February 1, 2008

Dear Colleagues,

This Community Assessment Workbook presents information that will help Head Start and Early Head Start programs conduct a thorough and up-to-date community assessment. The Workbook also will help programs identify new or underserved populations in the service area, assess their needs and identify available resources during the community assessment.

This Workbook describes the process of conducting a community assessment as a series of five steps: Plan and Organize, Design Data Collection, Gather Data, Review and Analyze, and Make Decisions. Each step is described in detail and examples are given from actual community assessments conducted by Head Start programs around the country. Guidance about how to write the community assessment report is presented. The Appendix includes extensive worksheets, checklists and charts for each step. In addition, URLs for e-resources on demographics, health and other information are provided.

Material from this Workbook has been used in trainings by Regional Offices. A draft of this Workbook was presented at the National Head Start Institute on Hispanic & Other Emerging Populations in 2007. Earlier versions of the Workbook have been distributed in Migrant and Seasonal Head Start and AI/AN programs and at the Second National Head Start Hispanic Institute 2006. Descriptions of the five steps have appeared in these earlier documents.

This Workbook was prepared prior to the signing of the Improving Head Start for School Readiness Act of 2007 (P.L. 110-134). Therefore, the Workbook does not reflect the new statutory requirements. In the coming year, regulations will be issued to reflect the new legislative mandates. At a later date, the Workbook will be revised to reflect the new requirements.

OHS has decided to make this Workbook available at this time because it is a valuable resource to programs and offers useful tools. As OHS continues to respond to the Act of 2007, it will be important for programs to consider any implications for their community assessment.

Sincerely,

Patricia E. Brown
Acting Director
Office of Head Start
# Five Steps to Community Assessment

A Workbook for Head Start and Early Head Start Programs  
SERVING HISPANIC AND OTHER EMERGING POPULATIONS

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For over 40 years, Head Start’s mission has been to serve the greatest number of eligible children and families and those in greatest need of its services. Who are these children and families in each service area and how can they best be served?

The answers lie in the Community Assessment (CA) that must be conducted by every Head Start and Early Head Start grantee every three years and reported in their grant application. In the interim two years, the grantee must review its CA and update it, if necessary. The CA is an assessment of the needs and resources of eligible families, the program, and the community within the service area. The Head Start Program Performance Standards and Other Regulations specify the kinds of information that must be collected and the programmatic decisions that must be based on the CA.

Five Steps to Community Assessment: A Workbook for Head Start and Early Head Start Programs Serving Hispanic and Other Emerging Populations will help your program conduct a thorough and up-to-date CA. The Workbook will help you understand the process of conducting a CA—the “how”—and also help you appreciate the value of a well-done CA—the “why.”

The guidance is useful for all programs because a well-done CA is critical to

- make informed decisions about service area plans and service delivery
- develop strategic plans for the agency
- respond to new Federal regulations or initiatives

“Head Start is a community-based program. Without a thorough understanding of community—its strengths and challenges, resources, and needs—Head Start can not fulfill its mission.”

Head Start Director
mobilize community resources and partnerships
reach out to additional funders

The material in the Workbook will guide all Head Start and Early Head Start programs to conduct a CA that will strengthen their programs and strengthen their ties in the community.

The guidance in the Workbook also will help programs conduct a CA to

identify new or underserved populations in the service area and assess their needs and available community resources

Meeting this purpose of the CA is important because there are demographic changes affecting Head Start programs in every state and territory—in cities, suburbs, and rural areas; these affected Head Start programs are large, small, and medium-sized. They may be faced with declining enrollment, or they may have full enrollment, yet they may not be reaching the newcomers or emerging populations in their communities. The children and families include Hispanics and many other nationalities and language groups.

Your program may be responding to these population shifts already or it may be anticipating them in the near future or it may not be aware of them yet. At whatever point your program may be, this Workbook will offer support and ideas about identifying and serving new and unserved populations.

The Workbook addresses the CA that is required every three years from grantees—referred to as the triennial CA. In the interim two years, grantees are required to conduct a review of information in the Community Assessment, and if necessary, provide an update. The last chapter of the Workbook discusses this process.

**Background**

*Five Steps to Community Assessment: A Workbook for Head Start and Early Head Start Programs Serving Hispanic and Other Emerging Populations* is one in a series of similar guidebooks.
made available to Head Start programs. Material in this *Workbook* has been compiled, in part, from these earlier publications.

Region XII, Migrant and Seasonal Head Start, identified the need for guidance in conducting community assessments, and as a result, published *Demystifying the Community Assessment Process* in 1997. A more extensive publication, *Five Steps to Community Assessment Workbook: A Model for Migrant and Seasonal Head Start Programs and Other Special Populations*, was produced in 2004 by the Region XII Technical Assistance Center, the Academy for Education Development (AED). Region XI, American Indian/Alaska Native Head Start, adapted the *Migrant and Seasonal Workbook* to the Tribal programs.

Subsequently, another version, *Five Steps to Community Assessment Workbook: A Model for Head Start Programs Serving Existing and Emerging Hispanic Communities* was distributed in draft form at the Second National Head Start Hispanic Institute in February 2006. In particular, that version was intended to guide the many Head Start programs around the country that have growing numbers of eligible Hispanic children and families who are not migrant or seasonal farm-workers.

All of these guides to the CA, including this *Workbook* have in common: an overarching framework of five steps, related content, and certain design elements.

**Organization**

**Chapters I-VIII**

The *Workbook* is organized into eight chapters of basic text followed by extensive Appendices. Chapters I-III provide an overview, starting with this Introduction. Chapter II focuses on changing demographics and their impact on Head Start. In Chapter III, the CA is described in detail including when it is required, who does it, and why it is done. The benefits of conducting a thorough CA are explained.
Chapters V-VIII describe the CA process as a series of five steps (as have previous version of the Workbook). They are

**Step 1: Plan and Organize**
the CA team, the CA content, the service area, a timeline, tips for getting started

**Step 2: Design Data Collection**
the definition of data, different kinds of data, sources of data, developing questions, quantitative and qualitative data, visual presentation of the data

**Step 3: Gather Data**
methods of data collection, guidelines for getting started, cultural considerations, large databases

**Step 4: Review and Analyze**
what is data analysis, its purpose, how to plan data analysis, analytic procedures

**Step 5: Make Decisions**
decisions based on the CA data, guidelines for recommendations and priorities, trend data, the CA Report

Each Step is discussed in depth and examples are given from actual CAs conducted by Head Start programs around the country. Information about how to write the CA Report also is presented.

As a user of the *Workbook*, you can approach the material in different ways. Some readers will want to start at the beginning of the *Workbook* and read each chapter in sequence. This approach will help ensure that your CA is conducted in a thorough, manageable way. However, others may decide to start with the chapter that interests them the most or that addresses their primary concerns about the CA process. You are encouraged to make this *Workbook* yours and make comments or notes on the white space in the margins.
Appendices A-E

Throughout the Workbook, reference is made to additional information that appears in the Appendices. A Table of Contents appears at the beginning of each Appendix.

Appendix A: CA Report
There are worksheets and guidelines for writing the CA Report

Appendix B: Worksheets for Steps 1-5
There are checklists and charts for each step of the CA. These tools are designed to lead you through the CA process – from the beginning step when you plan and organize your CA team and their tasks to the final step when you prepare a CA Report about your findings and their impact on your program. Examples of how to use these tools are given.

Appendix C: Worksheets for Data Collection
There are worksheets for data collection with specific questions about demographics, child care options and other required information along with samples of survey instruments that can be used with Head Start parents and community agencies.

Appendix D: National Resources
A list of national resources (many of them Web-based) provides useful information for the CA. The resources include government agencies and nonprofit organizations.

Appendix E: Regulations
There are copies of background material, such as the Head Start Program Performance Standards and Other Regulations (CFR 1304;1305); Program Instructions (PIs), and Information Memorandums (IMs).
Some of the worksheets and accompanying material have been adapted from the *Training Guides for the Head Start Learning Community: Planning and Reviewing for Success* (1999) and from *The Program Manager’s Guide to Evaluation* (1997). These resources are available at the Early Childhood Learning and Knowledge Center, or ECLKC, offered by the Office of Head Start at http://eclkc.ohs.acf.hhs.gov/hslc.
You may have noticed some changing demographics of children and families in your community. This chapter describes

- how these changes affect Head Start and Early Head Start programs
- how a program’s Community Assessment is used to gather information about new and emerging populations
- how decisions made by a Head Start program about selection, recruitment, and services are guided by findings from its Community Assessment

Finally, a snapshot of Hispanic and other emerging populations is presented.

References to the Community Assessment in the Head Start Program Performance Standards and Other Regulations are included in this chapter.

Changing Demographics

There may be new population groups that historically have not resided in your area; there may be growth in other population groups who have lived in your area for a while but have remained almost invisible. By far, the largest population change in the U.S. is the growth in Hispanics, but there are large numbers of immigrants, including refugees, from all parts of the world. In many urban, rural, and suburban communities, populations are in flux.
SERVING HISPANIC AND OTHER EMERGING POPULATIONS

ENROLLMENT BY PRIMARY LANGUAGE OF THE FAMILY

As reported in the Head Start Program Information Report for the 2006-2007 Program Year:

- English: 749,571 (69.94%)
- Spanish: 272,585 (25.43%)
- East Asian: 11,234 (1.05%)
- Middle Eastern/South Asian: 7,080 (0.66%)
- European/Slavic: 6,419 (0.60%)
- African: 5,233 (0.49%)
- Central/South American, Mexican: 3,726 (0.35%)
- Caribbean: 3,551 (0.33%)
- Pacific Island: 3,224 (0.30%)
- Native North American/Alaska Native: 1,466 (0.14%)
- Other: 733 (0.07%)
- Unspecified: 6,875 (0.64%)

What do these changing demographics mean for Head Start and Early Head Start? For over 40 years, Head Start’s mission has been to serve the greatest number of eligible children and families and those with the greatest need of Head Start services (as stated in the Head Start Program Performance Standards and Other Regulations (45 CFR 1305.3(f)(2)(i ii)). As the populations change, Head Start’s mission remains the same but programs should take steps to reach out and provide services to new populations and unserved neighborhoods (see ACYF-HS-PI-04-03).

As indicated in the 2005-2006 Program Information Report (PIR), Head Start is already serving diverse populations and this trend will continue in the years ahead. There are over 140 different languages spoken in Head Start. From 2000 to 2005, the percentage of families whose primary language was Spanish rose from 20.8 to 24.5. Head Start enrolled 20,000 more families of Hispanic or Latino origin in 2005-2006 than in the preceding program year. A large increase in the Hispanic and Latino Head Start population was in Region IV, the southeast.

How does a Head Start program know if it is affected by the demographic changes sweeping the country? The program’s Community Assessment (CA) is the key.

A Brief Look at the Community Assessment

The Head Start Program Performance Standards and Other Regulations (45 CFR 1305.3(c)) require that all grantees conduct a CA every three years. The CA must be reviewed in the intervening years and if necessary, updated for years 2 and 3 (45 CFR 1305.3(e)). A summary of the significant findings from the most recent CA must be included in the grant application (ACYF-IM-HS-00-12).

The CA covers the entire service area and must gather information on these general categories of information (45 CFR 1305.3(c)(1-6)):

- the demographics and the racial, cultural, and linguistic characteristics of low income families
- children and families’ needs who are eligible for
Head Start including children with disabilities

- the availability of program and community resources

The information is analyzed and used to help reach decisions in six areas (CRF 45 1305.3 (d)(1-6)). The goal is to ensure that the program is serving the greatest number of eligible families with the greatest needs in its service area. (More information on the requirements in the Head Start Program Performance Standards appears in Chapters IV-VIII of the Workbook).

What kinds of decisions might be affected by information in the CA about emerging populations? Where might a Head Start program need to do some rethinking in order to serve changing populations? The answers are straightforward. Information from the CA guides decisions in three broad areas: recruitment, selection, and program design and services.

**Rethinking Recruitment**

The Office of Head Start has charged all programs to increase their efforts to identify and recruit families that are new to their community. Head Start programs that are underenrolled are in danger of losing their funding. There have been a number of Program Information (PIs) and Information Memorandums (IMs) issued by the Office of Head Start (formerly the Head Start Bureau) with the purpose of clarifying eligibility, stressing the importance of service delivery to all eligible children, and identifying challenges in serving these populations. (See Appendix E for relevant PIs and IMs from the Office of Head Start.) The CA can help you determine if there has been a population shift in your service area that could result in under-enrollment or that could require enrolling new populations. If under enrollment is related to the availability of state-funded preschool for Head Start eligible children, the CA also can help you understand and respond to that growing initiative across the nation.

Here is an example that illustrates how changing employment patterns in a service area have meant that the Head Start program will need to reach out to the eligible newcomers.
“In many communities throughout the country, there have been dramatic changes in population and demographics over the past decade, such as the large number of Hispanics living in areas where they have not traditionally lived. Are there new populations who have moved into parts of your service area where your Head Start program does not recruit children? Does the location of your program’s centers or its transportation services make it difficult or impossible for these families to enroll in Head Start? It is important that you regularly review your designated recruitment areas to be sure they continue to be appropriate. We urge you to make special efforts to reach populations who historically have been underserved. Changing demographics should result in a changing Head Start program.”

Rethinking the Selection Criteria

The two criteria in the Head Start Act and the Head Start Program Performance Standards and Other Regulations regarding eligibility for Head Start participation in all programs are (45 CFR 1305.4):

1. Families must fall within the income poverty guidelines, as published every year. Additionally, up to 10 percent of the children enrolled may be from families that exceed the low-income guidelines.

2. Children must be age eligible.

There are additional eligibility criteria for Migrant and Seasonal programs and American Indian/Alaska Native programs (45 CFR 1305.3 (a); 1305.4 (b)(3)). More information can be obtained from their Branches.

Each Head Start program may set additional criteria that define the types of eligible children and families who will be given priority for local recruitment and selection (see CRF 1305.6 for...
information on the selection process). As your Head Start program conducts its CA, you may identify Hispanics and emerging populations that have not been previously enrolled. It may be necessary to re-evaluate the selection criteria in order to ensure that they can enroll and benefit from Head Start. For an example of how a Head Start program might give priority to newcomers, consider this situation:

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Generally, an urban area has many Head Start eligible families; programs have long waiting lists. Over the last ten years, the families that have been traditionally served by Head Start are moving into higher paying jobs and recent immigrants from other parts of the world are taking over the lower paying jobs. As a result of the Community Assessment, the Head Start program has revised its selection criteria to target the emerging populations who are in greatest need of services. Priority is given to families where:

- the child is not exposed to English at home or
- the parents need help with their transition to the U.S. or
- the families are suffering post-traumatic stress, having fled civil war in their homeland.

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Rethinking Program Design and Services

As the population being served in a Head Start program changes, it is essential to review the program design to ensure that it meets the needs of families and children. For example, your program might re-examine these program features which are required in the Head Start Program Performance Standards and Other Regulations:

- hiring staff who can communicate with families and children
- equipping classrooms with materials that reflect the cultures of the new families

“Although I am a director that welcomes change, it can be difficult to convince the staff that change is good for our program. We can’t keep doing things the way we do because our environment is changing.”

Executive Director of a grantee
WHO IS HISPANIC/LATINO?

The U.S. Department of Agriculture’s (USDA) Economic Research Service in their December 2005 Rural Hispanics At a Glance resource uses the following definition: “Hispanic refers to those individuals who identified themselves as “Spanish,” of “Hispanic origin” or “Latino” on the Decennial Census in 1980, 1990, and 2000 (or the Current Population Surveys of 2002, 2003, and 2004). Some respondents identify with all three terms while others may identify with only one. Hispanic identification is an ethnicity, which is independent of race. In 2000, roughly 48 percent of Hispanics identified race as White, 42 percent as some other race, and the remaining 10 percent as Black, Native American, or Asian. Roughly half of all Hispanics refer to themselves as “Latinos.” Note that Hispanics’ ethnicity encompasses a wide span of experience, ranging from families having lived many generations in the United States to recently arrived migrants…”

- providing meals that include foods from the families’ cultures
- supporting the children’s home language

Program options might also be reconsidered, as in this example:

A new population has come into the service area. As part of the Community Assessment, interviews were conducted with community leaders and families not yet being served in Head Start. The results indicated that their culture values caring for young children in home settings rather than in classroom settings. The Head Start program is now considering expanding its program options to include a home-based program.

Other reasons for rethinking program design and services may emerge from the CA such as the expansion of state-funded prekindergarten programs. Findings from the CA may lead your program to collaborate in innovative ways with the public schools in order to serve families and children. A well-done CA provides a solid foundation for establishing the direction and services of your program.
A Snapshot of Hispanic and Other Emerging Populations

Learning as much as possible from reliable sources about new populations in your community will help your program to develop positive approaches to gathering community and family data for the Community Assessment. There can be great diversity in lifestyles among people who speak the same language or who come from the same country. As you conduct your CA, aim to learn about the unique characteristics of your population groups. Keep in mind that the information presented in this “snapshot” is very general and may not apply to groups in your service area.

Family Life

The traditional Hispanic family is a close-knit group and the most important social unit. The term “familia” usually refers to more than the nuclear family of parents and children and includes extended family. Many emerging populations from Africa and Asia define the family in similarly broad ways. Grandparents, aunts, and uncles and non-biologically related members of the same tribe, clan or village may be considered “family.”

In many emerging populations, extended families share a living space. However, for some immigrants or refugees, the traditional extended family has been disrupted. The grandparents or other family leaders continue to reside in the home country while the younger generation has relocated to the U.S.

Residential Patterns

The Department of Agriculture’s Economic Research Service (2005) reports that rural America is home to a fifth of the nation’s people. Hispanics are both newcomers to some regions of rural America but they also are some of the oldest inhabitants in parts of California, New Mexico, Texas, and Arizona where they pre-date statehood. Many newcomers are settling in rural or suburban areas where jobs can be found.

In general, rural residents have a lower cost of living than urban residents, usually due to more affordable housing and food costs. Urban and suburban low-income families are primarily renters; one third to half of their income may be used for rent. That does not leave much money for other necessities, including quality food which may be expensive in their locale.

Whereas in the past, most inner cities had a section that was settled by an emerging population, nowadays the group may be widely dispersed because low-income housing is hard to find. There may be a high turnover of low income, eligible families in neighborhoods as they search for more affordable housing elsewhere.

In many communities, the presence of Head Start eligible families may not be noticed by other residents, agencies, or organizations. This means that it may be difficult to identify emerging Hispanics or other population groups as your program undertakes the CA.
Community Life

In some rural areas, families may live far apart and travel long distances to meet up. They may have a favorite gathering place, such as a store, a restaurant, or a place of worship. Emerging populations in urban or suburban areas may also be spread out because of the scarcity of affordable housing. For populations that may have lived in a village or small community before coming to the U.S., this is a new experience. Now they may be living among many others who do not share their language or culture. Some families may end up feeling isolated, but for others, this is an opportunity to share traditions and lifestyles.

Gathering information on the transportation needs of Hispanics and emerging populations is an important part of the CA. The findings may have implications for the location and hours of operation of your Head Start program and for the provision of buses to transport children.

Among many newcomers, information is passed mostly by word of mouth. Grocery stores and places of worship are the main places people meet, visit, and exchange information. In many areas, there are Spanish language media that include newspapers, TV and radio stations. Media outlets are one avenue for disseminating information about Head Start and recruiting eligible families.

As you conduct your CA, identify the places which serve as “gatekeepers” for the emerging populations—where they find resources, services, translators, and assistance of many kinds. Often, a community service agency or a faith-based organization will be the “gatekeeper.” Locating the “gatekeepers” will lead you to people who can provide you with information about the new families, available resources, and unmet needs. They also may be willing to serve on the CA team.

Attitudes Toward Hispanics and Other Emerging Populations

In some areas, newcomers may be welcomed because they provide much-needed labor and bring about economic re-vitalization. Many refugees who are settling in new places may be welcomed too because the local community knows of the hardships they have endured.

Whether settling in urban, suburban, or rural areas, some newcomers may find an initial wariness and suspicion. At first, local residents may feel very uncomfortable around people who do not speak English or speak it with an accent they are not used to or who have different customs. Many communities may be challenged to provide services for the working poor who are long-term residents as well as for the newcomers.

As you collect information from eligible families and from community organizations as part of your CA, your program will learn more about the prevailing views and attitudes. Head Start programs can be good-will ambassadors and advocates for Hispanic families, refugees, and other immigrants.
The Community Assessment is an important undertaking for every Head Start and Early Head Start grantee. This chapter provides useful information about many aspects of the Community Assessment including:

- when it is required
- who does it
- why it is done

At the end of this chapter, there is a list of suggested materials that will help you prepare for and conduct the Community Assessment.

**What is a Community Assessment?**

The Community Assessment (CA) is the collection and analysis of information on the needs and characteristics of Head Start and Early Head Start eligible children and families in the grantee service area. It identifies program and community resources available to meet their needs and specifies where there are gaps.

The CA also identifies issues and trends in the service area (i.e. geographic area) having the greatest impact on families with young children. For example, the CA might identify a low-income housing shortage that could result in under-enrollment for your program. It might report a population shift from one geographic area to another that means the location of centers needs to be re-assessed.

Ultimately, the completed CA report is used to make decisions

“Population changes in our community are not a challenge to be feared. Rather, they lead us to a new way of doing things to help these families and children who need us. That’s what Head Start is all about.”

Executive Director of a grantee
If staff, parents, and community partners consider the Community Assessment a vital part of the Head Start program’s work then they will understand that each of them has a “stake” in making it the best Community Assessment possible!

and influence program planning and evaluation, both at the grantee level and the Federal level through the Regional Office. Areas where the CA report can influence decisions include, but are not limited to, recruitment and selection criteria, staffing patterns, program options, location of centers, and how services will be delivered to children and families. Your CA report also provides a basis for funding decisions made by the ACF Regional Office.

**When is a Community Assessment Required?**

As stated in the *Head Start Program Performance Standards and Other Regulations* (Management Systems and Procedures (45 CFR 1304.51 (a)(1) (i-iii)) and Eligibility, Recruitment, Selection, Enrollment and Attendance (45 CFR 1305.3)) grantees must prepare a comprehensive Community Assessment every three years and include a summary in their first year grant application. Problems or issues with the CA may delay processing of the grant application. In the intervening two years, grantees are required to review their Community Assessment Report and if necessary, update the information and reconsider the decisions.

**Who Does a Community Assessment?**

Each Head Start grantee is required to conduct a Community Assessment. For grantees with delegate agencies, the CA is a two-tiered process. The grantee determines the overall process, and each delegate participates in the process. For example, if you work for a delegate, your program may be responsible for answering certain questions based on information about your enrolled children and families and about the local community, including population shifts. You then provide this information to the grantee to use in its final CA report. The grantee and its delegate agencies must agree on the tasks and the timeline related to the CA.

**Why Conduct a Community Assessment?**

There are eight basic reasons why programs conduct a comprehensive Community Assessment. Some reasons have more to do
with the program’s funding requirements and internal planning; others relate more to the program’s external relations with the community. But all reasons point to this essential question: how can Head Start serve the greatest number of eligible children and families and those who are in greatest need?

1. Meeting Federal Requirements

The Head Start Program Performance Standards and Other Regulations — specifically, Programs, Management Systems and Procedures (45 CFR 1304.51(a)(1) (i-iii) and Eligibility, Recruitment, Selection, Enrollment and Attendance (45 CFR 1305.3) — detail the content and uses of the Community Assessment (see Appendix E).

The Office of Head Start and the Regional Offices use data from the CAs to stay informed about pockets of emerging populations throughout the country. Regional Offices use the data to assist programs in serving eligible families most in need.

2. Making Decisions and Program Planning

The CA is an integral part of the Head Start and Early Head Start program planning process. The CA is the basis for designing service area plans and for implementing comprehensive services that meet the needs of eligible children and families. The Policy Council and the governing body are required to use information from the CA in making decisions about program options, types of services, the location of centers, hours/months and length of operation, recruitment areas, recruitment and selection priorities, and program goals and objectives.

3. Educating Staff and Others

A comprehensive CA is an effective way to educate staff, parents, policy advisory groups, and the governing body about the needs, strengths, and characteristics of families and about trends in the community. The CA can be used to orient new staff and

“I have found that new staff, community members, Federal program specialists, consultants and trainers, as well as monitoring reviewers use the Community Assessment to learn about our Head Start program.”

Head Start Director
volunteers and to plan training. If new populations have been identified in the CA who are eligible for Head Start, it is important to share information about them with decision-makers in the community. It is possible that agencies and organizations will rely on the CA results to improve their services.

4. **Addressing Changing Priorities and Policies**

The Office of Head Start routinely identifies priorities based on the latest evidence and research findings. Recent Federal priorities include full enrollment and oral health that need to be addressed at the local level. Broad policy initiatives, such as early literacy, or Federal or state legislation, such as welfare reform, also impact programs. These changing priorities and policies can present challenges to programs, but the CA can help you respond by identifying the populations affected and the resources that are available or that need to be put in place.

5. **Responding to Trends and Changes in the Community**

It is crucial for you to develop a variety of sources of information for the purpose of identifying trends and changes in the community. Changes in the economy or local infrastructure, as well as natural disasters, impact Head Start programs in a variety of ways. These events can become the tipping point that cause a program to temporarily close, relocate or adopt a different approach for service delivery. The CA can help you anticipate the impact of such changes and meet them successfully.

A growing trend is the increased enrollment of children in state-funded preschool programs. In 2004-2005, these programs in 38 states served more than 17 percent of the nation’s 4-year-olds, making them an even larger provider than Head Start which served 11 percent of 4-year-olds (National Institute of Early Education Research, 2005). Many Regional Offices report that Head Start eligible children are now being enrolled in the state preschool programs.

“*The sign of the growing number of Hispanic families moving into our service area is the increase in the number of Hispanic businesses. We see them everywhere.*”

_Executive Director of a grantee_
Families prefer them for many reasons which may include accessibility, provision of transportation, and hours of operation.

If your service area includes a state-funded preschool program, your CA should be sure to include discussion with school officials about this trend and how it might affect your Head Start program. If your state is considering a preschool initiative, your data-gathering for the CA will include discussions with school officials so that your program can plan ahead.

6. Mobilizing Community Resources
The CA process can aid in identifying a range of community resources, especially agencies that have begun to serve new populations. The collection of information and opinions from employers, community groups, and organizations increases awareness about the available services and the gaps. A primary resource for your Head Start program might be the local school district which can have useful databases as well as resources for families who are newcomers to the area. State and local child care offices often have extensive information about low-income families and children who need services.

7. Maximizing Community Partnerships
Head Start and Early Head Start programs, in conjunction with their community partners, are expected to strive to improve the quality of life for eligible children and families. Working together with your partners can result in improved service delivery, the optimal use of existing resources, and the expansion or creation of new services. The CA demonstrates the need for a concerted effort and provides information to help establish community-wide priorities. The CA also can identify new community partners that your program may not have worked with in the past.
8. Applying for Additional Funds

The CA can be used to develop new programs or explore new partnerships to broaden service delivery. A comprehensive CA can be used to support applications for private, state, or other Federal funding where demographic information and needs assessment are required. Findings from the CA also can be used to support your requests to local businesses for funds, supplies, or other kinds of contributions. Head Start programs can partner with other programs, such as child care, to pursue joint funding options that will utilize information from the CA Report.

How is a Community Assessment Done?

In preparation for conducting a CA, teams should familiarize themselves with the following:

- Head Start Program Performance Standards and Other Regulations that pertain to Community Assessments: (45 CFR 1304.51(a)(1)(i-iii)) Management Systems and Procedures and (45 CFR 1305.3 Eligibility, Recruitment, Selection, Enrollment, and Attendance (see Appendix E).

