

# National AIAN Head Start Collaboration Needs Assessment 2012

## 1. Introduction for Head Start Agencies

The Head Start Act (as amended December 12, 2007) requires the National American Indian/Alaska Native Head Start Collaboration Office (NAIANHSCO) to conduct an assessment that addresses the needs of AIAN Head Start grantees (including Early Head Start grantees) with respect to coordination, collaboration alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, State Early Learning Standards.

The Head Start Act also requires NAIANHSCO to use the results of the Needs Assessment to develop a strategic plan outlining how it will assist and support Head Start grantees in meeting the requirements of the Head Start Act for coordination, collaboration, and transition to elementary school and alignment with K-12 education. NAIANHSCO must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public.

The purpose of gathering this information is to identify your needs in the specified areas, and develop corresponding activities to help support you within the strategic plan for the National American Indian/Alaska Native Head Start Collaboration Office.

This Needs Assessment questionnaire is organized around the eight national priority areas for the Head Start Collaboration Offices. These priority areas are: 1) Health Services; 2) Services for Children Experiencing Homelessness; 3) Family/Child Assistance; 4) Child Care; 5) Family Literacy; 6) Services for Children with Disabilities; 7) Community Services; and 8) Education (e.g., Head Start - Pre-K Partnership Development; Head Start Transition and Alignment with K-12). Two additional areas have been included, 9) Professional Development and 10) State Collaboration Office interaction.

The survey should take approximately 30-45 minutes to complete. Input from health, education, disabilities and family services staff may be required. If you are planning to answer the survey with help from others or by committee, a print version can be accessed to be shared electronically. However, it is critical that only one person per grantee submit the survey answers.

If you have any technical difficulties or questions about this needs assessment, please contact Micker Richardson at 202-884-8155 or [mirichardson@fhi360.org](mailto:mirichardson@fhi360.org) for assistance.

Thank you in advance for your assistance!

**2. Contact Information**

**1. Please supply contact information for your agency and for the person(s) responsible for filling out the survey**

Head Start Agency:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

**2. Person completing this survey:**

Name:

Title:

Email:

Phone:

### 3. Health Care

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Medical home providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dental home providers for treatment & care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. State agency(ies) providing mental health prevention and treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Local agencies providing mental health prevention and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Agencies/ programs that conduct mental health screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. WIC (Women, Infants and Children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Children's health education providers (e.g., Child Care Resource and Referral, community-based training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Parent health education providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Home-visiting providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Community Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Public health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Programs/ services related to children's physical fitness and obesity prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. State Collaboration Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Linking children to medical homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Linking children to dental homes that serve young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Partnering with oral health professionals on oral health related issues (e.g., hygiene, education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Getting children enrolled in Medicaid or CHIP (Children's Health Insurance Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Arranging coordinated services for children with special health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Assisting parents to communicate effectively with medical/dental providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Assisting families to get transportation to appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Getting full representation and active commitment on your Health Advisory Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home visit reports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding health care for the children and families in your program.

4. What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

#### 4. Services for Children Experiencing Homelessness

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Local McKinney-Vento liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local agencies serving families experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.

4. What is working well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness? Which of these efforts do you think may be helpful to other programs?

## 5. Family/Child Assistance

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. TANF (Temporary Assistance for Needy Families) agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Employment & Training and Labor services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Economic and Community Development Councils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Child Welfare agency homelessness *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Children's Trust agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Services and networks supporting foster and adoptive families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining information and data for community assessment and planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Establishing and implementing local interagency partnerships agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Facilitating shared training and technical assistance opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Getting involved in state level planning and policy development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding the welfare/child welfare (family/child assistance) needs of the children and families in your program.

4. What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program? Which of these efforts do you think may be helpful to other programs?

## 6. Child Care

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. State agency for Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Child Care Resource & Referral agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Local child care programs for full-year, full-day services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. State or regional policy/planning committees that address child care issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Higher education programs/services/resources related to child care (e.g. lab schools, student interns, cross-training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with child care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Assisting families to access full-day, full-year services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Aligning policies and practices with other service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding access to child care services and resources.

