***HEAD START & EARLY HEAD START***

***STATE COLLABORATION***

***NEEDS ASSESSMENT SURVEY***



|  |  |
| --- | --- |
| A. Date survey was completed: |  |

B. Head Start & Early Head Start Grantee or Delegate Agency Information:

 1. Type of agency (Please check one): [ ]  Grantee [ ]  Delegate [ ]  Both

 2. Services (Please check one): [ ]  Head Start [ ]  Early Head Start [ ]  Both

 3. Agency contact information:

|  |  |  |
| --- | --- | --- |
|  Name of Agency: |  | Phone:  |
| Address:  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

C. Contact information for person submitting this survey for Grantee or Delegate agency:

|  |  |  |
| --- | --- | --- |
| Name: |  | Title:  |
| Address: |  |  |
|  |  |  |
|  |  |  |
| Phone: |  | Email:  |

Please complete this survey by \_\_\_\_\_\_\_\_\_\_\_\_(DATE) and submit it (e.g., electronically, via mail in postage-paid envelope, etc.) to (CONTACT INFO).

**If you have any questions about this survey, please contact:** (CONTACT INFORMATION)

###### Head Start & Early Head Start

###### State Collaboration Needs Assessment Survey

#### Introduction

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start & Early Head Start grantees and delegate agencies in the State in the areas of coordination, collaboration alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Development & Early Learning Framework and, as appropriate, State Early Learning Standards

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

The purpose of gathering this information is to identify your needs in the specified areas and inform the activities of the annually revised strategic plan for the Head Start State Collaboration Office in your state. This information can also be used to inform Head Start grantees’ and delegates’ program improvement at the local/grantee levels and supports them in meeting Head Start Performance Standards and other federal regulations.

This needs assessment survey is organized around the Federal priority areas for the HSSCOs. These priority areas include:

1. Health Services;
2. Services for Children Experiencing Homelessness;
3. Welfare//Child Welfare
4. Child Care;
5. Family Literacy;
6. Services for Children with Disabilities;
7. Community Services;
8. Education (School Readiness, Head Start – Pre-K Partnership Development);
9. School Transitions and Alignment with K-12;
10. Professional Development; and
11. Early Childhood Systems Development

The survey includes three parts for each area indicated above.

**Part 1** asks you to rate the extent of your involvement with various service providers/organizations related to the content area. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:

|  |  |  |  |
| --- | --- | --- | --- |
| **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |

***Definitions:***



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

|  |  |  |  |
| --- | --- | --- | --- |
| **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |

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

Your Head Start State Collaboration Director will aggregate the survey findings from all Head Start/Early Head Start and delegate agencies in your state and then compile a report that will be forwarded to the Federal and Regional Office of Head Start. Results will also be made available to you and to the general public.

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

# *1. HEALTH CARE*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. Medical home\* providers  | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Dental home\* providers for treatment & care | [ ]  | [ ]  | [ ]  | [ ]  |
| C. State agency(ies) providing mental health prevention and treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Local and or Tribal agencies providing mental health prevention and treatment | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Agencies/programs that conduct mental health screenings | [ ]  | [ ]  | [ ]  | [ ]  |
| F. WIC (Women, Infants Children) | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, USDA, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| H. Children’s health education providers (e.g., resource & referral, other community-based training providers) | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Parent health education providers | [ ]  | [ ]  | [ ]  | [ ]  |
| J. Home-visiting programs and services | [ ]  | [ ]  | [ ]  | [ ]  |
| K. Community and or Tribal Health Centers | [ ]  | [ ]  | [ ]  | [ ]  |
| L. Public health services | [ ]  | [ ]  | [ ]  | [ ]  |
| M. Programs/services related to children’s physical fitness and obesity prevention | [ ]  | [ ]  | [ ]  | [ ]  |

