child care seems impossible but they will get there.
- Lack of working relationship between state departments, such as DPI Early Childhood Special Education and the Department of Human Services.
- The Training and Technical Assistance system for the American Indian Alaska Native programs has never addressed the needs of the local programs. Everything is driven by deficiencies, rather than providing services to programs before they become deficient.
- There seems to be no real system in the State. ECE is fragmented, siloed.
- They have great early childhood systems in their program. They have a long way to go to serve the children and families that need and want their services.

General comments include:

- None within their program – unsure of what the state has for systems.
- None. They feel very confident with direction they are going.
- They are pleased that the HSSCO office keeps them informed with what is happening.

Prevention from participation in a state Quality Rating Improvement System

Respondents were asked to explain what, if anything, would prevent their program from participating in a state Quality Rating Improvement System (QRIS), and for any additional insights regarding the role of Head Start in a state QRIS system.

Detailed responses can be found in Appendix Table 66.

Some themes include:

- Nothing would.
- The resources aren't available.
- Unsure of what the state QRIS is.
- They don't have administrative rights in viewing the data submitted; what is the value in it for their program.

Willingness to participate in the development of the Early Childhood State Longitudinal Data System

Respondents were asked to address their willingness to participate in the development of the Early Childhood State Longitudinal Data System (SLDS).

Detailed responses can be found in Appendix Table 67.

Some themes include:

- Extremely willing to participate. They aren't sure what the hold-up is.
- They would fully participate.
- We are excited about the project and will fully participate in any activities. The collaboration office has been solely responsible in making this a reality.
- Willing to participate – just need more info.
- Not interested at this time.

Efforts to address early childhood systems needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to early childhood systems in their programs that are working well and that might be helpful to other Head Start programs in North Dakota.

Detailed responses can be found in Appendix Table 68.

Some themes include:

- Agreement with Grant Count Special Education Unit to provide preschool services within our Head Start classroom.
 - They are not sure if their systems would be helpful to other programs. They have found that they have needed to develop systems that were specific to their program and community. Unlike what the federal government thinks, "One Size Does Not Fit All"
 - They just keep asking questions and sharing concepts with the non-Head Start world.
 - The work being done via CLASS system.
 - They are working to understand the challenges of child care as well as the challenges that DPI is experiencing with the implementation of the least restrictive environments for preschool children with disabilities. They have been very involved with state advisory committees in both Human Services and Education. To work as part of a broad early childhood system, one must understand the challenges and strengths of all the systems that serve young children.
 - Working within the University system, trying to work with the Growing Futures project,
- General comment:
- They are doing well overall serving the children and families that were able to be enrolled.



Assistance from the North Dakota Head Start State Collaboration Office

Respondents were asked to offer information about ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address early childhood systems in their program, and what other things the office could do to assist them in their work.

Detailed responses can be found in Appendix Table 69.

Some themes include:

- Again, this position has been instrumental in educating, connecting systems and pursuing results. It is so exciting!
- Don't know what the HSSCO does to address ECS at the state. Seems like the work gets done at the local level.
- HSSCO is helpful in providing information regarding what services may be helpful to the AIAN (American Indian Alaska Native Programs in the state. The HSSCO has seen that the AIAN programs are kept informed about issues that affect their programs.
- The HSSCO participates on behalf of Head Start in all of these efforts and keeps the Head Start Directors and NDHSA informed.
- The State Collab. Office is extremely involved with the early childhood data system and Early Learning Council, and serves on the QRIS Advisory Committee.
- They believe the HSSCO also needs to be very engaged with DPI and their recent efforts to understand early childhood education in the state as it relates to providing high quality LREs (least restrictive environments) for preschool children with disabilities in addition to approving Title I preschool programs.
- They think it is important for the Collab. office to become involved with the alignment of the Early Learning Guidelines to the kindergarten standards and benchmarks.



TRENDS AND RECOMMENDATIONS



Overview of Trends within Each Area

Key activity area 1: health care

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with health care providers/organizations. When no relationship exists, the most common reason is because the service is not available in their area.
- More than one-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with the WIC program and with public health services; however, none have a collaborative relationship with Indian Health Services, and few have a collaborative relationship with community health centers, parent organizations that help children with chronic disabilities and mental health needs, or parent health education providers.
- Overall, respondents indicated interest across the board in having more involvement with providers/organizations relating to this topic area. Approximately three-fourths would like more involvement with state agencies providing mental health prevention and treatment and with home visiting providers.
- The most common area of difficulty, indicated by more than one-third of respondents, was linking children to dental homes that serve young children.

Key activity area 2: children experiencing homelessness

- At least one-third of respondents indicated that their Head Start agencies do not have a working relationship with several providers/organizations (i.e., parent organizations that help children and families with homelessness, the Title I Director, the Title I/Homeless Program Administrator, and local housing agencies and planning groups). When no relationship exists, the most common reason is because the service is not available in their area.
- The vast majority of North Dakota Head Start agencies do not have a collaborative relationship with any providers/organizations serving children experiencing homelessness.
- Respondents indicated interest across the board in more involvement with the various providers/organizations serving children experiencing homelessness. Two-thirds indicated that their North Dakota Head Start agencies would like more involvement with local housing agencies and planning groups, the Title I Director, and the Title I/Homeless Program Administrator.
- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving children experiencing homelessness. The area judged to be difficult by the largest proportion of respondents (i.e., nearly one-third) was obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment.

Key activity area 3: family/child assistance

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed family/child assistance providers/organizations; however, one-third indicated that they have no working relationship with Economic and Community Development Councils.
- At least one-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent advocacy groups, parent organizations, and county social services.
- Respondents indicated interest across the board in more involvement with the various family/child assistance providers/organizations. The strongest interest, nearly two-thirds, is in having more involvement with services and networks supporting foster and adoptive families as well as Economic and Community Development Councils.
- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving family/child assistance. The area judged to be difficult by the largest proportion of respondents (i.e., one-fourth) was getting involved in state level planning and policy development.

Key activity area 4: child care

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed child care providers/organizations. However, one-third have no working relationship with the state agency for child care; local child care programs for full-year, full-day services; or state, regional, or local policy/planning committees that address child care issues. When no relationship exists, the most common reason is because the service is not available in their area.

- The vast majority of respondents indicated that their North Dakota Head Start agencies do not have a collaborative relationship with any child care providers/organizations.
- Respondents indicated interest in more involvement with the various child care providers/organizations. More than half would like more involvement with local child care programs for full-year, full-day services and with higher education programs/services/resources related to child care.
- Half of respondents indicated that their Head Start agencies have difficulties with the capacity to blend or braid Head Start and child care funds to provide full-year, full-day services.

Key activity area 5: family literacy services

- At least half of respondents indicated that their North Dakota Head Start agencies have no working relationship with museums; Department of Public Instruction Title I, Part A, Family Literacy; and Prairie Public education services. When no relationship exists, the most common reason is because the service is not available in their area.
- While there are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area, nearly 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.
- Respondents indicated interest across the board in more involvement with the various family literacy services providers/organizations. More than two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with providers of services for children and families who are English Language Learners, Employment and Training Programs, parent education programs/services to promote parent/child literacy interactions, English Language Learner programs and services, and Prairie Public education services.
- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving family literacy services. The areas judged to be difficult by the largest proportion of respondents (i.e., one-fourth) was establishing linkages/partnerships with key local level organizations/programs and with key literacy providers.

Key activity area 6: children with disabilities and their families

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all the providers/organizations serving children with disabilities and their families. More than one-third have no working relationship with the State Lead Agency for Part C and the State Lead Agency for Part B/619.
- While there are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area, the majority of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with local Part C providers and nearly half have a collaborative relationship with local Part B/619 providers.
- Respondents indicated interest across the board in more involvement with the various providers/organizations serving children with disabilities and their families. At least half of respondents indicated they would like more involvement with the State Education Agency – other programs/services; non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities; local Part C providers; and parent organizations.
- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving children with disabilities and their families.

Key activity area 7: community services

- The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the community services providers/organizations; however, nearly one-third have no working relationship with providers of adult disability services. When no relationship exists, the most common reason is lack of resources.
- One-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent education and family support services.
- Respondents indicated interest across the board in more involvement with the various community services providers/organizations. At least half of respondents would like more involvement with community-based organizations, private resources geared toward prevention/intervention, law enforcement, parent education and family support services, and providers of domestic violence prevention/treatment services.
- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving community services. The area judged to be difficult by the largest proportion of respondents (i.e., one-fourth) was obtaining in-kind community services for the children/families in their program.

Key activity area 8A: education – publicly funded pre-K partnership development

- The vast majority of respondents indicated that their North Dakota Head Start agencies have no working relationship with education relating to publicly funded pre-K partnership development because there is no publicly funded pre-K in North Dakota.
- One-third of respondents indicated that the nature of the other type of Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/or private preschool) their agencies have is collaborative.
- Two-thirds of respondents would like more involvement with an MOU with the appropriate local entity responsible for managing publicly funded preschool programs. More than half would like more involvement with other types of MOUs.
- Respondents indicated that their Head Start agencies are not having great difficulties with areas/tasks related to education – publicly funded pre-K partnership development.

Key activity area 8B: education – Head Start transition and alignment with K-12

- Nearly all of the respondents indicated that their agencies have some level of working relationship with Local Education Agencies regarding the transition from Head Start to kindergarten.
- Nearly half of respondents indicated that these relationships are collaborative.
- More than half of respondents indicated they would like more involvement with local education agencies (LEAs) regarding transition and alignment with K-12.
- Overall, respondents did not indicate high levels of difficulty with areas/tasks involving education – Head Start transition and alignment with K-12.



Key activity area 9: professional development

- Nearly two-thirds of respondents indicated that their North Dakota Head Start agencies have no working relationship with tribal colleges. Half have no working relationship with the National Center-Quality Teaching and Learning. When no relationship exists, the most common reason is because the service is not available in their area.
- There are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area. Approximately one-third of respondents indicated they have a collaborative relationship with the Head Start and Early Head Start T & TA Network and with connecting with parent organizations who can do professional development with staff and provide trainings for families.
- Respondents indicated interest across the board in more involvement with the various professional development providers/organizations. At least two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with the National Centers on Program Management & Fiscal Operation, Cultural & Linguistic Responsiveness, and Quality Teaching and Learning.
- At least one-third of respondents indicated that their Head Start agencies have difficulties with staff release time to attend professional development activities and with accessing scholarships and other financial support for professional development programs/activities.

National priority area 10: early childhood systems

- More than half of respondents indicated that their North Dakota Head Start agencies have no working relationship with the State Quality Rating & Improvement System. Nearly half have no working relationship with the Early Childhood Council or with state efforts to unify early childhood data systems. When no relationship exists, the most common reason is because the service is not available in their area.
- Almost no respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with any of the early childhood systems providers/organizations.
- Respondents indicated interest across the board in more involvement with the various early childhood systems providers/organizations. Nearly all of the respondents indicated that they would like more involvement with state efforts to unify early childhood data systems. More than two-thirds would like more involvement with the Early Childhood Council.
- Nearly one-third of respondents indicated that their Head Start agencies have difficulties with exchanging information from and providing input to the Early Childhood Education Council.

Trends Regarding Level of Involvement with Providers/Organizations and Difficulties with Areas/Tasks

Trends regarding level of involvement 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 the nine activity areas and the national priority area. The greatest extent of involvement is a collaborative relationship, in which resources are shared and there may be formal, written agreements. Respondents were also asked to indicate if they would like more involvement with each respective provider/organization.

No Working Relationship:

- There are 30 providers/organizations across the topic areas with which **at least one-third** of respondents indicated that their Head Start agencies have no working relationship, meaning there is no contact or very little contact (see Table 69).
- At least half have no working relationship with tribal colleges; museums; parent organizations that help children and families with homelessness; the State Quality Rating & Improvement System; Dept. of Public Instruction Title I, Part A, Family Literacy; Prairie Public education services; and the National Center-Quality Teaching and Learning.
- Respondents reported no working relationships with providers/organizations across nine of the 11 topic areas. There is a concentration in Key Activity Area 9: Professional Development, which is where the new National Centers are mentioned.

Collaborative Relationship:

- **At least one-third** of respondents indicated that their Head Start agencies have a collaborative relationship with providers/organizations in eight of the 11 topic areas (see Table 70). Less than one-third of respondents indicated collaborative relationships with all of the providers/organizations relating to children experiencing homelessness, child care, and early childhood systems.
- The providers/organizations with which the greatest proportion (i.e., approximately half) of respondents has a collaborative relationship are in Key Activity Area 6: Children with Disabilities and Their Families: Local Part C providers and Local Part B/619 providers.
- The greatest number of providers/organizations with which at least one-third of respondents have a collaborative relationship (i.e., three) is found in Key Activity Area 3: Family/Child Assistance: parent advocacy groups, parent organizations, and county social services.

Would Like More Involvement:

- There are 56 providers/organizations with which **more than half** of respondents indicated that their Head Start agencies would like more involvement, and they are found across all of the topic areas (see Table 71).
- Nearly all of the respondents indicated a desire for more involvement with state efforts to unify early childhood data systems.
- Approximately three-fourths would like more involvement with providers of services for children and families who are English Language Learners and state agencies providing mental health prevention and treatment.
- The largest concentration of providers/organizations with which more than half of respondents want to increase involvement is found in Key Activity Area 5: Family Literacy Services (i.e., 12 providers/organizations); four of the top 10 providers/organizations are in this topic area.
- A high concentration of interest in expanded involvement with providers/organizations is also found in Key Activity Area 1: Health Care (i.e., 11 providers/organizations).

Table 69. Providers/organizations with which **at least one-third** of respondents indicated that their Head Start agencies have *no working relationship*

Percent of Respondents	Provider/Organization	Key Activity Area/ National Priority Area
85.7%	No state funded pre-K in North Dakota	#8A: Education – Publicly Funded Pre-K Partnership Development
65.2%	Tribal colleges	#9: Professional Development
62.5%	Museums	#5: Family Literacy Services
59.1%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)	#2: Children Experiencing Homelessness
55.0%	State Quality Rating & Improvement System (QRIS)	#10: Early Childhood Systems
50.0%	Dept. of Public Instruction Title I, Part A, Family Literacy	#5: Family Literacy Services
50.0%	Prairie Public education services	#5: Family Literacy Services
50.0%	National Center-Quality Teaching and Learning	#9: Professional Development
45.5%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs	#8A: Education – Publicly Funded Pre-K Partnership Development
45.5%	Regional and tribal T & TA networks	#9: Professional Development
45.5%	National Center-Parent, Family, & Community Engagement	#9: Professional Development
45.5%	National Center-Cultural & Linguistic Responsiveness	#9: Professional Development
45.5%	National Center-Program Management & Fiscal Operation	#9: Professional Development
45.5%	National Center-Center on Health	#9: Professional Development
45.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)	#10: Early Childhood Systems
45.0%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)	#10: Early Childhood Systems
43.5%	Indian Health Services	#1: Health Care
41.7%	School libraries	#5: Family Literacy Services
41.7%	Reading Readiness programs	#5: Family Literacy Services
40.9%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*	#2: Children Experiencing Homelessness
40.9%	Title I/Homeless Program Administrator	#2: Children Experiencing Homelessness
40.9%	Growing Futures Professional Development System	#9: Professional Development
39.1%	State Lead Agency for Part C	#6: Children with Disabilities and Their Families
36.4%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	#2: Children Experiencing Homelessness
36.4%	State Lead Agency for Part B/619	#6: Children with Disabilities and Their Families
34.8%	Parent health education providers (clinics, wellness centers on the reservations)	#1: Health Care
33.3%	Economic and Community Development Councils	#3: Family/Child Assistance
33.3%	State agency for child care	#4: Child Care
33.3%	Local child care programs for full-year, full-day services	#4: Child Care
33.3%	State, regional, or local policy/planning committees that address child care issues	#4: Child Care

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

Note: The number of providers/organizations per topic area is as follows: #1 – 2, #2 – 4, #3 – 1, #4 – 3, #5 – 5, #6 – 2, #7 – 0, #8A – 1, #8B – 0, #9 – 8, #10 – 3.

Table 70. Providers/organizations with which **at least one-third** of respondents indicated that their Head Start agencies have a *collaborative relationship*

Percent of Respondents	Provider/Organization	Key Activity Area/ National Priority Area
60.9%	Local Part C providers	#6: Children with Disabilities and Their Families
47.8%	Local Part B/619 providers	#6: Children with Disabilities and Their Families
45.8%	Parent advocacy groups (e.g., North Dakota Head Start Association)	#3: Family/Child Assistance
45.8%	Public/private sources that provide book donations or funding for books	#5: Family Literacy Services
45.8%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	#8B: Education – Head Start Transition and Alignment with K-12
39.1%	WIC program (i.e., Women, Infants, and Children)	#1: Health Care
37.5%	Parent organizations (e.g., Parent Resource Centers)	#3: Family/Child Assistance
36.4%	Public health services	#1: Health Care
34.8%	Parent education and family support services (e.g., Parent Resource Centers)	#7: Community Services
34.8%	Head Start and Early Head Start T & TA Network	#9: Professional Development
33.3%	County social services (e.g., TANF, food stamps, child welfare)	#3: Family/Child Assistance
33.3%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/ or private preschool)	#8A: Education – Publicly Funded Pre-K Partnership Development

Note: The number of providers/organizations per topic area is as follows: #1 – 2, #2 – 0, #3 – 3, #4 – 0, #5 – 1, #6 – 2, #7 – 1, #8A – 1, #8B – 1, #9 – 1, #10 – 0.