4. What is working well in your efforts to address the child care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

## 7. Family Literacy Services

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

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

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Dept. of Education's Family Literacy program (Title I, Part A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Employment and Training programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. English Language Learner programs & services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Services to promote parent/child literacy interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Parent education programs/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Public libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. School libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Public/private sources that provide book donations or funding for books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Reading Readiness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Providers of services for children and families who are English language learners (ELL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Even Start (Family Literacy Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

3. Please describe any other issues you may have regarding family literacy services and resources.

4. What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

## 8. Services for Children with Disabilities

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. State Lead Agency for IDEA Part B/619 (to serve children 3 through 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local providers (LEA) for IDEA Part B/619	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. State Lead Agency for IDEA Part C (to serve children 0-3 with disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Local providers for IDEA Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. State-funded programs for children with disabilities and their families (developmental services agencies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. University/ community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining timely evaluations of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Having staff attend IEP or IFSP meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Coordinating services with Part C providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Coordinating services with Part B/619 providers (LEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding services for children with disabilities and their families.

4. What is working well in your efforts to address the needs of children with disabilities in your program? Which of these efforts do you think may be helpful to other programs?

## 9. Community Services

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Providers of substance abuse prevention/treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Providers of child abuse prevention/treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Providers of domestic violence prevention/treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Establishing linkages/partnerships with public resources (tribal, county, city, state, etc.) regarding prevention/treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Partnering with service providers on outreach activities for eligible families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Obtaining in-kind community services for the children/families in your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding community services for the families in your program.

4. What is working well in your efforts to address the community services needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

## 10. Publicly Funded Pre-K Partnership Development

1. Please rate the extent of your involvement with the following service provider/organization during the past 12 months. Check one rating for this provider/organization.

No Provider in my Service Area	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
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A. In your Head Start service area, the appropriate local entity responsible for managing publicly funded preschool programs with whom you are to develop a Memorandum of Understanding (MOU) regarding Pre-K services.

2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs (if there is such a provider in their service area). The MOU must include a review of, and plans to coordinate, as appropriate, 10 areas/activities, as listed below. For each of the following items, please rate the level of difficulty you have had in the past, or expect to have as you coordinate these activities with publicly-funded Pre-K programs. Select one rating for each item.

	N/A (not applicable)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Educational activities, curricular objectives and instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Information, dissemination and access for families contacting Head Start or other preschool program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Selection priorities for eligible children served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Service areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Staff training, including opportunities for joint staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Program technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Provision of services to meet needs of working parents, as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Communications and parent outreach for transition to kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Provision and use of facilities, transportation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Other elements mutually agreed to by the parties to the MOU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding partnership development with Local Educational Agencies in your service areas.

4. What is working well in your efforts to develop partnerships with Local Education Agencies managing Pre-K programs in your service areas? Which of these efforts do you think may be helpful to other programs?

## 11. Head Start Transition and Alignment with K-12

1. Please rate the extent of your involvement with the following service provider/organization during the past 12 months. Check one rating for this provider/organization.

No Working  
Relationship  
(little/no contact)

Cooperation  
(exchange  
info/referrals)

Coordination  
(work together)

Collaboration  
(share  
resources/agreements)

A. Relationship with  
Local Education  
Agencies (LEAs)  
regarding transition  
from Head Start to  
kindergarten.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely
A. Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Linking LEA and Head Start services relating to language, numeracy and literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Aligning Head Start curricula with State Early Learning Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Coordinating transportation with LEAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Coordinating shared use of facilities with LEAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely
J. Coordinating with LEAs regarding other support services for children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Establish policies and procedures that support children transition to school that includes engagement with LEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Exchanging information with LEAs on roles, resources and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Aligning curricula and assessment practices with LEAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program.

