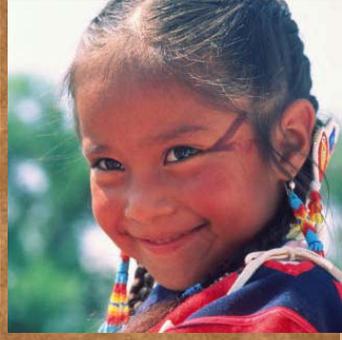




Five Steps to Community Assessment



**FOR AMERICAN INDIAN / ALASKA NATIVE
HEAD START PROGRAMS**



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Five Steps to Community Assessment

FOR AMERICAN INDIAN/ALASKA NATIVE
HEAD START PROGRAMS

AED Center for Early Care & Education
American Indian Technical Assistance Network

2006



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DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
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Washington, D.C. 20447

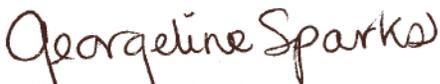
Dear Colleagues,

We are pleased to share with you this workbook on *Five Steps to Community Assessment for American Indian/Alaska Native Head Start Programs*. As community assessment is a key component of program planning, we hope you will utilize this tool to conduct a meaningful assessment and then develop corresponding goals and objectives that correspond to the individual needs, strengths, and resources of your community.

We hope that this step-by-step, user-friendly resource will guide you through the course of planning, designing, and gathering your assessment information, and then assist you in the process of analyzing your data and utilizing your results to make important programmatic decisions.

As a good community assessment is essential to quality program planning and successful program implementation, we encourage you to make full use of this workbook and continually improve your programs to benefit American Indian/Alaska Native children and families.

Sincerely,


Georgeline Sparks
Branch Chief
American Indian-Alaska Native
Program Branch


Amanda Bryans
Director of Program Operations
Office of Head Start

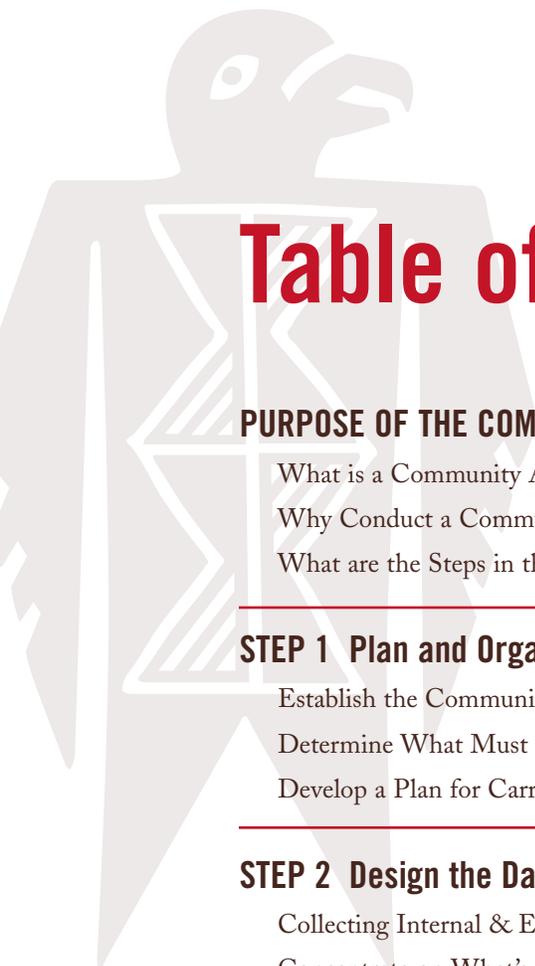


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PURPOSE OF THE COMMUNITY ASSESSMENT

WHAT IS A COMMUNITY ASSESSMENT?

The Community Assessment (CA) is the collection and analysis of information on the characteristics and needs of American Indian/Alaska Native (AIAN) Head Start/Early Head Start (HS/EHS) eligible children and families in the grantee service area and the resources available to meet those needs. The primary purpose of conducting a Community Assessment is to make decisions about program design and services based on the information that you collect and analyze.

The Community Assessment is a targeted assessment that identifies issues and trends having the greatest impact on American Indian/Alaska Native families with young children. The CA covers the entire service area that a grantee is funded to serve.

Ultimately, the completed Community Assessment report will be used to make decisions and influence program planning and evaluation, both at the grantee level and at the federal level through the American Indian/Alaska Native Program Branch (a.k.a., Region XI). Decisions include, but are not limited to, the program option, the location of centers, and how services will be delivered to children and families. The CA allows you to determine if there has been a population shift in your service area that could result in under-enrollment for your program. The CA may be used to identify current and potential community partners, capture trends from internal and external historical data, support advocacy efforts, and market your program.

Head Start/Early Head Start grant applications must include a summary of significant findings from the most recent Community Assessment with an explanation of how the findings of the Community Assessment were used to help reach decisions in each of the six areas listed in 45 CFR 1305.3(c) (see Appendix A, page 86). Since the



Community Assessment is both a core planning component for delivery of grantees' Head Start services, and a basis for AIAN Program Branch funding decisions, it is vital that the CA report contain key information derived from relevant, current, reliable data sources. Targeted collection and systematic analysis of the data should logically lead to statements about community strengths and resources, the unmet needs of the larger community, the specific resources and unmet needs of smaller communities within the service area, and the particular resources and needs of American Indian/Alaska Native families living and working in each community.

Grant applications submitted to other governmental agencies and/or philanthropic foundations will also require the basic information that can be obtained through conducting a Community Assessment. The CA process, therefore, is essential to collecting and communicating relevant information about your community.

WHY CONDUCT A COMMUNITY ASSESSMENT?

There are seven basic reasons for conducting a Community Assessment in American Indian/Alaska Native Head Start/Early Head Start programs:

1. Meeting Federal Requirements

The federal regulations for Head Start Programs, 45 CFR 1304.51(a)(1)(i-ii) Program Planning and 45 CFR 1305 Eligibility, Recruitment, Enrollment and Attendance, detail the content and uses of the Community Assessment. (See Appendix A.) The federal grant application process establishes a three-year cycle.

Grantees prepare a comprehensive Community Assessment every three years and include it in their first year grant application. Shorter updates are written and included for second and third year applications (see 1305.3(e)). To expedite processing by the AIAN Program Branch, it is important to insure that the grant application contains all necessary information that can be obtained through a detailed CA.

2. Decision Making and Program Planning

The Community Assessment is an integral part of the American Indian/Alaska Native HS/EHS planning process. The CA is the basis for designing service area plans, choosing community partners, creating essential collaborations and implementing comprehensive services that meet the needs of AIAN children and families.



The Policy Council and Governing Body are required to make decisions about program options, centers, hours and length of operation, recruitment areas, program goals and objectives, and recruitment and selection priorities. Using information obtained from a good CA facilitates their decision-making process.

3. Training and Human Resource Development

A comprehensive Community Assessment is an effective way to educate staff, parents, policy advisory groups and the governing body about the needs, strengths, characteristics of families and the community. It can be used to orient new staff and volunteers and plan appropriate trainings.

4. Community Resources

The Community Assessment process can aid in identifying additional community resources, especially those agencies that typically do not provide services to American Indian/Alaska Natives. The collection of information and opinions from community groups and agencies increases awareness of the AIAN community. Increased awareness of the American Indian/Alaska Native community can have a dramatic impact on AIAN Head Start/Early Head Start children, with the potential of developing additional resources for the identification and referral of “our” children and families.

5. Advocacy

American Indian/Alaska Native HS/EHS programs, in conjunction with community partners, are expected to strive to improve the quality of life for American Indian/Alaska Native children and families. Working together can result in improved service delivery, the optimal use of existing resources, or the expansion or creation of new services. The CA demonstrates the need for advocacy and provides information to help establish priorities.

6. Responding to Changing Policies and Programs

Changes in Head Start such as the Fatherhood or Mentor Coaching Initiatives, the Office of Head Start priorities such as under-enrollment, and public policy such as welfare reform present new challenges to program staff. The CA can help programs respond to those challenges by formulating appropriate goals and objectives.



7. Applying for Funds in Addition to the Basic Head Start Grant

The Community Assessment can be used to develop new programs, justify the need for the expansion of services, support applications for non-Head Start funding, and identify special funding for programs to address the identified needs of AIAN Head Start/Early Head Start children and families.

WHAT ARE THE STEPS IN THE COMMUNITY ASSESSMENT?

There are five basic steps in the Community Assessment process:

- Step 1: Plan and Organize
- Step 2: Design Data Collection
- Step 3: Gather Data
- Step 4: Review and Analyze Data
- Step 5: Make Decisions

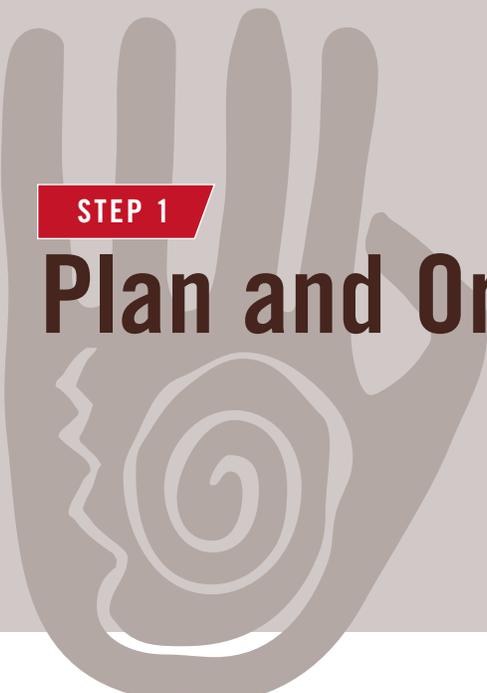
In this workbook, each of the steps will be discussed separately and in some detail. Each step will have its own section, which offers guidance specific to conducting activities in that step. There will also be some helpful tips which have been lessons learned by AIAN HS/EHS programs or are suggested by the regional office.

In preparation for conducting a Community Assessment, AIAN HS/EHS programs should familiarize themselves with the Head Start Performance Standards relating to CA, with their grant, and with this workbook before they begin the process.

IMPORTANT TIP



The CA is the central document in the program planning process. It must contain information needed to make crucial decisions regarding the location and determination of program options of American Indian/Alaska Native Head Start services that your program will make available to children and families. If done properly, the CA will support and drive many program planning decisions within your program.



STEP 1

Plan and Organize

ESTABLISH THE COMMUNITY ASSESSMENT TEAM OR WORK GROUP

The Community Assessment process must be designed at the local level to include a variety of stakeholders. Stakeholders are individuals that have a vested interest in the American Indian/Alaska Native HS/EHS Program — they will benefit from the program in some way. AIAN Head Start/Early Head Start programs generally operate using a systems approach which means that there already exist several teams and committees made up of individuals from various organizational levels including staff, parents, Governing Body, Policy Council and representatives from the community. Various individuals can be identified to form a Community Assessment team (or work group). As soon as the CA team is formed, a work group/team leader should be selected. This individual will be the primary point of contact throughout the process of developing the CA Report.

The team approach is more effective because it takes the burden off of a single individual and distributes the effort among others, thereby strengthening the process. It is important to match responsibilities with individual interests and abilities. Try to seek out at least one team member who can crunch numbers and talk coherently about data.

The **Head Start/Early Head Start Director** has the responsibility of ensuring that the CA is fully completed and submitted with the grant application. Other staff are active participants in the collection and analysis of information. Programs

may choose to use existing policy groups to implement the CA process, or establish a special CA committee. The Policy Council and Governing Body are consulted regarding the plan for implementing the CA recommendations/decisions. Both groups review and approve the findings of the completed CA and the accompanying decisions (see 1304.51(a)(1)(i-ii) and 1304.50(d)(1)(iii-iv)).

The Community Assessment process can be conducted using a couple of different models. The first model emphasizes the use of members from existing committees and the second model emphasizes the creation of a special Community Assessment Committee. Examples of existing committees include the Policy Council, the Health Service Advisory Committee (HSAC), the Education Committee, etc. Examples of special CA Committees generally consist of AIAN Head Start staff, parents from the Policy Council, key community representatives, and tribal partners. In both models, staff, usually the director and service area managers, complete the tasks of collecting and analyzing the data and writing the report. The existing committees or CA Committee plan the process, interpret the data and develop information for evaluation by the Policy Council and Governing Body of Directors. Both models require the scheduling of regular meetings to discuss the work and progress of the CA. It is helpful to include team members who have experience conducting community assessments so that they can mentor others on the team.

When determining the model that your program will implement, remember that you want to achieve efficient preparation of the CA while encouraging the effective participation of committee members.

Staff from all program areas has important information and insights to contribute. The information gathered in the CA and its analysis should reflect a perspective that encompasses all aspects of the American Indian/Alaska Native Head Start program.

All team members participating in the CA will need to be trained. For optimal results, match CA tasks with individual abilities and interests.

American Indian/Alaska Native Head Start parents are an important source of information and key advisors in the CA process. Their participation includes acting as:

- 1) decision-makers as members of policy groups or committees,
- 2) channels of information and opinions from eligible families, and
- 3) collectors of information and opinions from their peers.

IMPORTANT TIP

As information obtained from the CA may prove vital for decisions made about restructuring the program, it is suggested that you complete a comprehensive CA in the year prior to your full grant application being due. In this way, programmatic decisions may be supported by the most recent data available.

Parents have information regarding trends in child care, transportation, child health status and service needs that impact American Indian/Alaska Native Head Start planning and programming.

The **Governing Body, Policy Council and Advisory Committees** should be kept informed regarding the progress of the CA. Whenever possible, discuss the findings with appropriate decision-making bodies before the complete document is finalized and presented to targeted audiences. This will enrich the CA process and enhance participation from appropriate individuals (i.e. parents) in the decision-making process.

Community partners and other agencies such as human service agencies and non-profit service groups often have their own needs assessments. These assessments cannot replace the HS/EHS CA, but often contain detailed information on other issues relevant to American Indian/Alaska Native children and families that can become part of your Community Assessment. The CA process is an opportunity to strengthen existing partnerships and create awareness of the contributions of American Indians/ Alaska Natives to the local community.

If a **consultant(s)** are on the team, they can work with the leader. If the organization does not have the expertise to conduct the process, the program may want to request assistance including training of the team from their Head Start technical assistance provider, staff from a tribal college or another agency familiar with community assessment processes, and/or a private consultant who knows Head Start and has worked with similar agencies. Summer interns can also benefit from participating in this process.

DETERMINE WHAT MUST BE INCLUDED IN THE COMMUNITY ASSESSMENT

Federal regulations contain a specific list of what information must be collected and analyzed as part of the Community Assessment (see Appendix A, 1305.3):

- (1) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
- (2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;

IMPORTANT TIP

Recruit stakeholders who will be able to participate and provide maximum input within a reasonable time commitment. Keep the group size manageable and appropriate for each task. Minimize full group meetings by conducting CA business in conjunction with committee or advisory groups whenever possible. Remember that you want to achieve efficient preparation of the CA while encouraging the effective participation of team members.

- (3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;
- (4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;
- (5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;
- (6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.

Programs are then asked to draw conclusions from the data to prioritize key issues, determine the unmet need for Head Start/Early Head Start services for potential American Indian/Alaska Native HS/EHS children, and identify recruitment areas.

You will be asked, as part of your program's grant application (see Appendix B), to explain how the findings of the Community Assessment were used to help reach decisions to:

- Determine the program's philosophy and long-range and short-range program objective;
- Determine the type of services and program option or options to be provided.
- Determine the recruitment area of the program;
- If applicable, determine the recruitment areas of delegate agencies;
- Determine the locations of centers and home-based programs; and
- Set the criteria that define the types of children and families that will be given priority for recruitment and selection.