- the grant application process, including requirements and timelines

- contents of this Workbook, including the five basic steps in the Community Assessment process which are addressed in the chapters that follow

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

- Appendices in this Workbook which provide guidelines for the CA Report, Worksheets for Steps 1-5, Worksheets for Data Collection, and additional resources.
Step 1 is about how to get started on the Community Assessment (CA). You have to make plans and organize multiple tasks in order to ensure that you end up with quality information and a useful report. This chapter discusses

- how to form a CA team and what its responsibilities are
- the content of the CA
- the focus on the service area
- how to develop a time line
- tips for getting started

Laying a solid foundation for the CA process in Step 1 will launch you into Step 2 where you design the data collection methods.

**Establish the Community Assessment Team**

In conducting a CA, a team approach is effective because it distributes the effort among many people and adds a variety of perspectives. As soon as the CA team is formed, a team leader should be selected. This person will be the primary point of contact throughout the CA process and the writing of the CA report.

“*I moved to this community not long ago. Being part of the CA team has given me an in-depth picture of my community. This information will help me fulfill my responsibility as a governing board member and in upholding the agency’s charter.*”

_Governing Board Member_
Forming the Team

Generally, the CA team should include:

- Head Start Director and key management staff
- Members of policy groups, preferably those who serve on other committees such as the Health Services Advisory Committee (HSAC) and/or Education Committee
- Key community representatives from the Governing Body
- Representatives from partnering programs, social service agencies, and city/county government

It is helpful to have at least one team member who likes to deal with numerical (quantitative) data.

The CA team plans and implements the process, interprets the data, and presents information for review by the Policy Council and the agency’s governing body.

When determining the team structure that your program will implement, remember that your goal is to obtain an accurate and comprehensive CA while encouraging the effective participation of team members. You can explain how team members will benefit from their active participation in the CA—they will become better informed about their community, the Head Start program, and the direction forward (see Appendix B–Worksheet 1.A on the roles and responsibilities of the CA team).

Roles and Responsibilities of Team Members

The **Head Start Director** has the responsibility for ensuring that the CA is fully and accurately conducted and that the required CA information is submitted with the grant application (45 CFR 1304.50 Appendix A (Governance and Management Responsibilities)).

The Director also is responsible for ensuring that information from the CA is used in program development and strategic planning.
In some grantees, the Executive Director assumes responsibility for leading the CA process and the Head Start or Early Head Start Program Director is the vice-chair or co-leader. In this arrangement, the grantee can collect community assessment information for non-Head Start programs that the agency also sponsors (such as job training or elder care).

**Head Start staff** from all program areas including education, health, family services, disabilities and transportation have important information and insights to contribute to the CA. It is useful to have staff at different career levels participate in the CA. They may have different perspectives and have access to different sources of information about the emerging populations and community resources. The information gathered and analyzed in the CA should reflect a perspective that encompasses all aspects of the Head Start program services.

It is important to communicate to all your program staff, whether they are an “official” member of the CA team or not, that they can be the eyes and ears of the CA. Everyone in Head Start shares responsibility for learning about the community, its families, and its resources.

**Head Start parents** are an important source of information and key advisors in the CA process. Their participation includes acting as:

- decision makers as members of policy groups or committees,
- channels of information and views from eligible families in the service area, and
- collectors of information and views from other Head Start parents.

Parents also have information regarding trends in the local economy, child health status, and service needs that impact Head Start planning and programming.

**Community partners** and other agencies often have their own needs assessments. These assessments cannot replace the Head Start Community Assessment, but they often contain detailed information on issues relevant to Head Start eligible
children and families that should be included in your CA.

Grantees that are part of city/county government agencies or large multi-purpose community action programs may find that their personnel can be knowledgeable members of the CA team. They may be addressing many of the same issues related to changing demographics and emerging trends. Human service agencies and non-profit service groups often have information, expertise, or services that could inform your CA.

As they collaborate in the CA process, these groups may become invested in your Head Start program and decide to expand their role in the community. The CA process is an opportunity to strengthen existing partnerships, create new partnerships, and increase awareness of the contributions of the Head Start program to the local community.

The Governing Body, Policy Council, delegate Policy Committees and advisory committees should be kept informed regarding the progress of the CA and have an opportunity to ask questions and provide input. Whenever possible, discuss the findings with appropriate decision-making bodies before the complete document is finalized and presented to targeted audiences. This dialogue will enrich the CA process and enhance participation from all stakeholders in the decision-making process.

Consultants may be used if your Head Start program does not have the expertise to conduct the process. A consultant who knows Head Start and has worked with similar agencies would be an asset. Select a consultant whom you know can work with the CA team in a collaborative fashion and will prepare a final product that can be used as intended. The consultant should be a partner through each step of the CA process. You will want the consultant to provide ongoing updates and keep you informed along the way. If a consultant is used, the CA team still needs to lead the way forward and ensure that the final report meets their expectations.

Your program may want to request assistance including training of the CA team from your Head Start technical assistance provider or from an agency familiar with the community assessment process.
What Must Be Included in the Community Assessment?

The Head Start Program Performance Standards and Other Regulations (45 CFR 1304.51(a) (1)(i-iii) and 45 CFR 1305.3) specify the information that must be included in the Community Assessment and submitted with the grant application (see Appendix E for the relevant regulations).

To summarize, the grantee agency is required to collect and analyze information in the CA about:

1. the demographic make up of Head Start eligible children 0-5 years old and their families, including their racial and ethnic composition;

2. other child development and child care programs that are serving Head Start eligible children;

3. the estimated number of children with disabilities, four years old or younger; their types of disabilities; and available community services and resources;

4. 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 the families themselves and local institutions;

6. community resources that could address the needs of Head Start eligible children and their families.

After you have collected and analyzed all the information relevant to these six areas, you will be able to make decisions as required in your grant application. You will use the CA findings to prioritize key issues, determine the unmet need for Head Start and Early Head Start services among eligible children, and identify recruitment areas. You will present information about your service area and your conclusions in the CA report.
Target the Service Area in the Community Assessment

Keep in mind that the CA must provide information on the entire service area, not just on recruitment areas.

- The service area is defined as the geographic area identified in an approved grant application with in which grantee may provide Head Start services. The service area may be one or more counties, a municipality, or even a particular section of a city.

- The recruitment areas are the geographic areas within which the grantee and delegate agency recruit Head Start children and families to participate in the program. Recruitment areas may be identical to the service area or smaller areas within the service area.

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

The CA addresses the entire service area which may include areas that are not currently targeted for recruitment. It could be that Hispanics and emerging populations are living in these areas. The CA is designed to identify eligible children and their families who are most in need of Head Start services, and as a result, your program may need to revise its recruitment and selection criteria to reach these populations. In turn, changes in enrollment may require relocation of existing centers or redesigning program options.

Establish a Timeline

The length of time it takes to gather information for the CA and then to write the CA report will vary, depending on the size and complexity of the Head Start grantee, of the community at large, and of the service area. Many programs start the CA process 12 months before their grant application is due—the first 9 months are spent collecting and analyzing the information, writing the CA report, and making plans to integrate the CA findings into program planning for the grant application.
The last 3 months are spent finalizing the grant application. (A sample timeline is included in Appendix B.)

The CA report feeds into the grant application because it provides the evidence and the rationale for certain decisions. For example, proposed changes to program options, locations or recruitment criteria that are presented in the grant application must be guided by the information previously gathered and analyzed in the CA report.

**Getting Started**

It is very helpful to have a well-thought out plan to guide the process of the Community Assessment. As you begin to make plans, you will need to make some decisions and plan ahead:

- Decide on the structure you will use—a CA Work Group that is composed primarily of members of existing committees and functioning groups in the Head Start program, or one that involves the creation of a new CA Committee.

- Select the CA team members from the agency and from the community at large.

- Make sure that each staff member’s time has been “freed up” or partially reassigned by their supervisor so that they have the necessary time to devote to the CA.

- Ensure that all CA participants are trained to understand the importance of the CA and its impact on the provision of Head Start and Early Head Start services to children and families.

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

To ensure an efficient process it will help to use some organizational tools:

“As I participated on the CA committee, I learned about the demographic changes in our community. It helped me to understand the need for changing our program options and how to help my colleagues understand why this was necessary.”

*Head Start Family Service Worker*
■ Draw up a plan—a chart—that includes the tasks and the time frames assigned to each team member. Distribute this chart to all team members so they can stay informed about the overall process (see Appendix B–Worksheet 1.B).

■ Keep a calendar to help your CA team, the Policy Council and the governing body informed. Define the tasks that should be underway each month and note the expected completion dates (see Appendix B–Worksheets 1.C and 1.D) You can add other important program-wide tasks to the calendar, such as the PIR, OHS Monitoring Review and the program self-assessment.

From the very beginning, a vital part of the CA process is communicating.

■ Consult with the grantees’ governing body and the Policy Council (and other policy groups at the delegate level) regarding the CA plan prior to its implementation. Solicit ideas and assistance from these members regarding the proposed CA process.

■ Include a strategy for keeping the governing body, the Policy Council, the Head Start Director, and other key players and advisory groups informed regarding the progress of the CA.

To be most useful, the CA process should be an ongoing part of the grantee’s annual planning system for Head Start. The necessary data gathering and identification of trends and changes in the community can be done year-round, even when the Head Start program is not in session. During the interim years 2 and 3, programs need to continue to collect information about changes in their eligible populations and service area, and if necessary, update their CA Report. (For more information, see pages 88-89).

It is important to remember that the CA does not stand in isolation. It ties into your Head Start program’s strategic planning and decision-making. The CA provides the foundation for
many of your program’s ongoing efforts to improve its service delivery to the greatest number of children and families with the greatest needs.

At the end of this chapter, there is a graphic to help you visualize the CA process through Steps 1-5 and see how it leads to the grant application.

Worksheets for Step 1

The following worksheets found in Appendix B will assist you in completing Step 1.

- IA Create the CA Team.................pg. 125
- IB Organize the CA Process ..........pg. 127
- IC Planning Calendar..................pg. 129
- ID Timeline.............................pg. 135
- ID Organize Step 1 .....................pg. 137
STEP 1: PLAN AND ORGANIZE

CA Process

Step 1: Plan and Organize

Step 2: Design the Work

Step 3: Gather Data

Step 4: Review and Analyze Data

Step 5: Write the CA Report with Results and Recommendations

Governing Body Approval for Program Priorities

Grant Application

Strategic Planning
Once your CA team is in place, you will be ready to come up with a plan for data collection. There are many decisions that are made during this design process, and some of them will probably change as the CA gets underway. This chapter discusses some of the issues that you need to consider:

- what is data
- what kinds of data are needed for the CA
- collecting internal and external sources of data
- developing questions to ask
- quantitative and qualitative data
- visual presentation of the data

Step 2 is the precursor for going out to collect information which is described in Step 3.

What is Meant by Data?

The word “data” is short hand for information. Head Start requires the collection of data at a variety of times and in a variety of areas. The data or information you often collect in Head Start can take many forms, such as:

- **Numbers**—Teachers count the number of children present in class on any given day; a family service worker records the number of home visits to each family; the program keeps track of how many children have been referred to health clinics. Numbers are used in evaluating every aspect of the program’s services and systems.
Words—Interviews with family members during a home visit, a parent teacher conference, discussions during in-service training, or a Policy Council meeting provide valuable data.

Pictures or Photos—Photos provide information about a new center or a community playground.

Maps—Maps of the recruitment and service areas are required for the grant application. They are an invaluable resource for other purposes, such as a visual depiction of data on poverty level or on children’s ages for each census tract in a county.

Media Reports—Newspaper articles or TV/radio segments about the Head Start program or interviews with staff and parents are data. A feature story about emerging populations in the service area or a new Head Start center also are sources of information.

It is obvious that one thing that Head Start programs do frequently is gather data! During the Community Assessment process, your Head Start program must target data collection as a priority.

What Types of Data are Needed?

As cited in the Head Start Program Performance Standards and Other Regulations (45 CFR 1305.3 (c)), you are required to collect six types of information about your service area and include it in the Community Assessment (CA):

1. Demographic Make-up of Head Start Eligible Children and Families
   The information is used to create a portrait of the families typically served by your program and includes information on:
   - racial and ethnic composition and primary language(s)
   - number of children by age and family and
household composition

- average education level of parents and types of employment
- housing and environmental conditions
- geographic location in the service area

Internal information from enrollment forms and the Family Partnership Agreement is relevant. If your program is using a data tracking system on children or families, it will generate a computerized report of family characteristics.

Information about newcomers and underserved populations also is necessary. You will need to collect data from external sources, such as the Census Bureau, to help you estimate the number of eligible families and to learn about their cultures, their strengths, and their needs (see Appendix C for suggested sources of information).

2. Information on Children’s Programs That Serve Head Start Eligible Children in Your Service Area

For example, consider state subsidized childcare, state-funded prekindergarten programs, and family child care in your service area. If there are Migrant and Seasonal or AI/AN Head Start programs, note them, too. Identify the number of child care slots available for infants, toddlers and preschoolers, the location of the programs, and the approximate number of Head Start eligible children served by each program. Identify whether they serve or are licensed to serve children with disabilities and if they have the capacity to serve non-English speaking children and families. Examine whether staff reflect the culture and speak the language of children. Assess the availability and the accessibility of services to eligible families. You will need to collect these data for the entire service area.

Given the growing trend for states to offer preschool programs, it is important to find out the status of

“Many of the groups serving children in our service area are “grassroots” programs and they haven’t developed systems to keep track of the number and characteristics of the children. The vast number of these groups makes it difficult for us to contact them during the CA. But it’s important that we try, so we can minimize the duplication of services thereby maximizing the effectiveness of our program.”

Executive Director of a grantee
state-funded programs in your service area. How many 4- and 3-year olds do they serve? Do they include children with disabilities? What kind, if any, comprehensive services do they offer?

Among many population groups, young children are cared for by relatives or neighbors (referred to as “kith and kin” in the early childhood field). These are often unlicensed and informal arrangements. They may not appear in official counts of child care arrangements. However, it is important to estimate their prevalence for the CA because they might indicate a need for child care services for eligible families.

3. Children with Disabilities

There are three factors that must be taken into account when you collect information on children with disabilities. First, you must identify the number of infants, toddlers and preschool children with disabilities in the service area including a list of the type and range of disabilities. Second, you need to describe the type of resources and services provided by community agencies to young children with disabilities. Third, it is necessary to report the number of enrolled Head Start children with disabilities in your service area and to report on the resources and services available to them.

All this information will help your program estimate the future enrollment of children with disabilities.


Sources for information on these needs are both internal and external. Collecting data from program staff, parents, and local service providers will give your Head Start program in-depth understanding of family and child needs. (See Appendix C—the Data Collection Worksheets for suggested questions and data sources). Your goal is to present a
balanced, comprehensive assessment of the needs, drawing upon a variety of sources of information.

Most likely, your program has needs assessment information already on hand. Data for the PIR, minutes of advisory committees, and social service logs are just a few examples of accessible internal information. Your community partners, media outlets, and Web sites will offer information about the needs of the community at large and the newer populations your program might serve.

5. Education, Health, Nutrition and Social Service Needs of Head Start Eligible Children and Families as Defined by Families and Community Institutions Serving the Needs of Young Children

It is required that the CA include information from eligible families who are currently enrolled in Head Start. Information from eligible families not enrolled also should be included—these may be underserved Hispanic families or immigrants from other parts of the world who have moved into your service area. The families and local institutions should be asked about the educational, health, nutritional, and other needs of the children and family members.

Then, your program will need to compare the views of the families and the community institutions in order to identify needs and gaps in services. You may find that in spite of the existence of many community services, newcomers or other populations do not use them. The families may not know about them; they may not find them “user friendly;” they may encounter language barriers. In any case, it is important to identify the obstacles faced by low-income families.

Remember that new populations may rely on faith-based institutions to help meet their needs. They also may turn to advocacy organizations. In some communities, young children attend “Saturday schools” that instruct them in their home language

“In our meeting, the HS staff asked us to tell them about what we liked, and did not like about Head Start. It is very nice that they care to know what we think of their services.”

Focus Group Parent
and culture and possibly, their faith. All of these institutions are places where newcomers are welcomed by people who speak the same language and who can offer guidance and assistance. If you reach out to these institutions, you may find that their leaders and members can provide you with very useful information for your CA.

6. Community Resources

For emerging populations, it will be very important to gather information about programs that help newcomers make transitions into housing, jobs, and school situations. For refugee groups, local government agencies are designated to provide help and resources; if newcomers have been sponsored by faith-based organizations, they often provide resources, including translators and transportation to social services. But there may be many eligible families who are not connected to a support network in your community, and they may be most in need of your program’s support. By including a thorough description of available community resources in the CA, your program can determine which services can be provided by Head Start and which are best provided by your community partners (see Appendix C: Data Collection Worksheets).

In addition to data addressing these six topics, you need to collect other kinds of information. The transportation needs of eligible populations should be addressed in the CA. The CA can help identify public or private non-profit transportation providers and other human services agencies who might be willing to collaborate. If no local Transportation Coordinating Council exists in your community, your agency might consider helping to establish one.

In the course of the CA, you also need to collect information about trends and changes in your service area. Referred to as “trend identification,” this process can place your program in the best position to serve the eligible children and families most in need. Contact local employers, city or county governments,
and community partners to obtain information on local employment and housing trends. Document any changes in area jobs such as in the agriculture, construction, or service sectors. Your CA Report will include a discussion of trends anticipated over the next three years. Head Start programs can use these trends to predict the arrival of new families and to assist in program planning.

**Collecting Internal and External Data**

One useful framework for designing data collection for the Community Assessment is to think about the sources of the data. Where will you go to get the information you need? Specifically,

- **internal data** include past and current program data such as your program PIR and agency information, enrollment forms, social service logs, bus logs, children’s health records, IEPs, and minutes of various advisory committees

- **external data** refer to sources outside your program and agency, such as local community agencies, faith-based organizations, families not enrolled in Head Start, public schools, state agencies, and the U.S. Census

In order to identify underserved or emerging populations in your service area, you will need to rely heavily on information from external sources (see Appendix C for guidance on identifying data sources).

Some external data are available to you in the form of published statistics or reports. Other external data require that you develop data-collecting methods. For example, information about local services for immigrant groups will probably be elicited from surveys of community agencies and interviews or focus groups with members of the immigrant community.

“I participated in the focus group meeting of Community Partners. It allowed all of us to share information about our resources for our clients. This information became very useful to me in doing my work at our agency.”

*Community Partner*
Developing Questions to Ask

The kind of information you are required to gather in the CA shapes the questions you will ask (45 CRF 1304.51 (a) (1) (i-ii)). For example, you will need to ask families about the services they are receiving from Head Start in order to assess whether their needs are being met. You will have to ask child care providers about their enrollment of different age groups and children with disabilities. In other words, you need to think about the data you must report about your service area in order to figure out how to get there by asking the right questions.

Another way to think about what kinds of questions to ask is to know where you have to end up in the final CA report. As required in the regulations (45 CFR 1305.3 (c )), the CA must inform decisions in these six areas: program philosophy and objectives; services and program options; recruitment and service areas; program locations; and criteria for recruitment and selection. The CA report proposes changes in the program options, locations, and other matters if evidence gathered during the CA process supports the need for change. As you design the data collection process, make sure that you have asked questions that will help you address necessary recommendations in these six areas.

Designing questions that elicit useful answers is critical to conducting a quality assessment. A good rule of thumb is to design both open-ended and close-ended questions in order to get a range of information over the course of the CA.

- Open-ended questions pose a question that has no right or wrong answer and allow the respondent to state his or her opinion. These questions often begin with a “What do you think about...” or “What has been your experience with...” or “Can you tell me about...”

- Closed questions have a yes/no answer or ask the respondent to make one choice. Examples are “Did you use mental health services?” or “On a scale of 1-5, how would you rate the educational program of Head Start?”
By using a combination of open-and closed-ended questions you will gather data and insights about eligible families, community resources, and your program. Relying on just one question format would not be able to provide such in-depth information.

**An Important Distinction: Quantitative and Qualitative Data**

As you plan for data collection, another important distinction to keep in mind is quantitative vs. qualitative data. The difference is in how these two types of data are expressed.

- **Quantitative data** are expressed in numerical terms. An example is the number of Hispanic children in your service area or the percentage of enrolled families who use public transportation to get to Head Start.

- **Qualitative data** are represented in words, collected either verbally or in writing. For example, a transcript of a parent focus group discussing immigration issues is considered qualitative data, as is a description of prekindergarten programs in your service area.

In order to have a high quality CA, it is necessary to collect and analyze both quantitative and qualitative data. Rating scales and some other methods described in Step 3 provide numerical-quantitative—data. The data collection worksheets in Appendix C gather both quantitative and qualitative information.

At the end of this chapter, there is a list of questions that a Migrant Head Start used during its CA process to gather data from enrolled families about their use of social and legal services and about fatherhood involvement. These questions are part of a longer interview that was conducted with families. You will note that both open and closed questions are included.

The answers to the questions also can be expressed in both quantitative and qualitative ways. For example, a count could be made of how many parents indicated they had used legal services (quantitative) and then a brief description of their situation (qualitative) could be included.
comments and explanations could be presented. More information about quantitative and qualitative data analysis is presented in Step 4.

Data Collection Worksheets and Surveys

Appendix C includes examples of data collection worksheets organized by service and system areas. They include internal and external data sources, the data elements needed, and a grid for filling in the information. They also include open-ended questions to guide interviews with leaders in agencies and organizations. These worksheets are not exhaustive. In fact, as you conduct the CA, you will certainly discover additional data sources and tailor the questions for your program and your community.

The worksheets focus on

- general demographics, social and economic demographics
- health, mental health, dental health, disabilities and nutrition
- childcare and early childhood education
- transportation
- community resources

In Appendix C, there also are two surveys developed by Head Start grantees as part of their CA process:

- parent survey about families’ needs and available services
- community partners survey

How to Display the Data

If you can visualize ahead of time how the data could be displayed in graphs, tables or charts, you will have a frame of reference for organizing your information. Tables are frequently used to present CA information on populations, programs, or resources. A table organizes and consolidates information. In
some cases, it compares variables or factors.

Maps also are very helpful during the community assessment process. They can present complex data in a way that can be easily understood. Population patterns, for example, can be displayed on maps of the service and recruitment areas. If the location of Head Start centers is overlaid on these maps, then information about eligible families and their access to programs can be presented visually along with the explanatory text. (For more information about mapping procedures, read about mapping with Geographic Information Systems (GIS) in Step 3.)

Information displayed visually may be more understandable to community members, Head Start staff, and parents than written text. Also, the new and emerging populations you are attempting to reach and serve in Head Start may prefer to “see” information in a visual format.

At the end of this chapter, additional information is provided about visual displays of data.

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**Worksheets for Step 2**

The following worksheets found in Appendix B will assist you in completing Step 2.

- **2A** Prepare to Collect Internal Data..................pg. 139
- **2B** Prepare to Collect External Data..................pg. 141
- **2C** Organize Step 2...............................pg. 143
Data Collection Form for Family Assessment

Social Services
Which of the following services do you currently use or have used in the last year?

❏ Food Banks
❏ Clothing donations
❏ Public Transportation
❏ ESL
❏ Job Search
❏ Mental Health
❏ Catholic Charities or other faith based organization

What makes it difficult to access these services?

❏ Transportation
❏ Language Barriers
❏ Immigration Issues
❏ Other: ________________________________

Legal
Did you have a need for legal assistance in the last year?  ❑ Yes  ❑ No

Explain: ____________________________________________________________

__________________________________________________________

Did you receive the legal assistance you needed: If yes, from where:

❏ Head Start
❏ Legal Aid
❏ Catholic Charities
❏ Other: ________________________________

Fatherhood Involvement
Do you enjoy participating in your child’s education?  ❑ Yes  ❑ No

If yes, in what way? __________________________________________________

__________________________________________________________

Do you know of any agencies providing Fatherhood Involvement activities?  ❑ Yes  ❑ No

If yes, what agencies? ________________________________

Would you be interested in participating in such an activity?  ❑ Yes  ❑ No

If yes, what kinds of activities would you suggest? ________________________________

__________________________________________________________
Displaying the Data

Data that are... can be explained in a:
in numbers or percentages table, pie chart, graph
in written or spoken words narrative, case study, table
geographic map, diagram, photograph

FIGURE 1:

Pie Chart

A pie chart shows how often something occurs. Slices or wedges of various sizes show the significance of the occurrence; the larger the slice of the pie, the larger the number of occurrences. The entire pie represents all occurrences.

To create a pie chart, the data must be converted to percentages; each slice represents a percentage of the total. When totaled, the slices equal approximately 100 percent. It is best to use a computer to construct pie charts.
**Bar Chart**

A bar chart compares data. In this example, the populations of the urban areas of Lake Mathews, Sheridan Shores, Chevy Shores, and Covington Corner are compared with the population of the rural areas of Hamilton County (North Pass, Alliance, & Ellery and Green Ridge Reservation).

**Graph**

A graph shows the relationship between two variables. One set of data is plotted on the side of the graph, or the Y axis. Another set is plotted across the bottom, or the X axis.
With a sound Community Assessment (CA) process in place and a solid design for the data collection, you will be ready to gather data. Step 3 involves contacting the data sources that you have identified and asking them questions in order to obtain the information you need for your CA. There are many ways to gather data and your CA team will have to consider the pros and cons of various options. This chapter focuses on

- different methods of data collection
- guidelines for getting started
- cultural considerations
- using large databases
- mapping with Geographic Information Systems (GIS)

This chapter on Step 3 will help you gather information and prepare you to analyze the data in Step 4.

**What are the Data Collection Methods?**

There are a number of methods or strategies that can be used to obtain information from internal and external sources. Some are already in place, such as

- the questions that are addressed during your program self assessment and
- the interview questions that are asked when families are developing their Family Service Plan.

The data collection methods you use for the CA are designed

“The biggest challenge with the community assessment is the gathering of data. You don’t want to gather too much of nothing, you want it to be relevant.”

*PDM Manager and CA Team Leader*
with the questions in mind that you have to answer. Make sure that whatever methods you select will enable you to get information about your service area as required in the Head Start Program Performance Standards and Other Regulations (45 CFR 1304.51 (a)(1)(i-iii)).

There are a number of methods or strategies that you can use to gather information. It is a good idea to include both verbal and written strategies. Some families, for example, may prefer to speak with a team member as they discuss the Head Start program; others may prefer to fill out a survey. An important consideration is to think about which method is likely to give you the best quality data.

In addition, if you want to obtain answers from a large group of people (such as parents enrolled in the Head Start program), ask yourself which method is likely to elicit a high number of responses. A long written survey may take too much time for busy parents in comparison to a 15 minute phone call that asks the same questions. Also, a written survey may be intimidating to parents who are uncomfortable reading or writing (even if the material is translated into their home language).

Table 3.1 presents some of the most commonly used methods in a CA process for data collection. Advantages and disadvantages of each method are included.

Some of the methods can be combined. For example, after a focus group session, participants can fill out a survey.

**Preparing a Survey or Questionnaire**

There are advantages to using a survey or written questionnaire to collect certain kinds of CA data. It can be administered easily; it can reach many people; it can ask for specific information.