Table 71. Providers/organizations with which **more than half** of respondents indicated that their Head Start agencies *would like more involvement*

Percent of Respondents	Provider/Organization	Key Activity Area/ National Priority Area
90.9%	State efforts to unify early childhood data systems (e.g., child/family/program assessment data)	#10: Early Childhood Systems
76.9%	Providers of services for children and families who are English Language Learners	#5: Family Literacy Services
75.0%	State agencies providing mental health prevention and treatment	#1: Health Care
75.0%	No state funded pre-K in North Dakota	#8A: Education – Publicly Funded Pre-K Partnership Development
71.4%	Employment and Training programs	#5: Family Literacy Services
71.4%	Parent education programs/services to promote parent/child literacy interactions	#5: Family Literacy Services
70.6%	English Language Learner programs and services	#5: Family Literacy Services
70.0%	Home visiting providers	#1: Health Care
70.0%	Early Childhood Council (i.e., State Advisory Council on Early Learning)	#10: Early Childhood Systems
69.2%	National Center-Program Management & Fiscal Operation	#9: Professional Development
69.2%	Prairie Public education services	#5: Family Literacy Services
66.7%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	#2: Children Experiencing Homelessness
66.7%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*	#2: Children Experiencing Homelessness
66.7%	Title I/Homeless Program Administrator	#2: Children Experiencing Homelessness
66.7%	Dept. of Public Instruction Title I, Part A, Family Literacy	#5: Family Literacy Services
66.7%	Reading Readiness programs	#5: Family Literacy Services
66.7%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs	#8A: Education – Publicly Funded Pre-K Partnership Development
66.7%	National Center-Cultural & Linguistic Responsiveness	#9: Professional Development
66.7%	National Center-Quality Teaching and Learning	#9: Professional Development
64.7%	Services and networks supporting foster and adoptive families**	#3: Family/Child Assistance
64.3%	Adult Education	#5: Family Literacy Services
64.3%	Public libraries	#5: Family Literacy Services
64.3%	Higher education programs/ services/ resources related to family literacy (e.g., grant projects, student interns, cross-training)	#5: Family Literacy Services
63.6%	Agencies/programs that conduct mental health screenings	#1: Health Care
63.6%	National Center-Parent, Family, & Community Engagement	#9: Professional Development
63.6%	National Center-Center on Health	#9: Professional Development
62.5%	Economic and Community Development Councils	#3: Family/Child Assistance
61.5%	Public/private sources that provide book donations or funding for books	#5: Family Literacy Services
60.0%	Community health centers	#1: Health Care
60.0%	State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities)	#6: Children with Disabilities and Their Families
58.8%	County social services (e.g., TANF, food stamps, child welfare)	#3: Family/Child Assistance
58.8%	Parent advocacy groups (e.g., North Dakota Head Start Association)	#3: Family/Child Assistance
58.3%	Medical home providers	#1: Health Care
58.3%	Local agencies providing mental health prevention and treatment	#1: Health Care
58.3%	WIC program (i.e., Women, Infants, and Children)	#1: Health Care
58.3%	Museums	#5: Family Literacy Services
58.3%	Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota)	#7: Community Services

Percent of Respondents	Provider/Organization	Key Activity Area/ National Priority Area
57.1%	Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)	#1: Health Care
57.1%	Local McKinney Vento Homeless Assistance Act liaison	#2: Children Experiencing Homelessness
57.1%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)	#7: Community Services
56.3%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	#8B: Education – Head Start Transition and Alignment with K-12
55.6%	Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group)	#6: Children with Disabilities and Their Families
54.5%	Parent health education providers (clinics, wellness centers on the reservations)	#1: Health Care
54.5%	Public health services	#1: Health Care
54.5%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady's Let's Move Initiative)	#1: Health Care
54.5%	National Center-Early Head Start National Resource Center	#9: Professional Development
53.8%	Law enforcement	#7: Community Services
53.8%	Parent education and family support services (e.g., Parent Resource Centers)	#7: Community Services
53.8%	Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/ or private preschool)	#8A: Education – Publicly Funded Pre-K Partnership Development
53.8%	Head Start and Early Head Start T & TA Network	#9: Professional Development
53.3%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)	#2: Children Experiencing Homelessness
53.3%	Local child care programs for full-year, full-day services	#4: Child Care
53.3%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)	#4: Child Care
52.9%	Employment and Training and Labor Services agencies	#3: Family/Child Assistance
52.9%	Human service centers	#3: Family/Child Assistance
52.9%	Parent organizations (e.g., Parent Resource Centers)	#3: Family/Child Assistance

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

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

Note: The number of providers/organizations per topic area is as follows: #1 – 11, #2 – 5, #3 – 7, #4 – 2, #5 – 12, #6 – 2, #7 – 4, #8A – 3, #8B – 1, #9 – 7, #10 – 2.



Trends regarding difficulties with areas/tasks

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

- **At least one-fourth** of respondents indicated that their Head Start agencies find certain tasks to be difficult or extremely difficult across eight of the 11 topic areas (see Table 72).
- The tasks deemed difficult by the largest proportion of respondents (i.e., half) was the capacity to blend or braid Head Start and child care funds to provide full-year, full-day services.
- At least one-third of respondents said staff release time to attend professional development activities, linking children to dental homes that serve young children, and accessing scholarships and other financial support for professional development programs/activities were difficult tasks.
- Less than one-fourth of respondents indicated they found any of the tasks associated with children with disabilities and their families, education – publicly funded pre-K partnership development, or education – Head Start transition and alignment with K-12 to be difficult.

Table 72. Areas/tasks that **at least one-fourth** of respondents indicated are *difficult* or *extremely difficult*

Percent of Respondents	Area/Task	Key Activity Area/ National Priority Area
50.0%	Capacity to blend or braid Head Start and child care funds to provide full-year, full-day services	#4: Child Care
39.1%	Staff release time to attend professional development activities	#9: Professional Development
36.3%	Linking children to dental homes that serve young children	#1: Health Care
34.7%	Accessing scholarships and other financial support for professional development programs/activities (e.g., early childhood education grants)	#9: Professional Development
31.8%	Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	#2: Children Experiencing Homelessness
31.8%	Assisting families to access full-year, full-day services	#4: Child Care
30.4%	Accessing early childhood education degree programs in the community	#9: Professional Development
30.0%	Exchanging information from and providing input to the Early Childhood Education Council (i.e., State Advisory Council on Early Learning)	#10: Early Childhood Systems
27.3%	Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities	#2: Children Experiencing Homelessness
27.2%	Aligning policies and practices with other service providers	#4: Child Care
26.1%	Obtaining in-kind community services for the children/families in your program	#7: Community Services
26.0%	Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	#5: Family Literacy Services
25.0%	Getting involved in state level planning and policy development	#3: Family/Child Assistance
25.0%	Establishing linkages/partnerships with key literacy providers	#5: Family Literacy Services

Note: The number of areas/tasks per topic area is as follows: #1 – 1, #2 – 2, #3 – 1, #4 – 3, #5 – 2, #6 – 0, #7 – 1, #8A – 0, #8B – 0, #9 – 3, #10 – 1.

Trends Regarding Other Issues in Each Topic Area, Efforts that are Working Well, and Assistance from the North Dakota Head Start State Collaboration Office (HSSCO)

Trends regarding other issues in each topic area

Respondents were asked to offer information about issues they have experienced relating to each of the 11 topic areas. Themes for each topic area can be found in the Survey Results section, and all individual responses can be found in the Appendices section. However, certain themes present in several of the topic areas are worth noting here, including:

- Lack of medical and dental providers.
- Cost of medical and dental services.
- Lack of funds available to help families in need.
- Lack of services for the homeless.
- Homelessness and lack of affordable rental housing in western North Dakota.
- Lack of high quality and affordable child care services.
- Trying to determine eligibility for programs; ineligible families falling through the cracks.
- Improving partnerships with providers, organizations, etc., who are resistant to the extra effort required to work with Head Start.
- Lack of staff and/or program resources.
- Lack of services available within their local community.
- Getting the community-at-large to understand the scope or severity of issues facing many families.
- Finding a way to address the strain many communities and families in western North Dakota are experiencing as a result of oil development.
- Lack of publicly funded pre-K.
- Disconnect between Head Start and state and local entities regarding the important role that Head Start programs serve in preparing children for kindergarten.

Trends regarding efforts that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to the topic areas that are working well. Themes, as well as concrete examples, for each topic area can be found in the Survey Results section, and all individual responses can be found in the Appendix Tables and Survey Instruments section.

Certain themes present in several of the topic areas are worth noting here, including:

- Partnering with professionals, providers, and others in the community who are committed to helping Head Start and Early Head Start children and families.
- Involving parents.
- Having great working relationships and open communication with good community partners.
- Facilitating written agreements, where applicable and possible.
- Collaborating with other agencies, including shared resources and trainings.
- Having Head Start staff involved on various boards and committees.
- Being involved with what is going on at the state level.
- Staying informed.



Trends regarding assistance from the North Dakota Head Start State Collaboration Office (HSSCO)

Respondents were asked to offer information about the ways the North Dakota Head Start State Collaboration Office is assisting them in their efforts to address the needs of children and families in their program relating to the topic areas, and what other things the office could do to assist them in their work. 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 topic areas are worth noting here, including:

- Keeping programs aware of changes at the state and national level, legislation, and initiatives.
- Keeping programs informed about available resources.
- Communicating with state officials and giving input, when possible, that would better serve Head Start families.
- Connecting programs with state contacts.
- Providing ideas, flyers, materials, and information.
- Continuing to be a liaison for statewide agencies and local programs.
- Providing actual onsite training and conference calls.

Many respondents expressed appreciation for the work of the HSSCO (e.g., work with the North Dakota Oral Health Coalition, the Medicaid program). Several comments reflected general activities that the HSSCO has already been doing and they would like to see it continue to do (e.g., continue to maintain the ongoing communication with state health officials about the reality of health care for families living in poverty, continue to keep programs up-to-date on new information statewide and nationally, continue to be a liaison for statewide agencies and local programs, continue to educate regarding new opportunities). Some respondents, however, were unclear about what the HSSCO does or what was available from the office. In addition, some respondents indicated that they are doing fine or that they had not requested assistance in particular areas. Some respondents were not sure how the office could help them with their work, such as with tasks some saw as local issues (e.g., family/child assistance, literacy needs for a rural program, issues with Part B partners for children with disabilities, community services, pre-K partnership, early childhood systems).

Some specific requests for assistance from the HSSCO include (the survey topic area is indicated in parentheses):

- Help establish a state-level recruiting process for Head Start via the TANF program, where the state TANF people send Head Start applications to people who are enrolled in TANF. (#3)
- Help get the Memorandum of Understanding with the state agency to reflect a statement that Head Start must be invited to participate in the family plan developed at the social service level (with parental permission). (#3)
- Facilitate networking to have Head Start programs be a site for colleges and universities to have interns. (#5)
- Provide specific information related to family literacy services and information available from the state Family Literacy office, as well as how to access those services at the local community level. (#5)
- Maintain open communication with state Part B staff to share information and secure appropriate Head Start participation related to statewide projects and initiatives. (#6)
- Facilitate statewide training that invites Part C, Part B, Head Start and other agencies serving Part B and Part C children with disabilities. (#6)
- Work on developing the relationship with the North Dakota Dept. of Public Instruction (DPI; Title I, Special Education, etc.) so that it is as good as the relationship with the North Dakota Dept. of Health. (#6)
- Promote private business support of community Head Start and Early Head Start programs. Oil companies are making significant donations to the state for education-related programs that do not address early childhood. (#7)
- Establish a state-level requirement that local education agencies (LEAs) must develop a written agreement to share resources and follow Head Start regulations when serving the same preschool population. (#8A)
- Work to get the public school partners back on the Early Childhood Education Council (ECEC) so they can carry the message of the importance of high quality early childhood education in preparing children for school. (#8A)
- Facilitate an agreement between DPI and Head Start that outlines collaboration with Head Start as one of the requirements before a preschool is approved by DPI. (#8B)
- Assist in understanding what readiness skills kindergarten teachers expect Head Start children to acquire before entering kindergarten. (#8B)
- Distribute information about teachers' grants and scholarships. (#9)
- Be engaged with DPI and their recent efforts to understand early childhood education in the state as it relates to providing high quality LREs (least restrictive environments) for preschool children with disabilities, in addition to approving Title I preschool programs. (#10)
- Become involved with the alignment of the Early Learning Guidelines to the kindergarten standards and benchmarks. (#10)

The HSSCO operates within a national framework, with guidelines that dictate activities that can and cannot be pursued. Information about these guidelines is included in the Appendices section.

Insights Regarding National Priorities

In the design of the individual survey questionnaires, questions were incorporated, where appropriate, that address national priority areas. These include:

- Collaborations with institutions of higher education.
- Transition of children and continuity of services between Head Start and elementary schools.
- State assigned student identifiers to promote interoperability between data systems.
- Ensuring that Head Start performance standards are included in individual state's quality rating and improvement system's standards.
- Access to quality early childhood services for children in military families.

Collaborations with institutions of higher education were primarily addressed in the survey Key Activity Area 9: Professional Development.

- The majority of respondents indicated that their Head Start agencies have working relationships with four-year and less than four-year institutions of higher education, but not with tribal colleges.
- Limited staff, cost, and time are the biggest barriers being expressed to professional development.

Transition of children and continuity of services between Head Start and elementary schools is primarily addressed in the survey Key Activity Area 8B: Education – Head Start Transition and Alignment with K-12.

- The majority of respondents have relationships that are either coordinating or collaborative with local education agencies (LEAs) regarding transition from Head Start to kindergarten.
- Respondents would like representation of school officials back on the Early Childhood Education Council (ECEC).

State assigned student identifiers to promote interoperability between data systems along with ensuring that Head Start performance standards are included in individual state's quality rating and improvement system's standards are primarily addressed in the new survey National Priority Area 10: Early Childhood Systems.

- Strong working relationships in this area are less common than in the other topic areas.
- However, there is a great deal of interest among respondents in having more involvement with early childhood systems.

The needs of military families for quality early childhood services were touched upon in the surveys Key Activity Area 4: Child Care and Key Activity Area 7: Community Services.

- Assisting military families in accessing child care and in accessing quality early childhood services were not rated as difficult tasks by most respondents.



Comparisons to Previous Needs Assessments

The first North Dakota Head Start – State Collaboration Office’s needs assessment, conducted for school year 2008-2009 was published in February 2009. The second needs assessment, conducted for school year 2009-2010, was published in April 2010. The results of this third installment of the needs assessment, for program year 2011-2012, are consistent with the previous findings. However, some differences are worth noting:

Level of involvement with providers/organizations:

- Larger proportions of respondents in this needs assessment indicated that their Head Start agencies had no working relationship with various providers/organizations across all of the key activity areas. This year, there are 30 providers/organizations with whom at least one-third of respondents said their agencies had no working relationship, compared to 17 last time and 11 during the first round of the needs assessment in program year 2008-2009 (when the threshold was lower at one-fourth, not one-third). They are distributed across nine of the 11 topic areas. However, they are concentrated in Key Activity Area 9: Professional Development (which includes the new National Centers); last time, they were concentrated in Key Activity Area 5: Family Literacy Services and Key Activity Area 6: Children with Disabilities and Their Families.
- The number of providers/organizations with which at least one-third of respondents indicated that their Head Start agencies had the strongest level of relationship (i.e., collaborative) continues to decrease. This year, there were 12 providers/organizations, compared to 14 last time and 20 the first time the needs assessment was conducted.
- Much larger proportions of respondents this year indicated that their Head Start agencies would like more involvement with various providers/organizations across all of the topic areas. This year, there are 56 areas with which more than half would like more involvement, nearly double the 29 providers/organizations from last time. Interest is distributed across all 11 of the topic areas. However, the largest concentration of providers/organizations is in Key Activity Area 5: Family Literacy Services.

Difficulties with areas/tasks:

- Respondents were more likely to indicate that various areas/tasks caused them difficulty than in the past. This year, there were 14 areas/tasks with which at least one-fourth of respondents expressed difficulty. Last time, there were 12 areas/tasks with a lower threshold (at least one-fifth who expressed difficulty). The area/task deemed difficult by the most respondents was blending or braiding Head Start and Child Care funds to provide full-year, full-day services. However, the next two areas/tasks were at the top of the list in both of the previous needs assessments: staff release time to attend professional development activities and linking children to dental homes that serve young children.
- The survey instruments were modified slightly from last time, including some additional providers/organizations and areas/tasks that could cause difficulty, as well as a new survey. For example, the task deemed difficult by the largest proportion of respondents across all of the topic areas was a new item to the survey Key Activity Area 4: Child Care (i.e., the capacity to blend or braid Head Start and child care funds to provide full-year, full-day services).

Other comparisons:

- The dynamic situation in western North Dakota resulting from the rapid increase in oil development is visible throughout many of the topic areas. The strain felt by many communities and families in that part of the state was expressed by several respondents. Homelessness and lack of affordable rental housing is of particular concern. Availability of quality child care is another key issue.

Recommendations

Head Start and Early Head Start programs across the state continue to work hard to promote the well-being of the children and families they serve. The program directors and personnel are engaged in a variety of working relationships with providers and organizations. They utilize a variety of successful strategies and experience challenges with accomplishing their goals.

The North Dakota Head Start State Collaboration Office (HSSCO) is seen by most as providing a valuable service to North Dakota's Head Start and Early Head Start programs, including serving as a liaison for state agencies and channeling important information to the local programs.

Based on the results of the 2011-2012 needs assessment, some important considerations are worth noting:

- The strength of working relationships with providers/organizations, as measured by the extent of involvement (i.e., no working relationship, cooperative, coordinating, or collaborative) appears to be on the decline since the needs assessment was first conducted for the 2008-2009 program year. The number of providers/organizations with whom at least one-third of respondents indicated no working relationship has increased, and the number of providers/organizations with whom they have collaborative relationships has decreased. Since there is strong interest in more involvement with providers/organizations across the topic areas, decline may reflect the challenges respondents expressed regarding tight resources (e.g., staff time, money).
- Programs serving children and families in western North Dakota are now expressing high levels of concern regarding availability and affordability of quality child care and housing.