The Community Assessment must provide information on the entire service area, not just on the recruitment area. The service area is the geographic area within which a grantee, and if applicable, each delegate agency, may provide Head Start services. Recruitment areas are the geographic areas within which the grantee and delegate agency recruit AIAN Head Start/Early Head Start children and families to participate in the program. The recruitment area may be identical

to the service area or can be smaller areas within the service area. The information in the *Community Assessment MUST reflect the entire service area including areas that are currently not targeted for recruitment*. With regard to Indian Tribes, the service area may include areas designated as near-reservation by the Bureau of Indian Affairs (BIA) or, in the absence of such a designation, a Tribe may propose to define its service area to include nearby areas where Indian children and families native to the reservation reside, provided that the service area is approved by the Tribe's governing council.

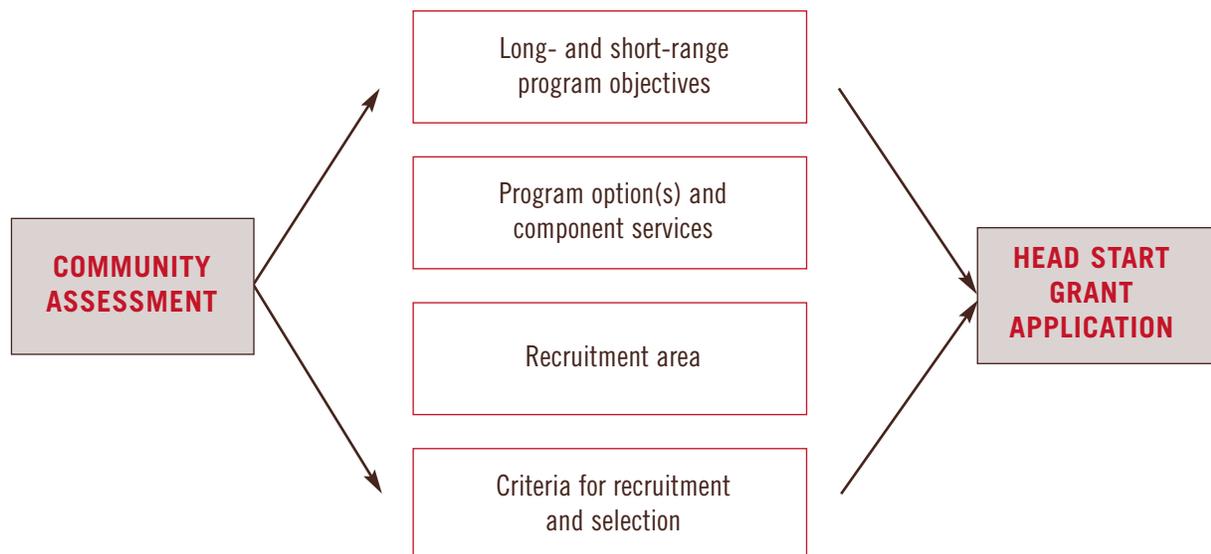
Where the service area of a Tribe includes a non-reservation area, and that area is also served by another Head Start grantee, the Tribe will be authorized to serve children from families native to the reservation residing in the non-reservation area as well as children from families residing on the reservation. 1305.3(a)

Maps submitted, as part of the Community Assessment document, must show both the service area and recruitment areas.

Information from your Community Assessment will provide a solid foundation for establishing the direction and services of your program. This same information can later be utilized in completing your grant application.

IMPORTANT TIP

Keep in mind that new staff, community members, federal program specialists, consultants and trainers, as well as PRISM monitoring reviewers, will use your Community Assessment to learn about your HS/EHS program. PRISM reviewers may even request a copy of your CA prior to their arrival on-site.



DEVELOP A PLAN FOR CARRYING OUT THE CA PROCESS — A PLAN FOR THE PLAN

Develop a plan for carrying out the Community Assessment Process. Include time frames and individuals assigned to various tasks. Make sure that each person's time has been "freed up" or partially reassigned by their supervisor so that they can devote the appropriate amount of time to the project.

The Community Assessment plan should outline your CA process and include a timetable for completing all of the necessary tasks for the preparation of the CA document. Decide on the structure you will use to implement the CA. The Community Assessment process should be an ongoing part of the grantee's planning system. Although it is a tri-annual experience, the necessary data gathering and awareness of trends and changes in the community can be addressed year-round. **In each of the two years following completion of the Community Assessment, you should conduct a review to determine whether there have been significant changes in the information; if so, the CA must be updated and the decisions based on that information must be reconsidered.**

Include a strategy for keeping the Governing Body, Policy Council and other key players updated.

Identify the resources that you will need to implement the process. Some examples include additional clerical support, scheduling meetings in conjunction with other activities, and the translation of key pieces of information for non-English-dominant speaking parents.

Consult with the Policy Council regarding the Community Assessment plan prior to its implementation. Solicit ideas and assistance from PC members regarding the proposed CA process.

Ensure that all CA participants are oriented and trained to understand the importance of the Community Assessment and its impact on the provision of Head Start/Early Head Start services to AIAN children and families regarding the progress of the CA.

**STEP 2**

Design the Data Collection

COLLECTING INTERNAL & EXTERNAL DATA

The Community Assessment combines information from a variety of sources for the purpose of identifying strengths and issues that have a potential impact on the American Indian/Alaska Native Head Start program. Data is collected internally (past and current program data) and externally (from sources outside your program). Examples of internal data include verbal comments and written feedback from parents/guardians of Head Start children; tribal agency information, and your Program Information Report (PIR). Examples of external data include local community information, data pertaining to tribally-obtained resources (e.g., ANA, BIA, ICWA, 638 contracts and TANF grants), state data, and national data including the U.S. Census and Head Start's National PIR.

Keep in mind that one of the goals of the CA process is to provide the different perspectives on community issues. American Indians/Alaska Natives may experience the impact of community issues in a different way than non-native populations.

See page 40 for a description of the CA Data Collection Planning Framework. The CA team leader may want to use this framework (on page 46) to organize their process.

Families are Sometimes Difficult to Count

You will need to estimate the unmet needs for American Indian/Alaska Native HS/EHS centers and services in your service area as part of the Community Assessment. Planning would be easier if AIAN programs could identify a single data source that would yield the exact number of eligible children and families in the service area. A precise count may be difficult, however, due to the mobility of the population as some families may move in and out of reservations, pueblos, rancherías, villages, etc. And, as mentioned previously, the HS/EHS service area might also extend outside of the reservation boundaries (see 1305.3(a)).

Even with the challenge of trying to determine exact numbers, programs can develop reasonable estimates based on information from a variety of sources. Programs should do the best they can in working with the most reliable data they can gather.

Types of Useful Data

Design your data collection so that you gather a balance of internal, community, tribal, state and national information that relates to your program's purpose and to the population that constitutes your eligible families and the community within your service area. You will need some data that will indicate trends and will help you to forecast unmet needs. Gathering reliable data from Indian Health Service, maternal health care, and/or other early childhood development programs will help you to gain a better understanding of possible future trends. For example, a local IHS hospital may be able to provide you with the number of babies delivered in each of the past three years to parents living on the reservation; this data would be useful for Early Head Start in identifying the need for prenatal and infant/toddler services and for Head Start in estimating of the numbers of three-year olds (and future three-year olds) residing in your service area.

The Community Assessment drives the decision about how a program will provide services to pregnant women in their community. This process identifies the needs of the pregnant women in the community, their services they require, and the resources available to meet identified needs. EHS grantees use this information to develop the specific service for the pregnant women in their community.

–Attachment for Information Memorandum ACYF-IM-HS-02-04

Quantitative Data

Data collected may be in the form of numbers that express a certain quantity—for example, the number of parents on a questionnaire that select they would like “Full-day/five days a week” Head Start services (as included in the *Sample Questions for Interviewing Parents*) or “the number of enrolled children with disabilities in the service/recruitment area?” (as cited in the *Disabilities Data Collection Worksheet*). Numbers like these are often referred to as “quantitative data.” Other sources of quantitative data include census data, immunization records, the NRS, and the PIR. People rely on quantitative data in the Community Assessment to demonstrate that programs can have a broad impact. Quantitative data helps to answer the questions: “*How much?*” and “*How many?*”

Qualitative Data

Data may also be recorded in the form of stories or anecdotes that describe the quality of services—for example, “*New hearing aids for Benjamin have really helped to expand his world. After replacing his old hearing aids, he can better hear the conversation of classmates and the sound of birds singing, and the smile on his face says it all!*” Stories like this are often referred to as “qualitative data.” This type of data is collected through focus groups, interviews, open-ended questionnaires, and verbal anecdotes. Qualitative data may be found also in Policy Council minutes, Family Partnership Agreements, and teachers’ written comments. People rely on qualitative data in the Community Assessment to show that programs can have a deep impact. Qualitative data helps to answer: *Why?* and *How?* Examples of qualitative, open-ended questions may be found in the *Father Involvement Data Collection Worksheet* and the *Sample Questions for Interviewing Parents* (e.g., “What services were helpful to you? Why?” and “How does the community view the organizations with respect to serving fathers/father figures?”).

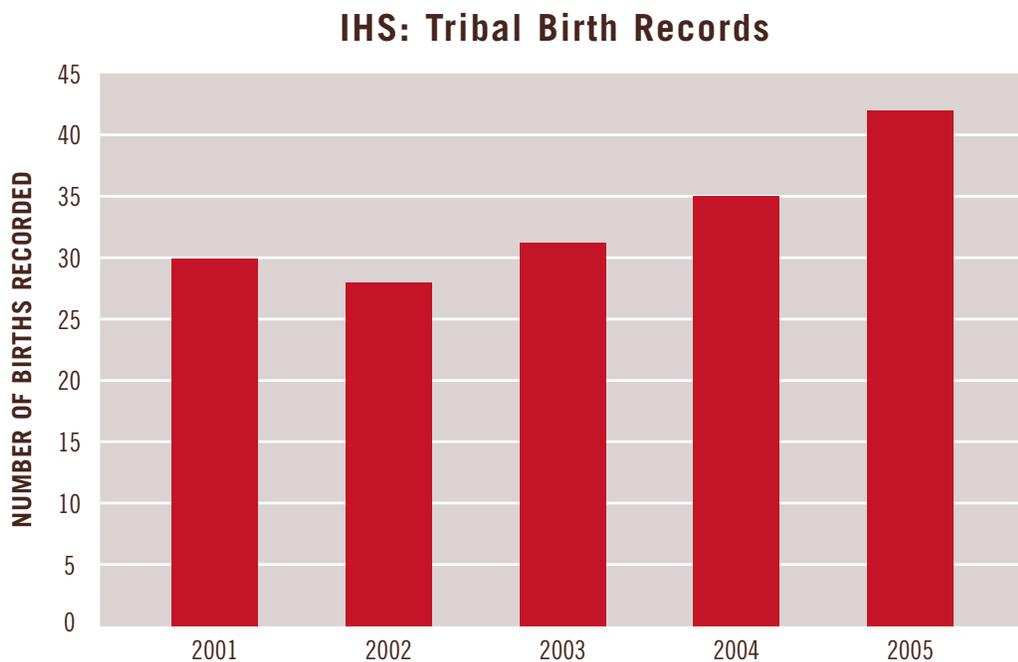
CONCENTRATE ON WHAT’S ESSENTIAL

Decide how much data to collect over how many years and how the data will be used in the analysis. (See a discussion of data collection worksheets on page 39, and the worksheets themselves starting on page 47.) It may help to think about what data is essential in describing resources and projecting trends. For the purposes of Head Start/Early Head Start, you will want your data to be able to help you answer three fundamental questions that will facilitate providing appropriate services:

1. How many HS/EHS-eligible children and families are there (and will there be in the years to come)?
2. What are the present (and future) needs of children and families?
3. What resources are (and will be) available to support children and families?

If you can visualize ahead of time how your data might be displayed in graphs, tables or charts, it may provide you with an easy frame of reference in which to organize your information.

For example, if you were to show the number of births on the reservation taken from Indian Health Service records, a graph of data over several years might help to visually display a trend that could indicate a change in need for Head Start/Early Head Start services (see *IHS: Tribal Birth Records* graph).



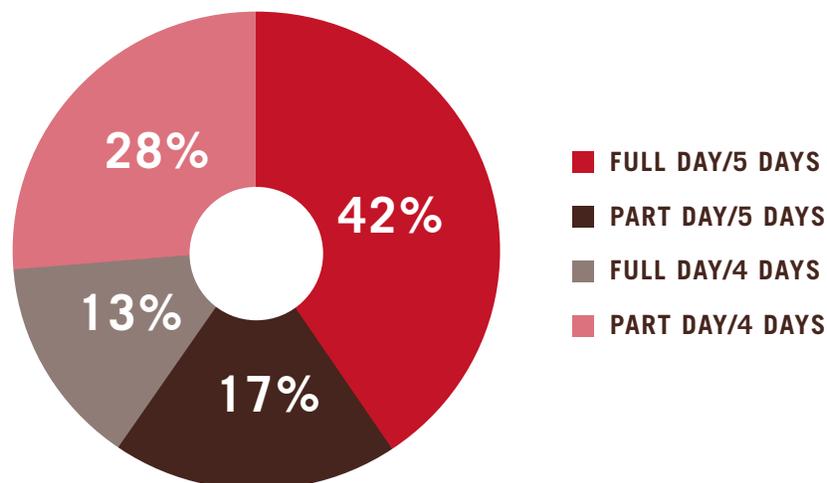
If you are collecting information on which organizations provide services to young children in your community, organizing the information in a table might make for easy comparisons to be made (see *Distribution of Pre-Kindergarten Services on the Reservation* table).

Distribution of Pre-Kindergarten Services on the Reservation

PROGRAM	NUMBER OF CHILDREN SERVED	SERVICES PROVIDED	DAYS AND HOURS OF SERVICE
Blue River Tribal Early Head Start	23	Early Head Start Services	M – F Year Round 8am – 4pm
Blue River Tribal Head Star	61	Head Start Services	M – Th Sept – May 9am – 2pm
Tribal Child Care	32	Wrap-Around Child Care	M – F Year Round 7am – 6pm
Private Preschool	40	Early Intervention	2 Days/Wk Sept – May 9am – 1pm

Other information collected (e.g., certain answers to Sample Questions for Interviewing Parents, see page 59) might best be displayed in a chart format that allows others to quickly understand a breakdown of the data being communicated (see *Enrollment Options Requested by Parents of Head Start Eligible Children* pie chart).

Enrollment Options Requested by Parents of Head Start Eligible Children



Again, visualizing ahead of time how your Community Assessment data might best be displayed, may provide you with a frame of reference in which to organize the information.



STEP 3

Gather Data

CITED IN THE PERFORMANCE STANDARDS

As identified in the Performance Standards and grant application instructions, you are required to collect information on the following topics when preparing the Community Assessment:

1. Demographic Make-up of American Indian/Alaska Native Head Start and Early Head Start Children and Families:

The section is used to create a portrait of the families typically served by your program. This includes information on:

- Racial and ethnic composition
- The primary language(s)
- Number of children by age and family composition
- Their geographic location in the service area
- The average education level of parents
- Housing & environmental conditions.

Internal information from enrollment forms, Family Partnership Agreements, and the PIR can be used for this section. If your program is using the computerized version of the Head Start Family Information System (HSFIS), you can use the system to generate a computerized report of family characteristics.

2. Existing Child Development and Child Care Programs and Services:

Collect information on regional Head Start/Early Head Start, state child care subsidy slots and other child care programs (such as state funded pre-K programs, BIA Faces programs, etc.) serving American Indian/Alaska Native HS/EHS eligible children. Identify the number of slots available for infants, toddlers and preschoolers, the location of the programs, and the approximate number of eligible children served by each program. Assess the availability and the accessibility of services to eligible families. You will need to collect this data pertaining to your entire reservation/pueblo/ranchería/village.

3. Information on Children with Disabilities and Disability Services:

There are two factors that must be taken into account when collecting this data. The first is the number of children with disabilities in the target population, including the type and range of disabilities. The second is the type of resources and services provided by community agencies to children with disabilities during the time when American Indian/Alaska Native children need services. It is also important to collect data on the number of enrolled children with disabilities in the service area plus general information on available resources and services.

