

Oklahoma Head Start State Collaboration Office



NEEDS ASSESSMENT

June 2009
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INTRODUCTION



HEAD START



Head Start is a federal program created in 1965 that provides comprehensive child development services to economically disadvantaged children and families with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. Head Start programs promote school readiness by enhancing the social and cognitive development of children and their families through improved access to educational, health, nutritional, social, and other services. In 1994, the federal government created Early Head Start to address the comprehensive needs of low-income children under age 3 and pregnant women.

The U.S. Department of Health and Human Services, Administration for Children and Families (ACF), administers the program through the Office of Head Start. Oklahoma Head Start programs operate under the Region VI ACF office in Dallas, Texas, or under Region XI, the American Indian/Alaskan Native program in the Office of Head Start in Washington, DC.

There are 22 Head Start and Early Head Start programs under Region VI. A map illustrating service areas is found on page 1 of this report. There are 15 American Indian/Alaska Native programs under Region XI. A map indicating the service areas is found on page 15 of this report. There is one Region XII Migrant-Seasonal program in Oklahoma with the Head Start Agency based in Laredo, Texas.

OKLAHOMA HEAD START STATE COLLABORATION OFFICE

The Oklahoma Head Start State Collaboration Project's mission is to support efforts to build early childhood systems and access to comprehensive services for low-income children, and to encourage widespread collaborations between community-based Head Start programs and state early childhood initiatives and policies. The project supports collaborations in eight priority areas. The following are examples of positive results in 2008:

- Improved access to health care services by working with state and county Health Department officials to update the "Lead Free is the Way to Bee" curriculum. Training was provided at an Oklahoma Association of Community Action Agencies conference.
- Improved collaborations with family support systems by dissemination of information to collaboration partners on plans by the Oklahoma Family Resource Coalition and the Family Support and Prevention Service with the Oklahoma State Department of Health to celebrate Oklahoma Family Week.
- Improved availability, accessibility, and quality of childcare by working with the Smart Start Oklahoma "Ready Schools Action Team" to address the needs of schools so that they are better prepared for children who arrive at school "ready to learn."
- Expanded and improved opportunities in early childhood programs by presenting with a panel on Core Competencies at the Early Childhood Association of Oklahoma annual conference. The Core Competencies were published on the Web site of the Oklahoma Association of Community Action Agencies (www.okacaa.org) for easy review.
- Improved collaborations among community partners by working with the State Superintendent for Public Instruction to develop a memo to be sent to public school districts concerning the Head Start requirement to develop local memorandums of understanding with school districts in their service areas.

OKLAHOMA HEAD START STATE COLLABORATION OFFICE - continued

- Improved access to family literacy services by sending the State Director to the National Dual Language Institute in Washington, D.C.
- Improved opportunities for children with disabilities by working with the Children’s Oral Health Coalition to publish “Oral Health Care for Children with Special Health Care Needs: A Guide for Family Members/Caregivers and Dental Providers.” The Web based guide is designed to be a tool kit for family members and caregivers to help provide good oral care for children they care for. A pocket-size version is also designed to be a quick reference for dental providers on how to best provide oral care for children with special health care needs.
- Ensured coordination of services and support for homeless children by the State Director’s presentation in a panel session on Head Start services for homeless children and families during the two-day Homeless Conference.

OKLAHOMA ASSOCIATION OF COMMUNITY ACTION AGENCIES

The Oklahoma Association of Community Action Agencies (OKACAA) is a multifaceted private nonprofit organization, dedicated to empowering individuals and strengthening the community action network. Services offered by OKACAA include policy development and analysis, professional development training and information, program technical assistance, and advocacy.

OKACAA houses the Oklahoma Head Start State Collaboration Office and administers the Head Start State Collaboration grant through a contract with the Oklahoma Department of Commerce. This location integrates Head Start with other services targeted to economically disadvantaged persons and makes it possible to attract the resources required to facilitated collaborations and partnerships.

Since its founding in 1966, OKACAA has played a leadership role in securing a number of significant grants for Oklahoma’s economically disadvantaged residents, including those with disabilities, in the areas of housing, education, employment, nutrition, transportation, health and early care and education.

Oklahoma’s 20 Community Action Agencies are locally managed with volunteer boards of directors that include persons with low incomes, public officials, and representatives from the private sector. These agencies use a broad range of strategies to help address family and community needs.