In addition to the specific suggestions respondents gave regarding how the HSSCO can assist them in their efforts to address the needs of children and families in their program as previously mentioned, some recommendations that the HSSCO may want to consider for supporting the individual programs in their work include:

1. Assist Head Start agencies in expanding their relationships with various providers/organizations. At least half of respondents indicated that their Head Start agencies would like involvement with 56 providers/organizations across all of the topic areas. There is desire for greater involvement with providers/organizations across the state and topic areas.
2. Promote broad mechanisms to promote the well-being of low-income children and families in western North Dakota.
3. Explore ways to improve the three tasks deemed difficult by the largest proportion of respondents: blending or braiding Head Start and Child Care funds to provide full-year, full-day services; staff release time to attend professional development activities; and linking children to dental homes that serve young children.



APPENDICES



Example Email Invitation

From: survey-noreply@bounce.surveymonkey.com
On Behalf Of ramona.danielson@ndsu.edu via surveymonkey.com
Sent: Friday, October 28, 2011 4:08 PM
To: Danielson, Ramona
Subject: Family literacy survey for Rorman/HSSCO

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

Dear Head Start Program Director and Other Personnel:

Head Start State Collaboration Offices are required by the Head Start Act (as amended in December 2007) to assess the needs of Head Start agencies in the areas of coordination and collaboration. This round of surveys will cover the requirements from 2012 through 2016. A series of surveys has been created organized around the key activity areas for collaboration offices' work.

You are invited to participate in this research study. This survey is for Key Activity Area #5 which addresses *family literacy services*. You have been identified as a person in your Head Start program who can offer insight regarding relationships and barriers to working with providers and organizations on *family literacy services* issues. You may receive invitations for surveys on one or more of the *other* topics (11 surveys in all), and we ask that you complete each survey you receive.

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

The survey is voluntary and you may leave blank any question you do not wish to answer or quit the survey at any time. The survey is six questions and should take 10 minutes to complete. The study is being conducted by the North Dakota State Data Center, who will aggregate the survey findings from all of the Head Start agencies in the state and then compile a report that will be forwarded to your regional office, made available to you and to the public. Your individual responses will be kept confidential.

The following link is uniquely tied to this survey and your email address (thus, do not forward this message to others). Please complete this survey by November 15, 2011. If you have any questions about the survey, please email Ramona Danielson at ramona.danielson@ndsu.edu or call her at 701-231-9496. If you have questions about your rights as a research participant, or to report a complaint, please contact NDSU's Human Research Protection Program at 701-231-8908.

To begin the survey, click on the following link:
https://www.surveymonkey.com/s.aspx?sm=Hl69P_2bzJ2pApvqfaRpnWB97CGvlfX0qll4ko_2bj7gIBk_3d

Thank you again for your input!

Sincerely,
Linda Rorman, North Dakota Head Start State Collaboration Administrator

Ramona Danielson, North Dakota State Data Center Research Analyst

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

Example Survey Instrument in Survey Monkey

Key Activity Area 5: Family Literacy Services

INTRODUCTION TO THE SURVEY

Head Start State Collaboration Offices are required by the Head Start Act (as amended in December 2007) to assess the needs of Head Start agencies in the areas of coordination and collaboration on a periodic basis. This round of needs assessment surveys will cover the requirements from 2012 through 2016. The individual survey instruments have been organized around nine key activity areas important to the 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; 8) Education (A- Publicly-funded Pre-K Partnership Development and B- Head Start Transition and Alignment with K-12); and 9) Professional Development. We have added an additional survey reflecting national priorities: 10) Early Childhood Systems.

Questions are also included, where appropriate, that address the four national priority areas: 1) collaborations with institutions of higher education, 2) transition of children and continuity of services between Head Start and elementary schools, 3) state assigned student identifiers to promote interoperability between data systems, and 4) ensuring that Head Start performance standards are included in individual state's quality rating and improvement system's standards. Access to quality early childhood services for children in military families is another important national priority.

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

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

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

There are 11 surveys total - one for each of the nine content areas (with education being split into two surveys) as well as the one reflecting national priorities. If you receive multiple survey invitations, please respond to each of the surveys you are sent.

Each survey includes three parts.

- PART 1 asks for the extent of involvement and whether you would like more involvement with various providers/organizations.
- PART 2 asks about the level of difficulty your program has had engaging in a variety of activities and partnerships.
- PART 3 provides an opportunity for comments.

Please click "Next!" to begin the survey about FAMILY LITERACY SERVICES.

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

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

COOPERATION: You exchange information. This includes making and receiving referrals, even when you serve the same families.

COORDINATION: You work together on projects or activities. Examples: parents from the service provider's agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

COLLABORATION: You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; a Memorandum of Understanding (MOU) on transition.

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

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

	a) Extent of Involvement	b) Would you like MORE involvement?
A. Department of Public Instruction Title I, Part A, Family Literacy	<input type="text"/>	<input type="text"/>
B. Employment and Training programs	<input type="text"/>	<input type="text"/>
C. Adult Education	<input type="text"/>	<input type="text"/>
D. English Language Learner programs and services	<input type="text"/>	<input type="text"/>
E. Parent education programs/services to promote parent/child literacy interactions	<input type="text"/>	<input type="text"/>
F. Prairie Public education services	<input type="text"/>	<input type="text"/>
G. Public libraries	<input type="text"/>	<input type="text"/>
H. School libraries	<input type="text"/>	<input type="text"/>
I. Public/private sources that provide book donations or funding for books	<input type="text"/>	<input type="text"/>
J. Museums	<input type="text"/>	<input type="text"/>
K. Reading Readiness programs	<input type="text"/>	<input type="text"/>
L. Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)	<input type="text"/>	<input type="text"/>
M. Providers of services for children and families who are English Language Learners	<input type="text"/>	<input type="text"/>
N. Other	<input type="text"/>	<input type="text"/>
Other (please specify)		

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

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

Other (please specify)

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

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

Other (please specify)

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

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

6. In what ways, if any, is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the literacy needs of the children and families in your program? What (other) things can the office do to assist you in your work?

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

Key Activity Area 1: Health Care – Survey Instrument with Responses (N=23)

Appendix Table 1. Involvement with health care

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Medical home providers* (N=23)	0.0%	43.5%	30.4%	21.7%	4.3%	0.0%	58.3%
B. Dental home providers for treatment and care (e.g. Head Start Dental Home Initiative)* (N=23)	0.0%	30.4%	39.1%	30.4%	0.0%	0.0%	57.1%
C. Indian Health Services (N=23)	43.5%	26.1%	17.4%	0.0%	0.0%	13.0%	41.7%
D. State agencies providing mental health prevention and treatment (N=23)	30.4%	30.4%	30.4%	8.7%	0.0%	0.0%	75.0%
E. Local agencies providing mental health prevention and treatment (N=23)	4.3%	30.4%	39.1%	21.7%	4.3%	0.0%	58.3%
F. Agencies/programs that conduct mental health screenings (N=23)	4.3%	43.5%	13.0%	26.1%	8.7%	4.3%	63.6%
G. Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices) (N=23)	17.4%	52.2%	17.4%	4.3%	8.7%	0.0%	50.0%
H. WIC program (i.e., Women, Infants, and Children) (N=23)	4.3%	17.4%	34.8%	39.1%	4.3%	0.0%	58.3%
I. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition) (N=23)	0.0%	21.7%	39.1%	30.4%	8.7%	0.0%	50.0%

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
J. Children's health education providers (e.g., Child Care Resource & Referral (CCR&R) health consultants, community-based training) (N=22)	27.3%	13.6%	31.8%	18.2%	9.1%	0.0%	50.0%
K. Parent health education providers (clinics, wellness centers on the reservations) (N=23)	34.8%	21.7%	17.4%	4.3%	17.4%	4.3%	54.5%
L. Home visiting providers (N=23)	13.0%	30.4%	13.0%	17.4%	17.4%	8.7%	70.0%
M. Community health centers (N=22)	13.6%	31.8%	31.8%	4.5%	0.0%	18.2%	60.0%
N. Community dental health centers (N=22)	13.6%	31.8%	27.3%	13.6%	0.0%	13.6%	50.0%
O. Public health services (N=22)	9.1%	18.2%	36.4%	36.4%	0.0%	0.0%	54.5%
P. Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program; First Lady's Let's Move Initiative) (N=21)	9.5%	19.0%	47.6%	19.0%	4.8%	0.0%	54.5%
Q. Other (specify) (N=3)	0.0%	0.0%	33.3%	0.0%	0.0%	66.7%	0.0%
Other Response: <ul style="list-style-type: none"> • <i>Coordination</i>: ND Oral Health Program/Dental hygienist consultant. General Comment: <ul style="list-style-type: none"> • J - didn't know CCR&R health consultant was available for assistance. 							

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

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

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations in Question 1 above, please tell us why not? Check all that apply. (N=23)

43.5%	a. Services were not available in the area
8.7%	b. Transportation/distance was an issue
21.7%	c. Met resistance when trying to establish a working relationship
0.0%	d. Lack of resources (personnel, money) to establish a working relationship
8.7%	e. Other (please specify)
	Other Responses: <ul style="list-style-type: none"> • No need for their services at this time. • We have been aware of some of the activities of the state mental health agency and CCR&R nurses but have not worked directly with them and are not aware of what services they could provide our program.

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

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Linking children to medical homes (N=22)	54.5%	27.3%	13.6%	0.0%	4.5%	0.0%
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene) (N=22)	54.5%	40.9%	4.5%	0.0%	0.0%	0.0%
C. Linking children to dental homes that serve young children (N=22)	27.3%	36.4%	22.7%	13.6%	0.0%	0.0%
D. Partnering with oral health professionals on oral-health related issues (e.g., American Academy of Pediatric Dentistry – Head Start Dental Home Initiative) (N=22)	50.0%	36.4%	9.1%	0.0%	4.5%	0.0%
E. Getting children enrolled in Health Tracks/EPSTD (N=22)	50.0%	40.9%	0.0%	0.0%	9.1%	0.0%
F. Getting children enrolled in Healthy Steps/CHIP (N=22)	31.8%	50.0%	9.1%	0.0%	9.1%	0.0%
G. Getting children enrolled in Caring for Children program (N=22)	22.7%	45.5%	4.5%	4.5%	22.7%	0.0%
H. Arranging coordinated services for children with special health care needs (link children with special needs to Early Intervention) (N=22)	54.5%	27.3%	13.6%	0.0%	4.5%	0.0%
I. Assisting parents to communicate effectively with medical/dental providers (N=22)	22.7%	54.5%	22.7%	0.0%	0.0%	0.0%
J. Assisting families to get transportation to appointments (N=22)	18.2%	59.1%	18.2%	4.5%	0.0%	0.0%
K. Getting full representation and active commitment on your Health Advisory Committee (N=22)	45.5%	40.9%	0.0%	9.1%	0.0%	4.5%
L. Sharing data/information on children/families served jointly by Head Start and other agencies regarding health care (e.g., lead screening, nutrition reports, home visit reports) (N=22)	59.1%	36.4%	0.0%	0.0%	0.0%	4.5%
M. Exchanging information on roles and resources with medical, dental, and other providers/organizations regarding health care (N=22)	45.5%	40.9%	9.1%	0.0%	0.0%	4.5%
N. Referring families to parent organizations (e.g., Federation of Families, Family Voices) (N=22)	68.2%	22.7%	0.0%	0.0%	9.1%	0.0%
O. Information/referral/enrollment to Medicaid (N=22)	54.5%	31.8%	9.1%	0.0%	4.5%	0.0%
P. Information/referral/enrollment to Medicaid Waiver programs (e.g., Children with Medically Fragile Needs Program) (N=22)	36.4%	31.8%	0.0%	0.0%	18.2%	13.6%
Q. Other (specify) (N=1)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other Responses: • (none specified)						

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

Appendix Table 4. Other issues with health care

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

<ul style="list-style-type: none"> • Parent follow-through with physicals and dentals.
<ul style="list-style-type: none"> • Greatest obstacles: 1. Dentists seeing children on medical assistance. 2. Dentists seeing children under 3. 3. Access to specialized providers. 4. Inconsistency in services between public health units.
<ul style="list-style-type: none"> • Concern for health care for families not covered through insurance or Medicaid. Inability of families to follow up on dental care because of large costs.
<ul style="list-style-type: none"> • At times it is not easy getting nutrition information from WIC in [our program area] counties. It takes longer than usual. We have had complaints about the way parents have been treated by the WIC staff. I don't have any specific instances, but have heard this over the past few years. We now have all our enrolled children's parents complete the nutrition assessment on each child and have our consultant dietician assess their nutritional habits. This is duplication of services, since some are on WIC.
<ul style="list-style-type: none"> • Getting families to understand the importance of well-baby/well-child exams "even though the child is not sick." Also getting the families to "value" early dental care.
<ul style="list-style-type: none"> • The dental home seeing our infants/toddlers: most dentists still won't see our children under 3 & the doctors tell parents at medical visits the child doesn't need to be seen by a dentist until the age of 3, so parents are not getting their children into dentists because of the mixed messages that are given not only by dentists, but by their medical providers!!!!
<ul style="list-style-type: none"> • Getting parents to keep follow-up appointments when children have needs for dental repair and a full eye exam, also getting parents on board to deal with childhood obesity.
<ul style="list-style-type: none"> • Ensuring that the pediatricians and local physicians complete all requirements of the well-child examinations. Often they do not complete the lead and hemoglobin screenings. Secondly, educating the area dentists regarding the new requirement of examining children with the eruption of the first tooth or by the age of 1. We had just secured dental services for our preschool children beginning at age 3 years. We realize we have to educate dentists and the parents that children need to receive a dental evaluation beginning at age one.
<ul style="list-style-type: none"> • Many of the families are choosing to utilize pediatricians instead of EPSDT for well-child checks. If the office is not informed that they are members of our program, they do not perform the necessary laboratory tests.
<ul style="list-style-type: none"> • Not enough providers as our community has more than doubled in 12 months.
<ul style="list-style-type: none"> • Lack of accessible health care for adults caring for the children. Many parents [are] without health care for themselves so personal health issues become less preventive and more chronic/immediate. This includes dental care for the young adults. Dental access is difficult.
<ul style="list-style-type: none"> • Parents keeping appointments.
<ul style="list-style-type: none"> • None at this time.

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

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

<ul style="list-style-type: none"> • Collaboration with local dentists and physicians in local communities.
<ul style="list-style-type: none"> • We have a number of great providers who work closely with Head Start. Everyone has limited resources and works closely together. I am very proud of our local providers' commitment to our families and the program.
<ul style="list-style-type: none"> • I think the on-site clinics provided by public health have worked extremely well... unfortunately, they will be ending that arrangement at the end of this year.
<ul style="list-style-type: none"> • The dentists in our areas served seem to be jumping on the boat to make sure and get our children screened with their follow up completed.
<ul style="list-style-type: none"> • We have great success with our dental field trips. Also our "hearing fairs" in collaboration with [the local university]. Also our vision screening with local optometrists who come to our centers annually to examine children. [A local facility's] nurses come to our center to give flu vaccines to children. [A local facility's] nurses come to our center to give flu vaccines to adults.
<ul style="list-style-type: none"> • Working with our public health & CCR&R has been very beneficial; they give us a lot of great ideas, resources & will work with us to get what is needed for our families. A big thank you to them!!!!
<ul style="list-style-type: none"> • We have a great partnership with many local programs in our area. We communicate frequently with many different organizations which also are on our health service advisory committee. We [have] very strong relationships with our partners in the community and work hard at keeping up-to-date on services that are new in our area.
<ul style="list-style-type: none"> • Increasing collaboration with NDHT, State Dental consultants, Public Health Clinics, local dentists, NDSU Extension Services. These entities can bring great opportunities to Head Start Programs.
<ul style="list-style-type: none"> • We write contracts with the providers who set up times to come to our center to see children and families.

<ul style="list-style-type: none"> • A strong working relationship with some of the area dentists that has provided our program with onsite parent dental education at our first parent committee meetings and onsite dental day provided by some of our area dentists. The public health nurse also provides a day onsite to complete the physical examinations for children who have not yet received their well-child examinations within the first 90 days of enrollment. We also host monthly onsite mental health staffings that are attended by our local human services child psychologist and parent aide supervisor and any other relevant community and HS/EHS staff.
<ul style="list-style-type: none"> • We have provided dental and health standards to all the area dentists and clinics. We did see an improvement in the number of labs that were completed and dental visits that were completed.

Appendix Table 6. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways, if any, is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the health care needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • Keeping us aware of changes at the state level and any other initiatives.
<ul style="list-style-type: none"> • Keeping us aware resources available.
<ul style="list-style-type: none"> • Numerous e-mails to keep informed of resources and health-related information.
<ul style="list-style-type: none"> • I get lots of emails with updates & resources. The health coordinators from the state used to get together twice a year & it has been about two years since we have done that, would like to see that happening again, just not sure how to get that to happen. I also know that if I need to get ahold of the HSSCO I can call or email.
<ul style="list-style-type: none"> • They provide information that relates to health and other areas through email.
<ul style="list-style-type: none"> • The Collab. Office has worked tirelessly with the ND Oral Health Coalition to educate our state's dentists on the importance of treating young preschool children. The Collab. Office has also worked with the state Dept. of Health to ensure that all of the public health offices consistently complete all components of the well-child examinations including mental health screenings. Continue to maintain the ongoing communication with state health officials about the reality of health care for families living in poverty. Thank you!
<ul style="list-style-type: none"> • We have been collaborating with the Dental Health Initiative to provide dental care for our children. We have seen a HUGE improvement and hope to make that same improvement with the 0-3 year olds.
<ul style="list-style-type: none"> • There has been great work on the part of dental needs across the state. Many attempts to put the dental access pieces together. Good work, too, with the Medicaid program. Sessions [have been held] to improve communication and understanding of the Medicaid Program.
<ul style="list-style-type: none"> • Information provided is very useful.
<ul style="list-style-type: none"> • I don't think any.
<ul style="list-style-type: none"> • Have not requested assistance in this area.
<ul style="list-style-type: none"> • I cannot think of anything. The office has done an excellent job of linking programs to services, educating on changes in legislation, etc.
<ul style="list-style-type: none"> • Unsure.
<ul style="list-style-type: none"> • No.