4. Data on the Early Childhood Development, Health, Nutrition and Social Service Needs of American Indian/Alaska Native Head Start Eligible Children and Families:

Sources of information on strengths and needs are both internal and external. Collecting data from several sources including interviews with parents (see page 59) provides programs with a more balanced perspective of family needs when planning services. Internal sources of data include:

- Program Information Report (PIR),
- Family Partnership Agreements (FPA),
- Health Data Tracking Systems,
- Social service logs,
- Health histories and enrollment information,
- Minutes of various advisory committees.

External sources of data include information from:

- Local health providers such as:
 - a. Community or Tribal health clinics,
 - b. Indian Health Service hospitals,
 - c. Child protective services,
 - d. Mental health clinics,

- e. Vital statistic reports,
- f. Local health departments.
- Nutrition providers such as:
 - a. Women Infant Child (WIC) programs,
 - b. Food stamps,
 - c. Food banks.
 - d. USDA child and adult nutrition programs
 - e. Commodity programs
- Local Medicaid and State Children’s Health Insurance Program (SCHIP) offices
- Interagency Agreements
- Community assessment data collected by other organizations (e.g., IHS, Tribal Grants Department)
- Johnson-O’Malley program data
- Selected newspaper articles
- Web sites such as the Department of Education; Census Bureau; Indian Health Service; Department of Labor; and Health Resources and Services Administration (HRSA).

5. Opinions regarding the Health, Nutrition and Social Service Strengths and Needs of American Indian/Alaska Native Head Start Eligible Children and Families as Defined by Families and Community Institutions Serving the Needs of Young Children:

There are a number of strategies that can be used to obtain local insight and opinions. All strategies should be carefully selected and adapted for the intended audience. You will want to include questions about health, nutrition and social services, as well as specific questions regarding the availability and accessibility of community resources (Refer to worksheet: Sample Questions for Interviewing Parents). Compare and contrast the opinions of American Indian/Alaska Native parents with those of community institutions and draw conclusions. Typical strategies include:

- Written questionnaires & surveys,
- Personal interviews, and
- Focus groups & group meetings

6. Community Resources:

You will want to identify resources in the community that can be utilized to enhance services to AIAN Head Start/Early Head Start children and families, such as Senior Citizen programs that could partner with Head Start for elder's cultural sharing, the Tribal Police/Fire Departments that could provide safety talks and demonstrations, the Tribal Social Services Department that could enhance parent education sessions, or local area businesses that could donate needed resources or services.

DATA COLLECTION STRATEGIES

Data Should Be

- Collected from multiple sources
- Gathered over time such as multi-year or at various times
- Relevant to the client population
- Include historical data
- Include your own program's internal service provision data
- Include statistics on enrollment capacity as well as funded enrollment levels
- Include Program Information Report (PIR) data (multi-year, in order to make comparisons and show trends)

This is not an all-inclusive list, but it does suggest some possible data sources that grantees and delegate agencies might consider as they engage in the “data mining” or data collection process.

Relevant data in the areas of education and health services in the community and the larger service area may be collected from

- Receiving schools (Tribal, BIA, and public) for children entering kindergarten,
- High schools offering GED,
- Child care,
- Clinics and hospitals/IHS,
- Medical providers/IHS,
- Mental health clinics/IHS,
- Dental providers/IHS,
- Tribal colleges, vocational technical schools, and community colleges,
- Personnel reports on staff qualifications
- Diabetes programs
- Community Health Representatives (CHR) programs

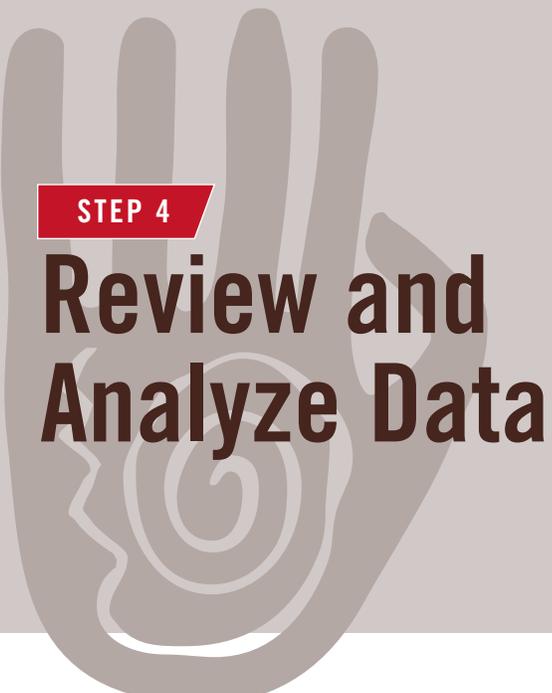
Internal data from the program:

1. Results of surveys and questionnaires,
2. Child performance outcomes and the Head Start National Reporting System (NRS) data where relevant,
3. Enrollment and attendance summaries by center, by month, by age group, etc.,
4. Service area summaries,
5. Policy Council minutes (discussions of unmet needs of families),
6. HSFIS/PROMIS or Child Plus Reports.

External data sources:

- Head Start's national Program Information Report (PIR) data.

For suggested questions and additional data sources, see *Data Collection Worksheets*, beginning on page 47.



STEP 4

Review and Analyze Data

We know that one thing that Head Start programs can do well is gather data. Starting in late August of each year during enrollment, the data gathering process is swift. If the data relates to a child or family, it is shared among appropriate Head Start staff. When the program ends, the data is stored and next thing you know it is July or August and the program is once again preparing for pre-service and the next year's start-up. The question that one is left with is: *What can we do with all this data during the year?* One of the goals of this workbook is to help you answer this question.

WHAT TO DO WITH YOUR DATA

Once information (or “data”) has been collected, the next step is to look at it, think about its meaning, and to identify what is going on—that is, to review and analyze the data, and then to reach some conclusions based on that data. For many people, this step is perhaps the most challenging phase of the Community Assessment process—i.e., *What do you do with the data after you've collected it? And what does it all mean?*

Data is most useful when it's seen in context of what's happening around it. For example, to read that a Head Start/Early Head Start program “has three buses,” is of limited usefulness unless you can put this data into context. Having additional information (for example: the number of passengers that each bus can carry, the total number of children that need to be transported, and the number of children in wheelchairs) provides you with more insight and enriches your understanding of the situation at hand.

Gathering data during the Community Assessment will provide you with a snapshot of the program at a specific point in time. You can collect data in a variety of forms: numbers, words, pictures, maps, etc. Your challenge is to take the information you collect, compare it with other data, and, within an appropriate context, interpret your findings to gain a better picture of what the program might look like in the future and what resources will be needed to support children and families.

The most critical part of this phase is analyzing the external data along with that produced by the agency’s internal sources to determine the trends and issues that exist in the community (service area). Programs consider how this information is related to existing plans. An agency that fails to interpret its community information correctly may commit to directions (goals, objectives, and plans) that do not respond to the most serious needs of families.

— *Training Guides for the Head Start Learning Community: Planning and Reviewing for Success, p. 18*

Again, for the purposes of Head Start/Early Head Start, you will want to reflect upon how your data has helped you to answer the three fundamental questions stated earlier:

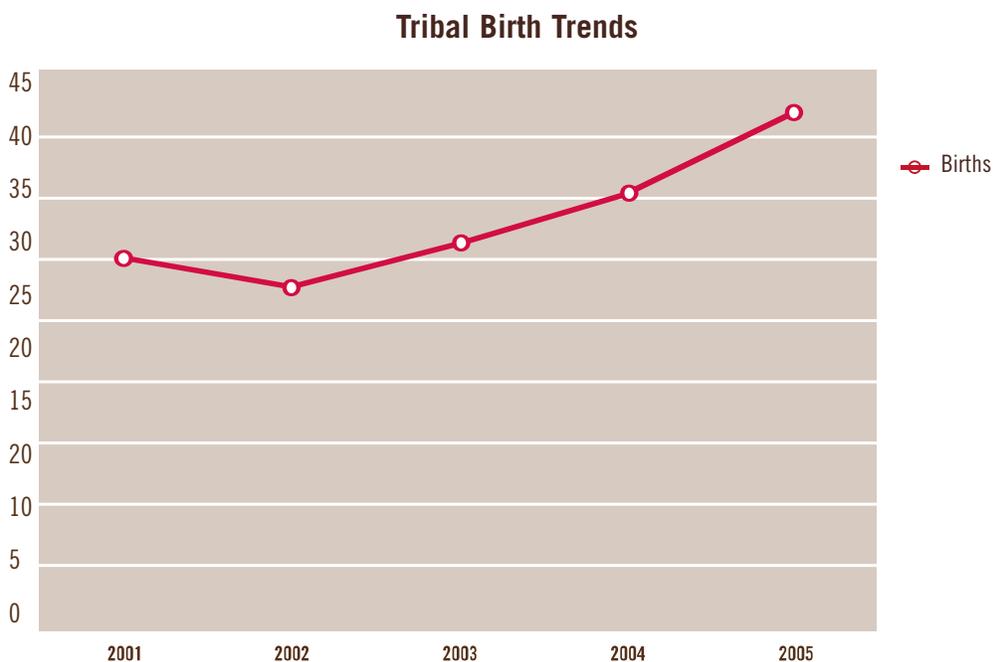
1. How many HS/EHS-eligible children and families are there (and will there be in the years to come)?
2. What are the present (and future) needs of children and families?
3. What resources are (and will be) available to support children and families?

Reviewing and analyzing population demographics of the reservation/pueblo/ranchería /village over several years and comparing those numbers with HS/EHS numbers over time will allow you to look at trends and be able to project possible future outcomes. For example, if you were to obtain population and birth rates, you could create a profile of the tribal population growth (see below).

	2001	2002	2003	2004	2005
Population	984	990	995	1000	1002
Births	30	28	31	35	42

This type of data compilation would be useful to you for Early Head Start by knowing the number of infants/toddlers in your community who are presently age-eligible for your program. Early identification of pregnant women who could receive pre-natal services via EHS might be obtained through numbers such as these received early on from your local hospital or clinic.

Data, similar to that preceding, would be useful for planning future Head Start services, as you observe that those children born in the year 2005, for instance, would become age-eligible (i.e., 3 years old) in the year 2008...and your program could then make preparations, if appropriate, to provide them necessary services. Likewise, using the previous information, you could plot out the birth rate figures to give you a visual picture (see *Tribal Birth Trends* below) of what the trend might look like for the future—that is, a gradual increase of above 40 births in the coming years (...and a potential need for increased Early Head Start/Head Start services in the future).



CITING THE NUMBERS AND TELLING A STORY

Quantitative Data Analysis

When analyzing your quantitative data from your Community Assessment, you will probably want to focus on your data's total sums and percentages. For example, to answer "What percentage of enrolled children are up-to-date on dental examinations and preventive care?" (question #9 on the *Infant & Child Health, Oral Health & Nutrition Data Collection Worksheet*), you will need to divide the number of children who are up-to-date on their dental examinations and preventative care (x) by the total number of enrolled children (y). $x/y = \%$

Calculating percentages in other situations can be slightly more complex—for example, if you are trying to determine “the percentage of enrolled infants and children born with low birth weight, prematurely, with birth-related problems, or to mothers who didn’t have prenatal care” (*Infant & Child Health, Oral Health & Nutrition Data Collection Worksheet*, question #5). In this situation, you would need to add together: (a) the number of children with low birth weight; (b) the number of children born prematurely; (c) the number of children with birth-related problems; and (d) the number of children born to mothers who didn’t have prenatal care; and then divide that sum by (e) the total number of enrolled children. $(a + b + c + d) / e = \%$

To make data analysis easier, you may want to consider entering your numbers into a computer spreadsheet and let the computer “crunch the numbers” for you. (See Appendix C for a step-by-step guide of how to use Excel to help analyze your quantitative data.)

Qualitative Data Analysis

Qualitative analysis is the process of “finding your story,” according to academic Corrine Glesne (*Becoming Qualitative Researchers*, 1999). The question is, **what story does your assessment data tell you about your community?** To answer this, you may need to sort through the anecdotes and verbal descriptions you collect and look for common themes and topics.

The challenge of qualitative analysis lies in making sense of massive amounts of data. This involves reducing the volume of raw information, sifting trivia from significance, identifying significant patterns, and constructing a framework for communicating the essence of what the data reveal...

Findings emerge like an artistic mural created from collage-like pieces that make sense in new ways when seen and understood as part of a greater whole.

— Michael Quinn Patton,
Qualitative Research & Evaluation Methods, 2002.

One method of conducting qualitative analysis is to read through the documentation you have looking for potential *answers to key questions* you might have (e.g., Why are our enrollment numbers down?). You can also sort through the data with the aim of *identifying key themes* or concepts that emerge (e.g., comments indicating that parents express an interest in having full-day coverage for their children) and placing those common themes into separate piles. Conducting a “pile sort” will allow you to see concepts from a variety of viewpoints and better understand why individuals feel the way they do about a particular issue.

Research shows that the best picture of a community may come from a combination of using both quantitative and qualitative data. This helps you to equally understand “*How much?*” “*How many?*” “*Why?*” and “*How?*” As you review and analyze information from the Community Assessment, strive for a balance of quantitative and qualitative data to provide a rich account of the needs and services of your community.

STEP BY STEP PROCESS

The process of reviewing and analyzing collected data includes the following:

1. **Bring together all of the data you have collected and sort it into appropriate categories** (see “Data Categories” within the Community Assessment Data Collection Planning Framework on page 46). This “pile sorting” often helps to identify common themes within the data (e.g., services particularly helpful to families) and allows the CA team to focus on synthesizing the information.
2. **Think about what the data shows and its possible impact** (i.e., are the numbers going up? Going down? What does this mean? Are people satisfied with the program? What suggestions for improvement have been made?) If you look at data concerning other child development and child care programs in your area, for example, and you find that two out of three are expanding their facilities to accommodate more children, what might this mean for your program? And what would this mean if, in addition, a sizable percentage of parents said they were not satisfied with the hours of your Head Start program? Take a look at data from different sources and compare them to help you reach a deeper understanding of needs and services.

You can also use your PIR data to make some comparisons over time (e.g., What have been the enrollment trends in your program over the last four years? What percentage of your families participated in a goal-setting process leading to a FPA over the last four years?) Think about what each one of those observations mean to you. In addition, you can make comparisons between your program data and state PIR data (e.g., How does your full enrollment percentage compare with the state’s? How do your teachers’ average salaries compare?). Interpret what these comparisons might mean. Have your CA team list what they believe might be the potential impact of all of the individual data interpretations.

3. **Identify relevant issues and concerns.** This is the place for your CA team to ask themselves: What have families identified as their most important issues? What have we observed, as the CA team, that we feel are the greatest concerns? Out of all of these issues and concerns, what are highest priorities for our program? What do we need to focus on that will provide the most benefit to the children and families?
4. **Highlight emerging or existing trends that will impact the American Indian/Alaska Native HS/EHS eligible population.** Looking at both internal and external data, what possible changes might occur that could affect your program? (For instance: Increased tribal revenue? Decreased federal funding? Population shifts either onto or away from your reservation/pueblo/ranchería/village? New housing projects? Changes in local businesses?) Discuss what trends you see and what the impact might be.
5. **Examine the information related to unmet needs.** You may want to begin by estimating how many people it will affect. You can estimate the number of American Indian/Alaska Native children which are age-eligible for Head Start by consulting IHS birth records, WIC statistics, census data, or any other sources of information that report the number of children under the age of five. [If needed, census data for AIAN may be obtained from *U.S. Census: American Indian and Alaska Native Data and Links* <http://factfinder.census.gov/home/aian/index.html>]

You may then want to conduct a “**gap analysis**” to help bridge the difference between the situation that exists and what you hope the program will actually accomplish.



A gap analysis can help you use CA and program data effectively. A gap analysis involves answering the following questions:

- Where are we now?
- Where do we want to be? What is our vision?
- What goals can we establish to reposition our program to make a difference?

To answer *Where are we now?*, programs use CA and program data to look at the agency's current position in relation to the community and program assessment information. Planning teams refer to the trends and major issues they identified from the internal and external data.

To determine how to handle major issues, programs need to identify their vision by answering *Where do we want to be?* Identifying a vision allow teams to determine where they would like to be in both the near and more distant future.