The simplest type of question asks for a yes/no response. For example, a survey question for parents might be: Did you use any legal services this year? There are other ways of asking questions that many Head Start programs have used, including a Rating Scale, a Rank Order and a Root and Contingency method. You may find that a combination of these types of questions will elicit the information you need.
## Methods for Data Collection

<table>
<thead>
<tr>
<th>METHOD</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| Written survey or questionnaire | Can be widely distributed to large numbers of respondents | Return rate may be low  
                            | Can be translated into multiple languages                                   | Requires reading and writing  
                            |                                                                                   | May require that materials be translated |
| Interview in person        | Allows for in-depth responses                                                | Time consuming to conduct  
                            |                                                                                | Time consuming to analyze the responses |
|                            |                                                                            | May require that interpreters be available                                    |
| Interview on the phone     | Allows for in-depth responses                                                | Time consuming to conduct  
                            |                                                                                | Time consuming to analyze the responses |
|                            |                                                                            | Requires participants to have access to telephone  
                            |                                                                                | May require that interpreters be available |
| Focus group                | Can select participants to ensure a variety of views  
                            | Needs a facilitator and meeting space  
                            | Small enough to allow each person to speak                                   | Time consuming to analyze the responses |
|                            |                                                                            | May require that interpreters be available                                    |
|                            |                                                                            | May have low attendance especially if travel is involved                      |
| Large group meeting        | Can offer a variety of perspectives                                          | Needs a facilitator and meeting space  
                            |                                                                                | Time consuming to analyze the responses |
|                            |                                                                            | May require that interpreters be available                                    |
|                            |                                                                            | May have low participation rate                                                |
|                            |                                                                            | Some participants may feel uncomfortable speaking in a large group            |
Rating Scale

Sometimes referred to as a Likert scale, a 5 point scale often is used to collect data. The responses range from (1) very satisfied to (5) not satisfied; sometimes the rating consists of only 3 points. Scales can be used to gather opinions about the quality of the Head Start services. For example, one program asked formerly enrolled families to express their opinion about the services for children and for families in order to assess where they needed to improve their service delivery (see Table 3.2).

### TABLE 3.2

**Rating Scale**

How satisfied were you with the Head Start services you received?

*Instructions: Check the appropriate box*

<table>
<thead>
<tr>
<th>Children’s Services</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Service Not Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about my children’s progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health/exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rank Order**

In this case, the respondent puts the answers in order with 1 = first choice, 2 = second choice, and so on. The advantage to this approach is that more information is gained than from a yes/no response. For example, a Head Start program might ask current Head Start parents and Head Start eligible parents (not enrolled) a question about which preschool options they prefer; in addition, Head Start staff could be asked their opinion about which preschool options would be most helpful to families. The responses from families and staff could guide decision-making about Head Start program options, partnering with other child care institutions, or using additional funding streams to meet families’ needs.

**TABLE 3.3**

**Rank Order**

What type of Head Start program would help you the most?

*Instructions: Put the number 1 by your first choice, 2 by your second, 3 by your third, and 4 by your last choice.*

<table>
<thead>
<tr>
<th>PRESCHOOL OPTIONS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full day (open 6 hours or more, M-F, Sept. to May)</td>
<td></td>
</tr>
<tr>
<td>Half-day (open for 3 1/2 hours either morning or afternoon, M-Th, Sept. to May)</td>
<td></td>
</tr>
<tr>
<td>Wraparound (open from 7 am-6 pm, M-F, full year)</td>
<td></td>
</tr>
<tr>
<td>Home-base (a home visitor visits the home once per week for 1 1/2 hours, twice a month there is a socialization activity with other families, full year)</td>
<td></td>
</tr>
</tbody>
</table>


**Root and Contingency**

With this method, a respondent is asked a general question (the root) and then detailed questions follow (the contingencies) that are based on the initial response. For example, respondents are asked whether their family has needed or used health or human service assistance and the barriers they experience in seeking help. First, respondents answer the root question: whether they or their families needed a service in the past year.
TABLE 3.4

Root and Contingency

**Instructions:** Has your family needed any of the following services? If your answer to question A is yes, please respond to the next three questions (B, C and D). If your answer to question A is no, then leave questions B, C and D unchecked, and move on to the next service listed.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past year have you or anyone in your family <strong>needed</strong>...</td>
<td><strong>If you found help,</strong> did you have transportation to get to it?</td>
<td><strong>If you found help,</strong> did it feel comfortable?</td>
<td><strong>If you found help,</strong> did you use the services you found?</td>
</tr>
<tr>
<td>Please check the correct box</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Income assistance; for example, welfare, SSI, unemployment insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal assistance; for example, immigration, custody</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


If they answered affirmatively, they are asked three subsequent contingency questions: (1) whether they had transportation to access the service they needed; (2) whether the help they sought felt comfortable; and (3) whether they used the services they found (see Table 3.4).

**Before You Begin**

If staff, parents, and community partners consider the Community Assessment (CA) an important part of the Head Start program’s work, it will be easier to collect information. Everyone will understand its purpose and therefore, be more likely to participate. Keeping participants informed along the way also will spur their interest and motivation.
Whenever you gather written or verbal information, you must reassure all participants that the CA process is confidential. No one’s name will be used in the CA Report and findings will be reported for groups, not individuals. State this rule of confidentiality up front and repeatedly.

Once you have developed your interview questions or survey questions, there are a number of decisions to make before you begin.

**Interviews and Focus Groups**

- Will you take hand written notes or tape record? Tape recordings are useful if you want to include quotes from participants in the CA report, but it will take a long time to listen to the tapes. Some people may not participate openly because they do not want a tape recording of what they have said. Remind them that the information you gather is confidential. But if they prefer not to be taped, then turn off the recorder and take notes.

- How long will an interview take? Tell the participants at the beginning how much time is needed. After an hour interview in person or fifteen minutes on the phone, most people begin to tire and lose interest.

- Will you ask the same questions of all the respondents? Or will you ask the same general guiding questions and then follow up depending on what the respondents say? The later approach gives you a similar focus but allows more freedom and adaptability in getting information from the respondents. However, one trade-off is that analyzing the answers to different questions is challenging.

**Surveys and Questionnaires**

- How long will it take to fill out the survey? Consider how busy respondents are and how much reading and writing are required. Also,
keep in mind that some emerging populations may have limited literacy skills because they have had few educational opportunities.

- Is it necessary to have materials translated? If you are gathering information from non-English speakers, make sure that the translated material is accurate and that terminology is consistent.

- Are the instructions clear? Some respondents from emerging populations may not be used to filing out surveys, especially if they are asked to give a numerical response to a question. It may be helpful to demonstrate or give an example of how to answer the questions.

**Cultural Considerations**

As you meet with families in Head Start and in the community at large during the Community Assessment process, the more at ease they feel, the better the quality of information you will gather. Make sure that the CA team members who meet with families speak the language of the parents or have interpreters available.

In many programs, family advocates or home visitors are responsible for distributing and collecting family survey instruments. They sometimes directly assist adults who have reading difficulties or prefer an interview type format. This approach increases the survey response rate and supports the staff person’s involvement in the CA process.

As you plan to conduct the CA, it is helpful to know something about the social manners that you should observe when you meet people from different cultural and linguistic backgrounds. Initially, you may encounter wariness or suspicion, especially if other local residents have been perceived as unfriendly by the newcomers. You may need to be introduced by trusted individuals rather than simply introducing yourself or just “showing up.” In some cultures, it is expected that you tell others something about yourself, your family, your affiliation and where you come from before the conversation can go any further.
Allow time to get acquainted before getting down to business.

**Managing the Data**

Your CA data come from many places and in a variety of forms. It is necessary to take a systematic approach and think about the following questions:

- How will you keep track of all the data?
- How will you make the data available to key members of your team?
- How will you ensure that certain data are kept confidential?
- How will you collect and integrate data over a period of time?
- How can you set up the system so that others can step in if your job responsibilities change?

There may be someone on your CA team who is used to collecting and reporting internal data, such as inputting data for the PIR or management reports. This team member (or maybe there is more than one person) could help set up a system for managing the CA data.

It is likely that most data, especially quantitative data, will be stored on the computer. Keep in mind that the data management system does need to be understood by key members of the CA team so they can make use of it as they analyze the data and prepare the CA Report.

**Using Large Databases**

Although much of the CA information you gather will be in situations where you have face-to-face contact with people or make telephone calls, there may be times when you turn to national data bases. Then you will be reading through reports and statistics. Primary examples of large databases are the 2000 U.S. Census or the more recent American Community Survey (ACS). The ACS provides better quality local-area data and

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Kids Count, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. based on the Census. State level data online include over 75 measures of child well-being. Depending on the state, some data are available at the county, city, and school district level.

The National Survey of Children’s Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. NSCH provides a broad range of information about family and children’s health and well-being, including medical home, health insurance status, and specific indicators for 0-5 and 6-17 year olds. Information is gathered in a telephone survey conducted in English and Spanish.

The National Survey for Children with Special Health Care Needs (CSHCN) reports on many variables at the state level, including the number of children with disabilities and the kinds of disabilities. The survey is conducted in twelve languages, including Spanish.
starting in 2005, it replaces the long Census form. Other national databases are available too, such as Kids Count and The National Survey of Children’s Health (NSCH). Many Federal or state databases are accessible on the Internet.

Available information from the U.S. Census includes:

- Counts of the total population and children; counts of the Hispanic population and Hispanic children; and counts of other population groups
- Statistics on income and child poverty
- Characteristics of Hispanic households, such as the language spoken at home and educational attainment of adults

When you use large databases as sources of information, you can easily feel like you are drowning in data. Avoid going on a fishing expedition in the Census data! It is very important to shape your questions and to know just what you are looking for. Ask yourself: what kind of information can the Census (or other large databases) provide that can not be found elsewhere? Depending upon your questions, the Census may provide information about local demographics that will be useful as you plan ahead: Who is moving into the community? Where are they living? On average, how many children live in a family?

However, keep in mind that the Census often underestimates the number of low income and immigrant families, the very population that your Head Start program is seeking to identify. The families may have arrived too recently to have been counted in the last Census; they may be wary of sharing information with the government; if they live in transient housing situations, they may not show up on Census address lists.

Some data sources can help you make reasonably accurate estimates and forecast trends for your locale. Regional planners who must anticipate housing and transportation needs and school systems that must project enrollment figures and school construction have come up with methods to compensate for undercounting in the official Census data. You could ask them how they make forecasts and then apply their techniques to
your CA.

The data collection worksheets in Appendix C can help you identify the kinds of information you can gather from large databases including demographics, health status, and early education enrollment.

**Mapping with Geographic Information Systems (GIS)**

Geographic Information Systems (GIS) is a collection of computer hardware, software, and geographic data for capturing, managing, analyzing and displaying all forms of geographically referenced information. GIS is a tool that allows you to link information to location data, such as people to addresses or streets within a network. You can then layer that information to give you a better understanding of how it all works together. You can choose what layers to combine based on what questions you need to answer. GIS incorporates databases from the U.S. Census and other sources.

Because GIS is extensively used for mapping functions, it could be used for the CA. Using the most recent Census data, San Francisco Head Start incorporated GIS analyses in its CA conducted in 2002. The analysis showed the spatial distribution of low-income children 0-5 years old in the city and of the households headed by single mothers. This analysis showed the magnitude and the location of the need for Head Start. GIS maps showed the spatial distribution of existing Head Start centers and their early childhood partners—the current supply. The conclusions addressed the shortfall of Head Start slots and indicated where in the city there was an unmet need that could be filled by new Head Start centers.

If your program is interested in using GIS during the community assessment process, seek advice from others in your community. Businesses, local governments, environmental, and social service organizations who need information based on location have found that GIS is a valuable tool in decision-making. Ask if your school system or local planning agency is using GIS as they undertake strategic planning.

WHERE CAN YOU FIND OUT ABOUT GIS?

Geographic Information System (GIS) is a tool that allows you to organize and analyze data that can be referenced spatially—that is, data that can be tied to a physical location. The software allows you to interact with data by selecting features and performing related actions. GIS enables you to access, manage, analyze, and present your data easily.

There are many Web sites with information on GIS, including:

- www.gis.com
- www.gis.psu.edu/
### Worksheets for Step 3

The following worksheets found in Appendix B will assist you in completing Step 3.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A</td>
<td>Gather Internal Data</td>
<td>145</td>
</tr>
<tr>
<td>3B</td>
<td>Gather External Data</td>
<td>149</td>
</tr>
<tr>
<td>3C</td>
<td>Organize Step 3</td>
<td>155</td>
</tr>
</tbody>
</table>
Data collection procedures have been described in Step 3. They might include the use of surveys and questionnaires, focus groups and meetings with parents and staff from your program, as well as with child care providers and community leaders.

In Step 4, the focus is on “what to do” with the data once you have collected it. This chapter addresses:

- what is data analysis
- the purpose of data analysis
- how to plan data analysis
- procedures for analyzing quantitative and qualitative data and for estimating

Step 4 is about making sense out of all the information that you have gathered from the internal and external data sources. Then you will be ready for the final Step 5 which is about drawing conclusions and making recommendations based on the data analysis.

**What is Data Analysis?**

Data analysis is aimed at discovering what the data have to “say.” It is the process for obtaining results from the data that you have collected.

Does data analysis refer to one method or many? The answer is MANY—data analysis is a collection of different procedures. Can Head Start program staff—without a background in

“I’ve always thought that it would be great if we could go to one source and out would pop the data that we need…how many Hispanic families will enroll this year, how many will be in our program next year, who is out there that we are missing, and what do these families need. But we can’t do that.”

_Head Start Director_
statistics—learn to use data analysis in their work? The answer is YES, assuming a minimum investment of time, effort and practice.

In fact, data analysis is already a part of what program staff do in their work. Here are some examples of data analysis that are probably familiar:

- Calculating the percent of enrolled children whose home language is Spanish
- Tallying the average scores when staff were asked to rate the effectiveness of in service training on a scale of 1-5
- Summarizing the most important comments from parents about their preferences for half day vs. full day program options.

No doubt, your program uses other procedures to analyze data on an ongoing basis for the purposes of national reporting and program self-assessment.

**Purpose of Data Analysis**

As you begin to plan for the data analysis, it is crucial to keep in mind the overarching purpose of the CA and the reason why your program is analyzing detailed information about the service area:

*Head Start’s mission is to serve the greatest number of eligible families and those who are in greatest need of its services.*

Frequently revisit the *Head Start Program Performance Standards and Other Regulations* (45 CFR 1305.3(c)) that specify the six kinds of information to be collected and analyzed for the Community Assessment:

1. *the demographic make up of Head Start eligible children 0-5 years old and their families, including their racial and ethnic composition;*
2. *other child development and child care programs*
that are serving Head Start eligible children;

3. the estimated number of children with disabilities, four years old or younger; their types of disabilities; and available community services and resources;

4. 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 the families themselves and local institutions;

6. community resources that could address the needs of Head Start eligible children and their families.

In addition, remember that the transportation needs of eligible populations are to be addressed in the CA.

As you get involved in data analysis, you will need to make decisions about what kinds of analytic procedures to use and how to present the findings. The process may seem overwhelming at times, but keep asking if the data analysis is addressing these six topics. If the answer is YES, then the data analysis is serving its intended purpose.

**Planning for Data Analysis**

Planning has to be an integral part of the data analysis process. As much time as it takes to collect the data, count on at least as much time to analyze the data. It will help enormously if some of the CA team members can devote themselves to data analysis and if they can even begin to analyze some of the data as it comes in, rather than waiting for all data to be collected. In fact, if you can provide ongoing analysis as you conduct the CA, you may find that some of the preliminary results will lead you to ask new questions (or revise or eliminate others) or to contact additional people for relevant information.
If your program has hired consultants to help with the CA, ask them to provide preliminary analysis of some of the collected data. Keep your key staff informed of your progress because their input will be valuable, too, as you look over the preliminary findings. Think about data collection and data analysis as evolving, not as a finite process, though of course, they do have to be conducted with timelines and deadlines in mind!

Key pointers about planning for data analysis include:

- Ensure that all data analysis team members, and others on the CA team, understand the importance of the data analysis and its impact on the provision of Head Start services to eligible children and families.

- Solicit ideas from the governing body and the Policy Council about data analysis. Do they have particular questions they would like the data analysis to address? Do they have suggestions about the best ways to format the data, such as in graphs? As the data analysis gets underway, continue to elicit their suggestions.

- Identify in advance the resources you will need to implement data analysis. For example, will data from parents or others need to be translated? Will additional clerical or administrative or technological support be needed? Will any staff need to work evenings or on the weekends?

- Include a strategy to update the governing body, the Policy Council, and other key players about the progress and the findings from the data analysis. Ensure that the results make sense to them and that they are presented in a format that is understandable to a lay person. In particular, ask if the visual presentations, such as tables and graphs, are effective and comprehensible.

How do you decide which data analysis procedures to use? The wording of the questions you asked and the actual data collected will influence your choice of analytical procedure(s) to use and
the results that will follow. Because most CAs gather both quan-
titative and qualitative data, programs need to use a variety of
analytic procedures that match the data collected.

Procedures for Quantitative Data Analysis

There are a variety of procedures that may be used to analyze
quantitative data. For the purposes of the Community Assessment,
it is helpful to know how to calculate percentages and averages.

Percentages

One of the most commonly used analytic procedures is the
calculation or determining of percentages because it is relatively
easy to do and to interpret.

Using quantitative data may be as straightforward
as calculating percentages by dividing x by y—such
as dividing the number of children who are up to
date on dental examinations and preventative care
(x) by the number of enrolled children (y). This will
provide you with the percentage of enrolled children
who are up to date on dental examinations and
preventive care.

\[
\begin{align*}
x &= \text{number of children up} \\
    &\quad \text{to date on dental exams} \\
    &\quad \text{and preventative care} \\
y &= \text{number of enrolled children} \\
\end{align*}
\]

\[
\% = \frac{x}{y} \times 100
\]

“Only using statistics to get a sense of what's going on in a service area is like looking through a dirty window. You have to go outside to really get the clearest view of what's going on in the neighborhood. You have to walk around and talk to people.”

CA Consultant
Here is an example of how you calculate the percentage: divide the top number by the bottom number (the larger number).

250 children are up to date on dental exams and preventative care

= 93% of enrolled children are up to date on dental exams and preventative care

270 children are enrolled in the Head Start program

Calculating percentages in other situations can be a more complex process, for example, determining the percentage of enrolled children born “at risk”. In this case, obtaining the percentage is not as easy as dividing (x) by (y) as in the question above because you need to consider many factors that define “at risk.” For example, you could add

- number of children born with low birth weight (x1) to
- number of children born premature (x2) to
- number of children with birth-related conditions (x3) to
- number of children who did not have prenatal care (x4)
- and then divide that total by the number of enrolled children in your program.

\[
x_1 = \text{number of children born with low birth rate} \\
x_2 = \text{number of children born premature} \\
x_3 = \text{number of children with birth-related conditions} \\
x_4 = \text{number of children who did not have prenatal care} \\
y = \text{number of enrolled children} \\
\]

\[
\text{Number of children born “at risk”} = \frac{x_1 + x_2 + x_3 + x_4}{y} = \% \text{ of enrolled children born “at risk”}
\]
Averages

Another useful quantitative procedure is calculating averages (also referred to as mean scores). They will give you a summary of the data and indicate what is the “typical” or average value.

To calculate an average, add all the numerical responses and divide by the number of scores. For example, you need to collect demographic information for the CA, including parents’ level of education. If you want to calculate the average level of education of enrolled parents, you would ask each parent to note his/her final grade completed, add them up, and then divide by the number of parents who answered the question.

Here is how you do the calculation:

10 parents answered the question about the last grade level of education that they completed. Their answers were grades 6, 8, 8, 9, 9, 10, 11, 12, 12, 13.

Depending, you might compare the average education level of this parent group to that of the emerging populations eligible for Head Start. After completing the CA, your program may decide that an important selection criteria is parental level of education.

\[
\frac{6+8+8+9+9+10+11+12+12+13}{10} = 9.8 \text{ is the average grade level completed}
\]

This information suggests that most of the parents completed middle school, but did not complete high school.
At the end of this chapter, there is an explanation of other summary and variance measures (ways to look at differences in the data) that are less commonly used for the CA, but you may find them useful.

Also, at the end of this chapter, you will find an example of how a grantee reported and analyzed demographic data. The data are reported for Perkins County (part of the service area) and for the state of South Dakota. Note that the data are presented in two different ways: in a table format that is visually appealing and in a text format where certain comparisons are highlighted.

Procedures for Qualitative Data Analysis

Qualitative data in a Community Assessment Report often convey how deep and meaningful a Head Start program can be or the urgency of a family’s needs. Interviews, anecdotes or stories are considered qualitative data. For example, a CA Report from an AI/AN program includes this statement from a Head Start parent:

*New hearing aids for Benjamin have really helped to expand his world. After replacing his old hearing aids, he could better hear the conversations of his classmates, the sounds of birds singing, and the smile on his face says it all!*

The Red Cliff Band of Lake Superior Chippewa Head Start grant application. 2006.

Qualitative data are gathered as people talk together in focus groups or meetings. One useful procedure is a summary, such as a listing of the main points. To be valid, you should mention if there are divergent points of view. For example, one large suburban Head Start program convened a Working Group of local child care providers to explore the feasibility of child care centers’ collaborating to provide Head Start classrooms. Here is an excerpt from the program’s CA report which summarizes the providers comments:
The findings of the Working Group indicate interest and concern among child care providers in providing community-based Head Start services... The providers mentioned child benefits frequently. The following advantages to providing Head Start services were found:

- being able to serve more children
- having the children in one location all day would provide consistency and stability
- reducing bus time for children since they would not have to be transported to separate child care centers after Head Start.


If you want to take a more systematic approach to qualitative data analysis, you can code the data and then identify themes. Code means that you label important pieces of information by assigning them to a topic. You would code the qualitative data collected from open-ended interviews and survey questions, interviews, meetings, and other sources. For example, if a parent focus group discussed their unmet service needs, you could code their responses. Each time a parent mentioned he or she wanted adult English language classes, you could assign that to the category of adult education. If a parent mentioned the need for assistance locating affordable housing, that would be another category related to social services.

Themes are the next step up from codes and themes identify sets of patterns. To identify the codes and then the themes, it is often helpful to work in a team. Themes are whatever sets of “like” information the team reaches consensus on.

The challenge with qualitative data is to find a balance between the details and the “big picture.” You can collect many wonderful anecdotes and stories from families, staff, and community members, but to really use the data well, you also want to analyze the data by identifying patterns that you can report.
An example of how to use an analytic process for qualitative data follows.

As part of its CA, a rural Head Start program in upstate New York conducted interviews with emerging populations to identify their service needs, including information about why they came to the U.S. The relevant text from three families is recorded in the first column, then the information is coded, then the main themes are identified (see Table 4.1). Using this approach to analyze each family’s interview enables you to tally the data and report the frequency of the themes across all families (see Table 4.2). In this case, a qualitative analysis is combined with a quantitative analysis to provide a rich picture of the community’s needs.

<table>
<thead>
<tr>
<th>TABLE 4.I</th>
<th>Analyzing Qualitative Data by Developing Codes and Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interview Data</strong></td>
<td><strong>Code</strong></td>
</tr>
<tr>
<td>Family 1</td>
<td>Poverty</td>
</tr>
<tr>
<td>...before anything, I came here because of the poverty, do you understand me?</td>
<td></td>
</tr>
<tr>
<td>Family 2</td>
<td>Family Life Education</td>
</tr>
<tr>
<td>...and for a good quality of life, not so much thinking about myself but about my smaller sisters so that they can have a better education considering that I did not have any.</td>
<td></td>
</tr>
<tr>
<td>Family 3</td>
<td>Work</td>
</tr>
<tr>
<td>...in my country there are no good jobs, and very little work.</td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 4.2**

Analyzing Qualitative Data to Determine Frequency

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose for migration: poverty/work</td>
<td>2</td>
</tr>
<tr>
<td>Purpose for migration: education</td>
<td>1</td>
</tr>
</tbody>
</table>

**Procedures for Data Analysis—Estimation**

Estimation is a procedure to assist planning for the future and is an important part of the CA work you will do. Estimation helps you forecast needs for your program and plan ahead.

In order to estimate, you combine information from different data sources because the information is not available in a single data source. Of course, planning would be so much easier if programs could identify a single data source that would yield the exact number of eligible children and families in the service area.

Estimation works well for forecasting numbers that are closely related to demographics and social services. They can be based on either quantitative or qualitative data or a combination. For example, you may need to gather information from hospitals, county, and state health departments to obtain the number of babies delivered each of the past three years to low-income parents living in your service area; these data might offer a rough estimate of the number of three year-olds (and future three years olds) who qualify for Head Start services. You might also want to interview child care programs to learn how many families they are serving and how many are on the waiting list.

Then you can project future child care needs for the next three years. Looking at these estimates together will help you predict enrollment trends for your program and consider what kind of program options (e.g., half day, full day) might be needed.

Making estimates is an important part of your data analysis because the estimates feed directly into the recommendations...
you will make in the CA Report. At the end of this chapter, there is an example of how to compute an estimate from a hypothetical Program Information Report (PIR).

**Analysis of Community Resources**

The *Head Start Program Performance Standards and Other Regulations* (45 CFR 1305.3) specify the kinds of information that must be collected and analyzed for the Community Assessment, including

- community resources that could address the needs of Head Start eligible children and their families

There are a number of strategies that might help you collect information about community resources. Send a brief questionnaire to a large number of agencies. The strategy is to use a short questionnaire that is not time-consuming and to target many agencies because a low response rate is likely. You can include a stamped, self-addressed envelope as an incentive to respond. You can follow up with phone calls or interviews when an agency does return the questionnaire.

The best advice is to keep in regular communication with community agencies and to maintain strong ongoing relationships with them. Then when it is time for the CA, they are more likely to participate in the process and provide useful information. In fact, representatives from community organizations might be willing to serve on your CA team or CA committee.

You are required to analyze the availability and accessibility of community resources in your CA Report. It is not sufficient to only provide a list of all the agencies and organizations with a brief description of what they do (as might appear in a directory that you distribute to parents). Rather, you need to include a discussion of which agencies are currently providing needed services and if available, the data on how many Head Start families are being served, their capacity for expansion of services, their fee structure, the availability of interpreters, and so on. You also need to address the gaps in services, that is, where community resources are sparse or non-existent to meet the
needs of low income populations. It might be useful to provide information in the form of charts to allow for easy comparisons across agencies and organizations.

Once your data analysis has been completed and the findings approved by the CA team and others, you are ready to use the CA findings to make decisions as required in the Head Start Program Performance Standards and Other Regulations. You will use the CA findings to

- guide your program’s philosophy and objectives
- determine the unmet need for Head Start services among eligible families
- identify recruitment areas
- propose locations and options
- set criteria for recruitment and selection

You have reached Step 5, the final step in the Community Assessment process.

Worksheets for Step 4

The following worksheets found in Appendix B will assist you in completing Step 4.

4A Review the Data........................................pg. 157
4B Organize Step 4..........................................pg. 161
**Additional Procedures for Quantitative Data Analysis**

There are a variety of procedures that may be used to analyze quantitative data. Two useful types are:

- Summary Measures
- Variance Measures

**Types of Summary Measures**

Questions to consider when working with summary measures include:

- How do the data converge (come together)?
- What is a “typical” (average) value?
- Where is the middle (center) of a group?

1. **Mean**
   - Mean = “Arithmetic average” of the scores
   - Example: scores = 64, 70, 80, 80, 90, 98, 100
     Mean = Sum of values divided by number of scores:
     \[ \frac{64 + 70 + 80 + 80 + 90 + 98 + 100}{7} = 83.14 \]

2. **Median**
   - 1st Example
     - Median = score in the middle; 50th percentile
     - Example: scores = 64, 70, 80, 80, 90, 98, 100
       If # scores = odd: Find the score in the middle
       64, 70, 80, [80], 90, 98, 100
       Median = 80
   - 2nd Example:
     - Median scores = 64, 70, 80, 80, 90, 98, 100, 100
       If # scores = even: Average the 2 in the middle
       64, 70, 80, [80, 90,] 98, 100, 100
       \[ \frac{80 + 90}{2} = 85 \]
       Median = 85
3. Mode

- Mode = largest number of scores

1st Example

- Example: scores = 64, 70, 80, 80, 90, 98, 100
  Mode = 80

2nd Example

- Example: scores = 64, 70, 80, 80, 90, 98, 100, 100
  Modes = 80, 100

Variance Measures

Variance measures are ways to look at differences in the data. Questions to consider when working with variance measures include:

- How do scores differ?
- What are the differences between individuals in a group?
- What is the range of outcomes?