Key Activity Area 2: Children Experiencing Homelessness – Survey Instrument with Responses (N=22)

Appendix Table 7. Involvement with children experiencing homelessness

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Local McKinney Vento Homeless Assistance Act liaison (N=22)	22.7%	45.5%	13.6%	9.1%	9.1%	0.0%	57.1%
B. Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens) (N=22)	4.5%	54.5%	31.8%	4.5%	0.0%	4.5%	35.7%
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees) (N=22)	36.4%	36.4%	18.2%	9.1%	0.0%	0.0%	66.7%
D. Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition) (N=22)	59.1%	27.3%	4.5%	4.5%	4.5%	0.0%	53.3%
E. Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)* (N=22)	40.9%	18.2%	18.2%	13.6%	9.1%	0.0%	66.7%
F. Title I/Homeless Program Administrator (N=22)	40.9%	22.7%	13.6%	9.1%	9.1%	4.5%	66.7%

*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 8. No working relationship with provider/organization serving children experiencing homelessness

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=22)

45.5%	a. Services were not available in the area
4.5%	b. Transportation/distance was an issue
9.1%	c. Met resistance when trying to establish a working relationship
9.1%	d. Lack of resources (personnel, money) to establish a working relationship
31.8%	e. Other (please specify)
	<p>Other Responses:</p> <ul style="list-style-type: none"> • Don't know who the state homeless coordinator is any more. The HSSCO used to provide information about the homeless coordinator. • Not sure what support services are available other than training or information sharing. • Didn't find a need to with the families I had. They, for the most part, were already in line with these agencies. • Not aware of parent organizations that help children and families with homelessness (North Dakota Homeless Coalition). • Our community is overwhelmed with the number of homeless and lack of state support and local resources. • N/A. • Initially thought it might be a lack of resources to establish a working relationship, but I think it just has not come up as a priority. <p>General Comment:</p> <ul style="list-style-type: none"> • Limited need for service.

Appendix Table 9. Level of difficulty with areas/tasks involving children experiencing homelessness

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act (N=22)	77.3%	9.1%	4.5%	0.0%	4.5%	4.5%
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment (N=22)	90.9%	4.5%	4.5%	0.0%	0.0%	0.0%
C. Allowing families of children experiencing homelessness to apply to, enroll in, and attend Head Start while required documents are obtained within a reasonable time frame (N=22)	86.4%	4.5%	4.5%	4.5%	0.0%	0.0%
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment (N=22)	45.5%	13.6%	31.8%	0.0%	9.1%	0.0%
E. Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities (N=22)	18.2%	18.2%	27.3%	0.0%	27.3%	9.1%
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=22)	9.1%	9.1%	9.1%	4.5%	40.9%	27.3%
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=22)	27.3%	27.3%	18.2%	4.5%	22.7%	0.0%

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
H. Assisting families affected by water/flooding issues through appropriate referrals and connections (N=22)	50.0%	13.6%	13.6%	0.0%	4.5%	18.2%

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

Appendix Table 10. Other issues with children experiencing homelessness

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

<ul style="list-style-type: none"> In many of our communities homelessness is hidden through multiple families sharing a residency. We have always been successful in connecting families to housing/resources unless a family member has a past felony or is a registered sex offender. Then it is almost impossible.
<ul style="list-style-type: none"> There are no agencies that I'm aware of in our community, and homelessness is a major issue for us right now.
<ul style="list-style-type: none"> There are few agencies who have funds available for those in need of help with deposits and starting rent. The little money the area gets is used extremely fast when available. We do not have services for those who are homeless. Our communities really don't see people as being homeless in our communities.
<ul style="list-style-type: none"> We are helping our "homeless" families find appropriate housing, but the high rent increase is still a problem.
<ul style="list-style-type: none"> Homelessness related to oil field workers. Children in the man camps.
<ul style="list-style-type: none"> Homelessness is difficult to determine as there are often more than one family living together in a single-family dwelling.
<ul style="list-style-type: none"> Many families moving into our enrollment area are seeking employment opportunities. They often find work but not a place to live. This results with the family living with friends or relatives (if any), staying in a camper or hotel. Often the family returns home or moves out of the area to secure housing while the working parent stays behind. As rents continue to soar, HS and EHS families are leaving their rented homes and apartments and moving out of the area. Our area no longer has a homeless shelter to provide even temporary shelter.
<ul style="list-style-type: none"> We have such a huge service area that we work with many different entities, LEAs, etc., that it is difficult to serve on boards or work closely with all of the agencies.
<ul style="list-style-type: none"> No funding sources available for emergency service denied through Salvation Army, Churches, Community Action & SCHCS Homeless office. Had to bus family to Fargo to receive shelter care - none in [our community].
<ul style="list-style-type: none"> None.

Appendix Table 11. Efforts to address homelessness needs that are working well

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

<ul style="list-style-type: none"> We have relationships with community agencies and land lords. We just initiate conversations and help parents research choices.
<ul style="list-style-type: none"> Partnerships with Domestic Violence and Rape and Abuse Crisis Center, Community Action Partnership, and the ND Homeless Coalition are a big help.
<ul style="list-style-type: none"> I work with many families from the air force base and therefore housing isn't an issue. Most homeless families I've had are living with their family or have already been to agencies before coming to Head Start.
<ul style="list-style-type: none"> There are extensive waiting lists for low-income affordable housing on our reservation.
<ul style="list-style-type: none"> We have maintained a good working relationship with the Housing Authority and have had positive past experiences in assisting families with securing the required deposits and first month of rent through our partnerships with our Community Action Agency and Salvation Army. With the soaring rents, even a housing voucher is no longer adequate to support a family in securing housing.
<ul style="list-style-type: none"> Collaboration with local housing like HUD Homelessness.
<ul style="list-style-type: none"> We work closely with Social Service agencies in our counties. We also work very closely with local school districts.
<ul style="list-style-type: none"> Friends & family support when available.

Appendix Table 12. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways, if any, is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address housing needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • Providing us with information from the national and state perspective.
<ul style="list-style-type: none"> • Continue to balance the positive effects of energy development with the reality of families living in poverty in western ND. Keeping state officials informed as to the housing needs of families who have resided in our western communities before the energy boom and have lost their housing. Our enrollment area does not even have a homeless shelter. At a time of such prosperity, our state needs to be encouraged to assist those who have negatively suffered due to this energy boom.
<ul style="list-style-type: none"> • Not sure what the HSSCO has done.
<ul style="list-style-type: none"> • The HSSCO has connected Head Starts with state contacts.
<ul style="list-style-type: none"> • I feel we are doing fine. Thank you.
<ul style="list-style-type: none"> • Have not requested assistance in this area.
<ul style="list-style-type: none"> • Ideas and flyers.
<ul style="list-style-type: none"> • We have not been as greatly affected as the western part of the State. We are, however, starting to see more effects from the flooding and population increases.
<ul style="list-style-type: none"> • Information on McKinney-Vento Act.
<ul style="list-style-type: none"> • Materials and information helpful.

Key Activity Area 3: Family/Child Assistance – Survey Instrument with Responses (N=24)

Appendix Table 13. Involvement with family/child assistance

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. County social services (e.g., TANF, food stamps, child welfare) (N=24)	0.0%	29.2%	37.5%	33.3%	0.0%	0.0%	58.8%
B. Employment and Training and Labor Services agencies (N=24)	8.3%	41.7%	29.2%	12.5%	4.2%	4.2%	52.9%
C. Economic and Community Development Councils (N=24)	33.3%	16.7%	20.8%	8.3%	12.5%	8.3%	62.5%
D. Human service centers (N=24)	8.3%	37.5%	37.5%	16.7%	0.0%	0.0%	52.9%
E. Services and networks supporting foster and adoptive families* (N=24)	8.3%	45.8%	29.2%	12.5%	4.2%	0.0%	64.7%
F. Parent organizations (e.g., Parent Resource Centers) (N=24)	8.3%	25.0%	25.0%	37.5%	0.0%	4.2%	52.9%
G. Parent advocacy groups (e.g., North Dakota Head Start Association) (N=24)	8.3%	16.7%	29.2%	45.8%	0.0%	0.0%	58.8%

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

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

Appendix Table 14. No working relationship with family/child assistance provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=24)

20.8%	a. Services were not available in the area
8.3%	b. Transportation/distance was an issue
8.3%	c. Met resistance when trying to establish a working relationship
12.5%	d. Lack of resources (personnel, money) to establish a working relationship
25.0%	e. Other (please specify)
	Other Responses: <ul style="list-style-type: none"> Limited staff working in the job service office - unable to provide special training requests for parents - information on how to use the web site is given to parents who are job searching. Not sure who could provide support services or what services are available for the program or families we serve.

	<ul style="list-style-type: none"> • Our program has not approached the Economic Development Council seeking a working relationship. • Have not attempted. • Not sure of that. • Not sure.
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Appendix Table 15. Level of difficulty with areas/tasks involving family/child assistance

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Obtaining information and data for community assessment and planning (N=23)	52.2%	30.4%	8.7%	0.0%	4.3%	4.3%
B. Targeting recruitment to families receiving TANF, Employment and Training, and related support services (N=24)	50.0%	29.2%	12.5%	8.3%	0.0%	0.0%
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment (N=24)	79.2%	20.8%	0.0%	0.0%	0.0%	0.0%
D. Establishing and implementing local interagency partnership agreements (N=24)	62.5%	25.0%	4.2%	0.0%	4.2%	4.2%
E. Facilitating shared training and technical assistance opportunities (N=24)	37.5%	33.3%	8.3%	4.2%	12.5%	4.2%
F. Getting involved in state level planning and policy development (N=24)	16.7%	25.0%	20.8%	4.2%	12.5%	20.8%
G. Exchanging information on roles and resources with other service providers and organizations regarding family/child assistance services (N=24)	62.5%	29.2%	4.2%	4.2%	0.0%	0.0%

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

Appendix Table 16. Other issues with family/child assistance

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

<ul style="list-style-type: none"> • Families in our area are having difficulty meeting their basic needs. There have been more referrals for food pantry services and other economic assistance.
<ul style="list-style-type: none"> • Child care services are not easily obtainable and many are not quality driven. Child care costs become a financial strain for many families due to poor wages and benefits. With the economy as it is, both parents need to be employed full time to be able to provide for their family. Most of one parent's check will go to pay for child care.
<ul style="list-style-type: none"> • The system is over-burdened.
<ul style="list-style-type: none"> • Housing is a huge issue here in Western North Dakota. Families are forced to pay very high rent, causing some families to move. Most of the non-profit organizations are working hard to help these families, but there is very little they can help with, especially rent, since it is so high.
<ul style="list-style-type: none"> • I have many families that are able to finish school and find work, but make just over the qualifying amount for food stamps. They get completely cut off and in trying to provide food for their families are unable to continue to pay other bills. They get into a better place, but ultimately are worse off because they are cut off from all assistance.
<ul style="list-style-type: none"> • Determining eligibility for medical and family assistance still seems to be a struggle.
<ul style="list-style-type: none"> • We always want to make sure we are getting the neediest children in our service area. We continue to build relationships with agencies in our community.
<ul style="list-style-type: none"> • The TANF lists were so good to use for recruitment to Head Start. Don't know what has been worked on to get those lists again.
<ul style="list-style-type: none"> • Grandparents who have custody of grandchildren face many financial and mental health concerns related to their adult child (the Head Start child's parents). Their personal finances are often affected in that they are giving up some of the money they would be saving for retirement etc.
<ul style="list-style-type: none"> • Often we feel the needs of our families and their children fall between the cracks of available services. Families with serious needs related to employment, housing, or medical care often do not qualify for available programs. Our program continues to struggle with not being invited to participate in family plans developed with families at the county social service level.
<ul style="list-style-type: none"> • We don't receive the TANF lists.
<ul style="list-style-type: none"> • No issues - we work closely with our local agencies.
<ul style="list-style-type: none"> • None.

Appendix Table 17. Efforts to address family/child assistance needs that are working well

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

<ul style="list-style-type: none"> • We work hard to keep strong relationships.
<ul style="list-style-type: none"> • We have found that collaborating with other agencies' resources and trainings has worked very well regarding participation from our families. At one time we were offering trainings such as parenting classes and so was the community. The outcome was limited registrations. I have found that keeping our families well informed on trainings offered in the community has brought about better attendance to classes. When we offer a special training through our agency we do invite other agencies and their clients.
<ul style="list-style-type: none"> • Very good working relationship with County Social Services and other referral agencies for our families.
<ul style="list-style-type: none"> • Being able to offer Head Start services is a blessing for all families. I am hopeful at some point there will be state funded preschool for all families, with the expectations coming into kindergarten being higher. Head Start helps the families that qualify succeed in life!
<ul style="list-style-type: none"> • By sitting on the Child Protection team, our staff has become very connected with local agencies.
<ul style="list-style-type: none"> • We have a staff person who attends CPS meetings, and has a relationship with the county. We have quarterly Community Assistance meeting. We have representation on the Children's Services Coordinating Committee. We also partner with the Children's Consultative Network for support for children in areas of social and emotional development. We partner with a local universities, practicum students, student teachers and interns in the field of early child care, family services and social work. We partner with Parent Resource Center for parent ed and food and nutrition.
<ul style="list-style-type: none"> • Working with our community partners.
<ul style="list-style-type: none"> • We have a network of non-profits that help with emergencies if we can find matching funds. These matching funds come from individual or group donations. We work with families on planning around these emergencies to problem solve alternative strategies and money management issues.
<ul style="list-style-type: none"> • Our family partnership staff make every effort to serve on local community committees with staff from social services. This provides an opportunity to get to know one another and open lines of communication. We host family staffing at our Centers and invite the parents, social services (if appropriate), the Parent Aide Coordinator, and a family psychologist to attend. This provides a working atmosphere to discuss issues with a family that they may not have an opportunity to discuss and brainstorm outside a formal referral to the county social services.
<ul style="list-style-type: none"> • Family needs assessment.
<ul style="list-style-type: none"> • Our Family Development Coordinators serve on child protection boards, interagency meetings, local JDA boards, etc.

Appendix Table 18. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways, if any, is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the family/child assistance needs of children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • Local responsibilities.
<ul style="list-style-type: none"> • The HSSCO is excellent at keeping us very informed on what is important for us to know. Just providing us with information and tools that we can use to help our families become self-supportive and strong advocates for their children.
<ul style="list-style-type: none"> • The HSSCO is consistently working on keeping doors open to the agencies.
<ul style="list-style-type: none"> • Continue to keep programs up-to-date on new information statewide and nationally. Continue to be a liaison for statewide agencies and local programs.
<ul style="list-style-type: none"> • The HSSCO could work with the state TANF people and send Head Start applications to people who are enrolled in TANF. Essentially - the HSSCO could do state-level recruiting for Head Start programs.
<ul style="list-style-type: none"> • We receive continued support from our state collaboration office in our efforts to address these issues.
<ul style="list-style-type: none"> • We have not requested their assistance in this area.
<ul style="list-style-type: none"> • The Collab. Office works very closely with the state lead in child protection services. In the MOU developed with the state agency, could a statement be included to the effect that Head Start staff must be invited to participate in the family plan developed at the social service level with the permission of the parents??
<ul style="list-style-type: none"> • We collaborate with the state office.
<ul style="list-style-type: none"> • Information is very useful.
<ul style="list-style-type: none"> • Not sure.
<ul style="list-style-type: none"> • N/A.

Key Activity Area 4: Child Care – Survey Instrument with Responses (N=22)

Appendix Table 19. Involvement with child care

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. State agency for child care (N=21)	33.3%	38.1%	23.8%	0.0%	0.0%	4.8%	35.7%
B. Child Care Resource & Referral agencies (N=22)	13.6%	36.4%	31.8%	18.2%	0.0%	0.0%	28.6%
C. Local child care programs for full-year, full-day services (N=21)	33.3%	33.3%	9.5%	9.5%	0.0%	14.3%	53.3%
D. State, regional, or local policy/planning committees that address child care issues (N=21)	33.3%	28.6%	33.3%	0.0%	0.0%	4.8%	42.9%
E. Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training) (N=22)	13.6%	27.3%	31.8%	18.2%	0.0%	9.1%	53.3%

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

Appendix Table 20. No working relationship with child care provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=22)

36.4%	a. Services were not available in the area
13.6%	b. Transportation/distance was an issue
18.2%	c. Met resistance when trying to establish a working relationship
9.1%	d. Lack of resources (personnel, money) to establish a working relationship
4.5%	e. Children had special needs and provider(s) were unable to meet care requirements
13.6%	f. Other (please specify)
	Other Responses: <ul style="list-style-type: none"> • Some of these agencies we, as a program or the director personally, has a relationship with, but I don't in my role. • No immediate need at this time. • Our program has never been contacted to participate in any higher ed programs related to child care. Our local university does not provide programs related to child care. General Comments: <ul style="list-style-type: none"> • No opportunity to collaborate/not a priority. • The ND child care standards are too low for Head Start/Early Head Start programs to follow and keep their funding.