When considering *What goals can we establish to reposition our program to make a difference?*, teams need to analyze what it would take to move them toward achieving their vision. To answer this question, they need to set goals

—*Training Guides for the Head Start Learning Community:
Planning and Reviewing for Success, p. 92*

As you look at the data you have collected in each of the following areas, make sure that all the issues that emerge from the analysis of the data are included in your Community Assessment Report. Use information from the program's Self-Assessment and PIR where appropriate. List the issues and problems by order of their importance to children and families, then discuss both the long-term and short-term possibilities for programming in response to the needs expressed.

Analyze Data on Existing Child Care: Explain why these programs are or are not providing services to the target population. This information can be used to determine where American Indian/Alaska Native HS/EHS services are most needed and the estimated number of eligible children.

Analyze Data Related to Disabilities Services: If the percentage of American Indian/Alaska Native HS/EHS children with disabilities is under 10%, further assessment and analysis is necessary to determine appropriate strategies to increase the number of children with disabilities served in AIAN Head Start/Early Head Start programs. If the percentage is higher than 10%, further analysis is necessary to determine the possible impact on program activities in general. Additionally, if the frequency and types of disabling conditions among American Indian/Alaska Native children differs from the local or state profile, greater exploration of the situation is required.

Statement about “The Education, Health, Nutrition, and Social Service Needs of Head Start Eligible Children and Their Families as defined by Families of Head Start Eligible Children and By Institutions in the Community That Serve Young Children”: To arrive at a statement that addresses the above, you will want to gather opinions from focus groups, surveys, and questionnaires designed to address this topic, do a comparison between the opinions of American Indian/Alaska Native parents and those of community institutions, analyze the differences and similarities, and then draw appropriate conclusions (Refer to worksheet: *Sample Questions for Interviewing Parents*).

Analyze Data on Community Resources that Could Be Used to Address the Needs of American Indian/Alaska Native HS/EHS Eligible Children and Their Families, Including Their Availability and Accessibility: Take into account both the availability and accessibility of resources. You may want to list the indicators you use to determine availability and accessibility such as “open evenings and Sundays when parents aren’t working” or “intake workers speak the local language”. You will want to match identified staff development needs to community and national resources that will help the program address those needs most effectively and economically. Identify both service gaps and barriers to use for the purpose of highlighting areas for program advocacy and to indicate the need for additional resources.



STEP 5

Make Decisions

The Head Start Performance Standards, 45 CFR 1305, tell us that the information gathered in the Community Assessment must guide decisions based on the status of the families and the community setting(s) within the service area.

- (d) The Early Head Start and Head Start grantee and delegate agency must use information from the Community Assessment to:
- (1) Help determine the grantee's philosophy, and its long-range and short-range program objectives;
 - (2) Determine the type of component services that are most needed and the program option or options that will be implemented;
 - (3) Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.
 - (4) If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.
 - (5) Determine appropriate locations for centers and the areas to be served by home based programs; and
 - (6) Set criteria that define the types of children and families who will be given priority for recruitment and selection.

The analysis of the information from the Community Assessment in conjunction with the program Self-Assessment must be used to develop the program philosophy, program objectives, develop a strategic plan, identify program options, identify appropriate services, determine the location of the center(s) and/or family child care home(s), define recruitment areas, and determine recruitment and selection priorities.

DECISIONS BASED ON THE COMMUNITY ASSESSMENT

The following offers some guidance and clarification on applying the analysis and findings in the Community Assessment:

Program Philosophy and Objectives: (must be addressed in CA report) Head Start's purpose and scope emphasizes comprehensive services to children and families as well as community involvement. In addition, many American Indian/Alaska Native HS/EHS programs may have a mission statement that supplements the national Head Start philosophy. Program staff, the Policy Council and the Governing Body (e.g., Tribal Council) must each year re-examine the program's philosophy, goals and objectives proposed for the next year based on the information contained in the Community Assessment. Program objectives should be related to the key issues that were identified and prioritized in the CA.

Strategic Plan: The strategic plan states the grantee's long-range three to five-year objectives based on the information from the CA and the major activities that will be undertaken to achieve the objectives. Some strategic plans include details about strategies, tasks, timelines and methods for measuring results and benefits. Others are more global in that they address agency goals and priorities in addition to the program specific targets and strategies for AIAN Head Start/Early Head Start.

Program Option and Services: (must be addressed in CA report) Program options (e.g., full-day, part-day; 5 days/week, 4 days/week) should be tailored to the specific needs of the population you plan to serve. The program option that is chosen MUST be based on the identified needs of American Indian/Alaska Native children and families, and the community, as identified in the Community Assessment. You will also use the CA to determine the specific length and types of services and the resources needed in each program area in alignment with services as required in the Head Start Performance Standards. Program area service plans should be revised and updated accordingly. Include information in the CA report detailing how the identified needs will impact service delivery.

Recruitment Areas: (must be addressed in CA report) The service area of American Indian/Alaska Native HS/EHS programs can be large. When targeting recruitment areas, you must use the information from the CA to select the area or areas with the greatest need for service, even if you are not currently serving children in that area. The recruitment area that is chosen must include as many eligible children as possible. The number of eligible children, the concentration of families and the availability and accessibility of facilities are additional factors to consider when making this decision.

Center and/or Family Child Care Locations: (must be addressed in CA report) There are a variety of factors to consider when making decisions regarding location. Staffing patterns, budget considerations, the availability of sites and their accessibility to families are important considerations. To the degree possible, center and family child care home program locations should reflect your analysis of the information in the CA. Examine the waiting lists and review attendance of existing locations to determine if they are the most strategic in terms of providing services in relation to where children and families currently reside. If waiting lists are small or nonexistent and attendance is poor you may need to develop an alternative.

The information that you have collected from the CA will help you decide where to focus your efforts. Conversely, greater numbers of eligible families arriving in the service area may require expansion. Be creative in seeking solutions and even additional funding sources. Keep in mind that often programs need to make difficult decisions based on changing patterns of where families live. You may need to close a center or move services to a location closer to families or their work.

Recruitment and Selection Priorities: (must be addressed in CA report) American Indian/Alaska Native Head Start programs are required to base recruitment and selection priorities on a careful analysis of the information in the CA. In addition to income eligibility, age of child and the requirement that children with disabilities constitute at least 10% of the enrollment, Head Start programs are expected to give service priority to those most in need. In American Indian Head Start Programs, a tribe may enroll more than ten percent of its children from families whose incomes exceed the low-income guidelines if:

- (i) All children from Indian and non-Indian families living on the reservation that meet the low-income guidelines who wish to be enrolled are served by the program;
- (ii) All children from income-eligible Indian families native to the reservation living in non-reservation areas, approved as part of the Tribe's service area, who wish to be enrolled in Head Start are served by the program. In those instances in which the non-reservation area is not served by another Head Start program, the Tribe must serve all of the income-eligible Indian and non-Indian children whose families wish to enroll them in Head Start prior to serving over-income children;
- (iii) The Tribe has the resources within its Head Start grant or from other non-Federal sources to enroll children from families whose incomes exceed the low-income guidelines without using additional funds from HHS intended to expand Head Start services; and
- (iv) At least 51 percent of the children to be served by the program are from families that meet the income-eligibility guidelines. Programs which meet these four conditions must annually set criteria that are approved by the Policy Council and the Tribal Council for selecting over-income children who would benefit from such a program. 1305.4(b)(3-4)

Some recruitment and selection priorities will be determined based on the needs sections of the Community Assessment regarding families and children with disabilities. For example, if a program determines that a high percentage of children are affected by asthma, based on the CA data, priority could be given to selecting children with asthma. Each program will need to work to determine their own system for setting criteria for enrollment eligibility (as an example, see Appendix D on page 96 for a sample enrollment eligibility criteria scoring system).



Introduction to Other Parts of the Workbook

This workbook has been developed to assist community assessment work groups or teams to organize themselves and their work, to gather relevant data systematically, and to analyze the information so that it has meaning for program planning (e.g., grant application, strategic plan, recruitment plan). The following resources are offered to aid the team throughout the process of conducting a community assessment and writing the community assessment report document.

A Suggested Outline for a Community Assessment Report (see page 41) may be used as a way to prepare your CA report. This outline roughly corresponds to the American Indian/Alaska Native Community Assessment Evaluation Checklist beginning on page 79.

Data Collection Worksheets may be used by individuals or teams to gather information from a variety of sources including documents, reports, internal and external data and interviews. Each Data Collection Worksheet in this workbook is designed to assist Community Assessment Team members to collect and organize key information and statistics thoroughly and efficiently. The questions serve as prompts for identifying significant information for planning and decision-making. They are not all inclusive, however. The “Data Sources” within the worksheets offer guidance on where the information may be found whether within the program (internal data sources) or outside the program within the community, from state and national resources, reports, and from the Internet (external data sources). The most relevant information for program planning will be specific to AIAN families. The PIR contains data about local programs and can be used to look at how your program performed year by year and to compare your program performance to that of other Head Start programs across the country.

Community Assessment Data Collection Planning Framework. The CA team leader may use this worksheet to organize the data collection effort. On this worksheet, the column headers represent the *what, where, who, how* and *when* for collecting data. The far left hand column, lists the broad categories of data to be collected per the federal requirements (thus, in part, providing why).

The American Indian/Alaska Native HS/EHS Community Assessment Evaluation Checklist may be used by the team to evaluate the CA. The Checklist helps the reader determine to what extent the Community Assessment document is complete, well organized, and addresses needs and community resources that are specific to AIAN Head Start/Early Head Start eligible families. It also can be used as a guide for discussion and improvement to community assessments. We suggest that when you ask staff or others to review your completed CA that they use the Evaluation Checklist. This checklist may also be utilized by your TA provider when evaluating the CA report.

Appendix A contains the federal regulations from 45 CFR 1304 and 1305 that describe the requirements for community assessment.

Appendix B contains the instructions from the GABI related to community assessment.

Appendix C is a step-by-step guide of how to use Excel to help analyze your quantitative data.

Appendix D is a sample of an enrollment eligibility criteria scoring system.

Appendix E is a glossary of definitions used in the regulations and in this workbook.



Suggested Outline for a Community Assessment Report

PART 1: Introduction

Include a brief history, general description and overview of your tribe/pueblo/ranchería /village—its size, type, purpose/mission, clients, funding sources and clearly defined service area for the American Indian/ Alaska Native HS/EHS Program. Describe how the completed Community Assessment is used by the program. (Some useful information corresponding to this latter description may be pulled from *Step 1: Plan and Organize*.)

PART 2: Executive Summary

This should be a brief synopsis (1–2 pages) of the Community Assessment report that includes significant findings, recommendations and decisions. (Prepare the Executive Summary after completing the entire report.)

PART 3: Methodology — The Process of Conducting the Community Assessment

(This part corresponds to *Step 2: Design the Data Collection*.) Describe the process used to conduct the Community Assessment, including the role of parents, staff, the Policy Council and the Tribal Council, as well as the dates or time periods of completed tasks. Describe the process used to gather and analyze the data including time frames. Some of this information may be found in the Where, Who, How, and When columns of your CA Data Collection Planning Framework.

PART 4: Service Area Data

(Parts 3 through 6 correspond to *Step 3: Gather Data*.) Describe the basic geographic, economic and demographic features of the service area of the AIAN Head Start/Early Head Start program. The service area may be a reservation/pueblo/ranchería/village, and may extend across more than one state. Include specific information regarding the area including the AIAN Head Start/Early

Head Start center, and family childcare home locations within the service area. Include maps showing the reservation/pueblo/ranchería/village boundaries, the boundaries of the service area, and the location of current American Indian/Alaska Native HS/EHS offices, center and family child care home locations, and other child development facilities.

PART 5: Racial and Ethnic Composition, Culture and Language(s) Data

Provide data on the racial, ethnic, cultural and linguistic composition of the service area in general, the local communities including public schools in particular, and compare it with that of the American Indian/Alaska Native HS/EHS children and staff. Discuss needs and characteristics of specific racial, ethnic and cultural groups and their implications for American Indian/Alaska Native HS/EHS program design and service delivery.

PART 6: Children with Disabilities Data

Present data on the number of American Indian/Alaska Native HS/EHS and other children with disabilities by category and services currently available to them. Grantees serving an unusually low or high proportion of children with disabilities should address possible reasons with supporting data for such a situation and implications for AIAN Head Start/Early Head Start programming and recruitment.

PART 7: Community Resources to meet the Needs of American Indian/Alaska Native HS/EHS Eligible Children and Families Data

List relevant resources which are used (or may be used) directly and indirectly by AIAN Head Start/Early Head Start eligible children and families. Identify problems in resource availability or accessibility.

Gather data from internal and external sources such as focus groups, program service delivery records, parent satisfaction surveys, internal self-assessments, enrollment and attendance reports, year-end reports on Family Needs Assessments, Family Partnership Agreements, service area reports in the areas of health, education, family literacy, staff development, and any other information from the program or agency itself and from the community (such as interagency coordinating councils and advisory groups) that will illuminate the status and demonstrate needs of American Indian/Alaska Native families in the local community over time.

PART 8: Strengths and Needs of AIAN Head Start/Early Head Start Eligible Children and their Families Data

(This part corresponds to Step 4: Review and Analyze Data by synthesizing information from Part 1 and Parts 3 through 6.) Identify the most significant strengths and needs of American Indian/Alaska Native HS/EHS-eligible children and their families. This must be based on data reflecting these strengths and needs, information from the AIAN Head Start/Early Head Start program, and opinions solicited from AIAN Head Start/Early Head Start-eligible families and institutions serving young children. Compare and contrast the opinions of families with the opinions of institutions.

PART 9: Data Analysis of AIAN Specific Information

(This part corresponds to *Step 4: Review and Analyze Data*.) Present an estimate of the number of American Indian/Alaska Native HS/EHS-eligible children by geographic location, the number served by AIAN Head Start programs and other child development programs, and the number not served by any programs. Describe the trends suggested by these numbers. Do not simply present numbers; include an interpretation of what the numbers mean in terms of results and benefits for families. In other words, you are trying to figure out trends of numbers of children, and then what to do about the provision of services.

If data is extrapolated or estimated, state this. Also discuss the reasons for selecting program options, center and/or family child care home locations, and recruitment areas. Include maps showing the location of areas where AIAN Head Start/Early Head Start-eligible families' children are and are not yet served vis-à-vis the HS/EHS center and family child care home locations.

PART 10: Recommendations and Decisions

(This part corresponds to *Step 5: Make Decisions*). Based on information from all aspects of the Community Assessment process, identify and prioritize issues and problems to be addressed by the American Indian/Alaska Native HS/EHS program. This is the section to propose any changes in service area, program option, etc. based on the findings from your Community Assessment.

IMPORTANT TIP

The report is easier to read if full citations for the data sources are footnoted at the bottom of the page, with the source briefly mentioned in the narrative.



Tips On How To Present The Community Assessment Report

IT MATTERS HOW THE COMMUNITY ASSESSMENT REPORT LOOKS

One of the secrets of a successful CA report is effective presentation. Before writing the report, consider your intended audience. Decide how you will present internal and external data. Make the document as readable as possible for your intended audience (stakeholders, federal officers, community partners, parents, etc.). Keep paragraphs short and use headings for major sections. Indicate page numbers. Use pie charts, bar graphs, tables, and other illustrations in an easy-to-understand manner.

The maps included in your Community Assessment document need to be clear and concise. Maps should contain the following information:

- Reservation/ pueblo/ranchería/village boundaries;
- Service area boundaries;
- Location of existing American Indian/Alaska Native HS/EHS centers including those under construction, family child care homes, and other child development programs in the service area;
- The recruitment area of each American Indian/Alaska Native Head Start center and/or family child care homes;
- Unserved areas of AIAN families; and
- American Indian/Alaska Native HS/EHS-funded enrollment in each center and family child care home.

Use clear, appropriate symbols, shading and legends or some other method to differentiate each item.

The reader may not be familiar with the American Indian/Alaska Native population, service area, subject matter, or Head Start/Early Head Start terms. Make sure that the Community Assessment is understandable. The CA should be a stand-alone document. Do not assume that the reader has background information on the program.