Example of variance measures:

50 participants rate a training. Their responses to the statement: I acquired new knowledge and/or skills were

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>5</td>
<td>40</td>
</tr>
</tbody>
</table>

The variance is small (or low variability). Staff agreed strongly and felt that the training lead them to acquire new knowledge and/or skills.

In another training, a different group of 50 participants respond to the same statement: I acquired new knowledge and/or skills this way:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>

Unlike the previous example, the variance here is large (or high variability). In this example, staff were divided in their opinions as to whether they acquired new knowledge and/or skills.

The importance of measuring variance is that it demonstrates differences. Once the difference is identified, then you can seek an explanation and determine if it is significant. In the above examples, you might determine the first training was valuable and you could consider a follow-up and continue to provide the training; for the second training, you could consider the target audience and reevaluate the material being covered and its appropriateness for staff. Further information may be needed to explain why there was low or high variability in the responses.
Making Estimates

**Purpose:** To estimate the number of children with a disability prior to enrollment for the upcoming year.

**Question:** Using prior data what is a meaningful estimate of children identified with a disability prior to enrollment in Head Start?

1. **Information Needed**

Funded Enrollment for Head Start Region “XX” from 2001-2004:

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>28,157</td>
</tr>
<tr>
<td>2002</td>
<td>30,498</td>
</tr>
<tr>
<td>2003</td>
<td>33,188</td>
</tr>
<tr>
<td>2004</td>
<td>33,023</td>
</tr>
</tbody>
</table>

Total Number of Children Identified with a Disability Prior to Enrollment for HS Region “XX” from 2001-2004:

<table>
<thead>
<tr>
<th>Year</th>
<th>Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>846</td>
</tr>
<tr>
<td>2002</td>
<td>927</td>
</tr>
<tr>
<td>2003</td>
<td>1,059</td>
</tr>
<tr>
<td>2004</td>
<td>1,099</td>
</tr>
</tbody>
</table>

2. **Data Analysis**

   - Take the # of children with a disability prior to enrollment and divide it by the total enrollment for each year to calculate the %; and then
   - Add the % of children identified with a disability prior to enrollment for each year (in this example, the years are 2001, 2002, 2003, 2004).

3. **Findings**

   % of children identified with a disability prior to enrollment for:

   - 2001 - 846/28,157 = .030 = 3%
   - 2002 - 927/30,498 = .030 = 3%
   - 2003 - 1059/33,188 = .031 = 3.1%
   - 2004 - 1099/33,023 = .033 = 3.3%

   and then

   - (2001 + 2002 + 2003 + 2004) = (.03 + .03 + .031 + .033) = .124

   - Divide the total by the number of years being analyzed
   - .124/4 = .031 or 3.1%

4. **Interpretation**

   - It is estimated that 3.1 % of children enrolled in HS Region “XX” for 2005 will be identified with a disability prior to enrollment.
   - Based on the estimate, HS Region “XX” will not enroll 10% of children with disabilities prior to the beginning of the program.
## Highlights From Perkins County 2000 Census

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Perkins County</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population under age 5</td>
<td>5.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>% Caucasian</td>
<td>96.6%</td>
<td>88.7%</td>
</tr>
<tr>
<td>% American Indian and Alaska Native</td>
<td>1.6%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Average household size</td>
<td>2.31</td>
<td>2.5</td>
</tr>
<tr>
<td>Average family size</td>
<td>2.93</td>
<td>3.07</td>
</tr>
<tr>
<td>Owner-occupied housing</td>
<td>76.6%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Renter-occupied housing</td>
<td>23.4%</td>
<td>31.8%</td>
</tr>
<tr>
<td>% High school graduate or higher</td>
<td>76.0%</td>
<td>84.6%</td>
</tr>
<tr>
<td>% Disabled ages 21 to 64</td>
<td>22.8%</td>
<td>15.6%</td>
</tr>
<tr>
<td>% In labor force (population 16 years and over)</td>
<td>63.1%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$27,750</td>
<td>$35,282</td>
</tr>
<tr>
<td>Median family income</td>
<td>$33,537</td>
<td>$43,237</td>
</tr>
<tr>
<td>% Families below poverty level</td>
<td>12.4%</td>
<td>9.3%</td>
</tr>
<tr>
<td>% Individuals below poverty level</td>
<td>16.9%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Persons per square mile</td>
<td>1.2</td>
<td>9.9</td>
</tr>
</tbody>
</table>

To summarize, Perkins County is a rural, agricultural area with a very low population per square mile. Most of its residents are Caucasians and 6.8% (195) are under age 5. Perkins County is above the state average for owner occupied housing and has 63.1% of its residents over age 16 employed while 76% of them have completed high school or higher. The average median household income level is 78.7% that of the statewide average and the median family income is 77.6% of the statewide average. Approximately 12% of its families live below the federal poverty level. Perkins County can be described as a rural, sparsely populated, ranching county with mostly Caucasian residents living on approximately 20% less income than the state average.
STEP 4: REVIEW AND ANALYZE
Congratulations! You have reached Step 5, the final step in the Community Assessment (CA) process. Now you are ready to pull together the information you have collected and analyzed and turn it into recommendations. Step 5 will lead you through the process of organizing and writing the CA Report. This chapter takes a look at

- the kinds of program decisions that are based on the CA data
- guidelines for making recommendations
- establishing priorities
- using trend data
- preparing the CA Report

Following this chapter, there are Appendices which include more information and worksheets about the CA Report, Steps 1-5, and data collection. Excerpts from the *Head Start Program Performance Standards and Other Regulations* and documents relevant to the CA process also are included in the Appendices, as is a list of national resources.

**What Decisions Follow from the Data Analysis?**

The *Head Start Program Performance Standards and Other Regulations* (45 CFR 1305.3 (d)) state that the information gathered in the Community Assessment (CA) must guide decisions based on the status of eligible families and the community setting(s) within the service area. Specifically, they state that:

“You have to find the information and then decide whether it’s valuable. And then decide whether it’s a trend or affecting large pockets or a big enough pocket of the community that you serve. Then, you have to figure out what it all means. Doing the CA is like writing a big research project.”

PDM Manager and CA Team Leader
(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.

Figure 5.1 summarizes the six decision areas that are informed by the CA data. It may be useful to share this visual presentation with the Head Start community to affirm that the CA really matters—it does have an impact on the program!

**FIGURE 5.1**
At a macro level, the program’s philosophy and mission are influenced by the CA; at the micro level, the program’s day-to-day operations also are influenced by the CA. The results will impact Head Start staff, parents, child care partners, Local Education Agencies, media and social service providers, and other community organizations.

In the next sections, each decision area is described in detail with examples taken from CA reports submitted by grantee and delegate Head Start agencies. The decision areas are often discussed in a section of the CA Report entitled Recommendations.

It is important to keep in mind that the CA team does not make final decisions nor does the CA Report present final decisions. There are specified governance procedures that programs must follow. The Policy Council and Governing Body must be involved in making program decisions. The CA process, culminating in the CA Report, provides the evidence and the rationale for the six decision areas as specified in the regulations (see Figure 5.1).

The CA team must allow ample time to accomplish Step 5. They will have to decide on a process that gives them enough time to discuss the findings and propose recommendations; they will need to allow plenty of time to write and edit the CA Report. Because the CA Report will guide program planning for the next three years, it needs to be finalized with care and deliberation. And this will take time. (Updates to the CA in interim years 2 and 3 may guide program planning as well.)

### Program Philosophy and Objectives

Head Start’s mandate has always been to provide comprehensive services to eligible children and families as well as to support community involvement. Many Head Start programs develop their own mission statements that supplement the national Head Start philosophy and that reflect the strengths and needs of their local populations and communities. Based on findings from the CA (and other relevant information such as the program self assessment and the PIR), grantee and delegate agencies are required to re-examine their goals and objectives.

An excerpt from a grant application from a Tribal Head Start TA specialists who help programs with their CA’s suggest this phrase (or something like it) be used in grant applications or written plans: “Our community assessment has revealed that...and therefore, our program will...”
STEP 5: MAKE DECISIONS

refers to how information from the CA feeds into its setting of program objectives:

...We conceptualize a logic trail that moves from a.) identification of a need; to b) resource identification; c.) formulation of a response; and d.) outcome evaluation. The process begins with need identification as the result of our community assessment, self-assessment, or on going monitoring.

The Red Cliff Band of Lake Superior Chippewa Head Start Grant Application. 2006.

In addition, a thorough CA will add value to your program’s strategic plan that proposes three to five year, long range objectives. Some strategic plans include details about tasks, timelines, methods for measuring results, and outcomes. Others are more global and address agency goals and priorities in addition to the program-specific targets and strategies for Head Start.

One Head Start delegate agency proposed expanding to another facility in its strategic plan, based on the demographic shifts detailed in the CA.

Long term strategic planning also is considering the desirability/feasibility of opening a separate/affiliated facility to help address the growing needs of families in the communities that we serve.

El Centro Rosemount. 2006-2007 Community Assessment (interim year).

Program Services and Options

Head Start programs can offer a number of different options, including center-based, home-based, combination, and locally designed options. The program option(s) chosen must be based on the needs of children, families, and the community as identified in your CA. As your program reviews program options, you need to consider

- what families say they want or need
- availability of child care programs in your service area and the number of Head Start children who use them (or who are on their
STEP 5: MAKE DECISIONS

You also should use the CA to gauge the specific length and types of services and the resources needed. The information you present to support your recommendations might be a combination of quantitative and qualitative data derived from surveys, Census material, and interviews or focus groups.

As a result of the data collected in the CA, a Head Start program reported that the number of persons who speak little or no English is increasing in the service area and that the fastest growing numbers are Spanish speakers.

As this population continues to increase, Albina Head Start’s need for more bilingual/bicultural staff to work with children and families will grow. We anticipate increased demand for ESL classes among Head Start families.

The report concluded with a recommendation about how to meet the needs of the emerging populations.

Expand services to children and families who speak a language other than English in the home.

In one suburban Head Start program, the CA data highlighted the need for expanded services to new populations:

Immigrant parents would like more support for themselves to learn about cultural values associated with being American.

In addition, CA data from a variety of sources pointed to the need to expand the child development options offered by the Head Start program. The CA report from this program included both quantitative (numerical) and qualitative results.
Almost all the parents would like a combined child care Head Start program that operates through the summer. Results from the survey, focus groups, small group interviews, and individual interviews revealed that on average parents would like the program to operate approximately 7.5 hours a day. The parents’ greatest concern with respect to hours of operation is that they would like to have flexibility in terms of the duration and time of the day, depending on their work shifts.


In addition, this CA report included findings from a Working Group of child care providers who recommended closer collaboration with Head Start and a building of community-based organizations’ capacity to serve Head Start families. The CA report states that if this recommendation were to be implemented, Head Start children would benefit from being in one location all day for both classroom time and wrap-around child care. Transportation costs would be reduced; child care providers and Head Start staff who are school system employees would have opportunities to communicate and share training. These findings highlight the importance of including other community-based groups in your CA process.

Recruitment Areas for the Grantee and Delegate Agencies

The service area of Head Start programs can be vast. 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 your program is not currently serving children in that area(s). The recruitment area that is chosen must include as many eligible children as possible. The concentration of families and the availability and accessibility of facilities are additional factors to consider when making this recommendation. It is useful to include maps of the current service and recruitment areas, as well as maps of proposed changes.

In many CA reports, Census data on eligible families in the ser-
vice area are reported neighborhood by neighborhood in large cities and for every town and surrounding area in a rural county. When you present a detailed picture of the demographics of the service area, you are able to provide a valid explanation for any proposed changes—the data will back you up.

In the CA report presented by one delegate agency, facts were presented about the need for expansion of its home-based services into new areas of the city.

Presently Rosemount Center targets the population of Wards 1, 2, and 4 (areas in Washington, D.C.). However, there is a need to extend our services to Wards 7 and 8 because of the high population concentration of children under the age of five in these areas... Ward 7 has the fewest number of children enrolled in a childcare center, even though it has the second largest (4,629) number of children under five years old. In addition, even with the largest percentage of children in D.C. living in Ward 8 (6,447), only eight percent of these children are enrolled in a child care center. Furthermore, the need for more services in Wards 7 and 8 is even greater because of the increased number of households that are headed by single mothers with children under five (6,342 and 7,321 single mother households). Therefore, our home-based program has included these two Wards in their recruitment effort by soliciting families who live in those neighborhoods.

Locations for Centers and/or Home Based Programs

Your CA will provide you with detailed information about the location of eligible families including populations that may be underserved. You also will have current information about attendance and waiting lists at Head Start locations. As noted throughout this Workbook, you must always keep in mind the purpose of Head Start—to serve the greatest number of families with the greatest needs. If waiting lists are small or attendance
is poor at some sites, you may need to reconsider the locations because full enrollment is a Head Start priority (ACYF-HS-PI-04-03).

Sometimes, programs need to make difficult recommendations based on changing patterns of residence or employment. Your CA data analysis may indicate that your program should consider closing a center or relocating services closer to where families live and work. On the other hand, your CA data analysis may indicate that more eligible families are arriving in the service area. If you need to expand services, be creative in seeking solutions such as partnering with community-based programs, expanding a home-based option, or seeking funding from other sources.

Decisions about center locations are difficult and complicated to make. Your considerations include staffing patterns, budget considerations, the availability of sites, and their accessibility to families. The CA report from a suburban Head Start analyzed the data from eligible parents about access to the program which then lead to considerations about site locations.

The majority of parents questioned preferred a school bus for transportation of their children to a Head Start site. They indicated travel time should be less than 30 minutes, preferably less than 20 minutes. If a school bus is not available, the participants’ second option was walking their child to the program, as long as the program is close to their home. 752 eligible children (18.5%) reside within one mile of a Head Start site. Only a handful of the parents mentioned they have access to a vehicle.


**Recruitment and Selection Priorities**

The Head Start Program Performance Standards and Other Regulations (45 CFR 1305.3(d)) state 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.

Some recruitment and selection priorities will be based on the needs of families and children as reported during data gathering for the CA. For example, if the CA indicates that a high percentage of eligible children are affected by asthma, priority might be given to enrolling children with asthma. The reason is that they would benefit greatly from the comprehensive services offered by Head Start.

As communities begin to reflect a population shift, the Head Start program should reflect that change. This is one reason why a thorough and well-done CA is so important for program planning. Once you see demographic changes in your Head Start community, then you might need to re-examine the selection criteria.

For example, an influx of immigrants may lead your program to give priority to children who are learning English. If there are seasonal immigrants to your area, they might be given priority. If newcomers in the service area are living in very overcrowded conditions and the young children have no access to indoor or outdoor play activities, then your program might decide they would benefit most from a Head Start experience. A rationale is that they need the safe, “child friendly” learning environment of the centers as well as the array of program services. So, your selection criteria would target these newcomer children and families.

**Making Recommendations**

There are many ways to present recommendations in your CA report. One program used this format:

**Observations and Recommendations: Education**

*Observation:* There is a need for the continued building of partnerships with local school districts to not only ensure effective transition processes, but also as a means to build the capacity of education providers to more effectively respond to the needs of migrant families.
Recommendation: Conduct a statewide inventory of school districts to identify current, underdeveloped or non-existent transitions partners, ensuring the collection of (bilingual) contacts and other relevant information for those districts in each service area that are near program center locations and/or in agricultural areas.

Observations and Recommendations: Family Services

Observation: Oregon has recently been designated as a “New Hispanic State” by the U.S. Census Bureau given the 200 percent growth and 200,000 person increase in the Hispanic population between 1980 and 2000. Additionally, nearly 80 percent of children enrolled in the Migrant Seasonal Head Start program in 2005 were primary Spanish speakers. Thus, there is a need to ensure the resources and personnel necessary to continue to accommodate children and families in their primary language.

Recommendation: Continue to identify additional resources for translation and interpretation services for non-English speaking families, as well as to assist with the development of information and resources around promoting agency and community initiatives, such as a greater fatherhood involvement, in families’ primary language.

Identify and prioritize the key issues or problems facing children and families that need to be addressed by the Head Start program.

- Make sure that all the issues have emerged from the analysis of the data in the CA.
- Describe your system for prioritizing or determining the key issues.

Note that in reference to family services, data from the U.S. Census (an external data source) and data from Head Start enrollment forms (an internal data source) are cited. Together, they provide a solid basis for recommending increased bilingual services.

At the end of this chapter is another example of how one Head Start agency has presented the recommendations in its CA Report. Their recommendations address some of the decision topics mentioned in the Head Start Program Performance Standards and Other Regulations including: selection criteria, program options and locations, and program services.
As you read over the recommendations from these Head Start programs, notice that

- reference is made to the supporting data such as information from the parent interviews, focus groups with child care providers, and the U.S. Census. It is evident that the recommendations are grounded in the data that were collected and analyzed during the CA process.

- the recommendations are specific and action-oriented. It is clear what the next steps are in order for the Head Start program to implement the recommendations.

As you prepare the recommendations in your CA report, ask yourself if they reflect the data and if they provide guidance to your program.

**Establishing Priorities**

When preparing your decisions or recommendations based on the Community Assessment (CA) data, you will need to prioritize them. This is especially true if your list of recommendations is lengthy and costly. The rationale for prioritizing should be given.

There are a number of reasons why your program might prioritize one recommendation over another.

- It can be implemented more easily.

- It addresses a greater need.

- It responds to a trend that, in the next few years, will impact the program. By putting the recommendation into place now, your program will be prepared.

- It involves working with a community partner and the time is “ripe” for you to collaborate due to leadership, funding, or shared mission. By partnering now, you can maximize your resources and offer improved service delivery
to families and children.

It is likely that your CA will generate more recommendations than your program can address. In fact, it is expected that a thorough CA, with input from many different internal and external sources, is likely to do just that. What is important is that the recommendations follow from the data collected.

Some recommendations may require that your agency revisit its strategic plan and address the CA findings in a strategic way.

**Identifying Trends**

Related to making recommendations and prioritizing them, is the use of trend data. As you were conducting the CA and gathering data, there may have been times when you posed interview or survey questions such as, “What changes have you noticed over the last 3-5 years?” For example, you might have asked mental health providers or food banks if they had noted population shifts or changes in their clients’ needs. These kind of questions look at the “big picture,” and give you a sense of the trends that might affect your Head Start program.

For example, discussions with local school officials may have indicated that a state-funded preschool program is going to expand in the next few years and offer preschool services to all low income 4-year olds. Your program may be able to coordinate with the state programs in order to provide a broader range of services and options to families.

Census data and PIR data over a span of time can also give you a feel for changes that are happening. Estimates of eligible populations are another source of trend data and can help you forecast future program services.

Your CA Report needs to refer to trends when they are relevant. For example, one program noted in its CA Report that there were economic changes that would have a negative impact on the Head Start eligible population it served:

*Jefferson County is undergoing a period of intense change that will disproportionately affect low*
income and farmworking families. Despite the diversification of local industries, it remains that service and agricultural work will be left behind in the sense that these employees will continue to earn minimum wage while having to pay more for housing and services.

The CA Report went on to discuss several options that the grantee might consider in light of these community-wide trends.

**Getting the Final Product Ready**

As you can see, there is a great deal of information that is gathered and analyzed for the Community Assessment (CA). Not every detail or piece of “raw” data needs to be included in the CA report—in fact, the CA team will have to make decisions about which information to include and in particular, how to analyze data and summarize information. Visual presentations, such as charts and graphs, can help immensely. (For a more detailed discussion and for worksheets about the CA Report see Appendix A).

The organization of your CA report is important. General sections that you will probably want to include are:

I. Executive summary—highlights your methods of data collection and analysis, major findings, and recommendations (1-2 pages).

II. Overview of the state of the grantee—summarizes the history, location of the program sites, staffing patterns, and other general information (1-2 pages).

III. Methodology—describes the planning process, data collection, and data analysis.

IV. Service area data—includes basic geographic, economic, and demographic features.

Make sure that all of your results and recommendations tie back and flow logically from the data collected and presented. Make sure that all of the recommendations are summarized in one place.
V. Strengths and needs of Head Start eligible children and their families, including children with disabilities—inclues information from families and local institutions.

VI. Community resources—addresses issues of availability and accessibility to Head Start children and families and identifies gaps in services.

VII. Issues and recommendations—uses the findings in the CA to make decisions about the program and to identify trends in the service area.

VIII. Appendices—includes surveys, interview questions, and other documents; supplemental data.

Depending on the data you have and the decisions you propose, you may want to restructure the CA report somewhat differently. Above all, keep asking yourself if the CA report is supporting Head Start’s mission: to serve the greatest number of eligible families and those who are in greatest need.

Presenting a CA report that is reader-friendly is a challenge to many Head Start programs. Appendix A lists pointers about how to present the CA report in an effective and useful format. There are some general guidelines to keep in mind:

- Write in a logical, organized way.
- Add maps, charts, and illustrations for clarity.
- Make sure the conclusions are supported by the data analysis and synthesis.

**CA Updates in Years 2 and 3**

In each of the two years following completion of the required triennial Community Assessment, the grantee must conduct a review to determine if there have been any significant changes in the program or the community (45 CFR 1305.3(e)). If so, the CA must be updated and the recommendations reconsidered.

These interim reviews require an abbreviated CA process that will include—if necessary—planning, designing data collection,
data gathering, analysis, and decision-making. Target your time and energy on addressing the demographic, economic, environmental, and resource changes that you know have had an impact on your program and the community: such as factory closings, loss of homes due to flooding, or the designation of your city as a Refugee Resettlement area.

If centers in your program have moved or closed in the last year, consider what impact these changes may have on your service delivery as reported in the last triennial CA. Another source of change may be recent legislation that affects the availability of housing, medical, educational or transportation services to the low-income families served by your program.

Also, consider the statistical data reported in your CA. Are there new and better sources of information on children with disabilities or on English language learners in the school system? If so, then you might consider whether these data change the information you had previously reported and in turn, impact the recommendations you had made in the CA Report.

As you get started on the review in Years 2 and 3, you will want to go through these steps:

- Set up the Community Assessment team with the same or similar membership structure as in Year 1.
- Follow a similar sequence as in Year 1 though you may be able to shorten the overall time frame.
- Design your data collection so that it is focused and zeroes in on the changes. You are required to report significant changes in the information on any of the six topics (as designated in 1305.3 (c)).
- Collect information from internal and external sources, including your partners and collaborating agencies.
- Review how the new information might impact the recommendations previously made and any final decisions that followed (as delineated in 1305.3 (d)).

Many agencies have decided that the entire governing board and Policy Council should review the draft CA document so that they can offer suggestions before the final report is prepared. All board and Policy council members receive a copy of the final CA Report.
An updated CA Report must be prepared and submitted to the Regional Office.

**Next Steps: Communicating**

Now that your CA team has worked hard to generate a comprehensive and detailed Community Assessment Report and it has been presented to the agency’s governing board and managers, it is time to share it with others. Of course, the first audience is the Regional Office and other Federal staff who will use it to help make decisions about your program and its funding. They will be very interested in the demographic information specifically about Hispanic and other emerging populations in your service area. They will want to know how your program anticipates responding to the population changes.

Other audiences will be eager to hear the results and recommendations as well. Staff will want to know if their roles and responsibilities will change as a result of the CA findings. Is it likely that new staff will be hired? or bilingual staff needed? or bus routes changed? or a center re-located? or new child care partners identified?

Parents, too, will be a receptive audience who are interested in the results of the CA. They will have many questions: Is it likely that any program services will be changed? or new service providers in the community identified? Community organizations also will want to hear about the findings because their roles may be expanded if there are shifting population patterns. The governing board may want additional discussion on the findings and implications not only for Head Start, but for other programs in the agency.

Although some audiences may be excited about program changes that come about as a result of the CA, others may resist. Some may understand what the trends in shifting populations mean for Head Start; others may not grasp their significance. However, it is important for you to communicate that Head Start’s mission has not changed.
**Next Steps: Integrating the CA into Program Planning**

Program planning is an active and dynamic process that begins with the Community Assessment (45 CFR 1305.51(a)(1)(i-iii)). The CA Report is a working document because the agency uses this information to make decisions about program services and to set goals and priorities. There might be budgeting and fiscal implications. For example, population shifts identified in the CA may point to the need for more bilingual staff; or changes in housing patterns may indicate a need to provide transportation to and from centers. Any program changes or new enrollment patterns that evolve from the CA will allow your Head Start program to fulfill its goals more effectively.

It is only by responding to the changing needs of children and families with improved program and community services, that Head Start can make the most profound difference in the lives of the country’s most vulnerable populations.

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**Worksheets for Step 5**

The following worksheets found in Appendix B will assist you in completing Step 5.

- **5A** Identify Major Issues and Trends .................................................. pg. 163
- **5B** Identify Trends ............................................................................. pg. 167
- **5C** Identify Types of Decisions ............................................................. pg. 171
- **5D** CA Analysis .................................................................................. pg. 175
- **5E** Organize Step 5 ............................................................................. pg. 177
Recommendations

The Montgomery County (Maryland) Head Start Community Assessment Final Report concludes with a series of recommendations. They include recommendations about selection criteria, program options and locations, program services, and community partnerships. Worksheets for Step 5 in Appendix B can be used by the CA team as it prepares the recommendations.

The following recommendations are made by the [Community] Assessment Team based on the information presented in this report and discussion with advisors.

**Improve How to Determine the Number of Eligible Children Within the County**

Because there is a likely undercount of low-income children by the Census, any numbers derived solely from the Census may not yield accurate estimates. Also any conclusion drawn from comparisons between the actual number of children enrolled and the number reported by the Census are not very useful due to the undercount of children. Some families under report their income to make their children eligible for Head Start. Therefore, estimates regarding the number of slots that should be made available should be both greater than and based on more than just Census data, and should include other factors, such as: the number of undocumented residents and homeless and the number of income eligible households.

**Locate Programs Close to Eligible Children**

Expand Head Start programs into areas in the county where eligible children do not have access. At the present time there are areas in the County, such as Damascus and Poolesville, where there are concentrations of eligible children who do not have easy access to Head Start.

**Improve Outreach**

To access underserved and marginalized communities, it is necessary to tap into the social organization of community by identifying entry points the community itself is comfortable and familiar with (e.g., announcements on ethnic television programs, ads in ethnic newspapers and grocery stores). Consider increasing the number of languages into which materials about the program are translated.
Expand the Cultural, Linguistic, and Technological Component

Ensure that the current program curriculum and teacher trainings include cross-cultural competence. Consider expanding the linguistic component of the program so that it is bi- or multi-lingual. Both native and non-native English speaking parents thought this approach would be advantageous for their children. Continue to provide computers and encourage their use so that children have exposure to computers before entering kindergarten. Educate parents on how they might be able to extend the educational services the program provides at home once children enter grade school.

Flexible, Year-Round Schedules for Head Start and Child Care

Not all parents of Head Start-eligible children work between the hours of 9 a.m. and 5 p.m. Therefore, a program model that extends and/or provides a more flexible program schedule and is available year round will be necessary for these parents.

Provide Transportation

Transportation should be provided for eligible children who live in areas where public transportation is not readily accessible. Most parents expressed the need for some form of transportation unless the programs were located walking distance from their homes. While 30 minute trips might be feasible, parents were more comfortable with transportation time of 20 minutes or less.