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

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Linking children to medical homes  | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Linking children to dental homes that serve young children  | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Getting children enrolled in CHIP or Medicaid | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Arranging coordinated services for children with special health care needs  | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Assisting parents to communicate effectively with medical/dental providers  | [ ]  | [ ]  | [ ]  | [ ]  |
| H. Assisting families to get transportation to appointments | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Getting full representation and active commitment on your Health Advisory Committee  | [ ]  | [ ]  | [ ]  | [ ]  |
| J. Obtaining 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.) | [ ]  | [ ]  | [ ]  | [ ]  |
| K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care  | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# *2. SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. Local McKinney-Vento homeless liaison  (public school, community services) | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Local housing agencies and planning groups serving families experiencing homelessness (e.g., shelters, Ten Year Plan to End Homelessness committees)  | [ ]  | [ ]  | [ ]  | [ ]  |
| C. School district Title I Director (if applicable, and if Title I funds are being used to support early care and education programs for children experiencing homelessness) \* Skip rating and check here if not applicable: [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| 1. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. 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
 | [ ]  | [ ]  | [ ]  | [ ]  |

 *\*Note: Title I funded preschool programs must follow the Head Start Performance Standards*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| C. Obtaining sufficient data on the needs of homeless children to inform the program’s annual community assessment  | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Engaging community partners, including the local McKinney-Vento Homeless Liaison, in conducting staff cross training and planning activities  | [ ]  | [ ]  | [ ]  | [ ]  |
| E. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness | [ ]  | [ ]  | [ ]  | [ ]  |

 ***Comments:***

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?

# *3. WELFARE/CHILD WELFARE*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| 1. Local Temporary Assistance for Needy Families Services (TANF)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Employment & Training and Labor services agencies
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Economic and Community Development Councils
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Local/County Child Welfare agency (e.g., child protective services)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. State Child Welfare Agency
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. State Children’s Trust agency\*
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Services and networks supporting foster and adoptive families
 | [ ]  | [ ]  | [ ]  | [ ]  |

*\*State Children's Trust & Prevention Fund (supports strategies/programs that prevent child abuse and neglect via grants, training, services, etc.)*

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Obtaining information and data for community assessment and planning | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Working together with TANF, Employment and Training, and related support services to recruit families | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Facilitating shared training and technical assistance opportunities | [ ]  | [ ]  | [ ]  | [ ]  |
| Area (continued) | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| E. Getting involved in state level planning and policy development | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Exchanging information on roles & resources with other service providers regarding family/child assistance services | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# *4. CHILD CARE*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. State agency for Child Care | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Tribal Child Care (if applicable) | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Child Care Resource & Referral agencies | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Local child care programs to support access to full day, full year services | [ ]  | [ ]  | [ ]  | [ ]  |
| E. State or regional policy/planning committees that address child care issues | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training) | [ ]  | [ ]  | [ ]  | [ ]  |

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Establishing linkages/partnerships with child care providers | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Assisting families to access full-day, full year services  | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Capacity to blend or braid, HS and child care funds to provide full day, full year services | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Aligning policies and practices with other service providers | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Sharing data/information on children that are jointly served (assessments, outcomes, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# *5. FAMILY LITERACY SERVICES*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. State or local family literacy programs  | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Employment and Training programs | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Adult Education | [ ]  | [ ]  | [ ]  | [ ]  |
| D. English Language Learner programs & services | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Services to promote parent/child literacy interactions | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Parent education programs/services | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Public libraries | [ ]  | [ ]  | [ ]  | [ ]  |
| H. School libraries | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Public/private sources that provide book donations or funding for books | [ ]  | [ ]  | [ ]  | [ ]  |
| J. Museums | [ ]  | [ ]  | [ ]  | [ ]  |
| K. Reading Readiness programs |  |  |  |  |
| L. Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| M. Providers of services for children and families who are English language learners (ELL) | [ ]  | [ ]  | [ ]  | [ ]  |