Kay C. Floyd, State Director
Oklahoma Head Start State Collaboration Office
Oklahoma Association of Community Action Agencies
2800 N.W. 36th St., Suite 221
Oklahoma City, OK 73112
(405) 949-1495 www.okacaa.org

OVERVIEW OF NEEDS ASSESSMENT ACTIVITIES

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RATIONALE FOR DATA COLLECTION

The Improving Head Start for School Readiness Act of 2007 requires the Head Start State Collaboration Office to conduct a needs assessment of Head Start grantees in the areas of coordination, collaboration, alignment of services, and alignment of curricula and assessments. The Head Start State Collaboration Office is to use the results of the needs assessment to develop a strategic plan outlining how it will assist and support Head Start grantees meet the requirements of the Act for coordination, collaboration, transition to elementary school, and alignment with K-12 education.

All 22 Region VI Head Start and Early Head Start programs supplied data for this report. Twelve of the 15 Region XI American Indian programs provided data for this report. One Region XII Migrant-Seasonal program provided data.

SURVEY INSTRUMENT

Oklahoma's Head Start State Collaboration Office utilized an online survey program called SurveyMonkey to collect data for agencies under Region VI. Data was compiled and analyzed by Kay C. Floyd, State Director, and Bob Brandenburg from the Oklahoma Head Start State Collaboration Office. Data for Region XI agencies was compiled by Brian Richmond who is the Head Start Collaboration Director in Washington, D.C., for the American Indian/Alaska Native Head Start programs. Mary Alice Reyes with Texas Migrant Council in Laredo, Texas, is the contact for the data for the Region XII Migrant-Seasonal Head Start program.

The report summarizes the findings from the needs assessment survey of Head Start programs in Oklahoma. The purpose of the survey was to gather information on cooperation, coordination and collaboration in key areas. The 8 priority areas are: 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; and 8) Professional Development. In addition, the survey included sections that covered the areas of Head Start Pre-K Partnership Development and Head Start Transition Alignment with K-12.

There were three parts to the survey. The first part of the survey was designed to capture rate of involvement by Head Start programs with service providers and organizations by content area. The definitions for the levels of involvement are as follows:

No working relationship. There is little or no contact between a Head Start program and the various providers or organizations. They do not make referrals, do not work together on projects or activities, and do not share information.

Cooperation. Programs exchange information with providers and organizations. An example of cooperation could include making and receiving referrals.

Coordination. Head Start programs work on projects and activities with the various providers and organizations. An example would be where a service provider offers screenings for children at a Head Start center.

Collaboration. This represents the greatest level of involvement in which the Head Start program shares resources and/or has formal, written agreements. Examples could include co-funded staff or building costs, joint grant funding for a new initiative, or a memorandum of understanding on transition.

SURVEY INSTRUMENT - continued

The second part of the survey was designed to collect information regarding the level of difficulty each program has had in engaging in each of a variety of activities and partnerships. The scale of difficulty included:

- Not at all difficult
- Somewhat difficult
- Difficult
- Extremely difficult

The third part included two open-ended questions at the end of each section to document any remaining concerns and to give responding programs an opportunity to document what was working well, and to indicate if any of these successful strategies may be helpful to other programs.

Data was placed in Excel spreadsheets and incorporated into this report. Where appropriate to illustrate the responses, graphs were developed. Responses to the open-ended questions incorporated into the data analysis process.