Build Community-Based Organizations’ Capacity for Head Start

Head Start should continue discussions about its expansion with child care providers. Some consideration should be given to expanding the current community-based programs to include a Head Start teacher who can provide wrap-around care. Child care providers assert they should be treated as partners in the expansion process, as well as being provided with technical assistance, financial management, and other assistance to address barriers to implementing Head Start program components.

Develop Partnerships With Community-Based Organizations

Better collaboration is needed among Montgomery County Public Schools, child care providers, and other community organizations. Working Group members described the relationship between their centers and Montgomery County Head Start as non-existent. Closer collaboration and inclusion in the educational system in Montgomery County is needed if an expansion effort into community based organizations is given further consideration.
## Appendix A: The Community Assessment Report

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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 and service delivery.

When the CA process has been completed the CA Report is written. The document describes the CA process, presents the results, and proposes recommendations. The resources in Appendix A will help the CA team prepare a thorough and user friendly CA report.

A Suggested Outline for a Community Assessment Report and Tips on How to Present the CA Report are guides to preparing the Community Assessment Report. The outline roughly corresponds to the Checklist for the Community Assessment Report.

The Checklist for the Community Assessment Report may be used by the team and others. The Checklist helps a reader of the Report determine to what extent the CA document is complete, well organized, and addresses needs and community resources that are specific to Head Start eligible families. The Checklist also can be used as a guide for discussing and improving the CA Report. When you ask staff or others to review your CA Report, they can use the Checklist. The TA provider as well as the grantee’s Federal Program Specialist may choose to utilize the Checklist when evaluating the CA Report.
There are many ways to present all the information gathered and analyzed for the Community Assessment (CA). The following sections correspond generally to the topics that have been discussed in Steps 1-5.

I. Executive Summary of the Community Assessment

Provide an overview of the CA, including a brief description of the process (methods), the findings, and the recommendations. (1-2 pages)

II. Overview of the State of the Grantee

Include a brief history, general description, and overview of the agency—its size, type, purpose or mission, clients, funding sources, and defined service area of the Head Start program. Describe how the CA information is used by the program. (1-2 pages)

III. Methodology–The Community Assessment Process

Step 1: Plan and Organize; Step 2: Design Data Collection

Describe the process used to conduct the CA, including the role of the CA team, parents, staff, the Policy Council, and the governing body as well as a calendar of completed tasks. Identify the sources of data, the data collection methods, and the data analysis procedures.
IV. Service Area Data  
**Step 3: Gather Data**

Describe the basic geographic, demographic, and economic features of the Head Start service area (and the recruitment areas, if necessary). Include the locations of the Head Start centers, family child care homes, home based programs and the child care partners. Provide maps.

Compare the service area data with data on the currently enrolled Head Start children and staff. Discuss the needs and characteristics of specific populations (including the underserved or emerging populations who are Head Start eligible) and the implications for program design and service delivery.

V. Strengths and Needs of Head Start Eligible Children and their Families, Including Children with Disabilities  
**Synthesis of CA Report, Sections III-V; Step 4: Review and Analyze Data**

Identify the most significant strengths and needs of Head Start eligible children and families. Include information from the families currently enrolled and from other eligible families, especially Hispanics and emerging populations who may have the greatest need for Head Start services. Include information from institutions and agencies in the service area. Compare and contrast the views of families with the views of institutions.

VI. Community Resources  
**Step 4: Review and Analyze Data**

Describe the relevant resources that are used or might be used directly or indirectly by Head Start eligible children and families. Identify issues in resource availability or accessibility.

VII. Identification of Issues and Recommendations  
**Step 5: Make Decisions**

Identify and prioritize issues and concerns to be addressed by the Head Start grantee. Propose recommendations or changes, such as in the service area, program options, or service delivery, that are based on the findings from the CA. Note trends in the demographics or the community profile that might impact the Head Start program.
VIII. Appendices

Include the instruments used for data collection; additional tables, charts and maps; and lists of sources such as organizations that participated in the interview or in a focus group.

Submitting the CA Report in pdf format or as a Word document enhances its usability and ease of submission.

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Tips on How to Present the Community Assessment Report

It Matters How the Community Assessment Report Looks

• One of the caveats of a successful CA Report is effective presentation. Before writing the report, consider your intended audience. It includes a varied group of Federal officials, community partners, staff, parents, and others. Make the document reader-friendly by using
  - Short paragraphs
  - Headings for major sections
  - Page numbers
  - Visual displays of the data to accompany the text

• Define your terms. The reader may not be familiar with the Head Start community, service area, or other commonly used terms in Head Start. Consider providing a glossary of terms. Maps need to be clear and concise. Use clear symbols, shading, and legends to differentiate items. Include the following information on maps:
  - Service area boundaries
  - Location of existing Head Start centers, including those under construction, family child care homes, and other child development programs in the service area
  - Recruitment area of each Head Start center and/or family child care homes
• Designate the Head Start funded enrollment in each center and family child care home depicted on a map.

• Tables, charts, and graphs need titles, such as Enrollment Patterns 2001-2004. Columns or lists of data are put into a table format. Each table is numbered in consecutive order, as in Table 1, Table 2, etc. Each visual display of results, such as a graph, map, or pie chart is labeled as a Figure. Each one is numbered in consecutive order, as in Figure 1, Figure 2, etc. All Tables and Figures should be placed close to the text that refers to them.

• Cite the references for internal and external data. Include the title of reports plus the date of publication. Sources can be briefly indicated in the body of the CA Report and listed in references at the end.

• Make sure that the CA Report is coherent. It should be a stand alone document and not assume that the reader has background information on the program or on Head Start. It should not be a collection of sections hastily assembled at the last minute. If the document has different authors, edit each section so that it reads smoothly and easily.

• Remember that the CA Report will probably be photocopied and disseminated. Use patterns rather than color as background because color does not reproduce as well as black and white.
The Checklist may be used by the team to assess to what extent the CA report is complete, well organized, and readable. It is a tool to help ensure the quality of your CA report. It lists items that should appear in the CA report, including text, maps, and charts.

The Checklist can be used as a guide for discussion and improvement to the CA report. When you ask staff or the Board to review your CA report, they can use the Checklist and provide you with feedback. If Checklist items are missing or incomplete, the team should take note and try to make corrections. Technical Assistance providers also might use the Checklist to help them understand your program’s needs. Regional officials may decide to use the Checklist when evaluating your CA report.

At some point, you might want to include additional items on the Checklist that you know are important indicators of the quality of your CA report.
## Checklist for the CA Report

**Grantee/Delegate Agency:** ____________________________  
**Name of Reader:** ____________________________

Check the “yes” box if the item is included in the CA report. Check “no” if it is missing entirely or incomplete. Page references may be noted. If the information/data are located in another section of the CA report, indicate those page numbers.

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#### III. METHODOLOGY

**Purpose of the CA**

**CA process**

- List of CA team members, their responsibilities, and how they were selected indicating that they were a cross-representational group
- Role of a consultant, if used
- Overview of any training provided to the CA team
- Roles of the Policy Council and the Board
- Timeline or other evidence indicating that there was ongoing reporting of the CA progress

**Sources for the CA information**

- Internal data sources (include a list if possible)
- External data sources in the community (include a list if possible)
- Census data or other population figures
- Data sources on underserved or new or emerging populations (include a list if possible)

**Methods of data collection**

- Surveys and/or questionnaires (specify the population targeted)
- Interviews and/or focus groups (specify the population targeted)
- Use of translation or interpreters when necessary

**Methods of data analyses**

- Quantitative analyses (such as percentages)
- Qualitative analyses (such as quotes from interviews)
- Estimates and trends
## Checklist for the CA Report (continued)

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### IV. DATA COLLECTED AND FINDINGS

**Overview of the service area and recruitment areas**

- Employment patterns, noting major businesses and industries
- Housing patterns
- Public school patterns
- Transportation patterns
- Medical and environmental health issues
- Social and economic status of population
- Language and cultural base of population
- Racial and ethnic characteristics of population
- Recent population changes including immigration, new or emerging populations
- Types and locations of child care programs and arrangements for infants, toddlers, and preschoolers
- Types and locations of child care programs and arrangements for infants, toddlers, and preschoolers with disabilities
- National, state, and local Census data whenever possible

**Information and demographics on Head Start eligible children and their families including new, emerging, and underserved populations**

- Employment
- Housing
- Social and economic status
- Languages and cultures
- Racial and ethnic characteristics
- Recent population changes
### Checklist for the CA Report (continued)

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<td><strong>Comparison of strengths and needs of Head Start eligible children and families as defined by the families themselves and local institutions serving them</strong></td>
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<td>Education</td>
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<td>Immigration</td>
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<tr>
<td>Translation and interpretation services</td>
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<tr>
<td><strong>Access and availability of community resources</strong></td>
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<tr>
<td>Education</td>
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<td>Translation and interpretation services</td>
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</table>
### Checklist for the CA Report (continued)

<table>
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<tr>
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<th>No</th>
<th>Page #:</th>
<th>Notes:</th>
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</thead>
<tbody>
<tr>
<td><strong>IV. DATA COLLECTED AND FINDINGS (continued)</strong></td>
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<tr>
<td>Collaborative arrangements, partnerships, and formal agreements</td>
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<tr>
<td>Disabilities services</td>
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<td>Educational services</td>
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<td>Health and mental health services</td>
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<td>Social services</td>
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<td>Shared facilities</td>
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<td>Transportation</td>
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<tr>
<td>Professional development</td>
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<tr>
<td><strong>V. DATA REVIEW AND ANALYSIS</strong></td>
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<tr>
<td>Charts, tables, and other visual displays of data</td>
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<tr>
<td>Changes from prior years in service and recruitment areas and eligibility and enrollment indicating trends and patterns</td>
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<tr>
<td>PIR data, especially enrollment data, analyzed over several years</td>
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<tr>
<td>Agency PIR data compared to national PIR data</td>
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<tr>
<td>Data analyzed for significance and impact on the Head Start children and families, the program, and the community</td>
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<tr>
<td><strong>Major issues, trends, and concerns</strong></td>
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<tr>
<td>Changes in social policy or legislation, such as eligibility criteria for Federal or state benefits</td>
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<td>Influx or relocation of Hispanics or of new or emerging populations</td>
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<tr>
<td>Community development projects</td>
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<tr>
<td>Business and services closings and openings</td>
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<td>Residential patterns, new construction</td>
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<tr>
<td>Immigration laws and law enforcement</td>
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<tr>
<td>Unseasonable weather or natural disaster</td>
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</tbody>
</table>
## Checklist for the CA Report (continued)

<table>
<thead>
<tr>
<th>VI. RECOMMENDATIONS AND PRIORITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key issues facing eligible children and families to be addressed by the Head Start program</td>
</tr>
<tr>
<td>Recommendations prioritized and rationale given for</td>
</tr>
<tr>
<td>■ philosophy and program objectives</td>
</tr>
<tr>
<td>■ services and program options</td>
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<tr>
<td>■ recruitment area for grantee</td>
</tr>
<tr>
<td>■ recruitment area for each delegate</td>
</tr>
<tr>
<td>■ locations for centers and home-based programs</td>
</tr>
<tr>
<td>■ criteria for recruitment and selection</td>
</tr>
<tr>
<td>Financial implications of recommendations</td>
</tr>
<tr>
<td>Priority assigned to serving new, emerging or underserved populations that have been identified during the community assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VII. STYLE AND FORMAT OF CA REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written in a logical, organized way</td>
</tr>
<tr>
<td>Thorough and detailed</td>
</tr>
<tr>
<td>Contains maps, charts, and illustrations for clarity</td>
</tr>
<tr>
<td>Provides numerical data that are easy to understand and summarize the information</td>
</tr>
<tr>
<td>Provides qualitative data, such as quotes from interviews that are insightful and make the report interesting</td>
</tr>
<tr>
<td>Offers conclusions supported by the data</td>
</tr>
<tr>
<td>Supports Head Start’s mission to serve the greatest number of children and families in greatest need of its services</td>
</tr>
</tbody>
</table>
Checklist for the CA Report (continued)

For Internal Use Only

Date _______________________

Based on the review of the above elements, the Community Assessment Report

▪ includes all the key elements and is acceptable
▪ lacks information and needs revision of content
▪ is poorly organized or poorly written and needs rewriting

Comments:
# Appendix B: Worksheets for Steps 1-5

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The worksheets in Appendix B correspond to the Steps that have been discussed in the Workbook:

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

Worksheets specific to each Step are included. For example, there is a worksheet about creating a CA team in Step 1; for Step 4, there is a worksheet about how to review the data. A worksheet, Organize the CA Process, is repeated in each Step. It consists of a list of the critical tasks, the members of the CA team who are responsible, and a timeline.

The purpose of these worksheets is to help your program define the relevant tasks for each Step and to organize the information. These worksheets are not definitive, but rather they are guidelines. Your CA team may want to design other worksheets that will help you conduct and complete the CA process.

There are data collection worksheets in Appendix C that are specifically designed for information gathering. The topics include demographics, health, child care and other areas related to services and community resources. The data collection worksheets are useful tools for Step 3.
Create the CA Team

The CA team members (or the pre planning team) can discuss the answers to the questions below. Use brainstorming techniques to initially consider each question. After brainstorming multiple responses, decide which responses will be implemented.

1. What is the purpose of the CA team?

2. What tasks will the CA team need to perform?

3. What skills are required to perform these tasks?

4. Based on the tasks and skills identified above, who else should be on the CA team?
   
   *Remember that individuals representing all staff should be on the CA team; community representatives and parents from the governing bodies should be included, too.*

5. What does the CA team need in order to stay motivated?

6. What kind of support does the CA team need?
The CA team can complete this worksheet as they read through this *Workbook*.

1. In Column 1, list the critical tasks for each step in the CA process.
2. In Column 2, identify the member(s) of the CA team who are responsible for completing each task.
3. In Column 3, specify a date for completing each task.
4. Use the Planning Calendar (Worksheet 1.C) to develop a timeline.

The information under each Step below will be expanded in Worksheets that appear later in this Appendix.

<table>
<thead>
<tr>
<th>Critical Tasks: Steps 1-5</th>
<th>Member(s) of the CA Team</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1: Plan and Organize</strong></td>
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<td><strong>Step 2: Design the Data Collection</strong></td>
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<td><strong>Step 3: Gather Data</strong></td>
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<td><strong>Step 4: Review and Analyze Data</strong></td>
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<td><strong>Step 5: Make Decisions</strong></td>
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</table>
The Planning Calendar presents a timeline for all general tasks and responsibilities that are associated with the CA Team, the Policy Council/Policy Committee, and the Governing Body (G.B.) of the grantee. The Calendar covers twelve months indicating the time period some grantees might take to conduct a CA, perform data analysis, make decisions regarding program options and services, and write the final CA Report. Once the CA Report is finalized, a grantee might take another three months or so to prepare its grant application that incorporates information from the CA.

Some grantees might take longer than 12 months, some shorter to complete their CA; you may adapt this Calendar to meet your grantee’s needs. An example of how to use the Planning Calendar follows.

<table>
<thead>
<tr>
<th>Governing Body (G.B.)</th>
<th>Policy Council/Policy Committee</th>
<th>CA Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Director attends monthly meeting to inform them of upcoming CA process.</td>
<td>• Director attends monthly meeting to inform them of upcoming CA process.</td>
<td>• HS Director holds staff meeting to discuss upcoming CA. General discussion of changes in population and service needs over the last 3 years.</td>
</tr>
<tr>
<td>• Procedures are established for keeping G.B. informed.</td>
<td>• Community and parent members volunteer for the CA team.</td>
<td>• CA team is formed with members representing different program service areas.</td>
</tr>
<tr>
<td>• Director gives written report on CA process to G.B.</td>
<td>• Procedures are established for keeping PC informed.</td>
<td>• CA team leader is designated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Director gives verbal report on CA process at PC meeting.</td>
<td></td>
<td>• CA team meets weekly to determine tasks and procedures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Timeline for conducting and completion of CA tasks is established, month by month.</td>
</tr>
</tbody>
</table>

Adapted from Training Guides for the Head Start Learning Community: Planning and Reviewing for Success. 1999.
APPENDIX B: WORKSHEETS FOR STEPS 1-5

Planning Calendar

<table>
<thead>
<tr>
<th>Governing Body</th>
<th>Policy Council/Policy Committee</th>
<th>CA Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 1</td>
<td>Month 2</td>
<td>Month 3</td>
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<tr>
<td>Month 4</td>
<td>Month 5</td>
<td>Month 6</td>
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</tbody>
</table>

(continued)

Months 1-6 — Preparation of CA Report

Adapted from Training Guides for the Head Start Learning Community. Planning and Review for Success. 1999.

## Planning Calendar

<table>
<thead>
<tr>
<th>Governing Body</th>
<th>Policy Council/Policy Committee</th>
<th>CA Team</th>
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<tbody>
<tr>
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<td>Month 7</td>
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<td>Month 8</td>
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<td>Month 9</td>
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<td>Month 10</td>
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<td>Month 11</td>
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<td>Month 12</td>
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</tbody>
</table>

Adapted from Training Guides for the Head Start Learning Community: Planning and Reviewing for Success. 1999.

Months 7-12—Preparation of CA Report
Program Funding Year: January 1-December 31

- October-November: Step 1: Plan and Organize
- December, January, and February: Step 2: Design the Work
- January 1st: New Grant Year Begins
- March-April: Step 3: Gather Data
- May-June: Step 4: Review and Analyze Data
- July 1st: Step 5: Write the CA Report
- July, August, and September: CA Report Submitted to the Governing Body
- September 30th: Use CA Report for Refunding Grant Application
- Submit Grant Application to the Regional Office

Adapted from Training Guides for the Head Start Learning Community. Planning and Reviewing for Success. 1999.
1. The CA team can use the information from Worksheet 1.B, in Column 1 to list the tasks involved in this step. More detail about each task or sub-task should be added on this worksheet.

2. Identify the individual(s) responsible for performing each task in Column 2.

3. Identify dates for completing each task in Column 3.

<table>
<thead>
<tr>
<th>Critical Tasks for Step 1: Plan and Organize</th>
<th>Members of the CA Team</th>
<th>Completion Dates</th>
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</thead>
<tbody>
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</table>
The CA team (or a sub team responsible for data collection and analysis) can complete this worksheet.

1. Identify the internal data to collect. Examples of internal data include demographics on the enrolled children and families and those on the waiting list; information on how services are delivered, such as staffing information; program strengths and challenges faced by the program; and existing community partnerships and the results of those relationships.

2. Identify sources where you will obtain the data. References for internal data include information from the agency’s recordkeeping systems such as the most current Program Information Report (PIR); staff performance reviews; minutes of Governing Body, Policy Council/Policy Committee, and staff meetings; progress reports on the accomplishments of current goals and objectives; ongoing monitoring reports; program self-assessment; Federal monitoring and funding data; family assessments; and fiscal reports.

3. Discuss and list any issues/challenges to consider when collecting the data.

4. Explain methods you can use to collect the data, considering the challenges identified previously. Methods include interviews, questionnaires, focus groups, and meetings.

<table>
<thead>
<tr>
<th>Internal Data</th>
<th>Source of Data</th>
<th>Issues to Consider</th>
<th>Methods</th>
</tr>
</thead>
</table>

Adapted from Training Guides for the Head Start Learning Community: Planning and Reviewing for Success. 1999.
The CA team (or a sub team responsible for data collection and analysis) can complete this worksheet.

1. Identify the external data to collect. Examples of external data include demographics of the service area (race and ethnicity, household income and employment, poverty levels, housing and homelessness, education levels); health and education issues; transportation system and community safety; environmental issues (air and water quality, green space); child welfare data; number of children with disabilities and services, community resources child for care/development; and collaborative community agreements.

2. Identify sources where you will obtain the data such as the U.S. Census (available in libraries, government offices, and on the Internet); county/city planning departments; local economic development agencies; nonprofit service agencies such as the United Way; local colleges and universities, (the political science, sociology, or urban planning departments); Tribal Councils; faith based institutions; and local newspapers.

3. Discuss and list any issues/challenges to consider when collecting each type of data.

4. Explain methods you can use to collect the data, considering the challenges identified previously. Methods include interviews, questionnaires, focus groups, and meetings.

<table>
<thead>
<tr>
<th>External Data</th>
<th>Source of Data</th>
<th>Issues to Consider</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
1. The CA team can use the information from Worksheet 1.B, in Column 1 to list the tasks involved in this step. More detail about each task or sub-task should be added on this worksheet.
2. Identify the individual(s) responsible for performing each task in Column 2.
3. Identify dates for completing each task in Column 3.

<table>
<thead>
<tr>
<th>Critical Tasks for Step 2: Design Data Collection</th>
<th>Members of the CA Team</th>
<th>Completion Dates</th>
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</thead>
<tbody>
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</table>
The CA team (or a sub team responsible for data collection and analysis) can complete this worksheet. Possible internal data sources (i.e., that derive from the Head Start program) are listed. However, you might want to add additional sources from your program. The six kinds of data that must be collected for the CA are listed as well.

As you can see from the examples, some data sources provide certain kinds of information. The enrollment forms will give you information about the families and children, but not specifics about available community resources. The Social Service logs and the Policy Council minutes will provide valuable information about the families and service providers in the community. Therefore, it is important to have a variety of internal data sources so that taken together, they will provide complete, in-depth information on all the required topics.

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</thead>
<tbody>
<tr>
<td>Enrollment forms</td>
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<td></td>
<td></td>
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<tr>
<td>Social Service logs</td>
<td>✔</td>
<td></td>
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<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Policy Council minutes</td>
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<td>✔</td>
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</tr>
</tbody>
</table>

Adapted from Training Guides for the Head Start Learning Community. Planning and Reviewing for Success. 1999.
APPENDIX B: WORKSHEETS FOR STEPS 1-5

FIVE STEPS TO COMMUNITY ASSESSMENT
## Gather Internal Data

### Types of CA Data to Collect as Required by the Head Start Regulations

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</thead>
<tbody>
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<td>Enrollment forms</td>
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<tr>
<td>Enrollment and attendance summaries</td>
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<td></td>
</tr>
<tr>
<td>Family Partnership Agreement (FPA)</td>
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<td>Health histories</td>
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<td>Social Service logs</td>
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<tr>
<td>Health data tracking systems</td>
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<tr>
<td>Child performance outcomes</td>
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<tr>
<td>Individual Family Service Plans (IFSPs)</td>
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<td>Individual Educational Programs (IEPs)</td>
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<tr>
<td>Results of program surveys and questionnaires</td>
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<tr>
<td>Policy Council minutes</td>
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<tr>
<td>Minutes of various advisory committees</td>
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<tr>
<td>Family data tracking systems (e.g. HSFIS, PROMIS, GENESIS)</td>
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<tr>
<td>Child data tracking systems (e.g. HSFIS, PROMIS, COPA, Child Plus)</td>
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<tr>
<td>Program Information Report (PIR—multi-year)</td>
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<tr>
<td>National Reporting System</td>
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<tr>
<td>Program Self-Assessment</td>
<td></td>
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<tr>
<td>OHS Monitoring Review</td>
<td></td>
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<tr>
<td>Ongoing monitoring reports</td>
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</tr>
</tbody>
</table>

Adapted from Training Guides for the Head Start Learning Community. Planning and Reviewing for Success. 1999.
The CA team (or a sub team responsible for data collection and analysis) can complete this worksheet.

Possible external data sources (i.e., that are not part of the Head Start program) are listed. However, you might want to add additional sources from the service area as well as from the local, state or national levels. The six kinds of data that must be collected for the CA, as required by the Program Performance Standards, are listed as well.

As you can see from the examples, some data sources provide certain kinds of information. The public school system, for example, is a source of demographic information about the community at large and about the current and projected enrollment. It also may collect data on the needs of low income families and the services that the school or other institutions provide (such as adult literacy classes). On the other hand, health clinics will provide information on children with disabilities and the services available to them. Other community organizations will be a source of demographic statistics on new or emerging populations and the services they need and receive. They may be able to identify the gaps in services too. Therefore, it is important to have a variety of external data sources so that taken together, they will provide complete, in-depth information on all the topics that must be addressed in the CA.

<table>
<thead>
<tr>
<th>Sources of External Data</th>
<th>Types of CA Data to Collect as Required by the Head Start Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Demographic Make Up</td>
</tr>
<tr>
<td></td>
<td>2. Existing Child Care</td>
</tr>
<tr>
<td></td>
<td>3. Children with Disabilities</td>
</tr>
<tr>
<td></td>
<td>6. Community Resources</td>
</tr>
<tr>
<td>GENERAL INFORMATION/ DEMOGRAPHICS</td>
<td></td>
</tr>
<tr>
<td>Public school systems</td>
<td>✔</td>
</tr>
<tr>
<td>HEALTH INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Health clinics, hospitals, mental health clinics, dental clinics, health depts.</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>COMMUNITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Community hotlines (that keep records of requests for services)</td>
<td>✔ ✔ ✔</td>
</tr>
</tbody>
</table>
# Gather External Data

### Types of CA Data to Collect as Required by the Head Start Regulations

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<td>GENERAL INFORMATION/DEMOGRAPHICS</td>
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<tr>
<td>Public school systems</td>
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<tr>
<td>Interagency Agreements</td>
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<tr>
<td>Media: Newspapers, multi-language radio and TV stations</td>
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<tr>
<td>Vital statistics agencies</td>
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<td>County and state departments</td>
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<td>Web sites: U.S. Dept. of Ed, U.S. Census Bureau; U.S. Dept. of Labor</td>
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<tr>
<td>HEALTH INFORMATION</td>
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<tr>
<td>Health clinics, hospitals, mental health clinics, dental clinics, health depts.</td>
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<td>Child protective services</td>
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<tr>
<td>Vital statistics reports</td>
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<tr>
<td>Immigration assistance agencies, including faith-based</td>
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<tr>
<td>Medicaid and SCHIP offices</td>
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<tr>
<td>Web sites: Health Resources and Services Admin. (HRSA); Substance Abuse and Mental Health Services Administration (SAMSA)</td>
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<tr>
<td>NUTRITION INFORMATION</td>
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<tr>
<td>Women Infant Child (WIC)</td>
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<td>Food stamps</td>
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<td>Food banks</td>
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<tr>
<td>Agricultural extension services</td>
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</tbody>
</table>

## Gather External Data

### Sources of External Data

| Types of CA Data to Collect as Required by the Head Start Regulations |
|---|---|---|---|---|---|

#### EARLY EDUCATION/CHILD CARE INFORMATION

- Receiving schools for children entering kindergarten
- Child care providers and agencies
- Child care resource and referral agencies
- Clinics and hospitals
- Public libraries: “story hours”
- Saturday schools offering language, cultural, or religious instruction

#### SECONDARY/HIGHER EDUCATION INFORMATION

- High schools offering GEDs and ESL classes or job training
- Vocational technical schools and community colleges
- Institutions of higher education

#### COMMUNITY INFORMATION

- Food banks, bodegas, markets, laundromats
- Rental housing: motels, apartment complexes, campgrounds, trailer parks
- Community centers
- Community hotlines (that keep records of requests for services)
- Public transportation centers: day laborer pick up/drop off sites
- Service organizations e.g., Red Cross, Kiwanis, AmeriCorp
- Faith-based institutions serving Hispanics & immigrant populations
- Business and legal firms with immigrant clients

Adapted from Training Guides for the Head Start Learning Community Planning and Reviewing for Success. 1999.
Organize Step 3

1. The CA team can use the information from Worksheet 1.B, in Column 1 to list the tasks involved in this step. More detail about each task or sub-task should be added on this worksheet.
2. Identify the individual(s) responsible for performing each task in Column 2.
3. Identify dates for completing each task in Column 3.