Appendix Table 21. Level of difficulty with areas/tasks involving child care

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Establishing linkages/partnerships with child care providers (N=22)	22.7%	31.8%	9.1%	9.1%	9.1%	18.2%
B. Assisting families to access full-year, full-day services (N=22)	18.2%	36.4%	31.8%	0.0%	4.5%	9.1%
C. Capacity to blend or braid Head Start and child care funds to provide full-year, full-day services (N=22)	13.6%	9.1%	31.8%	18.2%	9.1%	18.2%
D. Aligning policies and practices with other service providers (N=22)	9.1%	27.3%	22.7%	4.5%	13.6%	22.7%
E. Sharing data/information on children that are jointly served (e.g., assessments, outcomes) (N=22)	22.7%	31.8%	13.6%	4.5%	9.1%	18.2%
F. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment (N=22)	31.8%	18.2%	18.2%	0.0%	9.1%	22.7%
G. Assisting military families in accessing child care services (N=21)	14.3%	19.0%	4.8%	0.0%	23.8%	38.1%

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

Appendix Table 22. Other issues with child care

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

<ul style="list-style-type: none"> We worked diligently at child care partnerships in the past. We offered free trainings, lending libraries, quarterly newsletters, for payment slots and were even managers/partners in two child care centers. The program once was also licensed at every center. As expectations of staff continue to rise with no additional funds for extra staff or increases, the program had to determine which priorities were most important. We received little response from the child care community and as funds were cut, so were our outreach services.
<ul style="list-style-type: none"> For our community, available, quality child care is an issue. Many providers are getting out for higher paying jobs with benefits.
<ul style="list-style-type: none"> Shortage of quality child care.
<ul style="list-style-type: none"> I think on the policy level we need to figure out how to better work together and support each other for the improvement of services to all young children. Need to break down the siloes.
<ul style="list-style-type: none"> Limited number of quality child care facilities/homes.
<ul style="list-style-type: none"> There is a huge lack of available child care in the area, partly because of the influx of oil field families.
<ul style="list-style-type: none"> There aren't any available.
<ul style="list-style-type: none"> Lack of quality child care in our community.
<ul style="list-style-type: none"> Affordability for our parents.
<ul style="list-style-type: none"> We have been trying to establish some family child care partnerships as one of our EHS program options. As most child care providers have wait lists, we have not been able to identify any who would be willing to put forth the extra efforts needed to partner with EHS in spite of the resource and financial incentives that would be available.
<ul style="list-style-type: none"> N/A.

Appendix Table 23. Efforts to address child care needs that are working well

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

<ul style="list-style-type: none"> We have 65% unemployment rate on our reservation - child care is not a major need.
<ul style="list-style-type: none"> Staff often access Consolidated's classified ads on their website to find possible child care for families.
<ul style="list-style-type: none"> We do not have options in our community for daycare.
<ul style="list-style-type: none"> Collaboration for full day services. Families need full day to be able to work or go to school.
<ul style="list-style-type: none"> After years of attempts we finally have a child care extended day arrangement with a wonderful center.
<ul style="list-style-type: none"> Anything free.

- We have worked very closely with our regional CCR&R staff to stay informed as to new child care providers in our area as well as to remain up to date with any child care initiatives and quality incentives. Our EHS program applied and was awarded a national start-up grant relating to child care. CCR&R has been our partner in working through the objectives of that grant application. Through this opportunity, our staff has become much better informed of the existing child care in our region, the state, regional, and local child care initiatives, and the challenges and strengths of local child care providers. The county child care licensor is a community representative on our Policy Council to lend knowledge and experience as we endeavor to license our new EHS center.

Appendix Table 24. Whether program offers full-year, full-day child care services with an explanation of their answer, including insights into benefits/barriers

6. Does your program offer full-year, full-day child care services? (N=21)

28.6%	Yes
47.6%	No, and not interested
23.8%	No, but would like to
100.0%	Total
	<p>Explanation of responses, including insights into benefits/barriers:</p> <ul style="list-style-type: none"> • Until we get out of our severe funding slump the program is in no position to be expanding services. We are fighting to continue what we have. I would love to partner with an outside entity to provide wrap around services but it is not a top priority for the upcoming year. • Who wants to deal with the headaches for braided funding and collecting from parents? • There is not Head Start funding for full-year in our area. • Early Head Start offers full day, full year - one benefit is that the child has fewer transitions to make throughout the day and over the course of the year. • Only in our Early Head Start setting. Would like to expand with our Head Start centers. • In the process of building an EHS center that will offer full-year, full-day care for infants & toddlers. • Too many hurdles!!! • Barrier - difficult to make a profit. Additional workload and lack of space make this a difficult task. • We have a yes and a no answer. We do not have the capacity to offer full-year, full-day child care onsite at our HS facility however we will at our EHS Center. We have worked with local providers to ensure that our enrolled Head Start children have access to care before and after their Head Start day.

Appendix Table 25. Assistance from the North Dakota Head Start State Collaboration Office

7. In what ways, if any, is the North Dakota Head Start Collaboration Office assisting you in your efforts to address the child care needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • Monitors what is going on at the state level and give input, when possible, that would better serve our Head Start families.
<ul style="list-style-type: none"> • Provide information and collaborative opportunities.
<ul style="list-style-type: none"> • Assistance in this area has not been requested from HSSCO.
<ul style="list-style-type: none"> • Share resource material for upgrading our program.
<ul style="list-style-type: none"> • The HSSCO keeps the conversation and possibilities open!
<ul style="list-style-type: none"> • By maintaining a close working relationship with the state child care administrator and by utilizing the Collab. Office resources to support projects that would benefit both Head Start and child care. The HSSCO has been extremely supportive in this area!
<ul style="list-style-type: none"> • Info, training.
<ul style="list-style-type: none"> • Don't think we are.
<ul style="list-style-type: none"> • Not sure.
<ul style="list-style-type: none"> • No.

**Key Activity Area 5: Family Literacy Services –
Survey Instrument with Responses (N=24)**

Appendix Table 26. Involvement with family literacy services

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

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

Provider/ Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Dept. of Public Instruction Title I, Part A, Family Literacy (N=24)	50.0%	20.8%	12.5%	8.3%	8.3%	0.0%	66.7%
B. Employment and Training programs (N=24)	8.3%	62.5%	16.7%	4.2%	8.3%	0.0%	71.4%
C. Adult Education (N=24)	4.2%	70.8%	16.7%	8.3%	0.0%	0.0%	64.3%
D. English Language Learner programs and services (N=24)	29.2%	41.7%	4.2%	4.2%	8.3%	12.5%	70.6%
E. Parent education programs/ services to promote parent/ child literacy interactions (N=24)	25.0%	33.3%	16.7%	25.0%	0.0%	0.0%	71.4%
F. Prairie Public education services (N=24)	50.0%	20.8%	12.5%	4.2%	8.3%	4.2%	69.2%
G. Public libraries (N=24)	20.8%	25.0%	29.2%	20.8%	0.0%	4.2%	64.3%
H. School libraries (N=24)	41.7%	25.0%	12.5%	12.5%	0.0%	8.3%	50.0%
I. Public/private sources that provide book donations or funding for books (N=24)	4.2%	12.5%	37.5%	45.8%	0.0%	0.0%	61.5%
J. Museums (N=24)	62.5%	20.8%	0.0%	0.0%	4.2%	12.5%	58.3%
K. Reading Readiness programs (N=24)	41.7%	20.8%	8.3%	8.3%	12.5%	8.3%	66.7%

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	
L. Higher education programs/ services/ resources related to family literacy (e.g., grant projects, student interns, cross-training) (N=24)	25.0%	29.2%	16.7%	16.7%	12.5%	0.0%	64.3%
M. Providers of services for children and families who are English Language Learners (N=24)	29.2%	33.3%	12.5%	0.0%	8.3%	16.7%	76.9%
N. Other (specify) (N=2)	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	100.0%
Other Response:							
<ul style="list-style-type: none"> N/A: This Head Start program has developed a family literacy program that addresses the needs of our children and families. There are no public libraries on the [name omitted] Indian Reservation and Head Start has addressed this need in the preschool area for its children and families. 							

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

Appendix Table 27. No working relationship with family literacy services provider/organizations

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=24)

54.2%	a. Services were not available in the area
16.7%	b. Transportation/distance was an issue
8.3%	c. Met resistance when trying to establish a working relationship
29.2%	d. Lack of resources (personnel, money) to establish a working relationship
20.8%	e. Other (please specify)
Other Responses:	
<ul style="list-style-type: none"> Do not know of them. Have not made it a priority, but an excellent idea for future actions. There are either no services available in our community or not a need for our families at this time. We really haven't had a need for ESL or ELL prior to this year. We have targeted this area as a need to support our ESL and ELL families. 	
General Comment:	
<ul style="list-style-type: none"> Not aware of how to access services locally or if they are available. As we have ready access to the public library, we have never felt the need to access local school libraries. This may be an area to pursue in the near future. 	

Appendix Table 28. Level of difficulty with areas/tasks involving family literacy services

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Recruiting families to Family Literacy Services (N=24)	29.2%	45.8%	8.3%	8.3%	0.0%	8.3%
B. Educating others (e.g., parents, the community) about the importance of family literacy (N=24)	33.3%	58.3%	4.2%	4.2%	0.0%	0.0%
C. Establishing linkages/partnerships with key literacy providers (N=24)	41.7%	29.2%	12.5%	12.5%	0.0%	4.2%

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries) (N=23)	39.1%	30.4%	21.7%	4.3%	0.0%	4.3%
E. Incorporating family literacy into your program policies and practices (N=24)	79.2%	12.5%	8.3%	0.0%	0.0%	0.0%
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy (N=24)	41.7%	45.8%	0.0%	4.2%	4.2%	4.2%
G. Other (specify) (N=3)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other Responses: <ul style="list-style-type: none"> (none specified) 						

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

Appendix Table 29. Other issues with family literacy services

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

<ul style="list-style-type: none"> Family literacy has been a huge priority for the program. We participate in the four year spark literacy project focusing on family literacy, recipient of two book distribution grants and three years of early reading first.
<ul style="list-style-type: none"> Lack of funds to maintain the variety of books needed for the children to access via the family literacy project.
<ul style="list-style-type: none"> Lack of manpower/staff to coordinate.
<ul style="list-style-type: none"> Lack of funding to obtain books for children.
<ul style="list-style-type: none"> None.
<ul style="list-style-type: none"> Not aware of what state family literacy services and resources are available within our local community.
<ul style="list-style-type: none"> Our staff is very knowledgeable on family literacy.
<ul style="list-style-type: none"> There are so few family literacy services. We work with NDSU Extension Family Services and that's about it.

Appendix Table 30. Efforts to address family literacy services needs that are working well

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

<ul style="list-style-type: none"> Backpack reading programs are successful; our parents love access to cheap books through scholastic book orders. I do periodic "hallway happenings" to inform parents about the importance of reading & literacy issues. We have great adult ed. programs in close proximity to our program which helps in our parents accessing those services.
<ul style="list-style-type: none"> Families really enjoy opportunities involving engagement with their HS child in making something together.
<ul style="list-style-type: none"> Funding for resources for families.
<ul style="list-style-type: none"> Having the services on site is very effective and critical.
<ul style="list-style-type: none"> Our program is a checkout book program that the children can use to take books home to have their parents or siblings read to them. Books become torn and need to be replaced and sometimes there are not funds to do this.
<ul style="list-style-type: none"> Parent involvement and community involvement as mystery readers in the classroom. Male involvement, father reading every day. Library visits and presentations. Donations from local service groups. Partnering with local schools for classroom projects.
<ul style="list-style-type: none"> RIF Program has been very beneficial. Local library has been open to working together.
<ul style="list-style-type: none"> Scheduled Family Lit Act.
<ul style="list-style-type: none"> We do a free book fair once a year. The community donates children and adult books and our families get to pick all the books that they want.
<ul style="list-style-type: none"> We incorporate family literacy into the Parent Committee meetings that end with a parent-child family literacy shared activity. We had partnered with RIF and the local Kiwanis organization in the past to ensure each enrolled child received free books throughout the program year. We have a strong written partnership with the local Adult Learning Center to refer families who wish to complete their GED or work on computer literacy skills.
<ul style="list-style-type: none"> We were involved in a number of special grants requiring systems development and providing resources for supplies.
<ul style="list-style-type: none"> We've started a parent/guardian GED scholarship to help parents with their own education goals and it's been successful in motivating parents to work toward their personal literacy goals.

Appendix Table 31. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways, if any, is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the literacy needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • Continue to educate regarding new opportunities.
<ul style="list-style-type: none"> • Continue to keep HS informed on Family Literacy activities and information statewide and nationally.
<ul style="list-style-type: none"> • I don't know if there is anything that the Collaboration office can do to improve the situation. We are very rural and isolated and there are not any services provided locally.
<ul style="list-style-type: none"> • I'm not sure if they are helping?
<ul style="list-style-type: none"> • The HSSCO passes along information which may promote linkages with Head Start.
<ul style="list-style-type: none"> • The HSSCO would be a great networker to have Head Start programs be a site for colleges and universities to have interns!
<ul style="list-style-type: none"> • None.
<ul style="list-style-type: none"> • None. We have not asked for their assistance.
<ul style="list-style-type: none"> • Our staff has been scaled down so we are all doing more than we ever have had to do before and we just have not been able to dedicate the time it takes to some of these efforts.
<ul style="list-style-type: none"> • Provide specific information related to family literacy services and information available from the state Family Literacy office as well as how to access those services at the local community level. Thank you!
<ul style="list-style-type: none"> • Provide useful information/updates.
<ul style="list-style-type: none"> • Sharing current information.
<ul style="list-style-type: none"> • Not sure what the HSSCO does.

**Key Activity Area 6: Children with Disabilities and Their Families –
Survey Instrument with Responses (N=23)**

Appendix Table 32. Involvement with children with disabilities and their families

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

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

Provider/ Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. State Lead Agency for Part B/619 (N=22)	36.4%	22.7%	22.7%	9.1%	4.5%	4.5%	36.4%
B. Local Part B/619 providers (N=23)	8.7%	17.4%	17.4%	47.8%	4.3%	4.3%	45.5%
C. State Education Agency - other programs/services (e.g., Section 504, special projects re. children with disabilities) (N=23)	26.1%	26.1%	26.1%	13.0%	8.7%	0.0%	60.0%
D. State Lead Agency for Part C (N=23)	39.1%	21.7%	17.4%	13.0%	8.7%	0.0%	40.0%
E. Local Part C providers (N=23)	4.3%	4.3%	26.1%	60.9%	4.3%	0.0%	50.0%
F. Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center, Pathfinder Parent Center, Community Health, Protection & Advocacy agency, Children’s Special Health Services) (N=23)	13.0%	30.4%	39.1%	13.0%	4.3%	0.0%	40.0%

Provider/ Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies) (N=23)	13.0%	34.8%	34.8%	4.3%	8.7%	4.3%	40.0%
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) (N=22)	22.7%	40.9%	13.6%	9.1%	9.1%	4.5%	44.4%
I. Non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/ advisory group) (N=23)	26.1%	17.4%	21.7%	21.7%	8.7%	4.3%	55.6%
J. Parent organizations (e.g., Family Voices) (N=23)	30.4%	21.7%	30.4%	4.3%	8.7%	4.3%	50.0%
K. Other (specify) (N=5)	0.0%	20.0%	0.0%	0.0%	40.0%	40.0%	0.0%
Other Responses:							
<ul style="list-style-type: none"> Cooperation: Path of North Dakota 							

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

Appendix Table 33. No working relationship with provider/organization serving children with disabilities and their families

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=23)

17.4%	a	Services were not available in the area
8.7%	b.	Transportation/distance was an issue
0.0%	c.	Met resistance when trying to establish a working relationship
8.7%	d.	Lack of resources (personnel, money) to establish a working relationship
17.4%	e.	Other (please specify)
		<p>Other Responses:</p> <ul style="list-style-type: none"> No communication from the state Part C Coordinator. No need at this time. Working well at local level. <p>General Comments:</p> <ul style="list-style-type: none"> No need for a working relationship. I am a full-time speech/language pathologist in addition to serving as a disability coordinator. There are not adequate time/resources to serve in both capacities.

Appendix Table 34. Level of difficulty with areas/tasks involving children with disabilities and their families

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Obtaining timely Part C (early intervention) evaluations of children (N=23)	34.8%	34.8%	8.7%	0.0%	8.7%	13.0%
B. Obtaining timely Part B/619 (preschool special education) evaluations of children (N=23)	39.1%	34.8%	17.4%	0.0%	8.7%	0.0%
C. Having staff attend Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) meetings (N=23)	52.2%	34.8%	8.7%	0.0%	4.3%	0.0%
D. Coordinating services with Part C providers (N=23)	43.5%	43.5%	4.3%	0.0%	4.3%	4.3%
E. Supporting the referral process to Part C providers/agencies for children identified under CAPTA (Children Abuse Prevention and Treatment Act) (N=22)	45.5%	13.6%	9.1%	0.0%	22.7%	9.1%
F. Coordinating services with Part B/619 providers (N=22)	50.0%	31.8%	9.1%	0.0%	9.1%	0.0%
G. Sharing data/information on jointly served children (assessments, outcomes, etc.) (N=23)	69.6%	17.4%	4.3%	0.0%	4.3%	4.3%
H. Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families (N=23)	56.5%	39.1%	0.0%	0.0%	4.3%	0.0%
I. Parental support offered through parent organizations (N=22)	27.3%	40.9%	13.6%	0.0%	13.6%	4.5%
J. Other (specify) (N=3)	0.0%	0.0%	0.0%	0.0%	66.7%	33.3%
<p>Other Responses:</p> <ul style="list-style-type: none"> (none specified) 						

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

Appendix Table 35. Other issues with children with disabilities and their families

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

<ul style="list-style-type: none"> Getting the LEA to accept referrals for general development evaluations. HS staff may be concerned about a child's low developmental skills, but if we are not looking for a change in placement then it is sometimes difficult to secure testing.
<ul style="list-style-type: none"> Having a timely evaluation done.
<ul style="list-style-type: none"> Lack of Speech Therapists, funding for one-on-one para professionals.
<ul style="list-style-type: none"> No.
<ul style="list-style-type: none"> The program works with three Part C agencies and five Part B. Most are great and some are not.
<ul style="list-style-type: none"> With the start of an EHS program, working out a philosophy of shared service delivery to assist both Part C and EHS service providers with clear expectations regarding roles and responsibilities.
<ul style="list-style-type: none"> Would like to collaborate but LEA is not interested!