The CA should not be a collection of sections hastily assembled at the last minute; if the document has different authors, edit each section to ensure readability and consistency of style. It should not be just a bunch of statistical information collected from the internet; it needs to have both internal and external data with narratives that explains the implication of the numbers cited. It should not be just an annual survey conducted with the parents; parental input is just one component of what should be a larger picture of the needs, strengths and resources of the community.

Be specific in noting external sources of data. Include the title of reports plus the date of the information and publication. Sources can be briefly indicated in the body of the CA document, and listed in detail at the end. (And be sure to number your pages!)

IMPORTANT TIP

Maintain a comprehensive list of all sources of information to show the range of sources and to assist staff in preparing the next Community Assessment. Reference this list in your CA report.

Community Assessment Data Collection Planning Network

1. Data Categories (WHAT information should be collected?)	2. Sources (WHERE can it be found?)	3. WHO will collect the data?	4. HOW will you collect the data?	5. WHEN will the data be collected?	6. ISSUES /barriers to consider to obtain data?	7. Follow-up comments
a. Description of Program, Facilities, and Service & Recruitment Areas (Including data from PIR)						
b. Description of Community Demographics and Community Resources (including potential community partners)						
c. Pre-Natal Data and Pre-Natal Services						
d. Education and Early Childhood Programs						
e. Disabilities and Disabilities Programs						
f. Early Learning and Literacy Services						
g. Infant & Child Health, Oral Health, Nutrition, and Health Care Services						
h. Mental Health Resources and Services						



Program Design and Management Data Collection Worksheet

1. Capacity of facilities which can serve your AIAN children

- a. How many children can be served in facilities that are owned by
 - Your tribe/ pueblo/ranchería/village
 - Partner agencies such as public or private child care centers, school districts, etc.
 - Family Child Care Partners/Providers

- b. Display the actual enrollment versus funded enrollment by facility and age group over the past three years.

Data Source: Center capacity – Information on center capacity is stated on center licenses and is referred to as “license capacity”. Center license capacity may not reflect the different space requirements for infants and toddlers and preschoolers. Also license capacity may be calculated by the state licensing agency according to a different formula than that required by the Head Start Performance Standards (35 square feet per child of usable indoor space and 75 square feet per child of outdoors space). Be sure to calculate capacity based on group size, ages of children and square footage and don’t go by license capacity. Center capacity information can be obtained from each Center Director or the program’s Education Specialist and the annual Self Assessment. Partner agency capacity (how many Head Start children could be served in one or more of their facilities) is probably calculated as a “slot” or a classroom which could be occupied by a child or a class. Each agency director, school principal or — in the case of family child care homes — the local Resource and Referral agency could tell you the number of available class-rooms or slots.

Additional Data Source: PIR

IMPORTANT TIP

Break the information down by the numbers of infants and toddlers and preschoolers that can be served in each classroom or Family Child Care home at one time—this is your maximum capacity and may not be the same as your funded enrollment or licensed capacity. Information may be presented more clearly if you use a chart or matrix to display the data.

2. Location of Facilities

Using a map(s) or maps of your service area, indicate where your families lived during the previous year and where all centers and family child care homes were located that served the families.

Make sure you title and date the map(s) and that you display your entire service area, not just your recruitment areas. Colored dots may be helpful in displaying your family data.

Data Source: Internal enrollment records such as HSFIS and Child Plus. Self Assessment, Head Start grant application, service area narratives, plans and maps.

3. Using your service area map(s), identify your recruitment area(s).

Review and evaluate your recruitment area(s) in comparison to home locations of families in previous years (refer to your program's internal records) and information that you have gathered. Also compare this information to your enrollment/attendance records from previous years. Are there areas where you have not recruited and where families are/were reported to be?

Data Source: Recruitment and enrollment records, clinic records, public schools, realtors, local newspapers, growers.

4. Enrollment and Waiting Lists.

- Set up a master list or chart of centers (and family child care homes, if applicable) and capacity (see #1. above).
- Indicate whether there was a waiting list of eligible children (infants, toddlers or preschoolers) at any of the sites at any time during the year. Indicate any children with identified (on an IEP or IFSP) or suspected disabilities on any of the waiting lists. Repeat the waiting list exercise for the past 2 years. Are any areas (centers or FCC homes) consistently under-enrolled at any time during the year? Do any consistently have a waiting list? Describe how each waiting list situation was resolved.

Data Source: Grant application, child records, waiting lists from center directors or family child care coordinators, policies and procedures related to ERSEA.

5. Opening and Closing Dates of Centers.

Applies to grantee/delegate centers, and partner centers

- Using the master list or chart of centers indicate their respective locations and opening and closing dates. Make a chart of the enrollment and attendance patterns for each center over the past three years from opening to closing by month.
- Did the program serve more children than their funded enrollment? How was this accomplished? Does this happen every year?
- Look for patterns related to transportation and housing availability.
- Did centers open with the planned number of enrolled children?
- Did they close with the planned number of children enrolled?
- What were the causes identified for a drop in attendance? And was this a trend from year to year?
- What criteria are used to open and close centers?
- Describe the child care arrangements for children after their center closed.
- Is there a difference in enrollment patterns between age groups?
- During which months were centers operating at capacity?
- When were the enrollment numbers high and low? When were the attendance numbers high and low — what is considered “peak season”?

Data Source: Grant application, service area plans, policies and procedures, enrollment and attendance records, PIR, monthly and quarterly reports from centers and service area coordinators.

In order to design a HS/EHS program to serve as many AIAN Head Start/Early Head Start eligible children as possible within budgetary constraints, the above information must be available. The grantee must be fully informed and up to date in order to identify where the areas of greatest need are, whether the enrollment situation fluctuates during the year, and whether there are patterns from year to year. This information drives program design and ultimately affects enrollment.



PIR Data Collection Data Collection Worksheet

A grantee or delegate agency's performance and service delivery effectiveness can be improved by effectively using partnerships and resources in the local community. Since the Program Information Report (PIR) is an important source of comprehensive data on your program at the national, regional, state and program level, and it is scrutinized and used by the federal government for a number of purposes, each program should ensure that information submitted be as accurate as possible. You will want to:

1. Compare your internal PIR data to the national, regional and state PIR data.

- a. Your program may have already done this as part of your self-assessment. You may want to look at the most up-to-date data to determine whether there has been a significant change over several years and during the current year. In the community assessment, you want to seek external resources and opportunities to extend or leverage the resources you already have such as grant money (PA-20) allocated for teacher qualifications.
- b. Your actual numbers may differ from those reflected in the national reports due to variations in enrollment in programs at different times during the year. Variations may also occur because your numbers may be incorrect due to record keeping or data retrieval problems, or to lack of awareness by the person(s) filling out the PIR of the importance of accurate numbers. When the numbers differ, determine why and reconcile the differences.

1. Look at PIR data in a number of areas of information needed for the Community Assessment. Examples are listed below.

STAFF QUALIFICATIONS AND COMMUNITY PARTNERS

- Percentage of teachers with degrees, state awarded certificates and CDAs (Head Start and staff of partnering agencies).
- Percentage of change over the past 3 years.
- Differences between teacher/family child care teacher qualifications for your program compared to others in your state and region.
- Who are your current community partners that offer CDA training and early childhood/child development education? Is it for college credit?
- Does your local college translate a completed CDA credential into college credits in early childhood? If so, how many credits can be provided to a CDA working on their degree?
- Is there collaboration with other Head Starts or early childhood development programs for greater cost effectiveness?
- Is campus-based and distance education available, accessible, and affordable - for parents? - for staff?
- Is professional development of teachers supported by mentors from the college?
- Is any training for parents, governing body or staff provided at no cost or at a discounted rate; for example, literacy training from Volunteers of America?
- Are there businesses or organizations that donate space or materials for training or meetings?
- Persons providing volunteer services.
- What educational opportunities are there in your community and service area for staff whose home language is other than English?
- Ethnicity, primary language of family and staff.

STAFF QUALIFICATIONS AND COMMUNITY PARTNERS

What arrangements exist with child care centers and/or family child care homes to provide services to HS/EHS enrolled children?

PIR questions regarding child care partnerships apply only to those providers where services provided by the child care partners meet the Head Start Performance Standards and children receive the full package of Head Start services as well as child care.

ENROLLMENT DATA CONTAINED IN THE PIR

1. Enrollment year by start and end dates
2. Funded enrollment (ACF funded and non-ACF funded)
3. Actual enrollment by child age and type of eligibility (TANF, SSI, income, foster child)
4. Turnover of enrollment

CHILD CARE NEEDS

The PIR asks for data about child care needs as identified by the program. The Community Assessment must go further to include:

1. Children needing full day/full year child care and children receiving full day/full year child care.
2. Primary sources of child care.

CHILD CARE NEEDS

1. Sources of health and dental insurance
2. Mental health referrals
3. Formal agreements with LEAs or Part C agencies
4. Number of children with disabilities and those receiving Part C services

TRANSITION

1. Written agreements for transition services between Early Head Start and Head Start
2. Formal agreements with local school districts to coordinate transition services

FAMILY SUPPORT SERVICES

1. Families receiving community services such as housing assistance, adult education, substance abuse or prevention, child support assistance, and job training (refer to Question 47 on the PIR).
2. Families receiving WIC.
3. Homeless families served.



Family And Community Partnerships Data Collection Worksheet

1. TRIBAL FAMILY AND COMMUNITY RESOURCES

Note: the following information may already be in your local Community Resources Booklet(s) prepared by family services staff for families. See end of this worksheet for data source suggestions

a. Organizations:

List the organizations and agencies in your service area that partner with your Head Start/Early Head Start program and/or provide services to your families, such as employment/job training and education, skills development, youth employment, housing and shelter, FACE/Baby FACE programs, and BIA schools.

Determine if your state child day care office contracts with another organization to provide child care services/vouchers. Your state child care subsidy office administers the State Child Care and Development Fund, the Federal Block Grant to your state, which provides funding for low-income families needing assistance with the cost of child care. Tribal Child Care Technical Assistance Center contact info can be found at: <http://www.nccic.org/tribal/>

b. Low-Income Services:

List those agencies and organizations that serve low-income families. The services offered to the low-income community may include WIC, food stamps and other forms of public assistance, crisis intervention and counseling, adult basic education, English as a second language, homelessness prevention, food banks, thrift shops, IHS health clinics and child care vouchers.

Annotate each agency and organization with the services available, the contact person/title and phone number. Include days and hours of operation.

c. Family Support

List those agencies and organizations that provide family support services; for example, mental health, substance or alcohol abuse, and domestic violence prevention/intervention. (List the days and hours of operation, payment for services, location, culture of families served, etc.). To what extent did families use the services?

The agency or organization may provide this data if their record keeping system is set up to capture it. If not, ask the agency to help you out with these numbers in the future. (Also, if you have HSFIS, this has a community resource feature that can list details concerning all the services providers and can produce reports for the program.)

d. Use of Community Resources:

From your internal data sources, indicate the extent to which your families actually used the community resources listed above. A chart may be useful. This information may have been captured in your annual Self-Assessment. Analyze the usage rate from family service records and compare to identified need (also from family service records and Self-Assessment interviews). Use comparisons to determine needs for additional or augmented services, opportunities for collaboration, or needs for interagency agreements.

2. WHAT SERVICES IN THE COMMUNITY BENEFIT SIBLINGS OF AIAN HEAD START/EARLY HEAD START CHILDREN?

3. DESCRIBE ANY POTENTIAL CHILD CARE PARTNERS WHO MAY BE INTERESTED AND QUALIFIED TO PROVIDE CHILD CARE SPACE FOR CLASSROOMS OR CHILD CARE SLOTS FOR ELIGIBLE CHILDREN.

How many, what ages and in what locations in your service area? Describe any discussions that are under way or contracts/agreements in place related to working with child care partners. Include agencies, organizations and individuals (for example, family child care providers who are independent contractors, private child care or preschool, state-funded preschool, etc.).

4. WHAT SERVICES IN THE COMMUNITY PROVIDE MARRIAGE STRENGTHENING OR MARRIAGE PREPARATION FOR COUPLES WHO CHOOSE TO PARTICIPATE?

Data Sources

- Local Tribal Community Resources Booklet, other partner organization community assessment (if available), local phonebook
- <http://www.acf.dhhs.gov/programs/ana/> (Administration for Native Americans)
- <http://www.ed.gov/programs/alaskanative/index.html> (Alaska Native Education)
- <http://www.ankn.uaf.edu/> (Alaska Native Knowledge Network)
- <http://www.aihec.org/> (American Indian Higher Education Consortium)
- <http://www.oiep.bia.edu/> (Bureau of Indian Affairs, Office of Indian Education Programs)
- <http://ask.hrsa.gov/pc/> (Bureau of Primary Health Care, Health Center Locator website)
- <http://www.childcareware.org/en/> (Child Care Locator in your community)
- <http://www.acf.hhs.gov/programs/hsb/hsweb/index.jsp> (Office of Head Start Program Locator)
- <http://www.acf.hhs.gov/healthymarriage/resources/index.html> (Healthy Marriage Initiative resources)
- <http://www.ihs.gov/> (Indian Health Service)
- <http://www.acf.hhs.gov/programs/ocs/dcdp/joli/welcome.htm> (Job Opportunities for Low-Income Individuals)
- <http://naihcn.net/> (National American Indian Housing Council)
- <http://www.nihb.org/> (National Indian Health Board)
- <http://www.nativefamilynetwork.com/> (National Native American Families Together)
- <http://www.ed.gov/programs/naancs/index.html> (Native American and Alaska Native Children In School Program)
- <http://www.nativeamericanfathers.org/> (Native American Fatherhood and Families Association)
- <http://www.ed.gov/programs/cteivep/index.html> (Native American Vocational And Technical Education Program)
- <http://www.acf.hhs.gov/programs/ofa/> (Office of Family Assistance)

**FAMILY AND COMMUNITY PARTNERSHIPS
DATA COLLECTION WORKSHEET**

- <http://www.omhrc.gov/omhhome.htm> (Office of Minority Health)
- <http://www.nccic.org/tribal/> (Tribal Child Care Technical Assistance Center)
- <http://www.ed.gov/programs/tcpvi/index.html> (Tribally Controlled Postsecondary Vocational And Technical Institutions Program)
- <http://www.firstgov.gov/Government/Tribal.shtml> (Tribal Government and Native American Resources)



Father Involvement Data Collection Worksheet

1. TRIBAL FAMILY AND COMMUNITY RESOURCES

The following questions will help you identify father-friendly resources in the community.

1. Which agencies and organizations support father involvement as part of its mission?

- How much support is there in the organizations for providing services to fathers/father figures?
- How does the community view the organizations with respect to serving fathers/father figures?
- Are the organizations' policies and procedures uniformly inclusive of fathers/father figures?

Data Sources: AIAN Head Start/Early Head Start Community Resource Booklet, other partner organization Community Assessments (if available), phone book.

2. Which agencies and organizations do community partners recognize as a good resource for fathers and father figures—where fathers can come for assistance?

Data Sources: Locally developed survey to be completed by community partners, human service agencies.

3. Who are the individuals or agencies/organizations in the community and state advocating or consulting in improving father involvement? Do they have proven “track records” for success?

Data Sources: Locally developed survey to be completed by community partners, phone book, library, local newspaper, National Indian Head Start Directors Association, State Head Start Directors Association.

4. What are the demographics of the fathers in your program:

- a. Age
- b. Ethnicity
- c. Educational level
- d. Primary language spoken
- e. Goals for their children and themselves

Data Sources: Program enrollment data PIR, Family Partnership Agreement summary reports, Self Assessment, PRISM review

Data Sources

- <http://www.fatherhood.org/> (National Fatherhood Initiative)
- <http://www.nativeamericanfathers.org/> (Native American Fatherhood and Families Association)
- <http://www.fatherhood.org/resources.asp> (Resources for Dads)



Sample Questions For Interviewing Parents

RELATED TO DEMOGRAPHICS:

- Where are you living now?
- How many children (under age 5) live with you?
- How old are each of the children?
- How many children do you have in Head Start? If you have children in Head Start, what kind of transportation do they use to get to Head Start?
- To help us better plan for the future, what Head Start program option would best meet your needs? (Full day/five days; Part day/five days; Full day/four days; Part day/four days)
- Do you regularly use child care? If yes, what kind of child care do you use? How many hours per week is child care needed?
- What is the primary language spoken in your home?