<table>
<thead>
<tr>
<th>Critical Tasks for Step 3: Gather Data</th>
<th>Members of the CA Team</th>
<th>Completion Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Review the Data

The CA team can answer the questions below to identify the characteristics of Head Start eligible children and families, the program, and the service area. Also, trends and patterns can be identified that may affect Head Start now or in the future.

**Describe Head Start Eligible Children and Families**

1. What are the characteristics of Head Start children and families?
   (age, race, ethnicity, household income and employment, poverty levels, housing and homelessness, education level of adults, languages spoken in home, educational level of family members. Are these new or emerging populations or underserved populations?)

2. What are their primary strengths?

3. What are the major challenges they face?

**Describe the Head Start Program**

1. What are its primary strengths?

2. What challenges need to be overcome?
Describe the Service Area and Recruitment Areas

1. What is it like?
   
   (agency history, community demographics, location, political climate, economy, housing, social issues, health issues, education issues, resources. Are there new or emerging populations in the service area?)

2. What are its primary strengths?

3. What are its major challenges?
Organize Step 4

1. The CA team can use the information from Worksheet 1.B, in Column 1 to list the tasks involved in this step. More detail about each task or sub-task should be added on this worksheet.
2. Identify the individual(s) responsible for performing each task in Column 2.
3. Identify dates for completing each task in Column 3.

<table>
<thead>
<tr>
<th>Critical Tasks for Step 4: Review and Analyze Data</th>
<th>Members of the CA Team</th>
<th>Completion Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Identify Major Issues and Trends

The CA team can complete this worksheet as it prepares the CA Report.

• Use the information from Worksheets 4.A and 4.B to identify major issues and concerns affecting Head Start eligible children and families and to identify trends impacting the service area.

• Analyze the impact of these issues and trends on current services.

• Analyze the impact of these issues and trends on plans for future services.

• Include both quantitative and qualitative data analysis if possible.

• Summarize the answers in a visual format in Worksheet 5.C.

1. Based on the characteristics of the program and the service area and the identified trends, what are the major issues and concerns affecting Head Start eligible children and families?

2. How do these major issues and trends impact the services Head Start currently provides?
3. Are there identified resources internal to Head Start that will help address these major issues and trends?

4. Are there identified resources external to Head Start that will help address these major issues and trends?

5. How can the Head Start grantee deal with these major issues and trends? What changes do we need to make over the next three years to address these issues and trends? *(See example of 3 year timeline on next page; blank timeline follows).*
### Identify Trends (example)

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 2</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trends:</strong></td>
<td></td>
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</tr>
<tr>
<td>• Partner with family day child care program to provide infant toddler slots.</td>
<td>• Partner with family day child care program to expand infant toddler slots.</td>
<td>• Partner with family day child care program to provide infant toddler slots.</td>
</tr>
<tr>
<td><strong>Description of Trends or Patterns in the Service Area (fill in from Worksheet 5.A):</strong></td>
<td><strong>Description of Head Start's Possible Responses:</strong></td>
<td><strong>Description of Trends or Patterns in the Service Area (fill in from Worksheet 5.A):</strong></td>
</tr>
<tr>
<td>Increased Employment Opportunities in Construction and Service Sectors</td>
<td>• Hire bilingual family service workers.</td>
<td>Increased Demand for Infant Toddler Care</td>
</tr>
<tr>
<td>• Coordinate with community college to offer ECE courses and other adult education classes.</td>
<td>• Consider MOU with school district to offer school district to offer more transportation services.</td>
<td>Decreased Demand for Low Income Housing</td>
</tr>
<tr>
<td>• Relocate one HS Center.</td>
<td></td>
<td>• Relocate one HS Center.</td>
</tr>
</tbody>
</table>

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**Adapted from:**

---

**Description of Trends or Patterns in the Service Area (fill in from Worksheet 5.A):**

**Description of Head Start's Possible Responses:**

- Increased Employment Opportunities in Construction and Service Sectors
  - Hire bilingual family service workers.
  - Coordinate with community college to offer ECE courses and other adult education classes.
  - Relocate one HS Center.

- Decreased Demand for Low Income Housing
  - Relocate one HS Center.

- Increased Demand for Infant Toddler Care
  - Relocate one HS Center.
### Identify Trends

**STEP 5**

**WORKSHEET 5B (continued)**

<table>
<thead>
<tr>
<th>Description of Trends or Patterns in the Service Area (fill in from Worksheet 5.A)</th>
<th>Description of Head Start's Responses (Year 1)</th>
<th>Description of Head Start's Responses (Year 2)</th>
<th>Description of Head Start's Responses (Year 3)</th>
</tr>
</thead>
<tbody>
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</table>
### Identify Types of Decisions

**STEP 5**

**WORKSHEET 5.C**

Adapted from *Training Guides for the Head Start Learning Community: Planning and Reviewing for Success.* 1999.

**Evidence Types of Decisions Required by the Head Start Regulations Based on CA Data**

<table>
<thead>
<tr>
<th>Data Gathering Methods</th>
<th>Internal Data</th>
<th>External Data</th>
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<tbody>
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</table>

**Sources of Internal Data**

1. Grantee philosophy/program objectives
2. Component services/program options
3. Recruitment areas of grantee
4. Recruitment areas of each delegate
5. Locations for centers/areas for home-based centers
6. Criteria for recruitment/selection
7. Trends/issues in service areas

**Sources of External Data**

1. List the general types of internal and external data.
2. Describe the data gathering procedures (such as surveys, focus groups).
3. Note where the data have supported a recommendation in the CA report.
4. If your analysis indicates that a decision was made without supporting evidence, then go back to find the evidence or reconsider your conclusion.

The CA team can complete this worksheet as it prepares the CA report.
## APPENDIX B: WORKSHEETS FOR STEPS 1-5

### STEP 5

**Make Decisions**

**WORKSHEET 5.C (continued)**

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Types of Decisions Required by the Head Start Regulations Based on CA Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>Evidence</td>
</tr>
<tr>
<td>Child Care:</td>
<td></td>
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<tr>
<td>Approaches Developmental programs with community consensus.</td>
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<td></td>
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<tr>
<td>Identify Types of Decisions (example)</td>
<td></td>
</tr>
<tr>
<td>Internal Data</td>
<td></td>
</tr>
<tr>
<td>Gathering Methods</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Grantee philosophy/program objectives</td>
</tr>
<tr>
<td>2.</td>
<td>Component services/program options</td>
</tr>
<tr>
<td>3.</td>
<td>Recruitment areas of grantee</td>
</tr>
<tr>
<td>4.</td>
<td>Recruitment areas of each delegate</td>
</tr>
<tr>
<td>5.</td>
<td>Locations for centers/areas for home-based services</td>
</tr>
<tr>
<td>6.</td>
<td>Criteria for recruitment/selection</td>
</tr>
<tr>
<td>7.</td>
<td>Trends/issues in service areas</td>
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<tr>
<td>HS parents Survey by phone</td>
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<tr>
<td>Provide flexible year-round schedules</td>
<td></td>
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<tr>
<td>Provide transportation</td>
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<tr>
<td>Improve outreach</td>
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<tr>
<td>External Data</td>
<td></td>
</tr>
<tr>
<td>Gathering Methods</td>
<td></td>
</tr>
<tr>
<td>U.S. Census estimate for 2003</td>
<td></td>
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<tr>
<td>Quantitative</td>
<td></td>
</tr>
<tr>
<td>Locate programs close to underserved children</td>
<td></td>
</tr>
<tr>
<td>Improve how to determine number of eligible children</td>
<td></td>
</tr>
<tr>
<td>Underreporting of eligible populations</td>
<td></td>
</tr>
<tr>
<td>Non HS families</td>
<td></td>
</tr>
<tr>
<td>Focus group; phone interview; written survey</td>
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<tr>
<td>Improve outreach</td>
<td></td>
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<tr>
<td>Provide flexible year-round schedules</td>
<td></td>
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<tr>
<td>Provide transportation</td>
<td></td>
</tr>
<tr>
<td>Geographic Information System (Maps)</td>
<td></td>
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<tr>
<td>Plotting its eligible children by proximity to sites</td>
<td></td>
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<tr>
<td>Provide transportation</td>
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<tr>
<td>Improve outreach</td>
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<tr>
<td>Survey by phone</td>
<td></td>
</tr>
<tr>
<td>H.S. wait-listed families</td>
<td></td>
</tr>
<tr>
<td>Focus group</td>
<td></td>
</tr>
<tr>
<td>Provide flexible year-round schedules</td>
<td></td>
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<tr>
<td>Improve outreach</td>
<td></td>
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<tr>
<td>Provide transportation</td>
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</tbody>
</table>

The example below charts the recommendations from the Montgomery County (MD) Head Start Community Assessment Final Report. (See pages 92-93).
## Community Assessment Analysis

**Does our process include:**
- Information collection and analysis of:
  - Demographics
  - Other preschool and child care services
  - Numbers of children with disabilities
  - Disability service providers
  - Needs of HS eligible children and families
  - Available community resources
  - Identification of trends
  - An established process every three years plus annual updates
  - Effectively planning sequence of CA to ensure results are considered in program planning

**What trends do we see:**
- In demographic make-up of eligible children
- In other child development programs
- In number and types of disabilities and related resources
- In health, education, nutrition and social service needs
- In resources to address needs, their availability and accessibility

**What impact do those trends have on our:**
- Philosophy
- Long and short range objectives
- Type of component services
- Program option(s)
- Target recruitment areas
- Location of centers or home based areas
- Recruitment and selection criteria
- Community partnerships

**What recommendations do we have for our:**
- Long and short range objectives
- Service area operations
- Organizational development
- Financial objectives
- Community partnerships
- Staff development

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### How do our recommendations impact our CQI plans?
- Strategic plan
- Service plan
- Organizational Development Plan
- Budget
- TA/Staff Development Plan

---

Adapted from Region III T/TA

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Organize Step 5

STEP 5
Make Decisions

1. The CA team can use the information from Worksheet 1.B, in Column 1 to list the tasks involved in this step. More detail about each task or sub-task should be added on this worksheet.
2. Identify the individual(s) responsible for performing each task in Column 2.
3. Identify dates for completing each task in Column 3.

<table>
<thead>
<tr>
<th>Critical Tasks for Step 5: Make Decisions</th>
<th>Members of the CA Team</th>
<th>Completion Dates</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
# Appendix C: Data Collection Worksheets and Surveys

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### Worksheets for Data Collection

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<th>Worksheet</th>
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<td>Worksheet: General Demographics</td>
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<td>Worksheet: Social Demographics</td>
<td>189</td>
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<tr>
<td>Worksheet: Economic Demographics</td>
<td>193</td>
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<tr>
<td>Worksheet: Health</td>
<td>197</td>
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<td>Worksheet: Mental Health</td>
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<td>Worksheet: Dental Health</td>
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<td>Worksheet: Disabilities</td>
<td>211</td>
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<tr>
<td>Worksheet: Nutrition</td>
<td>215</td>
</tr>
<tr>
<td>Worksheet: Child Care and Early Childhood Education</td>
<td>219</td>
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<tr>
<td>Worksheet: Transportation</td>
<td>223</td>
</tr>
<tr>
<td>Worksheet: Community Resources</td>
<td>227</td>
</tr>
<tr>
<td>Worksheet: Preschool Head Start Parent Survey</td>
<td>231</td>
</tr>
<tr>
<td>Worksheet: Early Head Start Parent Survey</td>
<td>237</td>
</tr>
<tr>
<td>Worksheet: Community Partners Survey</td>
<td>245</td>
</tr>
</tbody>
</table>
In order to collect data during the Community Assessment (CA), you will have to talk to people and review records. That process can be overwhelming, and you may ask “How do I keep track of all this information?” The data collection work sheets in Appendix C are designed to help you through this process. They will help you organize a lot of information and help you identify likely sources of information.

The *Head Start Performance Standards and Other Regulations* require that the CA collect and analyze information about the needs and characteristics of eligible children and families in the grantee service area. In addition, the CA needs to include information about program and community resources. There is a data collection worksheet on each of the following topics because they are crucial to your preparing a thorough, accurate CA;

- General demographics
- Social demographics
- Economic demographics
- Health
- Mental health
- Dental health
- Disabilities
- Nutrition
- Child care and early childhood education
- Transportation
- Community resources
In addition, the Appendix includes two surveys that grantees have developed to collect information:

- Head Start and Early Head Start parent survey
- Community partner survey

Each data collection worksheet lists possible sources for information. Four categories of sources are presented: government sources; service sources; other data sources, and internal data sources.

In addition, each worksheet lists data elements you might want to collect on a particular topic. Most of the data will be expressed in numbers or percentages; some will be answered with a yes/no. For example, the data elements on the health worksheet include the number of pediatricians serving low income families, the number of children under 2 getting immunizations, the prevalence of certain diseases, and the number of households having insurance. The data sources indicate where you might find the health related information, such as from the U.S. Census Bureau, state and county health departments, hospitals, and professional medical organizations.

At the end of each data collection worksheet, there are follow-up questions that you might want to ask someone who is giving you information or you might want to ask yourself and the CA team as you reflect on the data collected. These questions will help you think about what the data mean and identify trends in the data.

1. Have the numbers or % changed over the last 3-5 years? If so, how have they changed (increased, decreased?)

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?

The data collection worksheets in Appendix C are only samples. You may choose to create others to use in addition to, or in place of the ones offered in this Workbook. For example, an Early Head Start program may need more information from
hospitals, clinics, and early intervention programs about the services they provide to pregnant women. The EHS program could design another worksheet that lists the possible data sources and the kinds of data to collect. You can refer to Step 2: Design Data Collection for more information about data that are required to be collected as part of the CA process.

Important points to keep in mind as you use these data collection worksheets are that

- You do not have to collect information for each item listed. Select the ones that will be useful to you and help you understand your program and your community. Nor do you have to rely on the listed sources. They are suggestions. You may find others that give you the information you need.

- Depending on the data source, data may be reported in different ways. For example, some Census data are reported by household; other data may be reported by family. There is no right or wrong way to report the data, just specify the unit of analysis when necessary.

- Sometimes you can find data that are broken down by race, gender, age, or location. If this information is helpful to you, then use it. For example, Census information on the workforce may be broken down according to race; school districts may be able to give you information about the home languages most commonly spoken in the pre-kindergarten classes. If you think such detailed information will help your program identify and serve eligible families, then include this information on your worksheet for your CA.

Appendix D provides a list of resources that include government agencies and organizations. Many of them are Web based. These resources can help you with the CA process, and some provide information about Hispanics and other emerging populations. As you conduct the CA, you may want to explore some of these potential data sources.
### General Demographics

<table>
<thead>
<tr>
<th>Data Sources (specify)/Comments</th>
<th># or % or Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidized units</td>
<td></td>
</tr>
<tr>
<td>Owner occupied housing</td>
<td></td>
</tr>
<tr>
<td>Renter occupied housing</td>
<td></td>
</tr>
<tr>
<td>Average family size</td>
<td></td>
</tr>
<tr>
<td>Average household size</td>
<td></td>
</tr>
<tr>
<td>Households in the area</td>
<td></td>
</tr>
<tr>
<td>(of any race)</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Median age (in years)</td>
<td></td>
</tr>
<tr>
<td>18 years and older</td>
<td></td>
</tr>
<tr>
<td>3-5 year olds</td>
<td></td>
</tr>
<tr>
<td>0-2 year olds</td>
<td></td>
</tr>
<tr>
<td>Total population</td>
<td></td>
</tr>
</tbody>
</table>

**SOURCES OF GENERAL DEMOGRAPHICS FOR THE GRANTEE SERVICE AREA**

- Internal Data: Program PIR, Enrollment Forms, Family Partnership Agreement, IFSP, IEPs
- Other Data Sources: National Survey of Children’s Health (NSCH), Newspapers, TV, Radio
- Community Partnerships and Agencies: Community Partnerships and Agencies

---

**APPENDIX C: DATA COLLECTION WORKSHEETS AND SURVEYS**

**Data Collection: General Demographics**

- Total population
- 0-3 year olds
- 3-5 year olds
- 18 years and older
- Median age (years)
- Race
- Home occupation
- Renter occupied housing
- Average household size
- Average family size
- Household population
- (of any race)
- Hispanic or Latino
- Sources of General Demographics for the Grantee Service Area
  - Government
  - Community Partnerships and Agencies
  - Newspapers, TV, radio
  - Internal Data: Program PIR, Enrollment Forms, Family Partnership Agreement, IFSP, IEPs
  - Other Data Sources: National Survey of Children’s Health (NSCH)
Data Collection: General Demographics

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## Data Collection: Social Demographics

<table>
<thead>
<tr>
<th>Data Sources (specify)/Comments</th>
<th>Social Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homeless families with children</td>
</tr>
<tr>
<td></td>
<td>16 yrs. or older</td>
</tr>
<tr>
<td></td>
<td>Enrolled in adult ed or literacy</td>
</tr>
<tr>
<td></td>
<td>High school graduate or higher</td>
</tr>
<tr>
<td></td>
<td>BA degree or higher</td>
</tr>
<tr>
<td></td>
<td>High school dropouts</td>
</tr>
<tr>
<td></td>
<td>Adult ed or literacy</td>
</tr>
<tr>
<td></td>
<td>5 yrs. or older</td>
</tr>
<tr>
<td></td>
<td>Teenage Parents</td>
</tr>
<tr>
<td></td>
<td>Foreignborn</td>
</tr>
<tr>
<td></td>
<td>3-5 year olds with disabilities</td>
</tr>
<tr>
<td></td>
<td>0-2 year olds with disabilities</td>
</tr>
<tr>
<td></td>
<td>English at home 5 yrs. or older</td>
</tr>
<tr>
<td></td>
<td>Speak a language other than English</td>
</tr>
<tr>
<td></td>
<td>Speak a language other than English</td>
</tr>
</tbody>
</table>

### Sources of Social Demographics for the Grantee Service Area

- **Government**
  - U.S. Census Bureau
  - Dep. of HHS
  - Dep. of Ed.
  - Dep. of Labor
  - National Vital Statistics System
  - State, county, and local government
- **Internal Data**
  - Program PIR
  - Enrollment Forms
  - Family Partnership Agreement
  - IFSPs
- **Other Data Sources**
  - Kids Count
  - National Survey of Children's Health (NSCH)
  - Newspapers
  - TV, radio
  - Community agencies and partners
  - School districts
  - Homeless families with children
Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
### Economic Demographics

<table>
<thead>
<tr>
<th>Data Collection: Economic Demographics</th>
<th># or % or yes /no</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In labor force 16 yrs. or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In job training 16 yrs. or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean travel time to work in minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median family income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per capita income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (single parent) headed households with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (single parent) headed households with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent headed households</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With 0-3 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With 3-5 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families below poverty level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIIPIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrollment Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Partnership Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFSPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IEPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of % of Yes/No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources of Economic Demographics**

- Internal Data
- Program PIR
- Enrollment Forms
- Family Partnership Agreement
- IFSPs
- DEPS
- Other Data Sources
  - Kids Count
  - National Survey of Children’s Health (NSCH)
  - Newspapers, TV, radio
  - School districts
  - Community agencies and partners
  - Other Federal and State agencies
  - State, county and local government
  - U.S. Census Bureau, DEP of HHS, DEP of Ed, DEP of Labor, National Vital Statistics System

**Appendix C: Data Collection Worksheets and Surveys**
Data Collection: Economic Demographics

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## Data Sources of Health Data for the Grantee Service Area

*Government*
- U.S. Census Bureau
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services
- Administration (SAMHSA)
- National Institutes of Health (NIH)
- National Cancer Institute for Health Statistics
- NCHS
- Office of Refugee Resettlement
- Child and Family Health
- Child Protective Services
- State and County Health Departments
- Child Protective Services
- Other Data Sources
  - Kids Count
  - National Survey of Children's Health (NSCH)
  - Survey for Children with Special Health Care Needs
  - Professional organizations of health service providers
  - Hospitals and clinics
  - School districts
  - Immunization and vaccine agencies
  - Pre-school programs
  - Head Start
  - Child Care
  - Early Head Start
  - Early Head Start
- ... services area

<table>
<thead>
<tr>
<th>Data Sources (specify)</th>
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<tbody>
<tr>
<td>Births 1 &amp; older</td>
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</tr>
<tr>
<td>For children and families</td>
<td></td>
</tr>
<tr>
<td>Community-based diseases, disabilities, and injuries</td>
<td></td>
</tr>
<tr>
<td>Preventative services and interventions</td>
<td></td>
</tr>
<tr>
<td>Children with asthma or disease</td>
<td></td>
</tr>
<tr>
<td>Child obesity and overweight</td>
<td></td>
</tr>
<tr>
<td>3-5 year olds who are immunized</td>
<td></td>
</tr>
<tr>
<td>0-2 year olds who are immunized</td>
<td></td>
</tr>
<tr>
<td>Child deaths</td>
<td></td>
</tr>
<tr>
<td>Infant mortality</td>
<td></td>
</tr>
<tr>
<td>Inborn mortality</td>
<td></td>
</tr>
<tr>
<td>Births to single parents under age 20</td>
<td></td>
</tr>
<tr>
<td>Low birth weight infants</td>
<td></td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
</tbody>
</table>

**Health (Part 1)**

### Health Data Collection

#### Data Sources (specify) /Comments

- Births 1 & older
- For children and families
- Community-based diseases, disabilities, and injuries
- Preventative services and interventions
- Children with asthma or disease
- Child obesity and overweight
- 3-5 year olds who are immunized
- 0-2 year olds who are immunized
- Child deaths
- Infant mortality
- Inborn mortality
- Births to single parents under age 20
- Low birth weight infants
- Births

### Data Collection: Health

**Health (Part 1)**

<table>
<thead>
<tr>
<th>Data Sources (specify)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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<td>Births 1 &amp; older</td>
<td></td>
</tr>
<tr>
<td>For children and families</td>
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</tr>
<tr>
<td>Community-based diseases, disabilities, and injuries</td>
<td></td>
</tr>
<tr>
<td>Preventative services and interventions</td>
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<tr>
<td>Children with asthma or disease</td>
<td></td>
</tr>
<tr>
<td>Child obesity and overweight</td>
<td></td>
</tr>
<tr>
<td>3-5 year olds who are immunized</td>
<td></td>
</tr>
<tr>
<td>0-2 year olds who are immunized</td>
<td></td>
</tr>
<tr>
<td>Child deaths</td>
<td></td>
</tr>
<tr>
<td>Infant mortality</td>
<td></td>
</tr>
<tr>
<td>Inborn mortality</td>
<td></td>
</tr>
<tr>
<td>Births to single parents under age 20</td>
<td></td>
</tr>
<tr>
<td>Low birth weight infants</td>
<td></td>
</tr>
<tr>
<td>Births</td>
<td></td>
</tr>
</tbody>
</table>
# Data Collection: Health

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<thead>
<tr>
<th>Environmental factors such as water quality, non-use of seat-belts, lead toxicity, etc.</th>
<th>Availability of transportation to services</th>
<th>Bilingual staff</th>
<th>Availability of interpreters</th>
<th>Cultural attitudes and perceptions affecting health</th>
<th>Seek emergency care 5 years and under</th>
<th>With SCHIP</th>
<th>Without health insurance</th>
<th>Hospitals</th>
<th>Medical clinics</th>
<th>PA/NP/CNM</th>
<th>Pediatrics who accept low income families</th>
</tr>
</thead>
<tbody>
<tr>
<td># or % or Yes/No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources (specify) / Comments**
Data Collection: Health

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## Mental Health

### Data Sources (Specify) / Comments

<table>
<thead>
<tr>
<th>Source</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health providers who serve low income families</td>
<td></td>
</tr>
<tr>
<td>Cases of reported child abuse</td>
<td></td>
</tr>
<tr>
<td>Households with substance use disorder</td>
<td></td>
</tr>
<tr>
<td>Prevalence rate of depression</td>
<td></td>
</tr>
<tr>
<td>Parent ed programs</td>
<td></td>
</tr>
<tr>
<td>Treatment facilities</td>
<td></td>
</tr>
<tr>
<td>Mental health clinics</td>
<td></td>
</tr>
<tr>
<td>Private data providers who serve low income families</td>
<td></td>
</tr>
</tbody>
</table>

### Sources of Mental Health Data for the Grantee Service Area

- **Government**
  - Census Bureau: Health Resources and Services Administration (HRSA); Substance Abuse and Mental Health Services Administration (SAMHSA); National Institute of Minority Health and Health Disparities (NIMHD); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services (CPS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services (CPS);

- **Other Data Sources**
  - Kids Count, National Survey of Children's Health (NSCH), Survey for Children with Special Health Care Needs (CSHCN); National Survey of Children's Health (NSCH), Survey for Children with Special Health Care Needs (CSHCN);

- **Internal Data**
  - Program PIR; Enrollment Form; Family Partnership Agreement; IFSPs; IEPs; TCRA; Head Start State Collaboration Office; Newspaper; TV; Newsletters; Other Data Sources

### Mental Health

Data Collection: Mental Health

<table>
<thead>
<tr>
<th># of % or Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data Collection: Mental Health

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
### Data Collection: Dental Health

<table>
<thead>
<tr>
<th>Data Sources (Specify)</th>
<th>Comments</th>
<th># of % or Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists who serve low income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households with fluoride in water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence rate of carries in 0-3 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence rate of carries in 3-5 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural attitudes and perceptions affecting dental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of interpreters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilingual staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English-speaking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources of Dental Health Data for the Grantee Service Area**

- Government
  - U.S. Census Bureau, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMSHA), National Institutes of Health (NIH), National Center for Health Statistics (NCHS), National Institutes of Health (NIH)
- Other Data Sources
  - Kids Count, National Survey of Children's Health (NSCH), Survey for Children with Special Health Care Needs (SCHIP), Head Start State Collaboration Office, TV, radio, newspapers, Gomez, and Children's Health 
- Internal Data
  - Program PIR, Enrollment Forms, Family Partnership Agreement, IEPs, IFSPs

---

Data Collection: Dental Health

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## Data Collection: Disabilities

<table>
<thead>
<tr>
<th>Source of Disabilities</th>
<th>Data Source (Specify) / Comments</th>
<th>% or Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3 year olds with disabilities</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>3-5 year olds with disabilities</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Prevalence rates of different disabilities</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Prevalence rates of different disabilities served by school system</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Early Intervention Programs</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Cultural attitudes and perceptions about disabilities</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Availability of interpreters</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Bilingual staff</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
<tr>
<td>Availability of transportation to services</td>
<td>U.S. Census Bureau; National Institutes of Health (NIH); National Center for Health Statistics (NCHS); Office of Refugee Resettlement (ORR); State and county health departments; Child Protective Services; Professional organizations of health service providers; Child Protective Services; Local and county health departments; Child Protective Services; Professional organizations of health service providers</td>
<td></td>
</tr>
</tbody>
</table>

### Data Sources of Disabilities Data for the Grantee Service Area

**Government**
- U.S. Census Bureau
- National Institutes of Health (NIH)
- National Center for Health Statistics (NCHS)
- Office of Refugee Resettlement (ORR)

**Other Data Sources**
- Kids Count
- National Survey of Children’s Health (NSCH)
- Survey for Children with Special Health Care Needs (CSHCN)
- Head Start State Collaboration Office
- Hospitals and clinics
- School districts
- Immigration and refugee agencies
- Professional organizations of health service providers for children with disabilities

**Internal Data**
- PIR (Program Information Report)
- Enrollment forms
- Family Partnership Agreements
- IFSPs (Individualized Family Service Plans)
- IEPs (Individualized Education Programs)
- TV, radio
- Newspapers
- Professional organizations of health service providers for children with disabilities

**Services**
- Hospitals and clinics
- School districts
- Immigration and refugee agencies
- Professional organizations of health service providers