Appendix Table 36. Efforts to address the needs of children with disabilities and their families that are working well

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

<ul style="list-style-type: none"> Comprehensive written agreements to integrate children with disabilities into the Head Start center classrooms. Part B and Head Start staff work side by side in Center, including weekly planning and involvement on program Professional Learning communities that address program-wide initiatives. Currently the Part B and Head Start staff have been working together to implement program-wide social and emotional supports for the children and their parents/guardians. Having Part B and Head Start staff work together toward implementation of Program Goals has ensured their success.
<ul style="list-style-type: none"> Having the Special Education Staff right in our building has been a great resource to our teachers especially when planning for differentiating instruction. The sp. ed. staff meet with the teachers every week to discuss modifications needed to the curriculum for that week.
<ul style="list-style-type: none"> Integration of 5 preschool special needs children into one of our Head Start classrooms. Having preschool special needs teacher on site is a valuable resource.
<ul style="list-style-type: none"> Preschool special needs at [our reservation] work well.
<ul style="list-style-type: none"> Teaming the referral process - teacher/parent.
<ul style="list-style-type: none"> We are housed with the ECSE staff.
<ul style="list-style-type: none"> We do have good support from the local special education units.
<ul style="list-style-type: none"> We keep working at relationships. It is very difficult to get extra staff in the classroom through Part B services. It always comes down to money. Often it is the school that is resistant.

Appendix 37. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways (if any) is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the needs of children with disabilities and their families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> Assistance is currently not being provided.
<ul style="list-style-type: none"> Have not requested assistance in this area.
<ul style="list-style-type: none"> I wish the position could help but I don't know how that could be done. There are challenges with Part B in defining the least restrictive environment, what services the school should provide vs what they are willing to provide, who will pay for the services and where services will be provided. My five Special Ed units operate completely different.
<ul style="list-style-type: none"> Maintain open communication with state Part B staff to share information and secure appropriate Head Start participation related to statewide projects and initiatives. Statewide training that invites Part C, Part B, Head Start and other agencies serving Part B and Part C children with disabilities.
<ul style="list-style-type: none"> None.
<ul style="list-style-type: none"> Not sure.
<ul style="list-style-type: none"> The HSSCO needs to remain involved with DPI - Title I, Special Education, etc. The HSSCO should work on developing that relationship so that it's as good or better than the Dept. of Health.

**Key Activity Area 7: Community Services –
Survey Instrument with Responses (N=23)**

Appendix Table 38. Involvement with community services

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

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

Provider/ Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Law enforcement (N=23)	26.1%	30.4%	34.8%	8.7%	0.0%	0.0%	53.8%
B. Providers of substance abuse prevention/ treatment services (N=23)	21.7%	21.7%	34.8%	17.4%	4.3%	0.0%	46.7%
C. Providers of child abuse prevention/ treatment services (N=23)	0.0%	21.7%	56.5%	21.7%	0.0%	0.0%	42.9%
D. Providers of domestic violence prevention/ treatment services (N=23)	4.3%	43.5%	26.1%	26.1%	0.0%	0.0%	50.0%
E. Private resources geared toward prevention/ intervention (e.g., faith-based, business, foundations, shelters) (N=23)	17.4%	26.1%	30.4%	13.0%	4.3%	8.7%	57.1%
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency) (N=23)	8.7%	47.8%	17.4%	26.1%	0.0%	0.0%	38.5%
G. Providers of adult disability services (e.g., Independent Living Centers) (N=23)	30.4%	34.8%	8.7%	8.7%	8.7%	8.7%	23.1%

Provider/ Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
H. Parent education and family support services (e.g., Parent Resource Centers) (N=23)	13.0%	30.4%	21.7%	34.8%	0.0%	0.0%	53.8%
I. Community-based organizations (e.g., Prevent Child Abuse North Dakota, Healthy Families North Dakota) (N=23)	4.3%	30.4%	39.1%	26.1%	0.0%	0.0%	58.3%
J. Other (specify) (N=1)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	4.3%
Other Responses: <ul style="list-style-type: none"> (none specified) 							

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

Appendix Table 39. No working relationship with community services provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=23)

13.0%	a. Services were not available in the area
0.0%	b. Transportation/distance was an issue
8.7%	c. Met resistance when trying to establish a working relationship
21.7%	d. Lack of resources (personnel, money) to establish a working relationship
4.3%	e. Other (please specify)
	Other Responses: <ul style="list-style-type: none"> (none specified) General Comment: <ul style="list-style-type: none"> Not sure what we would do with adult disability services.

Appendix Table 40. Level of difficulty with areas/tasks involving community services

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Establishing linkages/partnerships with law enforcement agencies (N=23)	47.8%	21.7%	17.4%	0.0%	13.0%	0.0%
B. Establishing linkages/partnerships with public resources (e.g., state, county, city) regarding prevention/treatment services (N=23)	43.5%	34.8%	4.3%	4.3%	13.0%	0.0%
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services (N=23)	26.1%	34.8%	17.4%	0.0%	13.0%	8.7%
D. Partnering with service providers on outreach activities for eligible families (N=23)	56.5%	30.4%	8.7%	0.0%	4.3%	0.0%
E. Obtaining in-kind community services for the children/families in your program (N=23)	30.4%	43.5%	17.4%	8.7%	0.0%	0.0%
F. Sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services (N=23)	34.8%	43.5%	13.0%	0.0%	8.7%	0.0%
G. Exchanging information on roles and resources with other providers/organizations regarding community services (N=23)	65.2%	21.7%	8.7%	0.0%	4.3%	0.0%

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
H. Assisting military families in accessing quality early childhood services (N=23)	34.8%	34.8%	0.0%	0.0%	21.7%	8.7%
I. Assisting families affected by water/flooding issues through appropriate referrals and connections (N=23)	21.7%	47.8%	4.3%	0.0%	4.3%	21.7%
J. Other (specify) (N=2)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other Responses: <ul style="list-style-type: none"> (none specified) General Comment: <ul style="list-style-type: none"> Many of the agencies listed we have limited need/opportunity to connect, so strong relationships have not been developed. 						

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

Appendix Table 41. Other issues with community services

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

<ul style="list-style-type: none"> Because of the flooding and the stress of that it is difficult to meet with agencies.
<ul style="list-style-type: none"> Big need, few resources.
<ul style="list-style-type: none"> Getting information out to the community-at-large. Housing, food, and other basics are an issue for many of our families right now.
<ul style="list-style-type: none"> It is hard for our families in Western ND to pay for rent. Non-profit Community Resources are unable to help families as rent is too high.
<ul style="list-style-type: none"> Lack of affordable housing. While housing vouchers are available, they do not make the high costs of local rental units affordable. In the midst of the oil development, we would like to secure a meaningful partnership between private business and the local HS/EHS program.
<ul style="list-style-type: none"> Language barriers for New Americans to receive help. Also, many families need help more often than the one time per calendar year that is allowed. Families exhaust all resources and are stuck!
<ul style="list-style-type: none"> We need to do a better job of pulling agencies that we do not work with on a regular basis into the program to provide information and education.

Appendix Table 42. Efforts to address community services needs that are working well

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

<ul style="list-style-type: none"> CANA (Community Agency Network Assoc.) is a great way for us to share information about what's available in the community. Agencies seem to coordinate well to meet the needs of families as best as they can.
<ul style="list-style-type: none"> Head Start Family Service Manager is a member of the local Child Protection Team.
<ul style="list-style-type: none"> Partnership with Community Action. Staff liaison with public schools. GED classes offered through Adult Learning Center. Staff person whose position is to connect to community and schedule classes and inform staff and parents.
<ul style="list-style-type: none"> Partnerships with County Social Services and West Dakota Parent and Family Resource Center through Dickinson Public Schools have helped out families with parenting classes and other needs.
<ul style="list-style-type: none"> Partnerships within local communities where sites are located are easier in rural communities than in the larger cities.
<ul style="list-style-type: none"> Strong partnership with local Parent Resource Center. Parent training is hosted at the Head Start Center, costs are shared between programs, and training is open to the community. This has provided evidenced-based parenting programs for HS and EHS and has been a source of nonfederal share. The HS & EHS Family Partnership Coordinators serve on the local Salvation Army and Prevent Child Abuse planning boards. The Salvation Army has been a source of payment for emergency vouchers including gas for medical/dental appointments, car repairs, or emergency food or clothing for HS/EHS families. Local dentists have volunteered their time for our "Dental Day" to examine children who have not accessed dental care and provide dental education for the children and staff.
<ul style="list-style-type: none"> There are a lot of services available to families and information about how to access those services.
<ul style="list-style-type: none"> We just need to provide the invitation and/or hold agencies accountable.
<ul style="list-style-type: none"> We've developed community resource guides to assist families in identifying resources they could use that contains our community partners. We also use ChildPlus to organize our community resources and can run reports from there to see what orgs we're sending the most families to, what's working, etc.

Appendix Table 43. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways (if any) is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the community services needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none">• Continue to share new information about community services in the area.
<ul style="list-style-type: none">• Have not requested assistance in this area.
<ul style="list-style-type: none">• Have not met with anyone from the Collaboration office, but am a fairly new staff member, so that's probably why. Not sure what is available from the office.
<ul style="list-style-type: none">• Information is useful.
<ul style="list-style-type: none">• It is a local responsibility.
<ul style="list-style-type: none">• Just keep up the good work. Continue the work.
<ul style="list-style-type: none">• N/A.
<ul style="list-style-type: none">• Promote private business support of community Head Start and Early Head Start programs. Oil companies are making significant donations to the state for education-related programs that do not address early childhood.

**Key Activity Area 8A: Education – Publicly Funded Pre-K Partnership
Development – Survey Instrument with Responses (N=22)**

Appendix Table 44. Involvement with education – publicly funded pre-K partnership development

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

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

Provider/ Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities (N=22)	45.5%	0.0%	4.5%	31.8%	0.0%	18.2%	66.7%
B. No state funded pre-K in North Dakota → Choose “No working relationship” (N=21)	85.7%	4.8%	4.8%	0.0%	0.0%	4.8%	75.0%
C. Other Memorandum of Understanding (MOU) (e.g., Title I preschool, public and/or private preschool) (N=21)	28.6%	14.3%	14.3%	33.3%	4.8%	4.8%	53.8%
Other Responses: <ul style="list-style-type: none"> • <i>Collaboration:</i> I have three district collaborative agreements. • <i>Collaboration:</i> Our MOU is with a local special education unit. We've had one for years and it works great for both of us! • <i>Collaboration:</i> Our program has MOUs with two LEAs in our enrollment area to exchange resources including staff and facilities between Title I preschool, Part B, and Head Start. I have answered the questions based on where the greatest number of our children are served. Several other smaller school districts in our enrollment area have started preschools approved by DPI and/or licensed by Department of Human Services. These LEAs charge tuition and have declined a partnership with Head Start as they had not wanted to follow Head Start regulations. These LEAs charge tuition which makes it very difficult for families living in poverty to attend. 							

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	
<ul style="list-style-type: none"> • <i>Collaboration:</i> We are responsible for one Title I pre-K room which is contracted through a school district. It is awesome. 							

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

Appendix Table 45. No working relationship with education – publicly funded pre-K partnership development provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=22)

45.5%	a. Services were not available in the area
0.0%	b. Transportation/distance was an issue
13.6%	c. Met resistance when trying to establish a working relationship
22.7%	d. Lack of resources (personnel, money) to establish a working relationship
9.1%	e. Other (please specify)
Other Responses: <ul style="list-style-type: none"> • First year of pre-K program in community and have not had time to develop MOU. • Just started as Education Coordinator General Comment: <ul style="list-style-type: none"> • I approached every school district and only one district was willing to use ARRA dollars to start a pre-K. Most schools are very slow to warm up to the idea. 	

Appendix Table 46. Level of difficulty with areas/tasks involving education – publicly funded pre-K partnership development

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Educational activities, curricular objectives, and instruction (N=22)	50.0%	22.7%	0.0%	0.0%	9.1%	18.2%
B. Information, dissemination, and access for families contacting Head Start or another preschool program (N=21)	57.1%	23.8%	0.0%	0.0%	4.8%	14.3%
C. Selection priorities for eligible children served (N=21)	66.7%	9.5%	4.8%	0.0%	4.8%	14.3%
D. Service areas (N=21)	47.6%	33.3%	0.0%	0.0%	4.8%	14.3%
E. Staff training, including opportunities for joint staff training (N=21)	23.8%	42.9%	14.3%	4.8%	4.8%	9.5%
F. Program technical assistance (N=20)	45.0%	25.0%	0.0%	10.0%	5.0%	15.0%
G. Provision of services to meet needs of working parents, as applicable (N=21)	28.6%	28.6%	4.8%	4.8%	14.3%	19.0%
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=21)	61.9%	14.3%	4.8%	0.0%	4.8%	14.3%
I. Provision and use of facilities, transportation, etc. (N=21)	38.1%	38.1%	0.0%	0.0%	9.5%	14.3%
J. Referral to parent organizations for parents of children with special needs (working with experienced parents through Early Intervention to assist with the transition process) (N=21)	57.1%	19.0%	0.0%	4.8%	9.5%	9.5%
K. Developing Memorandum of Understanding (MOU) with existing pre-school programs (N=21)	19.0%	9.5%	9.5%	4.8%	28.6%	28.6%
L. Other elements mutually agreed to by the parties to the MOU (N=18)	44.4%	5.6%	0.0%	0.0%	22.2%	27.8%

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

Appendix Table 47. Other issues with education – publicly funded pre-K partnership development

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

<ul style="list-style-type: none"> Do not have public pre-K.
<ul style="list-style-type: none"> ND needs pre-K. Families come to our communities from out-of-state and come to the Head Start program looking for pre-K.
<ul style="list-style-type: none"> No communication with pre-K staff at this time
<ul style="list-style-type: none"> School districts are slow to warm up to pre-K. They state they either do not have the money or the space. They may also decide it is easier to do without a partnership.
<ul style="list-style-type: none"> The LEA-supported preschools in our enrollment area do not follow many of the indicators associated with quality including a research-based, developmentally-appropriate curriculum, ongoing developmentally appropriate assessments, appropriate teacher early childhood education qualifications, teaching guided by the state's ELGs, and appropriate monitoring for quality.
<ul style="list-style-type: none"> Would like to have better partnerships with other preschools in the area, but resources/staff are limited

Appendix Table 48. Efforts to address education – publicly funded pre-K partnership development needs that are working well

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

<ul style="list-style-type: none"> Just starting as ed coordinator.
<ul style="list-style-type: none"> N/A.
<ul style="list-style-type: none"> None.
<ul style="list-style-type: none"> We have written collaborations with two LEAs where resources are meaningfully shared, including staff and facilities. These school districts pay for the enrollment of non-Head Start eligible children and allow Head Start regulations to serve as the foundation for services. These school districts have been willing to invest their own financial resources to make the partnership work and serve both eligible and non-eligible Head Start preschool children within the same classroom settings.
<ul style="list-style-type: none"> We keep pushing the conversation with administrators, school boards, parents and communities.
<ul style="list-style-type: none"> Written agreements work well. Annual meetings to discuss the collaborations. Shared costs.

Appendix Table 49. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways (if any) is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the education/pre-K partnership development needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> As stated earlier, we would greatly benefit from a working relationship at the state level that requires LEAs to develop a written agreement to share resources and follow Head Start regulations in areas where both programs serve the same preschool population.
<ul style="list-style-type: none"> Cannot think of anything. It is collaboration at the local level.
<ul style="list-style-type: none"> Have not requested assistance in this area.
<ul style="list-style-type: none"> Just starting out as ed coordinator.
<ul style="list-style-type: none"> The HSSCO has been visible promoting Head Start's involvement with pre-K at all levels.
<ul style="list-style-type: none"> The HSSCO needs to help get the public school partners back on the ECEC so they can carry the message of the importance of high quality early childhood education.
<ul style="list-style-type: none"> Provides useful information.
<ul style="list-style-type: none"> Since there is no publicly funded pre-K program in ND, my answers are based on the relationship with the LEA Early Childhood Special Education program.

Key Activity Area 8B: Education – Head Start Transition and Alignment with K-12 – Survey Instrument with Responses (N=24)

Appendix Table 50. Involvement with education – Head Start transition and alignment with K-12

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten (N=24)	4.2%	16.7%	33.3%	45.8%	0.0%	0.0%	56.3%

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

Appendix Table 51. No working relationship with education – Head Start transition and alignment with K-12 provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the programs/organizations, please tell us why not? Check all that apply. (N=24)

0.0%	a. Services were not available in the area
0.0%	b. Transportation/distance was an issue
4.2%	c. Met resistance when trying to establish a working relationship
0.0%	d. Lack of resources (personnel, money) to establish a working relationship
4.2%	e. Other (please specify)
	Other Response: <ul style="list-style-type: none"> • Just started as ed coordinator. General Comment: <ul style="list-style-type: none"> • We have excellent transitioning plans and relationships with school districts. Our goal for the upcoming year will be to make MOUs to capture our relationships.