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

## 12. Professional Development

1. Please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Institutions of Higher Education (4 year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Institutions of Higher Education (less than 4 year) (e.g., community colleges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. On-line courses/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Child Care Resource & Referral Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Head Start T & TA Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other T & TA networks (regional, state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Service providers/organizations offering relevant training/TA cross-training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Transferring credits between public institutions of learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Accessing early childhood education degree programs in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Accessing T & TA opportunities in the community (including cross-training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Accessing scholarships and other financial support for professional development programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Staff release time to attend professional development activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accessing on-line professional development opportunities (e.g., availability of equipment, Internet connection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exchanging information on roles and resources with other providers/organizations regarding professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other issues you may have regarding professional development activities and resources.

4. What is working well in your efforts to address the professional development needs of your staff?  
Which of these efforts do you think may be helpful to other programs?

### 13. Professional Development

**1. Are there articulation agreements with your local colleges for the conversion of the Child Development Associate credential (CDA) training to college credit? (Articulation agreements that facilitate students' movement from one professional development level to another i.e. CDA to AA)**

Yes

No

N/A

If yes, please list examples of articulation agreements you are aware of:

**2. What credentialing opportunities are being offered (federal, state, community colleges) to support Spanish speaking staff? (i.e. social marketing, mentoring, case management, etc.)**

1.

2.

3.

4.

5.

## 14. Child Care and Early Childhood Systems

### 1. Head Start State Collaboration Office (HSSCO)

How would you rate the following?

	Non-Existent	Minimal	Good	Excellent
What is your relationship with the HSSCO in your state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your awareness/knowledge of HSSCO activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. State Head Start Association

How would you rate the following?

	Non-Existent	Minimal	Good	Excellent
What is your relationship with the State's Head Start Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Are you a member of the state's Head Start Association?

Yes

No

### 4. Does your program participate in your state's Head Start Association meeting?

Yes

No

### 5. How does your program obtain state information and/or news that directly affects your grantee/programs? (i.e. state mandates, changes in regulations, etc.) Please give a brief description:

**6. Please rate the following:**

	Not Familiar/No Knowledge	Somewhat Familiar	Familiar	Very Familiar/Proficient
How familiar are you with your state's Quality Rating and Improvement Systems (QRIS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Definition: Quality Rating and Improvement System (QRIS) is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs)

**7. Have your grantees participated in any capacity in your state's Quality Rating and Improvement Systems?**

Yes  No

If yes, please give a brief description of any participation in QRIS:

**8. Has your grantee been asked to provide input to the person who sits on the state's Quality Rating and Improvement Systems' committee on behalf of Head Start?**

Yes  No

If yes, please give a brief description:

**9. State Early Childhood Advisory Council (SECAC)**

Please rate the following:

	Not Familiar/No Knowledge	Somewhat Familiar	Familiar	Very Familiar/Proficient
How familiar are you with your state's State Early Childhood Advisory Council (SECAC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Definition: SECACs improve the quality, availability, and coordination of programs and services for children ages birth to school entry by advising policymakers in the state on how to best meet the needs of children.)

**10. Have your grantees participated in any capacity in your State Early Childhood Advisory Council?**

Yes  No

If yes, please give a brief description of any participation in the SECAC:

**11. Has your grantee been asked to provide input to the person who sits on the State Early Childhood Advisory Council on behalf of Head Start?**

Yes  No

If yes, please give a brief description:

**12. Has your grantee participated in your state's realignment of Early Childhood standards?**

Yes

No

If yes, please give a brief description:

**15. Region Priorities**

**1. What partnerships should AIAN foster at your state level to improve services for children and families?**

Child Care

Child Welfare

Community Service

Children with Disabilities

Health Care

Services for Homeless children and families

**2. Please provide a detailed explanation for all checked answers. (example: state agency, type of issue to address, expected outcome, etc.)**

Child Care

Child Welfare

Community Service

Children with Disabilities

Health Care

Services for Homeless children and families

**3. What one action and/or activity could AIAN assist you with to improve collaboration among AIAN and other organizations serving young children in your state?**

Please provide a detailed explanation of what you need and/or what you would like to have accomplished.

## **Survey Complete!**

Grantees will receive a summary of their Needs Assessment Survey.

Full reports will be provided upon request. In addition, PIR information will be added to survey results for final assessment.

Thank you,

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