RELATED TO CHILDREN RECEIVING SERVICES FROM PARENTS

[with questions from Early Learning and Literacy Data Collection Worksheet]:

- How often do you read with your children? (x times /week or month)
- How often do you engage in oral storytelling with your children? (x times /week or month)
- How many times have you visited the library/bookmobile/bookstore in the past year?
- How many books do you have in your home?
- What other reading materials do you have in the home? (e.g., newspapers, magazines)
- Are children exposed to their native language?
- If native language is spoken, how are children exposed to English?

RELATED TO CHILDREN NOT BEING SERVED:

- Do you know of any families with children under five years old that are not receiving Head Start services?
- If so, where are they?
- How old are their children?
- Do any of the children have health needs, physical needs (i.e., walking, talking, hearing, seeing, using their hands), or any other need?
- Do any of our existing Head Start/Early Head Start families have children with these needs that we are not serving?

RELATED TO AMERICAN INDIAN/ALASKA NATIVE CHILDREN BEING SERVED BY OTHER PROGRAMS (I.E., NON-AIAN HEAD START):

- Are there families belonging to your tribe that live near your reservation/pueblo/ranchería/village that are receiving services from other child care programs?
- What type of program is it?
- Do you know where they are living?
- What are the ages of the children?

RELATED TO THE STRENGTHS AND NEEDS OF THE COMMUNITY SERVICES

- What community services have you used outside of Head Start?
- How did you find out about those services?
- What services were helpful to you? Why?
- What services were not helpful to you? Why not?

RELATED TO THE AVAILABILITY AND ACCESSIBILITY OF COMMUNITY SERVICES:

- Where there any services that you wanted but did not receive?
- What were the barriers to receiving services? (Transportation? Scheduling issues? Language issues? Work-related issues? etc.)

RELATED TO THE NEEDS OF FAMILIES:

- What are the needs of AIAN families?
- What are the educational needs (of parents, siblings, and children)?
- What are the health and dental needs?
- What are the nutrition needs?
- What are the social service needs (housing, food, clothing, food stamps)?
- What are the mental health needs (counseling/ therapies)?
- Were any of these needs not met by our Head Start/Early Head Start program?

These questions should be also asked to institutions/community services that serve AIAN families. The Grantee should also ask themselves the same questions, and perform a cross-comparison with the answers received from others.



Pre-Natal Services (Early Head Start) Data Collection Worksheet

Data collection about other pregnancy rates and prenatal services available in the community.

- 1. What is the pregnancy rate in the community? Has this changed over the past three years? If so, how?**
- 2. What is the teen pregnancy rate in the community? Has this changed over the past three years? If so, how?**
- 3. What other resources (if any) are available in the community for prenatal services?**
For example, Indian Health Service, Social Services (tribal and/or state), WIC, community health clinics, midwife (birthing assistant), Healthy Start, LaLeche Leagues, etc.
- 4. Do these resources provide dental services? Medical? Substance abuse counseling/treatment programs for expectant mothers?**
- 5. How far from home do expectant parents have to travel to deliver their baby?**
- 6. What other resources in the community (if any) provide post-delivery services to new mothers?**



Education And Early Childhood Programs Data Collection Worksheet

Data collection about other early childhood and child care programs available in the community (service area). What's out there besides us?

See list at end of section for suggested data sources.

- 1. What resources and early care and education institutions are available to support overall development and help children to grow cognitively, emotionally, physically and socially?** Include structures and programs. For example, libraries, museums, bookstores, parks, clubs, etc.
- 2. What other child development and child care programs serve American Indian and Alaska Native Head Start eligible children?** List by type of program (private day care, family child care, state preschool, tribal child care, etc.), location, length of enrollment of the children, and number by age served over the past three years.
- 3. If Early Head Start, of those programs identified in question #2, identify the programs that serve children birth to three.**
- 4. What education, health, nutrition, and social service needs of AIAN Head Start/Early Head Start eligible children are defined/identified by these institutions?**

5. What education, health, nutrition, and social service needs of AIAN Head Start/Early Head Start eligible children are defined by the families themselves? This data can be obtained through a combination of parent interviews (refer to worksheet “*Sample Questions for Interviewing Parents*”) and internal records such as meeting minutes from parent committees and the annual Self Assessment.

Analysis: How do these defined needs compare to one another? Are there differences, similarities? Are the needs defined by both groups reflected in the program’s goals and mission?

6. What collaboration exists between the local school districts, HS/EHS, other AIAN HS/EHS programs and/or other ECE providers?

For example,

- Transitioning children and families.
- Transfer of records
- Curriculum continuity
- Assessment continuity
- Transitioning children with disabilities on IEPs, IFSPs
- Shared training offered to program staff or parents by community agencies or organizations; (e.g., bus driver training provided by school district, child development training provided by R & R, etc.)

7. What are the home languages of children/families? List all by percent.

8. What percentage of teachers meet the teacher qualification mandate? How does this compare to prior years? How does this compare to other early childhood programs in the community and across the state, county, region or service area? If the mandate has not been met, what resources will be needed to reach the goal?

9. What are the educational resources in the community?

- Places where staff and parents can take basic skills classes or earn a GED. Is mentoring or coaching available? Which classes or mentoring opportunities are offered in the staff or parent’s home language (other than English)?
- Higher education opportunities in the community for staff and families with college credit attached.
- Educational partnerships and networks

**EDUCATION AND EARLY CHILDHOOD PROGRAMS
DATA COLLECTION WORKSHEET**

Data Sources

- PIR
- Self-Assessment
- Licensing agencies
- Local school districts
- Other child development programs (federally, state and/or parent funded centers)
- Child care resource and referral network
- Community Resource Guide
- Department of Social Services
- Family and Child Experiences Survey (FACES) and Baby FACES
- Internal program records
- Interviews with coordinating staff in family services and child development
- Johnson-O'Malley program data
- Phone book
- State/County community assessment
- State/County Departments of Education Assessment
- Tribal data
- Tribal Colleges
- WIC



Disabilities Data Collection Worksheet

INTERNAL INFORMATION GATHERED FROM YOUR PROGRAM RECORDS

1. Last year, did we end the year with 10% of our children identified with having a diagnosed disability or health impairment (meeting the “10 %” requirement from the Head Start Performance Standards)?

YES NO

Data Source: Disabilities Tracking Form, PIR, Child(ren) Record(s), Health Tracking Form

2. Total number of children with disabilities served last year. _____

Data Source: Disabilities Tracking Form, PIR

3. Of the children with identified disabilities, how many were birth to 3? _____

How many had IFSPs? _____

Data Source: Disabilities Tracking Form, IFSP, Health Tracking Form, Enrollment Information

4. How many were 3 to 5 years old? _____

How many had IEPs? _____

Data Source: Disabilities Tracking Form, IEP, Health Tracking Form, Enrollment Information

5. How did we ensure that families were in collaboration and were decision-makers in the IFSP/IEP decision-making process?

Data Source: IEP, IFSP, Case Notes, Written Correspondence to Parents, Parent Interviews, Child(ren) Record

6. How many children with identified disabilities also met the State Disability Definition?

Data Source: Disabilities Tracking Form, SEA Disabilities Eligibility Criteria, IEP, IFSP, PIR

7. What types of disabilities did we identify in children last year? List by age.

Data Source: Disabilities Tracking Form, PIR, Enrollment Information, IEP, IFSP

8. What issues did we have last year at the centers, family child care homes, or with transportation services around accommodations and accessibility for all children with disabilities?

- a. Number of children with disabilities we provided transportation for? _____
- b. What types of adaptive equipment did we purchase to make reasonable accommodations for children with disabilities?

Data Source: Case Notes, Transportation Log, Purchase Order

9. Is there a current interagency agreement or Memorandum of Understanding (MOU) with the State Education Agency (SEA)?

YES NO

Has our tribe signed it? YES NO

Data Source: SEA Interagency Agreement/MOU

10. Did we participate in the SEA December 1st count for children with disabilities ages 3-5?

YES NO

Data Source: Disabilities Tracking Form, Written Correspondence to SEA

11. Do we have a current interagency agreement with the Local Education Agency (LEA)?

YES NO

Has our tribe signed it? YES NO

Data Source: LEA Interagency Agreement, Written Correspondence to LEA

12. Did the LEA provide all required related services?

YES NO

Data Source: LEA Interagency Agreement, Related services Log, Disabilities Tracking Form

13. Did we invite the Local Education Agency (Part B provider) and the Early Intervention agency (Part C provider) to participate in the Community Assessment?

YES NO

Data Source: Written invitation to the LEA, Early Intervention Provider, Meeting Notes/Minutes

EXTERNAL INFORMATION

14. What other community resources/services are available in the community that serve AIAN children with disabilities — list by service and agency.

Data Source: Tribal Education, BIA, SEA, LEA, State Child Bureau, Local Social Services Agencies, Part C Provider, Indian Health Service, state and Local Disabilities Agencies; Developmental Centers, Children’s Hospital, Mental Health Department

15. What community resources/services are available to serve AIAN children with disabilities during the summer months?

How many children do we have that require year-round services according to their IFSP/IEP? _____

16. Are these resources/services culturally and linguistically appropriate to serve American Indian/Alaska Native children with disabilities?

17. What’s the number of enrolled children with disabilities in the service/recruitment area?

- a. Number of Children by age group
- b. Disability Category and age
- c. Language Spoken
- d. Ethnic background

In answer to question #4, how do the numbers compare to the numbers reported in the county and state?

Data Source: Enrollment Information, Census Department, Social Services, Tribal Education, BIA, SEA, LEA, Indian Health Service, Disabilities Tracking Form, Health Tracking Form

18. Identify other service providers (child development centers) that provide disabilities services to AIAN children.

Data Source: Local Child Development Centers, Tribal Education, BIA, LEA, Local Social Service Agency, Early Intervention Provider



Early Learning & Literacy Data Collection Worksheet

COMMUNITY RESOURCES

1. What specific community resources are available to support children's development of language and literacy? (See list of examples below)

2. How have these resources been utilized in the past 3 years?

Data Source: Self Assessment, community partners.

3. Do families access these resources on their own? Do families access these resources accompanied by MSHS program staff? Which resources are used most often?

Data Source: Family Assessment forms, parent interviews, staff interviews/notes.

4. What is the availability of these resources for the coming program year?

Data Source: Local phone books, newspapers, local publications, community bulletin governing bodies, community partners, internet.

Examples:

- Libraries
- Museums
- Book stores
- Places for field trips (parks, stores, post office, fire station, bakery, etc.)
- Children's Museums
- Cooperative Extension
- Living History Centers
- Literacy volunteers
- Culture/Language specialist

FAMILY RESOURCES

1. Frequency that adults (parents and/or family members) read with their children. (x times /week or month)
2. Frequency that adults (parents and/or family members) engage in oral storytelling with their children. (x times /week or month)
3. Number of library visits family has made in the past year.
4. Number of books in the home. (Note: There might be two ways of counting this. Count number of books in current domicile or count number of books at “home base”)
5. Other reading materials in the home. (e.g., newspapers, magazines).
6. Sources of children’s exposure to their native language.
7. Sources of children’s exposure to English.



Infant & Child Health, Oral Health & Nutrition Data Collection Worksheet

1. **What percentage of enrolled infants and children are up to date on EPSDT health screenings and immunization?**

Data Source: Health Care Tracking reports, PIR data, parent interviews

2. **Compile and rank the top ten diagnoses and/or reported reasons for seeking health care for enrolled children by age, including injuries, accidents, and deaths.**

Data Source: health center encounter data, emergency room visit data, local health department epidemiology reports, county vital statistics, parent interviews, program health histories, contact logs, health tracking reports, injury reports and trends, health referrals.

3. **What is the number of reported cases of child abuse, neglect and domestic violence in the service area eligible population? To what agencies were these cases referred? What was the typical time period between reporting, referral and provision of services? To what extent did time frames vary?**

Data Source: Child protective services annual reports, police response logs, crisis hotline & women's shelter statistics, family court statistics, family services records, family advocates, churches, shelters, hospitals.

4. **List documented environmental health risks and conditions in eligible families: pesticide exposure, lead toxicity, substandard housing conditions, poor air & water quality, inadequate use of child safety seats & restraints.**

Data Source: Local IHS clinic, local Departments of Environmental Protection, State Highway Traffic Safety Administration

**INFANT & CHILD HEALTH, ORAL HEALTH & NUTRITION
DATA COLLECTION WORKSHEET**

- 5. What is the number of enrolled infants and children born with low birth weight, prematurely, with birth-related problems, or to mothers who didn't have prenatal care**

Data Source: parent interviews & health histories, enrollment information, Early Intervention provider statistics, WIC program documentation, health care providers

- 6. What percent of enrolled and eligible children receive IHS benefits? What percent of families not eligible for IHS benefits are enrolled in Medicaid or SCHIP? What percent of children have some form of health insurance?**

Data Source: Parent enrollment information and interviews, PIR data, IHS Clinic/Hospital statistics, local Medicaid and SCHIP offices, local health departments

- 7. How many local primary care providers and specialty care providers are available and accessible to serve HS/EHS eligible children and families?**

Data Source: local yellow pages, phone surveys, local IHS Clinic/Hospital, Health Services Advisory Committee inter-views, medical society, Medicaid office, county referral hotline, community resource guides.

- 8. Describe how the program communicates with local providers, IHS and non-IHS.**

Data Sources: HSAC interviews, staff interviews, MOUs, health provider interviews.

ORAL HEALTH

- 9. What percentage of enrolled children are up-to-date on dental examinations and preventive care?**

Data Source: Health care tracking reports, PIR data and parent interviews.

- 10. List the three top dental diagnoses and/or reported reasons for seeking dental treatment for enrolled children by age.**

Data Source: dental encounter statistics, local IHS oral health reports, state office of oral health database, parent interviews, program health histories, contact logs, health tracking reports.

11. What oral health needs have been documented for:

- a. Enrolled children, such as baby bottle tooth decay, early caries, and fluoride supplementation.
- b. Service area eligible families, such as improving adult oral hygiene, dissemination of information on oral health promotion.
- c. The local community in general, such as fluoridation of water supply, lack of dental providers.

Data Source: Program health records, PIR, local IHS dental clinic, non-IHS dental clinic, local health department, tribal fluoridation assessments, local dental society, and IHS service area dental officer.

12. What resources are used by the program to pay for dental examinations, preventive care and treatments not covered by IHS? How are the costs allocated (for example, HS/EHS funds pay for 50% of all dental costs and the other 50% is paid by...

- Medicaid/SCHIP
- Private Insurance
- State/Local Funds
- Family Self Pay
- In-Kind Services
- Other

Data Source: Program health records, enrollment information, parent interviews, PIR, dental providers, local Medicaid office, migrant and community health clinics

13. How many dentists in the local IHS clinic are available and willing to serve Head Start/ Early Head Start eligible children?

Data Source: IHS oral health office, HSAC, MOUs, local dental societies, local health department and regional head start programs, phone calls to colleges or universities with dental departments or hospitals

14. What is the availability and accessibility of dental services for children who require extensive dental treatment?

Data Source: HSAC, MOUs, IHS dental clinics, local dental societies, IHS service area dental office, tribal health department and regional Head Start programs

**INFANT & CHILD HEALTH, ORAL HEALTH & NUTRITION
DATA COLLECTION WORKSHEET**

15. How does the program link children with oral health services?

Data Source: Health service plan, MOUs, HSAC minutes, minutes of meetings, contact logs

16. Describe linkages with local, state and regional oral health agencies, dental associations and dental professional educational programs.