Appendix Table 52. Level of difficulty with areas/tasks involving education – Head Start transition and alignment with K-12

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Partnering with Local Education Agencies (LEAs) to implement systematic procedures for transferring Head Start program records to school (N=24)	75.0%	12.5%	8.3%	0.0%	4.2%	0.0%
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.) (N=24)	58.3%	33.3%	0.0%	0.0%	8.3%	0.0%
C. Establishing and implementing comprehensive transition policies and procedures with LEAs (N=24)	62.5%	25.0%	4.2%	0.0%	4.2%	4.2%
D. Coordinating with state and local school entities to foster the seamless transition of children and continuity of services between Head Start and elementary schools (N=24)	54.2%	37.5%	4.2%	0.0%	4.2%	0.0%
E. Linking LEA and Head Start services relating to language, numeracy, and literacy (N=24)	54.2%	25.0%	8.3%	0.0%	8.3%	4.2%
F. Aligning LEA and Head Start curricula and assessments with the Head Start Child Development and Early Learning Framework (N=24)	41.7%	41.7%	8.3%	0.0%	8.3%	0.0%
G. Aligning Head Start curricula with State Early Learning Guidelines and the Head Start Child Development and Early Learning Framework (N=24)	50.0%	33.3%	4.2%	0.0%	12.5%	0.0%
H. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records (N=23)	56.5%	34.8%	4.3%	0.0%	4.3%	0.0%
I. Coordinating transportation with LEAs (N=24)	33.3%	33.3%	0.0%	0.0%	8.3%	25.0%
J. Coordinating shared use of facilities with LEAs (N=24)	50.0%	20.8%	4.2%	0.0%	4.2%	20.8%
K. Coordinating with LEAs regarding other support services for children and families (N=24)	50.0%	37.5%	0.0%	0.0%	4.2%	8.3%
L. Coordinating for an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) with LEAs (N=24)	66.7%	29.2%	0.0%	0.0%	4.2%	0.0%
M. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten (N=24)	50.0%	33.3%	0.0%	0.0%	4.2%	12.5%
N. Establishing policies and procedures that support children's transitions to school that includes engagement with LEAs (N=23)	65.2%	30.4%	0.0%	0.0%	4.3%	0.0%
O. 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=24)	16.7%	37.5%	8.3%	0.0%	12.5%	25.0%
P. Exchanging information with LEAs on roles, resources, and regulations (N=24)	54.2%	25.0%	12.5%	0.0%	4.2%	4.2%
Q. Aligning curricula and assessment practices with LEAs (N=24)	45.8%	37.5%	8.3%	0.0%	4.2%	4.2%

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
R. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff (N=24)	41.7%	33.3%	8.3%	4.2%	4.2%	8.3%
S. Other (specify) (N=3)	0.0%	0.0%	0.0%	33.3%	33.3%	33.3%

Other Responses:

- *DNK*: Just started as ed coordinator.
- *Extremely Difficult*: Our program has some excellent working partnerships with some LEAs in our enrollment area. Other LEAs are setting up their own preschool programs within their public school settings and have indicated they are not interested in following Head Start regulations. Transition planning has primarily been a one-sided effort with Head Start being responsible for conducting all transition-related activities that occur. Transition activities specific to Head Start children only receive limited support from LEAs.

General Comments:

- Our program works extremely well with the local school districts. Each one is varied - dependent upon the administration at the time. We've had a lot of change in school administrators this year. The ECEC needs to have the public school principal and the elementary teacher back on the ECEC so they can carry the message of how high quality early childhood programs prepare children for school. They WOULD HAVE BEEN our greatest advocates!
- We have annual meetings with each school involving the HS teacher and site supervisor and kindergarten teacher, elementary principal and special ed staff when appropriate. We discuss transition plans, curriculum, parent involvement, etc. We will be working with each district to develop a joint definition for school readiness this year. The administrator communicates with school administrators throughout the year.

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

Appendix Table 53. Other issues with education – Head Start transition and alignment with K-12

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

<ul style="list-style-type: none"> • In the upcoming year my program will focus on developing a shared definition of school readiness with each school district, develop an MOU regarding transition and pilot a longitudinal data collection system with two schools. Our biggest problem with schools is always who pays for support staff for children with special needs.
<ul style="list-style-type: none"> • NA.
<ul style="list-style-type: none"> • New ed coordinator.
<ul style="list-style-type: none"> • None at this time.
<ul style="list-style-type: none"> • None at this time.
<ul style="list-style-type: none"> • School Readiness Goals for Head Start children..... What should they include?
<ul style="list-style-type: none"> • Some of those issues were shared in Question 3 under Other. Our greatest concern is the lack of recognition by DPI of the role that Head Start programs serve in preparing children for kindergarten. DPI should be requiring that LEAs develop written collaborative agreements with their local Head Start programs prior to approving the many preschool programs that are becoming prevalent within LEA settings. LEAs are providing preschools with little understanding of appropriate curriculum and assessment and very little if any understanding of the ELGs and their relationship to the kindergarten standards and benchmarks.
<ul style="list-style-type: none"> • The removal of the elementary principal and elementary education teacher from the ECEC was the biggest systemic error that has happened to the state. The other schools need to hear from their peers about the good work that Head Start programs do and they would have been the leaders that carried that message.

Appendix Table 54. Efforts to address education – Head Start transition and alignment with K-12 needs that are working well

5. In your efforts to address the education/Head Start transition and alignment with K-12 needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other Head Start programs in North Dakota?

<ul style="list-style-type: none"> • N/A.
<ul style="list-style-type: none"> • N/A.
<ul style="list-style-type: none"> • Our program has aligned the Head Start Framework and curriculum with the ELGs. This alignment has become the foundation for intentional teaching to ensure that our program is targeting those skills that have been aligned with the kindergarten standards and benchmarks. Currently the Head Start teachers are developing a set of super standards that must be taught during the program year to ensure children are prepared for the kindergarten standards and benchmarks. Kindergarten teachers are members of the Education Advisory Committee to provide input into curriculum areas, school readiness, and transition. A one-page transition summary developed by the Head Start and kindergarten teachers is completed for each Head Start child transitioning to kindergarten and is shared with the assigned kindergarten teacher and relevant LEA staff. The elementary principals are a standing member of the Policy Council, rotating in and out of a three-year term cycle. This administrative support keeps Head Start informed of LEA policies and procedures and the LEA informed of Head Start educational practices, outcome reports, curriculum, and assessment work.
<ul style="list-style-type: none"> • Sharing Child Outcomes data, providing collaborative pre-K with school districts.
<ul style="list-style-type: none"> • Transition meetings with receiving schools every April and build on transition from day one of Head Start.
<ul style="list-style-type: none"> • We just keep initiating conversations.
<ul style="list-style-type: none"> • We've been doing transition activities with our local public schools for many years. With new administrators, it is taking the time to let them know the process that's been happening for years and they've always been very supportive.

Appendix Table 55. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways (if any) is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the K-12 needs of the children and families in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • The HSSCO is visible in Bismarck representing Head Start on committees with DPI.
<ul style="list-style-type: none"> • Many licensed preschools are popping up within the public school setting. We need a strongly worded state agreement between DPI and Head Start that outlines collaboration with Head Start as one of the requirements before a preschool is approved by DPI. Thank you!
<ul style="list-style-type: none"> • None.
<ul style="list-style-type: none"> • Not sure.
<ul style="list-style-type: none"> • Not sure yet.
<ul style="list-style-type: none"> • Provides useful information and support.
<ul style="list-style-type: none"> • Readiness goals: What skills do kindergarten teachers expect Head Start children to acquire before entering kindergarten?
<ul style="list-style-type: none"> • Help address the K-12 needs of children and families in our program. Collaborate with the ECEC.
<ul style="list-style-type: none"> • The state office has made so many opportunities a reality. It has been instrumental in the longitudinal data system development, early learning guidelines, early learning council, etc.
<ul style="list-style-type: none"> • We have not requested assistance in this area.

**Key Activity Area 9: Professional Development –
Survey Instrument with Responses (N=23)**

Appendix Table 56. Involvement with professional development

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Institutions of Higher Education (4 year) (N=22)	13.6%	31.8%	36.4%	13.6%	4.5%	0.0%	46.2%
B. Institutions of Higher Education (less than 4 year) (N=22)	18.2%	50.0%	18.2%	9.1%	4.5%	0.0%	46.2%
C. Tribal colleges (N=23)	65.2%	8.7%	13.0%	4.3%	0.0%	8.7%	15.4%
D. On-line courses/programs (N=23)	21.7%	30.4%	30.4%	13.0%	4.3%	0.0%	30.8%
E. Child Care Resource & Referral Network (N=23)	17.4%	30.4%	34.8%	17.4%	0.0%	0.0%	38.5%
F. Growing Futures Professional Development System (N=22)	40.9%	22.7%	22.7%	0.0%	9.1%	4.5%	38.5%
G. Head Start and Early Head Start T & TA Network (N=23)	4.3%	13.0%	43.5%	34.8%	4.3%	0.0%	53.8%
H. Regional and tribal T & TA networks (N=22)	45.5%	18.2%	9.1%	4.5%	4.5%	18.2%	38.5%
I. Service providers/ organizations offering relevant training/ technical assistance cross-training opportunities (N=23)	21.7%	26.1%	17.4%	17.4%	13.0%	4.3%	46.2%
J. Connecting with parent organizations who can do professional development with staff and provide trainings for families (N=23)	17.4%	26.1%	17.4%	30.4%	4.3%	4.3%	41.7%

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	
K. National Center-Cultural & Linguistic Responsiveness (N=22)	45.5%	18.2%	0.0%	0.0%	27.3%	9.1%	66.7%
L. National Center-Parent, Family, & Community Engagement (N=22)	45.5%	31.8%	4.5%	0.0%	18.2%	0.0%	63.6%
M. National Center-Quality Teaching and Learning (N=22)	50.0%	27.3%	4.5%	0.0%	18.2%	0.0%	66.7%
N. National Center-Early Head Start National Resource Center (N=22)	27.3%	31.8%	18.2%	0.0%	18.2%	4.5%	54.5%
O. National Center-Program Management & Fiscal Operation (N=22)	45.5%	18.2%	9.1%	0.0%	27.3%	0.0%	69.2%
P. National Center-Center on Health (N=22)	45.5%	18.2%	9.1%	0.0%	27.3%	0.0%	63.6%

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

Appendix Table 57. No working relationship with professional development provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=23)

34.8%	a. Services were not available in the area
8.7%	b. Transportation/distance was an issue
17.4%	c. Met resistance when trying to establish a working relationship
26.1%	d. Lack of resources (personnel, money) to establish a working relationship
26.1%	e. Other (please specify)
	<p>Other Responses:</p> <ul style="list-style-type: none"> Have received some limited information about the National Centers but have not been able to interact with the Centers to receive information and assistance individualized for our program's needs. No tribal colleges are available in our service area but we do not receive any information from the tribal colleges or understand what projects, courses of study, etc. they are engaged with. Individual staff already have working relationships with institutions to get their degrees. National Centers are too new. They don't seem to have the information ready yet. Not sure of the stipulations about accessing them for training needs (on site). The National Centers are just getting up and running. Have not had time to establish a relationship yet. We do use their website and resources in the program. The National Centers are slow in responding to local issues. When state T/TA folks are asked for assistance, they can't help because it's not related directly to children. However, since the Family Frameworks came out, T/TA can now help because it's related to child outcomes. Everything a Head Start/Early Head Start program does IS related to child outcomes. <p>General Comment:</p> <ul style="list-style-type: none"> Not a top priority.

Appendix Table 58. Level of difficulty with areas/tasks involving professional development

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Transferring credits between tribal colleges and other institutions of higher education (N=23)	13.0%	8.7%	4.3%	0.0%	34.8%	39.1%
B. Accessing early childhood education degree programs in the community (N=23)	39.1%	21.7%	21.7%	8.7%	4.3%	4.3%
C. Accessing training and technical assistance opportunities in the community (including cross-training) (N=23)	34.8%	47.8%	13.0%	0.0%	0.0%	4.3%
D. Accessing scholarships and other financial support for professional development programs/activities (e.g., early childhood education grants) (N=23)	4.3%	47.8%	21.7%	13.0%	13.0%	0.0%
E. Staff release time to attend professional development activities (N=23)	21.7%	30.4%	26.1%	13.0%	4.3%	4.3%
F. Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection) (N=23)	60.9%	26.1%	8.7%	4.3%	0.0%	0.0%
G. Exchanging information on roles and resources with other providers/organizations regarding professional development (N=21)	42.9%	38.1%	9.5%	4.8%	4.8%	0.0%
H. Other (specify) (N=2)	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%
Other Response: <ul style="list-style-type: none"> <i>Somewhat Difficult:</i> Our teaching staff has utilized online courses to meet the early childhood major requirements as no early childhood classes are available within the community. We often bring in specialized training from outside the community and then invite our community agency partners to attend this training. General Comment: <ul style="list-style-type: none"> C - we just do it ourselves. D - still waiting for the state HSSCO to get information out for staff about loans and grants. 						

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

Appendix Table 59. Other issues with professional development

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

<ul style="list-style-type: none"> Colleges that have appropriate content and expectations for on-site experiences. Time to get everything in!
<ul style="list-style-type: none"> It is becoming more and more difficult to find ECE degreed staff for our rural communities.
<ul style="list-style-type: none"> Lack of fiscal resources and many trainings are not in our area. Not enough time.
<ul style="list-style-type: none"> Lack of funds to pay for college classes; BS Degree in Early Childhood requirements do not give credit for AA Degree in Early Childhood Education.
<ul style="list-style-type: none"> Limited staff available to cover staff who are gone attending training.
<ul style="list-style-type: none"> No issues.
<ul style="list-style-type: none"> None.
<ul style="list-style-type: none"> See Question #3 under Other.
<ul style="list-style-type: none"> Staff attendance to work so can attend classes at the tribal college.
<ul style="list-style-type: none"> There are resources for staff to obtain degrees (if that's what's needed for professional development) but the staff are so busy!
<ul style="list-style-type: none"> Time and money.

Appendix Table 60. Efforts to address professional development needs that are working well

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

<ul style="list-style-type: none"> • Ability to meet HS EC requirements.
<ul style="list-style-type: none"> • Being part of a University where there is an Early Childhood Program makes accessing services easier for our staff.
<ul style="list-style-type: none"> • CDA on site.
<ul style="list-style-type: none"> • Even though we are rural we never have a problem accessing quality training.
<ul style="list-style-type: none"> • Nothing.
<ul style="list-style-type: none"> • Online classes through UTTC works well for our rural staff that are working on their two-year degrees.
<ul style="list-style-type: none"> • Partnering with Universities and CCR&R.
<ul style="list-style-type: none"> • We access whatever training is available within our community through CCR&R, Part C, Part B, and our local public school system. When we bring specialized training into our programs (e.g., infant toddler mental health), we invite those same partners to attend. We have worked hard to ensure that our teaching staff and home visitors attend the same training with our Part C and Part B providers to ensure that we develop and share the same philosophy about service delivery. We bring in the training so that all of our staff can attend. We focus on one or two major training areas each year. After we receive training as a group, we follow up the application of that training by continuing to meet weekly or monthly to provide a support and ensure that the training was implemented successfully into the program. We call these training meetings our Professional Learning Communities.
<ul style="list-style-type: none"> • We had a summer two-day training. All staff were excited to be there!
<ul style="list-style-type: none"> • We try to give them time during their work day for professional development. Our professional development plans are driven by the staff and that's helping them be able to incorporate them into their day-to-day activities.
<ul style="list-style-type: none"> • We work with our own Head Start program, when possible, to share staff.
<ul style="list-style-type: none"> • Working with staff to complete CDAs and start ECE degree.

Appendix Table 61. Assistance from the North Dakota Head Start State Collaboration Office

6. In what ways (if any) is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address the professional development needs of your staff? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> • Continue to make available partnership opportunities at the state level that filter down to our local programs through the sharing of resources and training opportunities.
<ul style="list-style-type: none"> • Have tried to secure funding for classes via legislature and DPI.
<ul style="list-style-type: none"> • The HSSCO participates in the Early Childhood Higher Ed Consortium and keeps Head Start informed.
<ul style="list-style-type: none"> • N/A. The office could get out information about the teachers' grants and scholarships.
<ul style="list-style-type: none"> • None.
<ul style="list-style-type: none"> • Provides useful information.
<ul style="list-style-type: none"> • Providing actual onsite training and conference calls.
<ul style="list-style-type: none"> • The Consortium and the articulation agreements. Links to scholarships. The office does a great job assisting our program!!!
<ul style="list-style-type: none"> • The state office has been instrumental in sharing information regarding trainings and initiatives appropriate for programs. It is one of my main sources for new information.

**National Priority Area 10: Early Childhood Systems –
Survey Instrument with Responses (N=20)**

Appendix Table 62. Involvement with Early Childhood Systems

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

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

Provider/Organization	a. Extent of Involvement						b. Would like MORE involvement
	No working relationship (little or no contact)	Cooperation (exchange info and referrals)	Coordination (work together)	Collaboration (share resources and agreements)	DNK	N/A	
A. Early Childhood Council (i.e., State Advisory Council on Early Learning) (N=20)	45.0%	35.0%	10.0%	0.0%	5.0%	5.0%	70.0%
B. State Quality Rating & Improvement System (QRIS) (N=20)	55.0%	20.0%	5.0%	5.0%	10.0%	5.0%	40.0%
C. State efforts to unify early childhood data systems (e.g., child/family/program assessment data) (N=20)	45.0%	25.0%	20.0%	0.0%	5.0%	5.0%	90.9%
D. Other (specify) (N=0)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

General Comment:

- The responses do not quite match our level of involvement. We know about these entities but referrals, etc. are not really the role we play. I am glad to see a change in the Higher Education Consortium representative.

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

Appendix Table 63. No working relationship with early childhood systems provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=20)

30.0%	a. Services were not available in the area
0.0%	b. Transportation/distance was an issue
0.0%	c. Met resistance when trying to establish a working relationship
10.0%	d. Lack of resources (personnel, money) to establish a working relationship
35.0%	e. Other (please specify)
	Other Responses: <ul style="list-style-type: none"> ECEC needs to put the elementary principal back on the committee. Have not established a relationship yet since taking on position of Director. Just don't know much about it. Just started as ed coordinator. State Advisory Council: Didn't know when meetings were held. QRIS: No interest at this time. Still being developed or have representation through NDHSA. The state person is just now going to meet with the Head Start directors. It's a great first step. The HSSCO shared a draft MOU.