**Sources**
- U.S. Census Bureau
- National Institutes of Health (NIH)
- National Center for Health Statistics (NCHS)
- Office of Refugee Resettlement (ORR)
- State and county health departments
- Child Protective Services
- Professional organizations of health service providers
- Local and county health departments

---

(see Data Collection Worksheet on Child Care and Early Education for more data on services for young children with disabilities)
Data Collection: Disabilities

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## APPENDIX C: DATA COLLECTION WORKSHEETS AND SURVEYS

### Data Collection: Nutrition

<table>
<thead>
<tr>
<th>Data Sources (specify)</th>
<th>Comments</th>
<th>% or Yes/No</th>
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<tbody>
<tr>
<td>Enrolled in WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving food stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Served by food banks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers who breastfeed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local supermarkets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food places</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health food program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Markets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>…</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sources of Nutrition Data for the Grantee Service Area

- **Government**
  - U.S. Census Bureau
  - Department of Agriculture
  - Office of Refugee Resettlement
  - Office of Children, Youth & Families
  - National Institutes of Health (NIH)
  - National Center for Health Statistics (NCHS)
  - Administration on Community Living (ACL)
  - Administration for Children, Youth & Families (ACYF)

- **Non-Government**
  - Hospitals & Clinics
  - School districts
  - Immigration agencies
  - Professional organizations
  - Media

- **Local Data Sources**
  - Kids Count
  - National Survey of Children's Health (NSCH)
  - Survey for Children with Special Health Care Needs (SCCHN)
  - Head Start

- **Other Data Sources**
  - Health Resources and Services Administration (HRSA)
  - Administration on Disability (OA))
  - State and County Health Department
  - American Medical Association
  - National Kidney Foundation
  - National Association of Social Workers
  - National Council on Alcoholism

---

*A Workbook for Head Start Programs Serving Hispanic and Other Emerging Populations. Version 1. December 2007*
Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## Data Collection: Child Care and Early Education Programs

### Child Care and Early Childcare Education

<table>
<thead>
<tr>
<th>Data Sources (specify)/Comments</th>
<th># of Years/No</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Merit of Dual Staff

<table>
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<tr>
<th>Merit of Dual Staff</th>
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</thead>
</table>

### Annual Hour of CC/EEP

<table>
<thead>
<tr>
<th>Annual Hour of CC/EEP</th>
</tr>
</thead>
</table>

### Transportation CC/EEP Programs

<table>
<thead>
<tr>
<th>Transportation CC/EEP Programs</th>
</tr>
</thead>
</table>

### Child and Kin Care

<table>
<thead>
<tr>
<th>Child and Kin Care</th>
</tr>
</thead>
</table>

### Low Income 3-5 Year Olds Served in CC/EEP

<table>
<thead>
<tr>
<th>Low Income 3-5 Year Olds Served in CC/EEP</th>
</tr>
</thead>
</table>

### Low Income 0-3 Year Olds Served in CC/EEP

<table>
<thead>
<tr>
<th>Low Income 0-3 Year Olds Served in CC/EEP</th>
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</thead>
</table>

### Homeless Children 3 Years and Under

<table>
<thead>
<tr>
<th>Homeless Children 3 Years and Under</th>
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### Other Data Sources

<table>
<thead>
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</table>

### Internal Data

<table>
<thead>
<tr>
<th>Internal Data</th>
</tr>
</thead>
</table>

### Program Evaluation

<table>
<thead>
<tr>
<th>Program Evaluation</th>
</tr>
</thead>
</table>

### Other Evaluation Tools

<table>
<thead>
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<th>Other Evaluation Tools</th>
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</thead>
</table>

### Child Care and Early Education Programs

<table>
<thead>
<tr>
<th>Child Care and Early Education Programs</th>
</tr>
</thead>
</table>

### Data Collection: Child Care and Early Education Programs

- Government
- U.S. Census Bureau, National Institute of Health, Department of Health and Human Services, Department of Education, State, County, and Local Health and Social Services
- Child Care/Early Education Programs
- Sources of CC/EEP Data for the Grantee Service Area

---

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
<table>
<thead>
<tr>
<th>Sources of Transportation Data for the Grantee Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government</strong></td>
</tr>
<tr>
<td>• State, county, and local transportation depts.</td>
</tr>
<tr>
<td>• Local Transportation Coordinating Council</td>
</tr>
<tr>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>• School districts</td>
</tr>
<tr>
<td>• Child care partners</td>
</tr>
<tr>
<td><strong>Other Data Sources</strong></td>
</tr>
<tr>
<td>• Bus companies</td>
</tr>
<tr>
<td>• Public transit</td>
</tr>
<tr>
<td>• Other businesses</td>
</tr>
<tr>
<td><strong>Internal Data</strong></td>
</tr>
<tr>
<td>• Program PIR</td>
</tr>
<tr>
<td>• Enrollment Forms</td>
</tr>
</tbody>
</table>

**Data Collection: Transportation**

<table>
<thead>
<tr>
<th>Data Source (Specify) / Comments</th>
<th># or % or Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible children provided</td>
<td></td>
</tr>
<tr>
<td>transportation services</td>
<td></td>
</tr>
<tr>
<td>Eligible children not provided</td>
<td></td>
</tr>
<tr>
<td>but may have used them if</td>
<td></td>
</tr>
<tr>
<td>available</td>
<td></td>
</tr>
<tr>
<td>Children who dropped out of HS/EHS due to lack of</td>
<td></td>
</tr>
<tr>
<td>transportation services</td>
<td></td>
</tr>
<tr>
<td>Eligible children not provided</td>
<td></td>
</tr>
<tr>
<td>transportation services</td>
<td></td>
</tr>
<tr>
<td>Eligible children provided</td>
<td></td>
</tr>
<tr>
<td>transportation services</td>
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</tbody>
</table>

**Appendix C: Data Collection Worksheets and Surveys**

Data Collection: Transportation

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
### Community Resources

<table>
<thead>
<tr>
<th>Data Sources (specify)</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Libraries</td>
<td></td>
</tr>
<tr>
<td>Book stores (adult and children)</td>
<td></td>
</tr>
<tr>
<td>Museums (activities for infants - 5 year olds)</td>
<td></td>
</tr>
<tr>
<td>Libraries</td>
<td></td>
</tr>
<tr>
<td>Other Data Sources</td>
<td></td>
</tr>
<tr>
<td>Internal Data</td>
<td></td>
</tr>
<tr>
<td>Program PIR</td>
<td></td>
</tr>
<tr>
<td>Enrollment forms</td>
<td></td>
</tr>
<tr>
<td>Family Partnership Agreement</td>
<td></td>
</tr>
<tr>
<td>IFSPs</td>
<td></td>
</tr>
<tr>
<td>External Data Sources</td>
<td></td>
</tr>
<tr>
<td>Community centers</td>
<td></td>
</tr>
<tr>
<td>Newspapers, TV, radio</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
</tr>
<tr>
<td>Faith-based institutions</td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td></td>
</tr>
<tr>
<td>U.S. Census Bureau</td>
<td></td>
</tr>
<tr>
<td>Dept. of Ed.</td>
<td></td>
</tr>
<tr>
<td>Dept. of HHS</td>
<td></td>
</tr>
<tr>
<td>State, county, local</td>
<td></td>
</tr>
<tr>
<td>Recreation, library</td>
<td></td>
</tr>
<tr>
<td>Planning dept.</td>
<td></td>
</tr>
</tbody>
</table>

### Community Resources

<table>
<thead>
<tr>
<th>Data Sources (specify)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Libraries</td>
<td></td>
</tr>
<tr>
<td>Book stores (adult and children)</td>
<td></td>
</tr>
<tr>
<td>Museums (activities for infants - 5 year olds)</td>
<td></td>
</tr>
<tr>
<td>Libraries</td>
<td></td>
</tr>
<tr>
<td>Other Data Sources</td>
<td></td>
</tr>
<tr>
<td>Internal Data</td>
<td></td>
</tr>
<tr>
<td>Program PIR</td>
<td></td>
</tr>
<tr>
<td>Enrollment forms</td>
<td></td>
</tr>
<tr>
<td>Family Partnership Agreement</td>
<td></td>
</tr>
<tr>
<td>IFSPs</td>
<td></td>
</tr>
<tr>
<td>External Data Sources</td>
<td></td>
</tr>
<tr>
<td>Community centers</td>
<td></td>
</tr>
<tr>
<td>Newspapers, TV, radio</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
</tr>
<tr>
<td>Faith-based institutions</td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td></td>
</tr>
<tr>
<td>U.S. Census Bureau</td>
<td></td>
</tr>
<tr>
<td>Dept. of Ed.</td>
<td></td>
</tr>
<tr>
<td>Dept. of HHS</td>
<td></td>
</tr>
<tr>
<td>State, county, local</td>
<td></td>
</tr>
<tr>
<td>Recreation, library</td>
<td></td>
</tr>
<tr>
<td>Planning dept.</td>
<td></td>
</tr>
</tbody>
</table>
Data Collection: Community Resources

Follow up questions:

1. Have the numbers (or %) changed over the last 3-5 years? If so, how have they changed (increased, decreased)?

2. What are the reasons for the changes?

3. Does your program’s internal data (such as PIR, enrollment forms) indicate similar changes or trends?
## Data Collection: Preschool Head Start Parent Survey

**Head Start (Preschool)**  
**Parent Satisfaction Survey - 2006**

This survey is being completed by:  
- Father  
- Mother  
- Both parents  
- Guardian  
- Other (Relationship _________________)  

Race: (check one)  
- White  
- Hispanic  
- Black/African American  
- Native American  
- Asian/Pacific Islander  
- Other  

Name of Head Start Center:  

### Directions: Check Yes or No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The location of my Head Start center was convenient for my family’s participation.</td>
<td></td>
</tr>
<tr>
<td>2. The Head Start program provided transportation for my child.</td>
<td></td>
</tr>
<tr>
<td>3. Information provided by Head Start included materials specifically for fathers.</td>
<td></td>
</tr>
<tr>
<td>4. The current 4-hour/day, 4-day/week, 9-month/year program met the needs of my family.</td>
<td></td>
</tr>
<tr>
<td>5. Our family’s needs would be better served with a 12-month Head Start program.</td>
<td></td>
</tr>
<tr>
<td>6. Our family’s needs would be better served with a 5-day per week Head Start program.</td>
<td></td>
</tr>
<tr>
<td>7. Our family’s needs would be better served with a 6-8 hour per day Head Start program.</td>
<td></td>
</tr>
</tbody>
</table>

### Directions: Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I am satisfied with the Head Start services my family receives from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Classroom staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Family service providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Overall Head Start program</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 9. Head Start has helped my child get ready for school by: |  |  |  |
| a. Becoming more independent |  |  |  |
| b. Learning basic concepts in language |  |  |  |
| c. Learning basic concepts in math |  |  |  |
| d. Learning to share and cooperate |  |  |  |

| 10. Head Start gives my child: |  |  |  |
| a. A safe place to learn |  |  |  |
| b. A clean environment |  |  |  |

Adapted from *Comprehensive Community Assessment: Friends of Children and Families, Inc. 2006.*
### Data Collection: Preschool Head Start Parent Survey (continued)

**Directions:** Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Head Start provides me with quality information through:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Newsletters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parent handbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Parent/Teacher conferences and home visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Monthly calendars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Home Visits with family service providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Flyers announcing upcoming events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Head Start has told me about how to be involved with:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Policy Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Head Start Center Planning Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Classroom volunteering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Family gatherings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Fatherhood events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Head Start has provided me with informational support regarding:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Child development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Community resources</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>c. Personal relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Health/dental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Head Start has enabled me to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Define my own life goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Accomplish and pursue my goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Understand my role as the primary educator for my child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Data Collection: Preschool Head Start Parent Survey (continued)

**Directions:** Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don't know</th>
</tr>
</thead>
</table>

16. My child’s teacher:
   - Worked with me to plan my child’s learning and development
   - Planned activities around my child’s individual needs
   - Helped me have a better understanding of my child’s social/emotional development

17. When I requested help for my child’s social/emotional development, it was:
   - Delivered in a timely manner
   - Useful and successful
   - Supportive of my family’s values

18. Head Start centers are friendly and inviting for fathers

19. Head Start has provided me with information on disabilities. *(Circle YES or NO. If NO, go to question 21).*

   | YES | NO |

**Directions:** Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don't know</th>
</tr>
</thead>
</table>

20. When I requested help for my child’s disabilities, the services were:
   - Delivered in a timely manner
   - Useful and successful
   - Supportive of my family’s values

21. My child attends child care before or after Head Start

22. There was turnover in the people working with my child and family this year (teachers, assistant teachers, bus driver, family service providers) *(Circle YES or NO. If NO, go to question 24).*

   | YES | NO |

23. This turnover had what type of effect on my family’s experience?

24. My family’s biggest stressor(s) this year were: *(check all that apply)*

   - My child’s disabilities
   - Educational/Job Training
   - Employment
   - Financial
   - Housing
   - Marital/Personal
   - Medical/Dental
   - Mental Health
   - Transportation
   - Other

25. My biggest concern for my family at this time is

26. Other comments I have
### Data Collection: Early Head Start Parent Survey

**Early Head Start (EHS)**  
**Parent Satisfaction Survey - 2006**

This survey is being completed by:  
- Father  
- Mother  
- Both parents  
- Guardian  
- Other (Relationship _________________)  

Race: (check one)  
- White  
- Hispanic  
- Black/African American  
- Native American  
- Asian/Pacific Islander  
- Other  

Area we live in:  

<table>
<thead>
<tr>
<th>Directions: Check Yes or No</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our Family Educator (home visitor) consistently tries to schedule visits at a convenient time for our family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The current home-based services meet the needs of our family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. EHS provides information and activities specifically for fathers. (Leave blank if this doesn’t apply).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Our family would attend Family Gatherings 2 times a month if EHS provided transportation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Our family would prefer a combination of 2-3 home visits per month with a toddler class 2-3times a week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Our family’s needs would be better served with a 6-8 hour per day EHS child care program.</td>
<td></td>
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<tr>
<td>7. Our family would benefit from availability of an opening in a family day care home that met EHS Performance Standards.</td>
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<tr>
<td>8. EHS staff have assisted us/our child in staying current with well child exams and finding a dentist to see our child.</td>
<td></td>
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</tr>
</tbody>
</table>

**Directions:** Check the box that best describes how YOU feel about the following statements:  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don’t know</th>
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<tbody>
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<td></td>
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</tbody>
</table>

9. I am satisfied with the Early Head Start services my family receives:  

| a. On home visits | | | |
| b. At family gatherings | | | |
| c. At parent meetings | | | |
| d. Overall services of Early Head Start program | | | |

10. Early Head Start services have helped me better understand:  

| a. My child’s social-emotional development | | | |
| b. My child’s language development | | | |
| c. How my child learns concepts (shapes, sizes, etc.) through play | | | |
| d. My child’s motor development | | | |

11. The Early Head Start classroom gives my child:  

| a. A safe place to learn | | | |
| b. A clean environment | | | |
### Data Collection: Early Head Start Parent Survey (continued)

**Directions:** Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don’t know</th>
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</thead>
<tbody>
<tr>
<td>12. My EHS family educator (home visitor) provides me with quality information through:</td>
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<tr>
<td>a. Discussions during weekly home visits</td>
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<tr>
<td>b. Written information/handouts</td>
<td></td>
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<tr>
<td>c. Parent handbook</td>
<td></td>
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</tr>
<tr>
<td>d. Monthly calendars</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Flyers announcing upcoming events</td>
<td></td>
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</tr>
<tr>
<td>f. Parent bulletin board in classroom</td>
<td></td>
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<tr>
<td>13. Early Head Start has told me about how to be involved with:</td>
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<td></td>
<td></td>
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<tr>
<td>a. Policy Council</td>
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<tr>
<td>b. Family gatherings</td>
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<tr>
<td>c. Volunteer opportunities</td>
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<tr>
<td>d. Parent meetings</td>
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<tr>
<td>e. Fatherhood events</td>
<td></td>
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<tr>
<td>f. Community events</td>
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<tr>
<td>14. Early Head Start has provided our family with helpful information regarding:</td>
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</tr>
<tr>
<td>a. Child development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Community resources</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>c. Health/dental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Mental health issues &amp; services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Crisis assistance</td>
<td></td>
<td></td>
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<tr>
<td>f. Services for our child who has some developmental delays</td>
<td></td>
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<tr>
<td>15. Early Head Start has enabled me to:</td>
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<td></td>
</tr>
<tr>
<td>a. Define my own life goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Accomplish and pursue my goals</td>
<td></td>
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<tr>
<td>c. Understand my role as the primary educator for my child(ren)</td>
<td></td>
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</tr>
</tbody>
</table>
## Data Collection: Early Head Start Parent Survey (continued)

**Directions:** Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

16. My child’s family educator (home visitor):
   - a. Consistently includes me in planning for the next home visit
   - b. Plans activities around my child’s individual needs
   - c. Helps me have a better understanding of my child’s social/emotional development

17. When I requested help for my child’s social/emotional development, it was:
   - a. Delivered in a timely manner
   - b. Useful and successful
   - c. Supportive of my family’s values

18. Head Start has provided me with information on disabilities. (Circle YES or NO. If NO, go to question 20).
   - YES
   - NO

**Directions:** Check the box that best describes how YOU feel about the following statements:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

19. When I requested help for my child’s disabilities, the services were:
   - a. Delivered in a timely manner
   - b. Useful and successful
   - c. Helpful in educating and supporting me as my child’s primary advocate

20. Early Head Start services have helped me:
   - a. Feel more comfortable talking to my child’s health care provider
   - b. Better understand the importance of early dental care
   - c. Use more effective techniques for guiding my child’s behavior
   - d. Be more aware of the relationship I have with my child
   - e. Understand the importance of reading to my child as much as possible

Adapted from Comprehensive Community Assessment. Friends of Children and Families, Inc. 2006.
Data Collection: Early Head Start Parent Survey (continued)

21. My family’s biggest stressor(s) this year were: (check all that apply)
   ❑ My child’s disabilities  ❑ Educational/Job training  ❑ Employment
   ❑ Financial  ❑ Housing  ❑ Marital/Personal  ❑ Medical/Dental  ❑ Mental Health  ❑ Transportation
   ❑ Other ________________________________________________________________

22. My biggest concern for my family at this time is: ________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

23. What I like most about the Home Visits is: ________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

24. What I like most about the Family Gatherings is: ________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

25. What I like most about the Parent Meetings is: ________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

Other comments I have ________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
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    ___________________________________________________________________
    ___________________________________________________________________
**Data Collection: Community Partners Survey**

Our Head Start/Early Head Start is currently conducting its annual Community Assessment which looks at the available local services and the services we provide to families. We are asking that you please take a minute to complete this brief questionnaire and return it in the self-addressed envelope.

COUNTY __________________________ COMMUNITY __________________________ AGENCY __________________________

CONTACT INFO: NAME _________________________ PHONE ____________________ E-MAIL ______________________________

1. In the last year, has your agency seen changes in the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Increase</th>
<th>Decrease</th>
<th>No Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average household income</td>
<td></td>
<td></td>
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<tr>
<td>Number of low income families contacting your agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of individuals or families slightly over your income guidelines</td>
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<td></td>
<td></td>
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<tr>
<td>Number of multi-generational families you serve</td>
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</tr>
<tr>
<td>Number of female head of households</td>
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<td></td>
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<tr>
<td>Number of teen pregnancies</td>
<td></td>
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<tr>
<td>Number of licensed childcare providers</td>
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<td></td>
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<tr>
<td>Job availability in community</td>
<td></td>
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<tr>
<td>Drug abuse in community</td>
<td></td>
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<tr>
<td>Low income housing availability</td>
<td></td>
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</tr>
<tr>
<td>Homelessness</td>
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<tr>
<td>Transportation needs</td>
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<td></td>
<td></td>
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<tr>
<td>Services you offer</td>
<td></td>
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</tbody>
</table>

2. Are your services free?  ❑ NA  ❑ YES  ❑ NO

3. If NO to Question 2: are your fees based on income?  ❑ YES  ❑ NO

4. If YES to Question 3: do you have a sliding scale based on income?  ❑ YES  ❑ NO

5. What do you believe are your agency/community’s strengths when working with low-income families?

6. What do you believe are your agency/community’s obstacles when working with low-income families?

7. Are there other concerns that you think are issues for our community?

8. What other programs/services do you believe that our Head Start/Early Head Start could offer to better serve our community – i.e. mental health or elderly services?

9. Do you have suggestions about how HS/EHS could collaborate or partner with your agency/community in order to better meet the needs of low-income children and families?

10. Other comments:
Appendix D: National Resources
This list of resources includes government agencies, national organizations, and research groups. Some of them gather and analyze data that are useful for the Community Assessment; others provide services to children and families. Some are known for their advocacy work on behalf of low-income populations, Hispanic, or other emerging groups. The Web addresses for these resources are given. Keep in mind that this list is not inclusive; other national resources, as well as local ones, may provide you with valuable information for your Community Assessment.

**Bridging Refugee Youth and Children’s Services (BRYCS)** addresses the challenges that face refugee youth and children through a range of technical assistance activities including consultations, trainings, and publications. The fundamental purpose of BRYCS is to broaden the scope of information, resources, and collaboration among service providers for refugee youth and children in the following service areas: child protection, foster care, juvenile justice, education, health/mental health, refugee resettlement, and refugee community associations. BRYCS is a joint project of the Lutheran Immigration and Refugee Service and the U.S. Conference of Catholic Bishops/Migration and Refugee Services. [www.brycs.org](http://www.brycs.org)

**Center for Applied Linguistics (CAL)** is a private, non-profit organization working to improve communication through better understanding of language and culture. The Cultural Orientation Resource (COR) Center, housed at CAL, works closely with the U.S. government, international organizations, refugee resettlement agencies in the United States, and their representatives overseas to develop and distribute resources about refugee training and resettlement, provide technical assistance.
regarding refugees’ native cultures, languages, and orientation needs, and develop a network of refugee providers who exchange refugee orientation information, concerns, and best practices. www.cal.org

**Center for Law and Social Policy (CLASP)** is a national nonprofit organization that works to improve the lives of low-income people. CLASP’s mission is to improve the economic security, education and workforce prospects, and family stability of low-income parents, children and youth and to secure equal justice for all. www.clasp.org

**Immigrant Legal Resource Center (ILRC)** is a national resource center that provides trainings, materials and advocacy to advance immigrant rights. As a legal services organization, they train lawyers and paralegals on ever-changing and complex immigration law. www.ilrc.org

**Kids Count**, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. By providing policymakers and citizens with benchmarks of child well-being, Kids Count seeks to enrich local, state and national discussions concerning ways to secure better futures for all children. www.aecf.org/kidscount

**League of Latin American Citizens (LULAC)** With approximately 115,000 members throughout the United States and Puerto Rico, LULAC is the largest and oldest Hispanic organization in the United States. LULAC advances the economic conditions, educational attainments, political influence, health and civil rights of Hispanic Americans through community-based programs operating at more than 700 LULAC councils nationwide. www.lulac.org

**Mexican American Legal Defense and Educational Fund (MALDEF)** is the leading nonprofit Latino litigation, advocacy and educational outreach institution in the United States. MALDEF’s mission is to foster sound public policies, laws and programs to safeguard the civil right of the 40 million Latinos living in the United States and to empower the Latino community to fully participate in our society. [www.maldef.org](http://www.maldef.org)

**National Association for the Education of Young Children (NAEYC)** is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC is committed to becoming an increasingly high performing and inclusive organization. [www.naeyc.org](http://www.naeyc.org)

**National Center for Children in Poverty (NCCP)** is a nonprofit, nonpartisan research and policy organization at Columbia University. The Center’s mission is to identify and promote strategies that prevent child poverty in the United States and that improve the lives of low-income children and families. [www.nccp.org](http://www.nccp.org)

**National Center for Family Literacy**'s mission is to create educational and economic opportunity for the most at-risk children and parents. NCFL’s services include professional development for practitioners who work in children’s education, adult education, English as a Second Language, and related literacy fields; model program development through groundbreaking initiatives; policy and advocacy support to sustain and expand literacy services for families; and the Family Literacy Alliance, a membership program. [www.famlit.org](http://www.famlit.org)

**National Center for Health Statistics (NCHS)** is the nation’s principal health statistics agency. The health statistics document the health status of the population and of important subgroups and identifies disparities in health status and use of health care by race/ethnicity, socio-economic status, region, and other population characteristics. State information is available. Links are provided to additional sources of health information, including the National Vital Statistics System. [www.cdc.gov/nchs](http://www.cdc.gov/nchs)
National Child Care Information Center (NCCIC), a service of the Child Care Bureau, is a national clearinghouse and technical assistance center that links parents, providers, policy-makers, researchers, and the public to early care and education information. State profiles include demographic information about the children, families and kinds of child care in each state, as well as contact information for different state agencies involved in child care. The profiles also contain links to additional state and national resources. www.nccic.org

National Council of La Raza (NCLR)—the largest national, nonprofit Hispanic civil rights and advocacy organization in the United States — works to improve opportunities for Hispanic Americans. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas—assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its affiliates who work at the state and local level to advance opportunities for individuals and families. www.nclr.org

National Immigration Law Center’s mission is to protect and promote the rights and opportunities of low-income immigrants and their family members. NILC staff specialize in immigration law, and the employment and public benefits rights of immigrants. NILC conducts policy analysis and impact litigation and provides publications, technical advice, and trainings to a broad constituency of legal aid agencies, community groups, and pro bono attorneys. www.nilc.org

National Immigration Project was formed in 1974 as a committee of the National Lawyers Guild and became a free-standing organization in 1980. Since their inception they have served as a progressive source of advocacy-oriented legal support on immigrant rights issues. www.nationalimmigrationproject.org

National Institute of Early Education Research (NIEER) supports early childhood education initiatives by providing objective, nonpartisan information based on research. The goal of NIEER is to produce and communicate the knowledge base required to ensure that every American child can receive a good education at ages three and four. NIEER publishes annual
reports profiling state-funded prekindergarten programs and describes national trends for enrollment in, quality of, and state spending on preschool. Tables include information on state-funded prek, Head Start, child care, and U.S. Census data. www.nieer.org

**National Network for Immigrant and Refugee Rights (NNIRR)** is a national organization composed of local coalitions and immigrant, refugee, community, religious, civil rights and labor organizations and activists. It serves as a forum to share information and analysis, to educate communities and the general public, and to develop and coordinate plans of action on important immigrant and refugee issues. www.nnirr.org

**National Survey of Children’s Health (NSCH)** is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. It examines the physical and emotional health of children ages 0-17 years of age. Special emphasis is placed on factors that may relate to the well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods. www.nschdata.org

**National Survey of Children with Special Health Care Needs (NSCSHCN)** assesses the prevalence and impact of special health care needs among children in all 50 States and the District of Columbia. This survey explores the extent to which children with special health care needs (CSHCN) have medical homes, adequate health insurance, and access to needed services. www.cshcndata.org

**Office of Refugee Resettlement (ORR)’s** mission is “to help refugees, Cuban/Haitian entrants, asylees, and other beneficiaries of our program to establish a new life that is founded on the dignity of economic self-support and encompasses full participation in opportunities which Americans enjoy.” The Head Start Connection! is a specifically-designed Web page to connect Head Start programs with the refugee provider network, ORR’s partners, and other resources, including State Refugee Coordinators and Cultural Orientation Resources. www.acf.hhs.gov/programs/orr
**Pew Hispanic Center** is a nonpartisan research organization supported by The Pew Charitable Trusts. Its mission is to improve understanding of the U.S. Hispanic population and to chronicle Latinos’ growing impact on the entire nation. It provides information on the demographics, economics, education, identity, immigration, labor, politics, and remittances of Latinos. [www.pewhispanic.org](http://www.pewhispanic.org)

**Substance Abuse and Mental Health Services Administration’s (SAMHSA)** mission is to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA’s Office of Applied Studies provides national estimates on mental health problems. As of 2001, state-level estimates are also now available, including maps showing the prevalence ranks by States. The Refugee Mental Health Program is located in the Center for Mental Health Services at SAMHSA and provides refugee mental health consultation and technical assistance to Federal, state, or local agencies free of charge. [www.samhsa.gov](http://www.samhsa.gov)

**U.S. Census Bureau’s Fact Finder** is a source for population, housing, economic, and geographic data. The site offers features, such as:

- Population Finder: Find population estimates and counts for your geography
- Fact Sheet: Easy access to data for the U.S., states, counties, city, towns and ZIP codes
- Fact Sheet for a Race, Ethnic, or Ancestry Group: Highlights from the Census 2000 demographic profiles for a specific population group
- People: Links to tables, maps and reports
- Housing: Links to tables, maps and reports
- Business and Government: Economic Fact Sheets and links to tables, maps, and reports

Access to an overview of Census Bureau data, censuses, and surveys is also available at this site. [www.factfinder.census.gov](http://www.factfinder.census.gov)
White House Initiative on Education Excellence for Hispanic Americans  On October 12, 2001 President George W. Bush signed Executive Order 13230 to establish the President’s Advisory Commission on Educational Excellence for Hispanic Americans. The Commission is charged with strengthening the nation’s capacity to provide high quality education while increasing opportunities for Hispanic American participation in Federal education programs  www.yesican.gov

Zero to Three’s mission is to promote the healthy development of our nation’s infants and toddlers by supporting and strengthening families, communities and those who work on their behalf.  www.zerotothree.org
# Appendix E: Head Start Regulations, Program Instructions, and Information Memorandums

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</table>
Determining community strengths and needs

(a) Each Early Head Start grantee 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 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 programs;
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.