Data Source: HSAC minutes, MOUs, State Oral Health plans and forum reports, contact logs, emails, phone calls and meeting minutes

NUTRITION

17. How many enrolled children are diagnosed as under-weight? How many underweight cases are diagnosed as failure to thrive?

Data Source: HSFIS, Child Plus, health tracking reports, child health records, growth charts

18. How many enrolled children are diagnosed as over-weight? How many of the overweight cases have been diagnosed as obese?

Data Source: HSFIS, Child Plus, health tracking reports, child health records, growth charts

19. What percent of children are diagnosed as anemic?

Data Source: PIR, health tracking reports, child health records, WIC

20. What percentage of community members have been diagnosed with Type-2 diabetes?

Data Source: Interviews with IHS clinic/hospital administrators, Tribal Department of Health, diabetic clinic/programs

21. Does your program offer staff and parents diabetes education?

Data Source: interview with staff and parents, review of family partnership agreements (educational needs), TA plan, service plans.

22. Does your community have a diabetes prevention program?

Data Sources: IHS clinic, community public health nurses, nutritionist, tribal council.

23. What percentage of enrolled infants and children were breastfed for any length of time?

Data Sources: Parent interviews, nutrition history, child health record, WIC data, Healthy Start data

- 24. Are there family dietary practices which may impact nutritional health (extended bottle feeding, extended use of commercial baby foods or puree foods, premature or delayed introduction of solid foods or cows milk, home cooking vs. fast foods).**

Data Sources: Parent interviews, nutrition history, child health records, WIC data

- 25. What percentage of HS/EHS eligible and enrolled families receive food stamps, WIC services, use food banks, government commodities or other food programs?**

Data Sources: Parent interviews, WIC data, nutrition history, enrollment information, health tracking reports, child health records, community human service agencies

- 26. List HS/EHS nutrition partnerships and collaborations: Registered Dietitians, Nutritionists, WIC, state USDA providers, lactation consultants and advisors, food service providers and purveyors.**

Data Sources: HSAC, MOUs, service area plan, contact logs, training records.

- 27. Describe accessibility of supermarkets, sources of fresh foods, cultural foods.**
- a. Where is the nearest supermarket that offers a variety of food choices?
 - b. On the average, how far do HS/EHS families have to travel to a supermarket?
 - c. Does your program and/or your community have a community garden?
 - d. Does your community partner with local farmers to bring nutritious foods to the schools?

Data Sources: WIC Yellow pages, interviews with parents and staff such as family service workers, school administrators, Tribal Departments of Education and Agriculture.

PLAYGROUND

- 28. Does your program have an outdoor play area? Describe it.**
- a. Is the outdoor play area accessible to children with special needs?
 - b. How often and who is responsible for checking the outdoor play area for safety?
 - c. Is there an area for infants and toddlers?

Data Sources: observation/inspection of outdoor environment, staff interviews, job description, Tribal Head Start Model Health and Safety Checklist

COMMUNITY RECREATION

29. Describe your community's formal and informal recreational opportunities available to all members of the community.

a. Is it easy to walk and bike in your community?

Data Sources: Community "walkability" and "bikeability" checklists, Tribal Recreation department, interviews with staff and community members (youth, young adults, elders)

TRANSPORTATION

30. What modes of transportation are available in your community? (car, bus, boat, bike paths, hiking/walking paths)

Data Sources: Interviews with Tribal Council, Tribal department of transportation.

31. What is the average length of time that children are on the bus?

Data Sources: interviews with bus drivers, monitors, and parents; bus logs

32. If parents walk with their children to the program, what's the average length of time it takes to get there?

Data Sources: interviews with parents



Mental Health Data Collection Worksheet

1. What mental health resources (individuals, agencies and collaboratives) are available in your local community?
 - a. Serving adults?
 - b. Serving children?
 - c. Serving families?
 - d. Serving youth and/or adolescents?
 - e. Serving children with disabilities?

2. What mental health resources are available in your community and/or state that serve HS/EHS families? Are staff linguistically and culturally competent in working with your AIAN families?
 - a. Are these services available through Indian Health Service?
 - b. If not covered by IHS, what is the fee or cost for services?
 - c. Is Medicaid acceptable payment?

3. Are these mental health services available for on-site services or are they provided in the community only?

4. If these mental health services are only available in the community, how far must families travel to the nearest health clinic or mental service including support groups?

5. Are support services including informational materials culturally appropriate for AIAN families?

6. What mental health resources are available in your community and/or agency for employees?
 - a. Does the tribe offer an Employee Assistance Plan?
 - b. Does Indian Health Services provide services for staff?

7. How are mental health services incorporated into parent involvement?
 - a. Can parents have scheduled mental health appointments?
 - b. Do parents participate in the development of mental health service plans?

8. Does your agency have a contract with a mental health professional?
 YES NO
 - a. If Yes, how often is the mental health professional available to go on site?
 - b. Are the responsibilities/services understood by both agencies?
 - c. Are services being implemented?

Data Source: Department of Mental Health; Department of Social Services; Department of Behavioral Health Services; Mental Health Professionals including but not limited to Behavioral and Developmental Specialist; Licensed Clinical Social Worker; Psychiatrist, Psychologist, Psychiatric Nurses, Marriage and Family Therapist; Family and Child Agencies, migrant health centers; Child Abuse and Neglect agencies; Substance Abuse and Domestic Violence Agencies; Employee Assistance Program, HSFIS Community Resource Sheets and Reports.

American Indian/Alaska Native Community Assessment Evaluation Checklist

Check the “yes” box if all elements are included. Check “no” if anything is missing and circle which information is missing. Comments and page references from CA document may be written in the space provided. If the information/data is located in a different section of the CA, indicate those page numbers.

Grantee: _____
 Name of Reader: _____
 Date: _____

	Yes	No	Page #	Notes:
INTRODUCTION OR EXECUTIVE SUMMARY				
There is an overall description of the agency/organization and communities in the service including: Agency type, purpose/mission, and other programs administered				
Significant businesses and industries in the service area				
Number of AIAN children and families that the agency is funded to serve with Head Start funds				
Service Area, clearly defined by tribal, county or other designation according to the financial Assistance Award				
Locations of centers, family child care homes, and the program’s administrative office(s)				
Program options used to serve the American Indian/Alaska Native Head Start children				
Introduction or executive summary is brief and contains: Length of services and transportation provided				
Housing and significant community services for families in the context of the service area				

American Indian/Alaska Native Community Assessment Evaluation Checklist (cont. pg 2/7)

	Yes	No	Page #	Notes:
Significant population characteristics, and changes or trends in population demographics				
Maps				
Map(s) of service area with office, center(s) and family child care locations illustrated				
Map indicating location of population clusters in relation to major community resources such as health clinics, service agencies, and schools				
If the introduction is an Executive Summary, it incorporates:				
Significant findings and conclusions based on analysis of the data				
Prioritize recommendations				
METHODOLOGY				
Eligibility factors for American Indian/Alaska Native Head Start are clearly defined				
Statement that the CA was developed by a cross-representational team rather than by one individual or consultant				

American Indian/Alaska Native Community Assessment Evaluation Checklist (cont. pg 3/7)

	Yes	No	Page #	Notes:
Methodology includes involvement of the Policy Council and the Governing Body				
Description of the methodology includes approaches used to:				
Collect information				
Separate out data that is specific to the population served				
Develop projections and make predictions				
Analyze and synthesize data from both past years and current year				
DATA COLLECTED				
General population data includes:				
Language(s) and Culture(s)				
Levels of Education				
Racial and ethnic characteristics				
Social and economic status				

American Indian/Alaska Native Community Assessment Evaluation Checklist (cont. pg 4/7)

	Yes	No	Page #	Notes:
Service area and recruitment area data:				
Discussion of service area				
Discussion of recruitment area				
Data which explains differences between service area and recruitment area, if different				
Eligible population distribution				
Methods used to recruit eligible families				
Data is gathered from a variety of current reliable sources				
Data reflects various types of data gathering approaches such as:				
Focus groups				
Questionnaires				
Research				
Interviews				
Reports				
PIR				
Data is collected from both internal and external sources				
The report includes information/ data related to strengths and needs of eligible families in relation to access and availability of resources for eligible families, specifically:				

American Indian/Alaska Native Community Assessment Evaluation Checklist (cont. pg 5/7)

	Yes	No	Page #	Notes:
Educational needs and opportunities for families				
Educational needs and opportunities for staff				
Health and health services				
Mental health and mental health services				
Nutritional status and nutritional services				
Social services, including faith-based				
Transportation and transportation services				
Strengths and needs of eligible families are identified by the families themselves as well as by institutions in the community; this may stand out separately from those needs suggested by other data sources				
Current estimated number of children with disabilities				
Community services for children with disabilities are broken down by infants, toddlers, and preschoolers				
Collaborative arrangements, partnerships, and formal agreements are described for:				
Disabilities services				
Educational services				
Educational institutions such as schools, colleges, and Head Start partners				
Health services				
Mental health services				
Shared facilities with community partners				
Transportation				

American Indian/Alaska Native Community Assessment Evaluation Checklist (cont. pg 6/7)

	Yes	No	Page #	Notes:
Data sources are cited and revered throughout the report				
DATA REVIEW AND ANALYSIS				
Changes from prior years indicating trends and patterns are included in the narrative discussion				
PIR data, especially enrollment data, is analyzed over several years				
Internal data is compared to national PIR data				
Data is analyzed for significance and impact on the program, the community, AIAN children and families				
Major issues, trends and concerns are identified and tracked back to the data such as:				
Presence (or absence) of employment opportunities				
Effects of gaming industry				
Effects of environmental changes and/or natural disasters				
When data analysis points to a need for change in location, design or method of service delivery, it references back to data sources.				

American Indian/Alaska Native Community Assessment Evaluation Checklist (cont. pg 7/7)

	Yes	No	Page #	Notes:
RECOMMENDATIONS AND DECISIONS				
Key issues facing children and families that need to be addressed by the HS program are identified and prioritized				
Rationale is presented for prioritization				
Possible options are discussed, including financial implications for each option				
OVERALL				
The report is written in a logical, organized way				
The report contains useful maps, charts, and illustrations for clarity				
The analysis of data leads to conclusions which tie back to, and are supported by, the data.				



APPENDIX A:

Federal Regulations And Instructions For Grant Applications That Apply to Community Assessment

(The following is the complete text of the Head Start Regulations, Title 45 of the Code of Federal Regulations, Part 1305 referred to as ERSEA)

45 CFR 1305 — Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start

1305.3 Determining community strengths and needs.

- (a) Each Early Head Start and Head Start grantee must identify its proposed service area in its Head Start grant application and define it by county or sub-county area, such as a municipality, town or census tract or a federally recognized Indian reservation. With regard to Indian Tribes, the service area may include areas designated as near-reservation by the Bureau of Indian Affairs (BIA) or, in the absence of such a designation, a Tribe may propose to define its service area to include nearby areas where Indian children and families native to the reservation reside, provided that the service area is approved by the Tribe's governing council. Where the service area of a Tribe includes a non-reservation area, and that area is also served by another Head Start grantee, the Tribe will be authorized to serve children from families native to the reservation residing in the non-reservation area as well as children from families residing on the reservation.
- (b) The grantee's service area must be approved, in writing, by the responsible HHS official in order to assure that the service area is of reasonable size and, except in situations where a near-reservation designation or other expanded service area has been approved for a Tribe, does not overlap with that of other Head Start grantees.

- (c) Each Early Head Start and Head Start grantee agency must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area:
- (1) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
 - (2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;
 - (3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;
 - (4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;
 - (5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;
 - (6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.
- (d) The Early Head Start and Head Start grantee and delegate agency must use information from the Community Assessment to:
- (1) Help determine the grantee's philosophy, and its long-range and short-range program objectives;
 - (2) Determine the type of component services that are most needed and the program option or options that will be implemented;
 - (3) Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.

- (4) If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.
 - (5) Determine appropriate locations for centers and the areas to be served by home based programs; and
 - (6) Set criteria that define the types of children and families who will be given priority for recruitment and selection.
- (e) In each of the two years following completion of the Community Assessment the grantee agency must conduct a review to determine whether there have been significant changes in the information described in paragraph (b) of this section. If so, the Community Assessment must be updated and the decisions described in paragraph (c) of this section must be reconsidered.
- (f) The recruitment area must include the entire service area, unless the resources available to the Head Start grantee are inadequate to serve the entire service area.
- (g) In determining the recruitment area when it does not include the entire service area, the grantee must:
- (1) Select an area or areas that are among those having the greatest need for Early Head Start or Head Start services as determined by the Community Assessment; and
 - (2) Include as many Head Start eligible children as possible within the recruitment area, so that:
 - (i) The greatest number of Head Start eligible children can be recruited and have an opportunity to be considered for selection and enrollment in the Head Start program, and
 - (ii) The Head Start program can enroll the children and families with the greatest need for its services.



APPENDIX B:

Instructions In The Grant Application Budget Instrument (GABI) That Apply To Community Assessment

The following is from the Instructions in the GABI.
(OMB No: 0970-0207 Expires 5/21/2006)

A. Continuation Application

1. Objectives, Need for Assistance, and Geographic Area

FULL PROJECT DESCRIPTION:

Objectives and Need for Assistance: Applicants must submit a summary of significant findings from the most recent Community Assessment. Included should be a summary of each of the six categories of information required by the Head Start regulation on Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start, 45 CFR 1305.3(b):

- The demographic make-up of Head Start eligible children, including number, location, and ethnic and racial composition.
- Other child development programs serving Head Start eligible children.
- The estimated number of children with disabilities.
- Data regarding the education, health, nutrition and social service needs of Head Start eligible children.
- The education, health, nutrition and social services needs of Head Start eligible children, as defined by their families and community institutions.
- Resources available in the community.

Applicants should explain how the findings of the Community Assessment were used to help reach decisions in the six areas listed in 45 CFR 1305.3(c):

Applicants must submit a summary of significant findings from the most recent Community Assessment. Included should be a summary of each of the six categories of information required by the Head Start regulation on Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start, 45 CFR 1305.3(b):

- Determine the program’s philosophy and long-range and short-range program objective.
- Determine the type of services and program option or options to be provided.
- Determine the recruitment area of the program.
- If applicable, determine the recruitment areas of delegate agencies.
- Determine the locations of centers and home-based programs.
- Set the criteria that define the types of children and families that will be given priority for recruitment and selection.

Geographic Area:

Applicants must identify their proposed service area and define it by county or sub-county areas, such as a municipality, town or census tract, or a federally recognized Indian reservation. Maps or other graphic aids may be attached.

ABBREVIATED PROJECT DESCRIPTION:

Objectives, Need for Assistance and Geographic Area:

Applicants must provide a summary of any significant changes in the information in the Community Assessment determined during the annual review of the Community Assessment including changes in the service area. The applicant must describe any proposed changes in the program that have resulted from a reconsideration of the decisions described in the six areas listed in 45 CFR 1305.3(c). If there are no major changes, this should be stated in the application. No additional information is necessary.

FULL PROJECT DESCRIPTION:

Program Approach:

Applicants must provide information regarding both their program’s long-range goals and the objectives to be accomplished during the three-year period. Goals and objectives must relate to the findings of the Community Assessment, be

consistent with the philosophy of Head Start, and reflect the findings of the program's annual self-assessment. Applicants must fill out the Program Approach Form, explained below in Section II, which specifies the kinds of Head Start services, which will be provided.

Applicants must describe how they are going to deliver high quality services to children and families in all areas of service and program management defined by the Head Start Program Performance Standards (45 CFR Part 1304) and the Head Start Program Performance Standards on Services to Children with Disabilities (45 CFR Part 1308). Applicants must discuss how they plan to provide Early Childhood Development and Health Services, build Family and Community Partnerships and ensure effective Program Design and Management. Applicants must explain how their approach is linked to findings of the Community Assessment and the program's long-term and short-term goals. Full written plans for implementing services should not be submitted.



APPENDIX C:

Guide To Using Excel To Help Analyze Your Quantitative Data

The task of reviewing and analyzing your quantitative data is made easier with a computer software spreadsheet. One such example is Microsoft's Excel. You will want to begin the process by considering the questions in your Community Assessment which are close-ended questions (e.g., *What enrollment option do you prefer? Do you regularly use child care?*) that can be answered using a limited number of responses (e.g., selection 1, 2, 3, or 4; yes/no; etc.).