Appendix Table 64. Level of difficulty with areas/tasks involving early childhood systems

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

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Exchanging information from and providing input to the Early Childhood Education Council (i.e., State Advisory Council on Early Learning) (N=20)	10.0%	10.0%	30.0%	0.0%	30.0%	20.0%
B. Participating in state Quality Rating & Improvement System (QRIS) (N=20)	10.0%	15.0%	5.0%	0.0%	40.0%	30.0%
C. Participating in state efforts to unify early childhood data systems (N=20)	15.0%	10.0%	15.0%	0.0%	40.0%	20.0%
D. Participating in the development of the Early Childhood State Longitudinal Data System (SLDS) by sharing child outcome data (N=20)	10.0%	10.0%	15.0%	0.0%	40.0%	25.0%
E. Other (specify) (N=0)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
General Comments: <ul style="list-style-type: none"> • <i>DNK</i>: Hard to answer these.... tasks are not difficult, just not something we do every day. We have no direct role in some of them... YET! • <i>DNK</i>: Have not been invited to participate in the development of a SLDS. I would be very willing to participate in this discussion. • <i>N/A</i>: Was not asked to share child outcomes data yet. 						

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

Appendix Table 65. Other issues with early childhood systems

4. What other issues, if any, do you have regarding early childhood systems in your program? Please describe.

• Aligning Head Start, school districts and child care seems impossible but we will get there.
• Lack of working relationship between state departments (i.e., DPI Early Childhood Special Ed. and Dept. of Human Services)
• None within our program, unsure of what the state has for systems.
• None... feel very confident with direction we are going.
• Not sure, new ed coordinator.
• Our Director is involved in these areas.
• The T/TA system for the AIAN programs has never addressed the needs of the local programs. Everything is driven by deficiencies, rather than providing services to programs before they become deficient.
• There seems to be no real system in the State..... ECE is fragmented... siloed. I am pleased that the Collab. office keeps me informed with what is happening.
• We have great EC systems in our program. We have a long way to go to serve the children and families that need and want our services.

Appendix Table 66. Prevention from participation in state Quality Rating Improvement System

5. What, if anything, would prevent your program from participating in a state Quality Rating Improvement System (QRIS)? Please offer any additional insights you have regarding the role of Head Start in a state QRIS system.

• Not sure.
• Nothing would.
• The resources aren't available.
• Unsure of what the state QRIS is.
• We don't have administrative rights in viewing the data submitted. At this point there is no value in it for our program.

Appendix Table 67. Willingness to participate in development of Early Childhood State Longitudinal Data System

6. What is your willingness to participate in the development of the Early Childhood State Longitudinal Data System (SLDS)?

<ul style="list-style-type: none"> Extremely willing to participate. I'm not sure what the hold-up is!!
<ul style="list-style-type: none"> Extremely!
<ul style="list-style-type: none"> I would fully participate.
<ul style="list-style-type: none"> Not interested at this time.
<ul style="list-style-type: none"> Not sure.
<ul style="list-style-type: none"> Open to it.
<ul style="list-style-type: none"> Very willing.
<ul style="list-style-type: none"> We are excited about the project and will fully participate in any activities. The collaboration office has been solely responsible in making this a reality.
<ul style="list-style-type: none"> Willing.
<ul style="list-style-type: none"> Willing to participate - just need more info.

Appendix Table 68. Efforts to address early childhood systems needs that are working well

7. In your efforts to address early childhood systems in your program, what is working well? Which of these efforts do you think might be helpful to other Head Start programs in North Dakota?

<ul style="list-style-type: none"> Agreement with Grant Count Special Education Unit to provide preschool services within our Head Start classroom.
<ul style="list-style-type: none"> I am not sure if our systems would be helpful to other programs. We have found that we needed to develop systems that were specific to our program and community. Unlike what the federal government thinks, "One Size Does Not Fit All."
<ul style="list-style-type: none"> I just keep asking questions and sharing concepts with the non-Head Start world.
<ul style="list-style-type: none"> N/A.
<ul style="list-style-type: none"> The work being done via CLASS system Education Coordinator is involved with, including their involvement in School Readiness project.
<ul style="list-style-type: none"> We are doing well overall serving the children and families that were able to be enrolled.
<ul style="list-style-type: none"> We are working to understand the challenges of child care as well as the challenges that DPI is experiencing with the implementation of the least restrictive environments for preschool children with disabilities. We have been very involved with state advisory committees in both Human Services and Education. To work as part of a broad early childhood system, one must understand the challenges and strengths of all the systems that serve young children.
<ul style="list-style-type: none"> Working within the University system, trying to work with the Growing Futures project,

Appendix Table 69. Assistance from the North Dakota Head Start State Collaboration Office

8. In what ways, if any, is the North Dakota Head Start State Collaboration Office assisting you in your efforts to address early childhood systems in your program? What (other) things can the office do to assist you in your work?

<ul style="list-style-type: none"> Again, this position has been instrumental in educating, connecting systems and pursuing results. It is so exciting!
<ul style="list-style-type: none"> Don't know what the HSSCO does to address ECS at the state. Seems like the work gets done at the local level.
<ul style="list-style-type: none"> HSSCO is helpful in providing information regarding what services may be helpful to the AIAN (American Indian Alaska Native) Programs in the state. The HSSCO has seen that the AIAN programs are kept informed about issues that affect our programs.
<ul style="list-style-type: none"> The HSSCO participates on behalf of Head Start in all of these efforts and keeps the Head Start Directors and NDHSA informed.
<ul style="list-style-type: none"> None.
<ul style="list-style-type: none"> Not sure.
<ul style="list-style-type: none"> The information the office provides has been helpful and I look forward to the continued "feeding" of information by the office.
<ul style="list-style-type: none"> The State Collab. Office is extremely involved with the early childhood data system and Early Learning Council, and serves on the QRIS Advisory Committee. I believe this office also needs to be very engaged with DPI and their recent efforts to understand early childhood education in the state as it relates to providing high quality LREs (least restrictive environments) for preschool children with disabilities in addition to approving Title I preschool programs. I think it is important for the Collab. Office to become involved with the alignment of the Early Learning Guidelines to the kindergarten standards and benchmarks.

Head Start State Collaboration Office Guidelines



HEAD START STATE COLLABORATION OFFICES FRAMEWORK

Purpose of the Head Start State Collaboration Offices

The Head Start State Collaboration Offices (HSSCOs) exist “to facilitate collaboration among Head Start agencies...and entities that carry out activities designed to benefit low income children from birth to school entry, and their families¹. They provide a structure and a process for OHS to work with State agencies and local entities to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practice. To be effective, the HSSCO director must hold a full-time position of sufficient authority and access to ensure collaboration is effective and involves a range of State agencies².

HSSCO methods by which they coordinate and lead efforts for diverse entities to work together

- **Communication:** Convene stakeholder groups for information sharing and planning. Be a conduit of information between the regional office and the State and local early childhood system.
- **Access:** Facilitate Head Start agencies’ access to, and utilization of, appropriate entities so Head Start children and families can secure needed services and critical partnerships are formalized.
- **Systems:** Support policy, planning, and implementation of cross agency State systems for early childhood, including the State Advisory Council, that include and serve the Head Start community.

Scope of Work – HSSCOs facilitate collaboration among Head Start agencies and State and local entities as charged by the Office of Head Start in the Regional Office

School Transitions

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

Professional Development

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

Child Care and Early Childhood Systems

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

Regional Office Priorities

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

¹ Head Start Act Section 642(B)(a)(2)(A)

² Head Start Act Section 642(B)(a)(3)(B)

Clarification of the Role of State Head Start Associations in the work of the Head Start State Collaboration Offices (HSSCOs)

Based on current Head Start legislation, State Head Start Associations are required to be involved in the work of HSSCOs in the following ways:

- Participate in the selection of the State Collaboration Director.
- Participate in determinations relating to the ongoing direction of the collaboration.

State Head Start Associations fulfill these responsibilities in a number of ways. For example, their representatives serve as members of the HSSCO's advisory committee/council, thereby having the opportunity to participate in the development of funding applications and work plans. Association members provide input in the placement of the HSSCO within the State, as well as in other State planning and policy issues. In general, The State Head Start Association serves as a valuable resource to the HSSCO lead agency and HSSCO Director.

State Head Start Associations may also serve as sub-grantees to the HSSCOs for special projects that stimulate partnership agreements between Head Start and appropriate State programs or agencies, augment Head Start's capacity to be a partner in State initiatives, or facilitate the involvement of Head Start in State policies, plans, processes and decisions affecting low-income families. These sub-grants are awarded at the discretion of the HSSCO Director and lead agency with support of the advisory committee/council and must be included in the HSSCO's annual refunding plan and budget request for review and approval by the ACF Regional Office.

Although State Head Start Associations have no supervisory responsibility for the HSSCOs, as stake holders, advisors and advocates they play an important role in supporting the HSSCO in achieving its goal of being a viable partner in State initiatives on behalf of children and families. The Office of Head Start, therefore, supports the formation of a strong, supportive partnership between the HSSCO and the State Head Start Association in every State.

Building and Maintaining Relationships between Head Start State Collaboration Offices and State Head Start Associations

Purpose

The purpose of this tip sheet is to highlight best practices in building strong relationships between State Head Start Associations (NDHSAs) and Head Start State Collaboration Offices (HSSCOs), as recommended by various SHSA representatives and HSSCO Directors³. This information will be useful as an orientation tool for new NDHSA members and HSSCO directors, as a communication tool within the state early childhood community, and as a basis for written agreements between NDHSAs and HSSCOs.

The Improving Head Start for School Readiness Act of 2007 gives the SHSA particular rights and responsibilities. Section 642B(3)(C) states,

“(3) In order to improve coordination and delivery of early childhood education and development to children in the State, a State that receives a collaboration grant under paragraph (2) shall—

...

(C) involve the State Head Start Association in the selection of the Director and involve the Association in determinations relating to the ongoing direction of the collaboration office involved.”

By fully engaging in the ongoing direction of Head Start in the state, the HSSCO-NDHSA partnership will support programs that fulfill the vision of Head Start - to promote school readiness by enhancing the physical, social and cognitive development of children through the provision of social, educational, health, nutritional, and other services to enrolled children and families. Clarifying the roles and expectations of the HSSCO-NDHSA partnership will improve communication and coordination in fulfilling Office of Head Start priorities and meeting the needs of grantees.

Role Clarity

HSSCO directors and NDHSA representatives suggest the following strategies and information to clarify their respective roles:

- *Clearly define the structure and function of the NDHSA and the HSSCO.* When each partner understands their role, responsibilities, and the communities they serve, feelings of competition give way to coordination, and that success is shared with Head Start children and families. When there is mutual respect and understanding in these roles, the relationship flows more naturally.
- *Stretch to see the other’s perspectives.* The NDHSA and the HSSCO come from different perspectives; one focuses on programs, local relationships and advocacy, while the other focuses on local partnerships and state processes. At the confluence, they support each other and benefit from each other’s strengths. Thinking from the perspective of the end users helps the HSSCO incorporate the community voice in state level work, and the NDHSA to leverage the state level resources at the community level.
- *Present a congruent public face.* It is important that together the NDHSA and the HSSCO support the mutual vision and mission of Head Start in their state.

³ This information was collected through a conference call with representatives of SHSAs and HSSCOs (December 29, 2008), a break out session at the Florida Head Start Association annual meeting (April 30, 2009), and discussions with HSSCO Directors at the New Directors Orientation (September 29, 2009).

Role of HSSCO

HSSCO directors and NDHSA representatives suggest the following expectations and strategies to maximize the role of the HSSCO to benefit the Head Start community:

- *Pave the way for Head Start programs and representatives to be involved in State and local decision making processes about services.* The HSSCO works on behalf of Head Start within the State environment, placing deliberate emphasis on priorities detailed in the Head Start Act, including Health Services, Homelessness, Welfare, Child Care, Child Welfare, Family Literacy, Disabilities, Community Services, Education, and Professional Development. The HSSCO promotes linkages between Head Start agencies and the appropriate state and local entities in each of these areas, and ensures that the perspectives of the Head Start community are represented in state plans, processes and policies.
- *Recognize the flexibility of the HSSCOs to work with State and local agencies.* The Head Start Act has new requirements that clearly define the role of the HSSCO as more focused on assisting local Head Start programs than in the past. The flexibility of this role has challenges as well as advantages.
 - There are appropriate roles for the joint involvement of the HSSCO and the NDHSA in affecting program outcomes. The HSSCO may be able to open channels of communication not otherwise available to the Head Start community, while the NDHSA may make recommendations and decisions on behalf of programs.
 - Located in a position of authority and access within the State, the HSSCO Director may also be involved in the work of state government. Though this involvement may have some challenges, the HSSCO leverages these relationships to maximize the Head Start perspective at the State level. Sensitivity to the location of the HSSCO can help to maximize Head Start participation in state level policies and initiatives.
 - The NDHSA supports the HSSCO in effectively implementing Head Start strategic plans while recognizing barriers that may be presented by state policies and procedures.
- *Work as supporting partners.* The HSSCO can be a powerful player in State initiatives on behalf of children and families, representing the interests of Head Start. As stakeholders, advisors and advocates, the NDHSA can support the HSSCO in being a viable partner to the State in these initiatives.

Role of NDHSA

HSSCO directors and NDHSA representatives suggest the following expectations and strategies to leverage the role of the NDHSA to benefit the Head Start community.

- *Be the voice of the Head Start community in the state.* The NDHSA advocates on behalf of local Head Start programs, and can be vocal in helping the Governor and the legislature understand the Head Start program.
- *Contribute to the HSSCO Director Selection.* NDHSAs are involved in the selection, appointment, or hiring of the HSSCO director by reflecting the NDHSA position while serving on the state selection committee and/or participating in defining qualifications for the position. The NDHSA also provides input on the placement of the HSSCO within the State structure.
- *Be involved in the ongoing work of the HSSCO.* The NDHSA is involved in the ongoing work and direction of the HSSCO, and participates in the development of HSSCO strategic plans that are based on the results of ongoing needs assessments. Working together avoids duplication of effort, and allows the Head Start community to play supportive and complementary roles to achieve goals and objectives, and to maximize benefits for low income children and families.
 - In states with HSSCO advisory committees, NDHSA representatives serve on these committees. In some states the HSSCO directors share their annual plans at the NDHSA Annual Conference and receive feedback from attendees. Other states have an annual discussion in which they look ahead, determine what work needs to be done, and develop strategies for the NDHSA and the HSSCO.

- Some states develop integrated state-wide Head Start strategic plans, which are based on the results of joint needs assessments by the HSSCO, Head Start and Early Head Start Training and Technical Assistance Network consultants, and the NDHSA.
- In the annual refunding applications, which include yearly strategic plans, the HSSCO states how the NDHSA participates in the ongoing direction of the HSSCO. NDHSAs are encouraged to submit letters of support as a way of showing solidarity of purpose, although such letters are not a federal requirement. Every year, the NDHSA receives a copy of the HSSCO state profile report that includes accomplishments related to HSSCO strategic planning.
- *Contract to support the work of collaboration in the state.* The HSSCO may contract with the NDHSA to implement identified activities outlined in the HSSCO's strategic plan.
 - Any sub-grants are awarded at the discretion of the HSSCO Director and lead agency, with support of the HSSCO advisory committee/council (if such a body exists), and must be included in the HSSCO's annual refunding application and budget request for review and approval by the OHS Regional Office. In working on a joint initiative, be aware of appropriate roles, and what the HSSCO can and cannot fund. The HSSCO cannot fund any routine SHSA activities, membership activities or membership dues, but rather subcontracts for work that fulfills the HSSCO strategic goals in its current plan.
 - The HSSCO and NDHSA may pursue outside grants to support collaborative relationships for grantees and other stakeholders that leverage systems change. HSSCOs can also enhance linkage of discretionary funding (e.g., Healthy Marriage) with the NDHSA and grantees.
- *Work as supporting partners:* The NDHSA is a consistent support group for local Head Start programs and the HSSCO supports the overall system. The HSSCOs and the NDHSAs mutually enhance each others' work.

Role of OHS Central and Regional offices

HSSCO directors and NDHSA representatives suggest the following expectations and strategies in partnering with the Office of Head Start to benefit the Head Start community:

- *Provide Oversight.* The OHS Central Office reviews HSSCO strategic plans, annual refunding applications and reports, providing comments and recommendations to Regional Offices and HSSCOs. OHS assists Regional Office staff in problem-solving and provides guidance on consistent interpretation of policies on HSSCO functions and decision-making.
- *Clarify Guidance.* The Office of Head Start provides information to HSSCOs on new policy developments and partnership opportunities between Head Start and other federal agencies and programs, as well as related collaborative initiatives and resources from other national organizations.
- *Respect and support the place of each partner.* OHS Central and Regional Offices understand and respect the importance of supportive HSSCO-NDHSA relationships, and encourage such relationships at the state and local level.

Sustaining a positive HSSCO-NDHSA relationship

HSSCO directors and NDHSA representatives suggest the following expectations and strategies to build and sustain positive, productive relationships:

- *Communicate.* Consistent and frequent communication is key to a successful NDHSA and HSSCO relationship and results in mutual trust and teamwork. As the HSSCO engages in systems building activities, support from the NDHSA garners beneficial results for the Head Start community. The NDHSA has shared the attached communication map as one example of the flow of communication among Head Start “partners” in the state, as well as with the Regional and Central offices.
- *Maintain open relationships.* Open, honest, and direct relationships enable both parties to maximize their strengths in accomplishing desired results at the state level. As they work together on behalf of the Head Start and early childhood communities, alignment of NDHSA and HSSCO efforts is crucial.
- *Enable smooth transitions.* When leadership changes in either the HSSCO or the NDHSA, leaders of both entities face a learning curve in order to be effective in their new position. The transition can be facilitated by recognizing the strengths new leadership brings to the position.
 - *Increase knowledge of how Head Start works.* Visit a Head Start program, attend a Policy Council meeting, and participate in a Head Start program’s self-assessment process to learn the systems issues from a program perspective. Regularly attend NDHSA meetings as an opportunity to work alongside various Head Start groups, parents and middle management.
 - *Increase knowledge of how state systems work.* Actively participate in North Dakota Early Childhood Education Council meetings, become familiar with state agency organizational charts and web sites, and participate in state level professional development planning, and other early childhood initiatives.