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Incorporating family literacy into your program policies and practices | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Educating others (e.g., parents, the community) about the importance of family literacy | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Establishing linkages/partnerships with key literacy providers (libraries, literacy council, foundations, community colleges) | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Securing family participation in family literacy services, as available | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# *6. SERVICES FOR CHILDREN WITH DISABILITIES*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. State Lead Agency for Part B/619 (preschool special education) | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Local Part B/619 (preschool special education) providers  | [ ]  | [ ]  | [ ]  | [ ]  |
| C. State Education Agency—other programs/services (e.g., Section 504 of Rehabilitation Act, state improvement grants, state Response to Intervention)  | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Tribal Education Agency (if applicable) | [ ]  | [ ]  | [ ]  | [ ]  |
| E. State Lead Agency for Part C (early intervention) | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Bureau of Indian Education FACE program (if applicable) | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Local Part C providers (early intervention) | [ ]  | [ ]  | [ ]  | [ ]  |
| H. Other 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.) | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Other State-funded programs for children with disabilities and their families (e.g., developmental services agencies) | [ ]  | [ ]  | [ ]  | [ ]  |
| J. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others) | [ ]  | [ ]  | [ ]  | [ ]  |
| K. 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) | [ ]  | [ ]  | [ ]  | [ ]  |

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Obtaining timely Part C (early intervention) evaluations of children (i.e., within 60 days of when referral is made) | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Obtaining timely Part B/619 (preschool special education) evaluations of children | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Having HS/EHS staff attend IEP or IFSP meetings | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Coordinating services with Part C providers  | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  |
| E. Supporting the referral process to Part C providers/agencies for children identified under CAPTA (Child Abuse Prevention & Treatment Act) | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Coordinating services with Part B/619 providers | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Sharing data/information on jointly served children (assessments, outcomes, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| H. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Applying for SSI and/or Waiver Programs (for children and families with disabilities) | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# 7. *COMMUNITY SERVICES*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/agreements |
| A. Law Enforcement  | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Providers of substance abuse prevention/treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Providers of child abuse prevention/treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Providers of domestic violence prevention/treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans) | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Providers of services to military families
 | [ ] [ ] [ ]  | [ ]  | [ ]  | [ ]  |

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Establishing linkages/partnerships with law enforcement agencies | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Partnering with service providers on outreach activities for eligible families | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Obtaining in-kind community services for the children/families in your program | [ ]  | [ ]  | [ ]  | [ ]  |
| Area (continued) | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| F. Sharing data/information on children/families served jointly by HS/EHS and other agencies re: prevention/treatment services | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Exchanging information on roles and resources with other providers/ organizations regarding community services | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Establishing linkages/partnerships with providers of services to military families
 | [ ]  | [ ]  | [ ]  | [ ]  |

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

1. 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?

***8. Education (School Readiness, Head Start – Pre-K Partnership Development);***

IF Early Head Start program: check here and skip to section 10. [ ]

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each*.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing **publicly funded preschool programs i**n the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities  | [ ]  | [ ]  | [ ]  | [ ]  |
| B. No publicly funded pre-k in this state *Check “no working relationship” and skip to section 9* | [ ]  |  |  |  |

2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs in their service areas. 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 may have* as you coordinate these activities with publicly-funded Pre-K programs. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Educational activities, curricular objectives and instruction | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Information, dissemination and access for families contacting Head Start or other preschool program | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Selection priorities for eligible children served | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Service areas | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Staff training, including opportunities for joint staff training | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Joint/shared technical assistance (e.g., on mutual needs; to develop partnership agreements) | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Provision of services to meet needs of working parents, as applicable | [ ]  | [ ]  | [ ]  | [ ]  |
| Area (continued) | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| H. Communications and parent outreach for transition to kindergarten | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Provision and use of facilities, transportation, etc.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Developing MOUs with publicly funded pre-school programs (see 1A)
 | [ ]  | [ ]  | [ ]  | [ ]  |
|  K. Other elements mutually agreed to by the parties to the MOU | [ ]  | [ ]  | [ ]  | [ ]  |

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?