For example, if you were to utilize the first few questions in the *Sample Questions for Interviewing Parents* on page 59 (i.e.,

- Where are you living now?
- How many children (under age 5) live with you?
- How old are each of the children?
- How many children do you have in Head Start?) and put them into a spreadsheet, it might look something like the following:

	A	B	C	D	E	F	G	H	I	J	
1	Parent Questionnaire Responses										
2	ID #	Location:	E	S	W	N	Under 5	Age4	Age3	<3	# in HS
3	1	1					3	1	1	1	2
4	2				1		1	0	1	0	1
5	3	1					2	0	1	1	1
6	4		1				2	1	0	1	1
7	5					1	3	1	1	1	2
8	6					1	1	1	0	0	1
9	7				1		0	0	0	0	0
10	8	1					2	1	0	1	1
11	9					1	1	0	1	0	1
12	10		1				2	1	1	0	2
13											
14	Totals=	3	2	2	3	17	6	6	5		12

APPENDIX C

Since the first question (Where are you living?) is not a numerical response, you might want to create some geographical categories (e.g., East, South, West, North) or names of population centers (e.g., Tall Hills, Blue Lake, etc.) to which you could then enter a “1” for each parent responding. For questions like How old are each of the children?, you may want to assign age groups to separate columns. After entering information into the spreadsheet, you can quickly sum up the data in the columns by using the Auto Sum button. To double-check that the information in the selected cell is correct, look at the function (fx)—in this case, the cell J14 has the following function: J14 = SUM (J3:J13) —that is, all the cells from J3 through J13 have been summed together...and the total equals twelve.

Using a spreadsheet will also allow you to create other functions, such as percentages. In the example below, the responses from ten parent questionnaires have been summed, then percentages have been calculated by creating functions. For example, the cell J16 has the function (fx = J14/F14)—that is, the total number of children in the Head Start program (in cell J14) is divided by the total number of children “Under 5” (in cell F14). $12/17 = 0.7058$ and, if you click on the “Percent Style” button, you can change this notation to “71%”.

The screenshot shows an Excel spreadsheet titled "Head Start Parent Survey.xls". The formula bar shows the function $=J14/F14$ for cell J16. The spreadsheet data is as follows:

	A	B	C	D	E	F	G	H	I	J	
1	Parent Questionnaire Responses										
2	ID #	Location:	E	S	W	N	Under 5	Age4	Age3	<3	# in HS
3	1	1					3	1	1	1	2
4	2			1			1	0	1	0	1
5	3	1					2	0	1	1	1
6	4		1				2	1	0	1	1
7	5				1		3	1	1	1	2
8	6					1	1	1	0	0	1
9	7			1			0	0	0	0	0
10	8	1					2	1	0	1	1
11	9					1	1	0	1	0	1
12	10		1				2	1	1	0	2
13											
14	Totals=	3	2	2	3	17	6	6	5		12
15											
16	Percent=	30%	20%	20%	30%		35%	35%	29%		0.705882

With a computer spreadsheet, you can also create a summary table (see below).

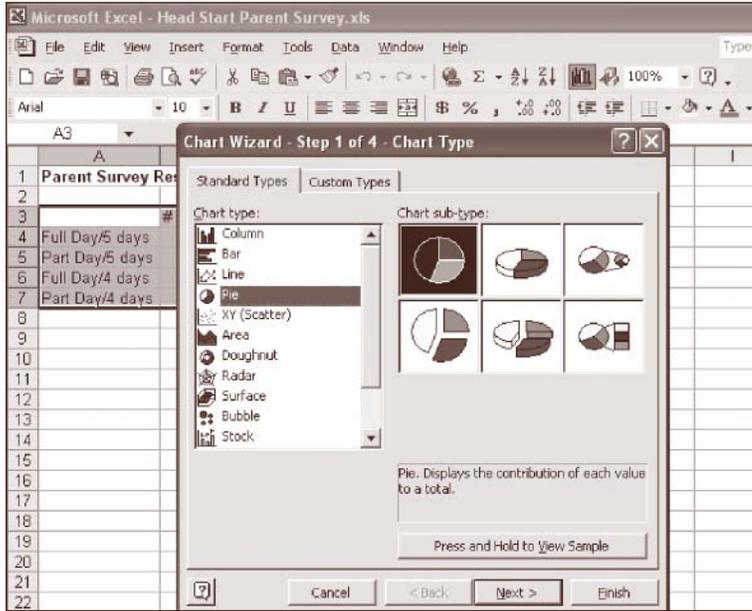
The screenshot shows a Microsoft Excel spreadsheet titled "Head Start Parent Survey.xls". The spreadsheet contains the following data:

	A	B	C	D	E	F	G	H	I
1	Parent Survey Response: What enrollment option do you prefer for your child?								
2									
3		# of Parents Responding							
4	Full Day/5 days	60							
5	Part Day/5 days	24							
6	Full Day/4 days	18							
7	Part Day/4 days	40							
8									
9									

Highlighting the information that you would like to display, you can then go to the Standard Toolbar and select the Chart Wizard to help you create a graphic to represent your information.

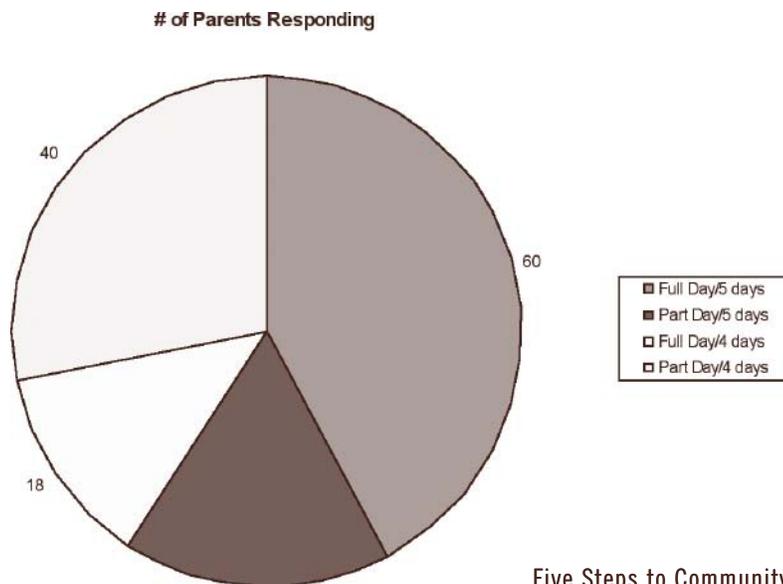
The screenshot shows the same Microsoft Excel spreadsheet as above. In this view, the cells from row 4 to row 7 (A4 to B7) are highlighted with a black border. In the Standard Toolbar, the "Chart Wizard" button is highlighted with a red arrow. Another red arrow points from the top of the page down to the Chart Wizard button.

Step by step instructions will then walk you through the process (see below).



From a number of different options (i.e., bar chart, line graph, pie chart), select the one that you think will best represent your data to your target audience (e.g., Tribal Council, Policy Council, Management Staff) in an easy-to-understand manner. You can try different options, share the results with your CA team, and select one that best suits your needs.

You can then print it out, share it with your target audience to get their feedback, and cut and paste the finished product into your Community Assessment report.





APPENDIX D:

Sample Enrollment Eligibility Criteria Scoring System

NAME	CRITERIA	CODE	PTS
Ethnicity	AI/AN, Enrolled Member of Grantee Tribe	EMGT	200
	AI/AN, Enrolled Member of Other Tribe	EMOT	100
	Non-American Indian/Alaska Native	NAIAN	00
Parents	One Parent	ONE	30
	Two Parents	TWO	10
	Foster	FOSTR	40
	Grandparent/Guardian	GRND	30
Disabled	Non-Disabled	NOND	00
	Potential or Suspected	SUSP	20
	DIAGNOSED: (see verification form)	DIAG	40
Income	At or below poverty level (see figures below)	ELIG	60
	25% below	L25%	70
	50% below	L50%	80
	75% below	L75%	90
	Over income 125% and above	OVER	-20
Other:	Full day eligible	FDE	60
	High social service need	HIGH	60
	Protective service referral	PSREF	50
	Referred from other agency/professional	REF	30
	Family crisis (terminal illness/death, homelessness)	CRIS	50
	High risk family (mental illness, disability) or serious child health problems	HRRISK	30
	Homeless Family	HLF	60
Age	Head Start eligible child's age (as of local public school system's cut-off date)		
	Returnee to 4 yrs. or older	RET	80
	4 years to 4 years or older	4-4+	60
	3 years to 3 years and 11 months	3-3+	40
	Early Head Start eligible child's age (as of local public school system's cut-off date)		
	0-11 Months (Infant)	INF	70
	12-23 Months (Mobile Infant)	MINF	60
24-35 Months (Toddler)	TOD	50	

2006 HHS POVERTY GUIDELINES

FAMILY SIZE	100%	25% BELOW	50% BELOW	75% BELOW	125% OVER
1	\$9,800	\$7,350	\$4,900	\$2,450	\$12,250
2	\$13,200	\$9,900	\$6,600	\$3,300	\$16,500
3	\$16,600	\$12,450	\$8,300	\$4,150	\$20,750
4	\$20,000	\$15,000	\$10,000	\$5,000	\$25,000
5	\$23,400	\$17,550	\$11,700	\$5,850	\$29,250
6	\$26,800	\$20,100	\$13,400	\$6,700	\$33,500
7	\$30,200	\$22,650	\$15,100	\$7,550	\$37,750
8	\$33,600	\$25,200	\$16,800	\$8,400	\$42,000
Each Add'l	\$3,400	\$2,550	\$1,700	\$850	\$4,250

Updated 2/6/2006

Source: <http://aspe.hhs.gov/poverty/06poverty.shtml>

Poverty guidelines are updated every year. (Please consult the above-referenced website source for the most current figures.)



APPENDIX E:

Community Assessment Glossary

Actual Enrollment: The term used in the Program Information Report (PIR) to refer to the total number of children who were enrolled for any length of time, provided they have attended at least one class or, for home-based children, received at least one home visit. This includes children who have dropped out or enrolled late (see also “enrollment opportunities”).

ACF: Administration for Children and Families: The Branch of the Department of Health and Human Services that administers Head Start and other programs concerned with children and families (formerly known as Office of Child Development and Administration for Children, Youth and Families [ACYF]).

ADA: Average Daily Attendance: The average number of children reported as present in any given week or month, divided by the funded enrollment. Excused absences are not counted as present.

Advisory Committee: Committees established to advise Head Start service areas. The Performance Standards require that there be a Health Service Advisory Committee (HSAC) consisting of Head Start parents, health service providers in the community, and other specialists. Advisory committees are also encouraged in the Social Services and Education service areas.

AI-ANPB: The abbreviation for the American Indian-Alaska Native Program Branch. The AI-ANPB is part of the Office of Head Start at the Administration for Children Youth and Families, Department of Health and Human Services. The AI-ANPB, sometimes referred to as “Region 11”, administers grants to American Indian and Alaska Native programs nationwide.

AI-TAN: The abbreviation for the American Indian Technical Assistance Network. As your technical assistance provider, AI-TAN is committed to assisting Head Start/Early Head Start grantees in achieving their mission to improve the quality of life for American Indian children and families.

BIA: Bureau of Indian Affairs: Under the U.S. Department of the Interior, the office responsible for the administration and management of land held in trust by the United States for American Indians and Alaska Natives. The BIA also provides education services to approximately 48,000 Indian students.

CB: Center Based: The abbreviation used in the Program Design form of the grant application to designate the Center -Based program option.

Center Committee: A committee composed entirely of parents who have children enrolled in a particular center.

CA: Community Assessment: The collection and analysis of information on the needs and characteristics of Head Start eligible children and families in the service area and the resources available to meet these needs.

Community Representative: Any member of a Policy Council or Committee who is not a parent of a currently enrolled Head Start/Early Head Start child, such as agency representatives and parents of formerly enrolled children.

Developmentally Appropriate: Any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental levels and cultural backgrounds of individual children.

Early Head Start program: A program that provides low-income pregnant women and families with children from birth to age 3 with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.

Enrollment: The official acceptance of a family by a Head Start/Early Head Start program and the completion of all procedures necessary for a child and family to begin receiving services.

Enrollment Opportunities: Vacancies that exist at the beginning of the enrollment year, or during the year because of children who leave the program, that must be filled for a program to achieve and maintain its funded enrollment (essentially the same as “actual enrollment”).

Enrollment Year: The period of time, not to exceed twelve months, during which a Head Start program provides center and/or family child care home services to a group of children and their families.

Family: All persons living in the same household who are: (1) supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption.

FPA: Family Partnership Agreement: An agreement designed to identify the interests, desires, goals, needs and strengths of Head Start families, and to help the program staff determine how Head Start can best work with the family to attain self sufficiency.

Funded Enrollment: The number of children that the Head Start grantee is designated to serve, as indicated in the grant award.

Goal: A broad, general statement that describes what an individual or organization wishes to accomplish in relation to an identified problem.

Governing body: The group of people that has the legal and fiscal responsibility for promoting and adhering to the purpose and policies of an organization.

HSAC: Health Services Advisory Committee: A local committee tasked with strengthening recommended child health care guidelines by drawing upon its knowledge of the community.

IEP: Individualized Education Program: A written statement for a child with disabilities, developed by the public agency responsible for providing free appropriate public education to a child, and contains the special education and related services to be provided to an individual child.

IFSP: Individualized Family Service Plan: A written plan for providing early intervention services to a child eligible under Part C of the Individuals with Disabilities Act (IDEA).

IHS: Indian Health Service: A federally-funded program to provide health services to American Indian populations; under the U. S. Department of Health and Human Services.

LEA: Local Education Agency: The agency at the local level that is responsible for the administration of public education programs.

MOU: Memorandum of Understanding: A written agreement between two parties that details components of a working relationship.

PC: Policy Council: This group works with the governing body to provide oversight for the local Head Start programs. The PC is set up at the grantee level. At least 51 percent of the members must be parents of the children currently enrolled in the grantee Head Start program. It also includes representatives from the community, but not staff or administrators of the program.

Performance Indicator: Selected items calculated from the Program Information Report (PIR) that measure program quality and compliance with the Performance Standards.

Performance Standards: The Head Start program's functions, activities, services, and facilities required to meet the goals and objectives of the Head Start program.

PIR: Program Information Report: The form that provides quantitative information to the federal government on key characteristics of each Head Start program. It is completed once a year by each grantee and delegate agency.

Policy Group: The formal group of parents and community representatives required to be established by the agency to assist in decisions about the planning and operation of the program.

Program Option: The provision of comprehensive child development services in centers (the center-based option), in the child's home (the home-based option), or through a combination of center and home-based programming (combination option). Head Start grantees design programs to meet community and family needs which may include locally designed program options (with prior federal approval), to include provision of Head Start services in family child care homes.

Program Year: The period that begins with the start of a Head Start program's grant.

Recruitment Area: The geographic area within which a Head Start program recruits Head Start children and families. The recruitment area can be the same as the service area or it can be a smaller area or areas within the service areas.

SCHIP: State Children's Health Insurance Program: A health insurance program for children, jointly financed by the Federal and State governments and administered by the States. Within broad Federal guidelines, each State determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures.

SEA: State Education Agency: The agency at the state level that is responsible for the administration of public education programs.

Self-Assessment: The process whereby the staff, parents, and community of a local Head Start program assess their program's compliance with the Performance Standards. This is an annual requirement for all programs.

Service Area: The geographic area identified in an approved grant application and in the FAA (Financial Assistance Award) within which a grantee may provide Head Start services.

Staff: Paid adults who have responsibilities related to children and their families who are enrolled in Early Head Start or Head Start programs.

Teacher: An adult who has direct responsibility for the care and development of children from birth to 5 years of age in a center- based setting.

Volunteer: An unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person in areas such as health, education, transportation, nutrition, and management.



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