(The information collection requirements are approved by the Office of Management and Budget (OMB) under OMB Control Number 0970 0124 for paragraphs (b) and (d).)

(e) In each of the two years following completion of the Community Assessment the grantee 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.
GRANT APPLICATION TO CONTINUE A HEAD START OR EARLY HEAD START PROGRAM

Administration for Children and Families
Department of Health and Human Services

OMB No: 0970 0207
Expires 4/30/2003
[Attachment for Information Memorandum] ACYF IM HS 00 12

(Following is only the partial text from Grant Application document. It is focused on “Need for Assistance” section of grant application requirement).

II. General Instructions for Completion of a Full and Abbreviated Project Description, Budget and Budget Justification

All applicants must submit a Project Description, Budget, and Budget Justification based upon the following instructions:

Section A: All continuing applications. Applicants submitting applications for the first year of a three year cycle should respond to the “Full Project Description” instructions, Applicants submitting applications for the second and third year of a three year cycle should respond to the “Abbreviated Project Description” instructions.

Section B: Applicants requesting supplemental funds.

Section C: Applicants requesting grant amendments.

Project Descriptions should be concise and complete, but not unnecessarily lengthy.
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):

- 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.

2. Program Approach and Results or Benefits Expected

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.

Applicants must provide information on progress made in meeting program requirements and plans for improving the management and delivery of services. Specific needs for improvement identified through self assessments, monitoring reports, cost analysis data, Program Information Report data, audits, fiscal reports and correspondence from the Regional Office should be discussed.

Results or Benefit Expected: Applicants must provide a brief summary of the results and benefits which are expected in meeting the goals and objectives of the program during the following three year period.
ABBREVIATED PROJECT DESCRIPTION

Program Approach: Applicants must provide information regarding changes to the local long-range goals and shorter term program objectives to be accomplished during the three-year cycle. If there are no changes to the program goals and objectives, this should be stated in the application. No additional information is required.

If major changes from the previous year’s program are proposed, applicants must submit information to explain and justify the proposed changes. Major changes are the addition or discontinuance of a program option, addition or discontinuance of a delegate agency, reductions in total funded enrollment, and changes in the structure of Head Start/Early Head Start coordinating/management staff positions. If no major changes are being proposed, this should be stated in the application. No additional information is required.

Results or Benefit Expected: Applicants must provide a summary of results and benefits which have been realized in meeting the goals and objectives of their program in implementing major activities established for the previous program year.

3. Budget and Budget Justification

FULL PROJECT DESCRIPTION

Applicants should complete the Line Item Budget for Head Start and Early Head Start which provides detail for each object class on the SF 424A. Applicants also must provide a narrative budget justification which explains the necessity, reasonableness, and allocability of proposed costs. The budget justification should relate the proposed budget to the activities indicated in the Program Narrative.

Applicants must provide itemized lists of equipment purchases and contracts and a brief explanation of travel costs and of non-Federal resources used to meet the non-Federal match requirement. The budget narrative discussion should make reference to these lists, and should provide narrative discussion of any items that merit further explanation.

Applicants also should explain and justify any proposed renovations or construction, and any “other” direct costs (in object class (h) of the Line Item Budget). The budget narrative should explain any situation or special programming that makes the data on the Program Approach Form and Line Item Budget unusual.

Information must be provided regarding the source and amount of cash and other resources that will be used to support the project in addition to the Federal funds requested and the required non-Federal match. In instances where the Head Start program delivers services in cooperation with other child development and child care programs, such as State funded preschool or child care, applicants should describe how coordination will be managed from a budgetary perspective, addressing such areas as shared staff, facilities, and equipment.
ABBREVIATED PROJECT DESCRIPTION

Applicants must submit the Line Item Budget for Head Start and Early Head Start and a budget justification annually.

B. APPLICATION FOR SUPPLEMENTAL FUNDS

For supplemental assistance requests, applicants must explain the reason for the request and justify the need for additional funding. Applicants must indicate whether the request is for a permanent funding increase or if the request is for one-time funds. An SF 424 and 424A form, including evidence of Policy Council approval of the request, also must be submitted. The budget and budget justification should include only those items for which additional funds are requested.

C. APPLICATION FOR GRANT AMENDMENT

Applicants wanting to make a major program change within the course of a grant year with no significant increase or decrease in funding must make a request for a grant amendment and secure written approval from the appropriate ACF grant office prior to making the change. Major changes include but are not limited to discontinuance of a delegate agency, reductions in total funded enrollment, and changes in the structure of Head Start/Early Head Start management staff positions.

Except for changes requiring prior approval, grantees do not need to submit grant amendments when transferring funds between and among the object class categories within the total approved budget of the project, provided funds are used for allowable program costs.

III. Instructions for the Program Approach Form and the Line Item Budget for Head Start and Early Head Start

Grantees with delegate agencies should submit a separate Program Approach Form and a separate Line Item Budget for each delegate agency and for the grantee agency. Grantees should enter their official grant number and, if appropriate, the official delegate identification number on each page of the Program Design and Line Item Budget forms.

The Program Approach Form for Head Start and Early Head Start consists of two parts; a Summary of Program Design and a Program Schedule, and is self-explanatory.

For the Line Item Budget for Head Start and Early Head Start, the line items (or rows) are organized into the same budget categories as in the Object Class Categories in Section B of the SF 424A:

(a) Personnel (b) Fringe Benefits (c) Travel (d) Equipment (e) Supplies (f) Contractual (g) Construction (h) Other (i) Total Direct Charges and (j) Indirect Charges.

Note that on the SF 424A submitted for the grantee’s entire program, the costs associated with delegate agencies are to be included in the Contractual Object Class Category.
On the Line Budget form:

Enter the budgeted HS/EHS costs for program operations in the first column.

Enter the budgeted HS/EHS costs for Training and Technical Assistance (known as Program Account 20) in the second column.

Enter the value of all budgeted non-Federal contributions (cash and in kind contributions, including volunteers) in the third column.

Identify the number of staff proposed for personnel line items.

The sum of all grantee and delegate agency costs reported in these columns must equal the amounts specified in SF 424A of the grant application.
ACHIEVING AND MAINTAINING FULL ENROLLMENT

PROGRAM INSTRUCTION

TO: Head Start and Early Head Start Grantees and Delegate Agencies

SUBJECT: Achieving and Maintaining Full Enrollment

INSTRUCTION: This Program Instruction explains the Head Start Bureau’s policies and expectations regarding grantee compliance with the requirements of 45 CFR Part 1305 — Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start, particularly the need to achieve and maintain full funded enrollment.

We all understand how important a Head Start experience can be in the lives of our nation’s disadvantaged children and families. In recognition of this, in fiscal year 2004 the Congress appropriated funds to promote the school readiness of 909,000 low income children through the provision of comprehensive Head Start services. However, annual Program Information Report (PIR) data, as well as non compliance findings from on site program reviews, indicate that an increasing number of grantees are having problems maintaining their full funded enrollment. By accepting a Head Start grant your agency is agreeing to the terms of that grant, including the requirement that you serve the full number of children for whom you have been funded. We cannot allow potentially thousands of children to be denied a Head Start experience because some grantees do not achieve and maintain their full funded enrollment.

GIVING ALL ELIGIBLE CHILDREN A CHANCE TO PARTICIPATE IN HEAD START

Because Head Start is not able to serve all of the low income children who meet its eligibility criteria, one of the most important responsibilities grantees have is to decide which children are selected to be enrolled and which are not. Your agency is required by 45 CFR 1305 to take a number of important
actions, including:

Conducting a Community Assessment of the strengths and needs within your approved service area.

Using the assessment to determine your program’s design option(s), the high need areas from which children will be recruited (if your program does not have the resources to reach your entire service area), the location of centers, and the criteria that define the types of children who will be given priority for recruitment and enrollment.

Recruiting the greatest number of children possible so they can be considered for selection and enrollment.

Enrolling the children and families with the greatest need for Head Start services.

Although it may not be possible to serve all the low income children in your service or recruitment area, each eligible family has a right to learn about Head Start and be given a fair chance to have their child considered for enrollment. This means taking steps such as providing recruitment materials in the languages of the major population groups who live in your area and hiring staff who can do outreach to these families in their languages.

In many communities throughout the country, there have been dramatic changes in population and demographics over the past decade, such as the large number of Hispanics living in areas where they have not traditionally lived. Are there new populations who have moved into parts of your service area where your Head Start program does not recruit children? Does the location of your program’s centers or its transportation services make it difficult or impossible for these families to enroll in Head Start? It is important that you regularly review your designated recruitment areas to be sure they continue to be appropriate. We urge you to make special efforts to reach populations who historically have been underserved. Changing demographics should result in a changing Head Start program.

It is particularly important for programs that are having difficulty maintaining full enrollment to take steps to reach new populations and unserved neighborhoods and to revitalize outreach and recruitment efforts.

MAINTAINING FULL ENROLLMENT

Another critical part of 45 CFR 1305 concerns maintaining full enrollment. The regulation requires that “A Head Start grantee must maintain its funded enrollment level” and further states that, in order to do this, “Each Head Start program, except migrant programs, must obtain a number of applications during the recruitment process ... that is greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services.” It should be noted that programs are expected to be at full enrollment on the first day of their enrollment year.
The regulation also requires that, “...no more than 30 days may elapse before a vacancy is filled”, except that, “A program may elect not to fill a vacancy when 60 calendar days or less remain in the program's enrollment year.” Grantees complying with these requirements will ensure that the maximum number of eligible children possible receive the benefits of Head Start services. Such grantees should not have any problems maintaining full enrollment.

Grantees that are not maintaining full enrollment or anticipate they may soon be at less than full enrollment (for example, because they have no waiting lists) must immediately contact their ACF Regional Office. In most cases, the Regional Office will schedule an on site visit to assess the reasons for this and, in conjunction with the grantee, make a judgment about how to resolve this issue.

If enrollment issues are due to changing demographics that have resulted in there being insufficient numbers of eligible children in the grantee’s service area, one approach could be for the ACF Regional Office to reduce, through issuance of a Financial Assistance Award, grantee enrollment with a proportionate reduction in funding. In situations where an enrollment reduction is not appropriate, such as when there are still many unserved Head Start eligible children in the grantee’s service area, the grantee and the Regional Office will need to develop a strategy for reaching full enrollment as soon as possible. In most cases, this will include designating the grantee's enrollment problem as a non compliance finding which will need to be corrected within 90 days. The Regional Office and, as appropriate, the T/TA system will work with the grantee during this 90 day period. If this problem is not corrected within 90 days, the grantee will be designated as deficient and will be required to correct this deficiency within a specified period of time that, generally, will not exceed 90 additional days. Failure to correct any identified deficiency will, as required by law, result in ACF initiating proceedings to terminate the agency’s Head Start grant, in whole or in part.

Enrollment problems identified during a monitoring review will be treated as a non compliance finding, subject to the above process, unless the Regional Office believes that the problem is of such scope and severity that it should immediately be treated as a deficiency.

If your program is considering changing your program’s design or enrollment, the changes will eventually require ACF approval. We encourage you to contact your ACF regional office early to discuss these changes.

In summary, the Head Start Bureau, in conjunction with the ACF Regional Offices, intends to move aggressively in the coming months to assure that each of the 909,000 children whom grantees have been funded to serve will, in fact, receive the benefits of Head Start. Thank you for your continuing commitment to Head Start.

/s/
Joan E. Ohl
Commissioner
ELIGIBILITY REQUIREMENTS

PROGRAM INSTRUCTION

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Interpretation of “Federal Public Benefit” in Instances where Head Start Agencies Provide Services Supported through the Child Care and Development Fund


BACKGROUND: On August 31, 1998, we sent you an Information Memorandum discussing title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), P.L. 104 193, which restricts access to most “Federal public benefits” to “qualified aliens.” Aliens who are not “qualified aliens” are not eligible for most Federal public benefits. A copy of the August 31, 1998 Information Memorandum is attached.

In the Information Memorandum, we explained that it has been determined that Head Start programs (including Early Head Start programs) do not provide “Federal public benefits” as defined in PRWORA and, therefore, do not need to verify the immigration and citizenship status of families applying to enroll.

We also noted that other programs with which local Head Start programs often collaborate—such as programs supported through the Child Care and Development Fund (CCDF)—are among the programs that are required to verify the immigration and citizenship status of people applying for services. This raised the question of whether agencies whose head Start program relies on various types of combined funding arrangements with CCDF supported child care providers or Head Start programs that receive CCDF funds directly would need to verify the status of families applying to enroll in their Head Start program. We have now determined that this will not be necessary.
INSTRUCTION: In cases where agencies provide Head Start services that are supported by CCDF funds either through combined funding or service arrangements with other child care agencies or by receiving CCDF funds directly—these services are not to be considered as “Federal public benefits.” Therefore, the citizenship and immigration status of families applying to enroll would not need to be verified.

In addition, verification is not required when an agency that operates a Head Start program also provides a separate program for children that is entirely supported by CCDF funds, if the Head Start agency makes this program subject to the Head Start Performance Standards. In these instances also, noncitizens, regardless of their alien status, should not be banned from receiving services based solely on their alien status.

The Child Care Bureau in ACYF is sending a Program Instruction on this issue to the State government lead agencies administering child care programs under the Child Care and Development Block Grant (CCDBG) Act of 1990. A copy of that Program Instruction is attached.

FOR FURTHER INFORMATION: For further information, please contact the ACF Regional Office responsible for your Head Start program or the American Indian Programs Branch or the Migrant Programs Branch if your program is funded by these offices.

/S/
James A. Harrell
Deputy Commissioner
Administration on Children, Youth and Families
SERVICES TO FAMILIES WITH LIMITED ENGLISH PROFICIENCY (LEP)

INFORMATION MEMORANDUM

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Services to Families with limited English proficiency (LEP)


INFORMATION: Head Start and other programs in the Department of Health and Human Services (DHHS) are identifying more and more diversity in the background and culture of the families eligible for and in need of Head Start services. Many families, especially those who recently arrived in the United States, lack proficiency in the English language and may therefore need assistance in understanding the programs and how to participate fully in them.

To assist such families, the Office for Civil Rights in DHHS issued new policy guidance to all DHHS programs on August 30, 2000. A copy of this guidance is attached. Also attached is a list of Regional Managers of the Office for Civil Rights who can provide assistance in addition to the assistance of your Regional Office of the Administration for Children and Families and the American Indian and Migrant Program branches.

Please review this new guidance and consider its applicability to your program. As you are aware, Head Start Performance Standards already have provisions that address the issue of limited English proficiency (LEP) children and families. These regulatory provisions are as follows:
Communication with parents must be carried out in the parents’ primary or preferred language or through an interpreter, to the extent feasible. (45 CFR 1304.51©(2)).

...staff and consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency. (45 CFR 1304.52(b)(4)).

When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language. (45 CFR 1304.52(g)(2)).

In general, grantees and delegate agencies which are in compliance with these provisions will be meeting the requirements of Title VI. However, you may find useful suggestions and guidance in the attached material.

Please contact your Regional Office or the American Indian and Migrant Program branches, or the Regional Manager of the Office for Civil Rights, if you need assistance.

Douglas Klafehn
Acting Associate Commissioner
Head Start Bureau
INFORMATION MEMORANDUM

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Reaching Unserved Populations and Assuring Equal Opportunity for Enrollment in Head Start

SUMMARY: In recent years Head Start has been able to greatly increase the number of children it serves. However, in most communities grantees can still serve only a portion of the low income children who are eligible and, therefore, must make choices about which children and families to serve and which not to serve. These decisions can be particularly important in communities that have experienced significant demographic changes in recent years, as immigrants and other new populations have arrived. We urge grantees to make special efforts to contact and recruit these families and consider making changes in recruitment areas if these families live in parts of the community that have not historically been served by Head Start.

This Information Memorandum reviews Head Start’s policies concerning Community Assessments and the process for determining which children are enrolled. It encourages grantees to give special attention to the needs of populations that are unserved or underserved by Head Start, including ethnic and racial groups who have recently arrived in communities.

INFORMATION: Regulations on Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start, (45 CFR 1305), require grantees to conduct a Community Assessment at least once every three years. Grantees must use the results of this assessment, among other purposes, to determine the types of children and families who will be given priority for recruitment and selection and to determine appropriate locations for centers. Based on the results of their Community Assessments, grantees must serve areas within their community that have the greatest need for Head Start. When a grantee proposes a recruitment area that is smaller than its approved service area it must explain why this recruitment area is best
for its community in terms of providing enrollment opportunities to low income families. The area to be served must include as many Head Start eligible families as possible so the greatest number of children can be given a chance to be selected for enrollment and the families with the greatest need for Head Start services can be reached. We urge you to review 45 CFR 1305, where these policies are fully explained.

In recent years, many Head Start grantees have experienced significant changes in the demographic make up of the low income families living within their service areas. In some communities, new racial and ethnic groups have arrived, while in other communities low income families have moved to different neighborhoods. Many grantees have responded to these changes by conducting active outreach efforts to bring new members of the community into the Head Start fold. In addition to new recruitment strategies, their efforts include hiring staff who speak the languages of new groups, modifying their curriculums, relocating centers to new sites and many other innovations.

One of the many reasons Head Start has been so successful over the last 35 years is that it is a locally run program that has been sensitive to the widely varying needs of the local communities it serves. We encourage every program, particularly those in communities with populations that are not currently being reached, to seriously consider new steps to extend the opportunity of a Head Start experience to all eligible children. We hope that all programs will reach out to new families in their communities and welcome them to be part of the Head Start program. Where possible, we encourage grantees to apply for expansion funds to go into new parts of their communities or serve new populations. However, expansion may not always be an option for grantees experiencing demographic changes. Some grantees will need to consider responding to the needs of new families by reconfiguring their current programs, including relocating centers to areas that are currently unserved or underserved.

To help support and focus attention on this issue during on-site monitoring visits, we plan to review the extent to which grantees are conducting and using their Community Assessments appropriately and carrying out the responsibilities described in our regulation on eligibility, recruitment and selection (45 CFR 1305).

In conclusion, each Head Start grantee has an obligation to all the low income families living within its service area. Families recruited for enrollment into Head Start must be those families with the greatest need for the program, as defined by the grantee’s own selection criteria. ACF Regional Office staff and staff from the T/TA Quality Improvement Centers stand ready to work with any grantee needing assistance in this area.

Douglas Klafehn (for)
Helen H. Taylor
Associate Commissioner
TO: All Head Start Grantees and Delegate Agencies

SUBJECT: Guidance on definition of “public charge” in immigration laws

INFORMATION: The Department of Justice (DoJ) published in the Federal Register on May 26, 1999 a Notice of Proposed Rulemaking (NPRM) that establishes clear standards governing whether an alien is inadmissible to the United States, ineligible to adjust immigration status, or has become deportable, on the grounds that he or she is likely to be or is a “public charge.” The Immigration and Naturalization Service (INS) also published Field Guidance in the same Federal Register, and the Department of State (DoS) has issued a cable to all embassies, implementing immediately the policy set forth in the NPRM.

There has been some confusion among immigrant families, and service and benefit providers, regarding how the receipt of different benefits and services by immigrants and their family members will be treated for public charge purposes. The NPRM, along with the INS and DoS guidance, clarifies the limited number of benefits that may be considered by immigration officials in making public charge determinations.

The DoJ proposes to define public charge to mean an alien who has become (for purposes of deportation) or is likely to become (for purposes of admissibility or adjustment) “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long term care at government expense.”

Cash benefits for income maintenance include the following:

Supplemental Security Income (SSI);

Temporary Assistance for Needy Families (TANF), but not including supplemental cash benefits excluded from the term “assistance” under TANF program rules or any non cash benefits and services provided by the TANF program; and State and local cash benefit programs that are for the purpose of income
maintenance (often called “General Assistance” but which may exist under other names). The sole exception to the focus on cash assistance is an instance in which Medicaid or a related program would meet this definition by paying for the cost of a person’s institutionalization for long term care. The NPRM and Guidance clarify that receipt of cash welfare assistance (SSI, TANF, or State/local equivalents) cannot automatically result in a public charge inadmissibility determination. The INS and DoS officers must still apply a “totality of the circumstances” test which may include receipt of cash assistance for income maintenance purposes, but also must include several mandatory factors, including age, health, family status, assets and resources, financial status, education, and skills.

Head Start is not one of the programs listed above, and it is not identified in the INS or DoJ guidance as providing a cash benefit for income maintenance purposes. Accordingly, an otherwise eligible noncitizen can receive Head Start services under the Head Start Act and such receipt will not be considered by immigration officials as part of the public charge determinations.

Because this policy area is complicated, we encourage grantees to become familiar with the NPRM and Field Guidance published in the Federal Register. We are also attaching a set of frequently asked questions and answers to help grantees better understand the details of these new public charge policies and which noncitizens may be affected.

If you need further clarification, please contact your Regional Office or the American Indian or Migrant Programs branch.

/S/
Helen Taylor
Associate Commissioner
INFORMATION MEMORANDUM

TO: Head Start Grantees and Delegate Agencies

SUBJECT: Guidance on the Interpretation of Federal Public Benefit

SUMMARY: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), P.L. 104-193, restricts access to “Federal public benefits” to “qualified aliens”. Aliens who are not qualified aliens are not eligible for Federal public benefits. Head Start programs (including Early Head Start programs) have been determined not to provide Federal public benefits as defined in PRWORA and therefore are not required to implement new requirements for verifying the immigration and citizenship status of families applying to enroll. Noncitizens, regardless of their alien status, should not be banned from Head Start based solely on their alien status.

INFORMATION: In an August 4, 1998 Federal Register notice (Volume 63, Number 14, pages 41657-41661), the Department of Health and Human Services identified 31 programs that provide Federal public benefits (see attachment). With a number of exceptions, these programs are required to verify the immigration and citizenship status of applicants in order to assure that only qualified aliens receive the programs’ benefits and services. Although Head Start is not among these programs, other programs with which many Head Start programs collaborate with are included, such as programs receiving the Child Care and Development Fund.

We have also attached a list of programs, including Head Start, within the Administration on Children and Families (ACF) that do not provide Federal public benefits.

The PRWORA defines a qualified alien as (1) an alien lawfully admitted for permanent residence under the Immigration and Nationality Act (the “Act”); (2) an alien granted asylum under section 208 of the Act; (3) a refugee admitted to the United States under section 207 of the Act; (4) an alien paroled into
the United States under section 212(d)(5) of the Act for a period of at least one year; (5) an alien whose deportation is being withheld under section 243(h) of the Act as in effect prior to April 1, 1997, or whose removal is being withheld under section 241(b)(3) of the Act; (6) an alien granted conditional entry under section 203(a)(7) of the Act as in effect prior to April 1, 1980; (7) an alien who is a Cuban or Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980; or (8) an alien who (or whose child or parent) has been battered or subjected to extreme cruelty in the United States and otherwise satisfies the requirements of 8 U.S.C. 641(c).

The Department of Justice published a Notice of Proposed Rule Making (NPRM) on August 4, 1998, Verification of Eligibility for Public Benefits (Volume 63, Number 149, pages 41662-41686), that may also be of interest. Comments on the NPRM are being accepted through October 6, 1998.

Information about the HHS notice and the Department of Justice NPRM can be found on the Federal Register Online via GPO Access. [www.access.gpo.gov/su_docs/aces/acesl40.html]

FOR FURTHER CLARIFICATION, PLEASE CONTACT:

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/S/
James A. Harrell
Deputy Commissioner
Administration on Children, Youth and Families
HHS PROGRAMS THAT PROVIDE “FEDERAL PUBLIC BENEFITS”

Adoption Assistance
Administration on Developmental Disabilities (ADD)—State
Developmental Disabilities Councils (direct services only)
ADD—Special Projects (direct services only)
ADD—University Affiliated Programs (clinical disability assessment services only)

Adult Programs/Payments to Territories
Agency for Health Care Policy and Research Dissertation Grants
Child Care and Development Fund
Clinical Training Grant for Faculty Development in Alcohol and Drug Abuse

Foster Care
Health Profession Education and Training Assistance
Independent Living Program
Job Opportunities for Low Income Individuals (JOLI)
Low Income Home Energy Assistance Program (LIHEAP)

Medicare
Medicaid (except assistance for an emergency medical condition)
Mental Health Clinical Training Grants

Native Hawaiian Loan Program
Refugee Cash Assistance
Refugee Medical Assistance
Refugee Preventive Health Services Program
Refugee Social Services Formula Program
Refugee Social Services Discretionary Program
Refugee Targeted Assistance Formula Program
Refugee Targeted Assistance Discretionary Program
Refugee Unaccompanied Minors Program
Refugee Voluntary Agency Matching Grant Program

Repatriation Program
Residential Energy Assistance Challenge Option (REACH)
Social Services Block Grant (SSBG)
State Child Health Insurance Program (CHIP)
Temporary Assistance for Needy Families (TANF)
ACP Programs not defined as Federal public benefits and therefore not required to verify.
Abandoned Infants Assistance Program
ADD—University Affiliated Programs (non clinical disability assessment services)
ADD—Protection and Advocacy
ADD—State Developmental Disabilities Councils (non direct service components)
ADD—Special Projects (non direct service components)
Administration for Native American Programs
Adoption opportunities
Child Welfare Training
Child Support Enforcement Program
Child Welfare Services State Grants
Child Abuse and Neglect State Grants
Child Abuse Discretionary Activities
Community Based Family Resource Program
Community Economic Development Grants
Community Food & Nutrition
Community Schools Youth Services and Supervision
Community Services Block Grant
Domestic Violence Hotline
Education & Prevention Grants to Reduce Sexual Abuse
Family Preservation and Support
Family Violence Prevention & Services Program
Head Start and Early Head Start
National Youth Sports Program
Runaway and Homeless Youth
Rural Community Facilities
Transitional Living for Homeless Youth