1. ***9. School Transitions and Alignment with K-12***
2. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with local education agencies (LEAs) ***at this point in time***. Check ***one rating****.*

 Note: If you have different relationships with different LEAs, check the option that **best describes** your relationship with **most** of them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **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*** at this point in time. Select *one rating for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school  | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.) | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Establishing and implementing comprehensive transition policies and procedures with LEAs  | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Linking LEA and Head Start services relating to language, numeracy and literacy | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Aligning Head Start curricula with state Early Learning Standards | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records | [ ]  | [ ]  | [ ]  | [ ]  |
| H. Coordinating transportation with LEAs | [ ]  | [ ]  | [ ]  | [ ]  |
| I. Coordinating shared use of facilities with  LEAs | [ ]  | [ ]  | [ ]  | [ ]  |
| Area (continued) | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
|  J. Coordinating with LEAs regarding other support services for children and families | [ ]  | [ ]  | [ ]  | [ ]  |
| K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten | [ ]  | [ ]  | [ ]  | [ ]  |
| L. Establish policies and procedures that support children’s transition to school that includes engagement with LEA | [ ]  | [ ]  | [ ]  | [ ]  |
| M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.  | [ ]  | [ ]  | [ ]  | [ ]  |
| N. Exchanging information with LEAs on roles, resources and regulations | [ ]  | [ ]  | [ ]  | [ ]  |
| O. Aligning curricula and assessment practices with LEAs | [ ]  | [ ]  | [ ]  | [ ]  |
| P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# *10. PROFESSIONAL DEVELOPMENT*

# 1. Using the definitions on pages 2 and 3, please *rate the extent of your involvement* with each of the following service providers/organizations *at this point in time*. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| A. Institutions of Higher Education (4 year) | [ ]  | [ ]  | [ ]  | [ ]  |
| B. Institutions of Higher Education (less than 4 year) (e.g., community colleges) | [ ]  | [ ]  | [ ]  | [ ]  |
| C. On-line courses/programs | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Child Care Resource & Referral Network | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Head Start State T & TA Network | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Other T & TA networks (regional, state) | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Service providers/organizations offering relevant training/TA cross-training opportunities  | [ ]  | [ ]  | [ ]  | [ ]  |
| H. National Centers1. Cultural & Linguistic Responsiveness
2. Parent, Family & Community Engagement
3. Quality Teaching & Learning
4. Early Head Start National Resource Center
5. Program Management & Fiscal Operations
6. Center on Health
 | [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  |

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| A. Transferring credits between public institutions of learning | [ ]  | [ ]  | [ ]  | [ ]  |
| Area (continued) | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| B. Accessing early childhood education degree programs in the community | [ ]  | [ ]  | [ ]  | [ ]  |
| C. Accessing T & TA opportunities in the community (including cross-training) | [ ]  | [ ]  | [ ]  | [ ]  |
| D. Accessing scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood®) | [ ]  | [ ]  | [ ]  | [ ]  |
| E. Staff release time to attend professional development activities | [ ]  | [ ]  | [ ]  | [ ]  |
| F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)  | [ ]  | [ ]  | [ ]  | [ ]  |
| G. Exchanging information on roles and resources with other providers/ organizations regarding professional development  | [ ]  | [ ]  | [ ]  | [ ]  |

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?

# *11. EARLY CHILDHOOD SYSTEMS*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | **No Working Relationship**(little/no contact) | **Cooperation**(exchange info/referrals) | **Coordination**(work together) | **Collaboration**(share resources/ agreements) |
| 1. SAC (State Advisory Council, State Early Learning Council)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. State Quality Rating & Improvement System (QRIS)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. State efforts to unify early childhood data systems (e.g., child/family/ program assessment data)
 | [ ]  | [ ]  | [ ]  | [ ]  |

1. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | **Extremely Difficult** | **Difficult** | **Somewhat****Difficult** | **Not at All Difficult** |
| 1. Exchanging information from and providing input to state advisory councils
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Participating in state Quality Rating and Improvement System (QRIS)

Skip rating and check here if state has no QRIS: [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Participating in state efforts to unify early childhood data systems
 | [ ]  | [ ]  | [ ]  | [ ]  |

3. Please describe any other issues you may have regarding partnerships with early childhood systems efforts in your state.

4. What is working well in your efforts to partner with early childhood systems initiatives in your state?

 areas? Which of these efforts do you think may be helpful to other programs?