DATA RESPONSES

HEALTH CARE SERVICES

Limited resources for oral health care for preschool children in rural areas were a concern to several programs responding to the survey. Some reported few dentists would accept Medicaid which places additional burdens on economically disadvantaged families. Other concerns focused on lead screenings. There were comments about physicians not understanding the need for Head Start children to be screened for lead. One program noted that some physicians in its area do not want to do lead screenings and the health department does not want to do them either. Other challenges included scheduling medical appointments around parents' work schedules and getting parents to continue with follow-up appointments. Language barriers for Hispanic families trying to communicate with medical providers was another issue. Limited mental health resources and difficulty getting services for special needs children in small rural communities were cited by programs responding to the survey.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Medical home providers	0.0% (0)	36.4% (8)	45.5% (10)	18.2% (4)
Dental home providers for treatment and care	0.0% (0)	22.7% (5)	45.5% (10)	31.8% (7)
State agency(ies) providing mental health prevention and treatment services	4.5% (1)	36.4% (8)	18.2% (4)	40.9% (9)
Local agencies providing mental health prevention and treatment	0.0% (0)	18.2% (4)	31.8% (7)	50.0% (11)
Agencies/programs that conduct mental health screenings	9.1% (2)	27.3% (6)	31.8% (7)	31.8% (7)
WIC (Women, Infant and Children)	0.0% (0)	50.0% (11)	22.7% (5)	27.3% (6)
Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	9.1% (2)	27.3% (6)	40.9% (9)	22.7% (5)
Children's health education providers (e.g., Child Care Resource and Referral, community-based training)	13.6% (3)	31.8% (7)	50.0% (11)	4.5% (1)
Parent health education providers	0.0% (0)	31.8% (7)	59.1% (13)	9.1% (2)
Home-visiting providers	57.1% (12)	19.0% (4)	19.0% (4)	4.8% (1)
Community Health Centers	4.5% (1)	31.8% (7)	45.5% (10)	18.2% (4)
Public health services	0.0% (0)	9.1% (2)	54.5% (12)	36.4% (8)
Programs/services related to children's physical fitness and obesity prevention	22.7% (5)	18.2 (4)	45.5% (10)	13.6% (3)

Several programs reported successes in partnering with local health care providers. One program reported a local medical group set aside two full days to provide complete physicals for Head Start children. Another program reported a pediatric dentist volunteers to do the dental screenings. One program reported providing basic screenings while parents were completing the "Intake" process.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Linking children to medical home	31.8% (7)	68.2% (15)	0.0% (0)	0.0% (0)
Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	54.5% (12)	45.5% (10)	0.0% (0)	0.0% (0)
Linking children to dental homes that serve young children	31.8% (7)	40.9% (9)	13.6% (3)	13.6% (3)
Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	63.6% (14)	18.2% (4)	18.2% (4)	0.0% (0)
Getting children enrolled in Medicaid or CHIP (Children's Health Insurance Program)	54.5% (12)	36.4% (8)	9.1% (20)	0.0% (0)

HEALTH CARE SERVICES - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Arranging coordinated services for children with special health care needs	36.4% (8)	45.5% (10)	9.1% (2)	9.1% (2)
Assisting parents to communicate effectively with medical/dental providers	18.2% (4)	59.1% (13)	22.7% (5)	0.0% (0)
Assisting families to get transportation to appointments	45.5% (10)	36.4% (8)	18.2% (4)	0.0% (0)
Getting full representation and active commitment on your Health Advisory Committee	54.5% (12)	27.3% (6)	18.2% (4)	0.0% (0)
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.)	45.5% (10)	27.3% (6)	27.3% (6)	0.0% (0)
Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	38.1% (8)	57.1% (12)	4.8% (1)	0.0% (0)

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

Most involvement came in the form of cooperation with local programs serving families experiencing homelessness, and local housing agencies and planning groups. Survey respondents commented that some families who are considered homeless by federal law do not consider themselves homeless because they are staying with friends or family members. One program said there are parents who are in denial and afraid to ask for assistance. Another issue is that parents who have criminal histories are unable to access community resources. It is a challenge for some grantees to identify homeless families because they are transitional.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Local McKinney-Vento liaison	54.5% (12)	36.4% (8)	4.5% (1)	4.5% (1)
Local agencies serving families experiencing homelessness	9.1% (2)	45.5% (10)	27.3% (6)	18.2% (4)
Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	22.7% (5)	40.9% (9)	22.7% (5)	13.6% (3)
Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness	61.9% (13)	28.6% (6)	4.8% (1)	4.8% (1)

Two-thirds of the responding programs reported no difficulty implementing policies and procedures to identify children experiencing homelessness so they can be prioritized for enrollment, and allowing families to enroll while required documents are obtained in a reasonable time frame. Engaging community partners in conducting staff cross training proved more difficult. What's working? Contacts with shelters, faith-based groups, the Department of Human Services, and housing programs. Agencies reported asking specific questions during the enrollment process and making the definition of homeless clear to the families and partners that the grantee works with during the year.

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	47.6% (10)	42.9% (9)	4.8% (1)	4.8% (1)
Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	66.7% (14)	28.6% (6)	4.8% (1)	0.0% (0)
Allowing families of children experiencing homelessness to apply to, enroll in, and attend Head Start while required documents are obtained within a reasonable time frame	66.7% (14)	33.3% (7)	0.0% (0)	0.0% (0)
Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	33.3% (7)	38.1% (8)	28.6% (6)	0.0% (0)
Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	14.3% (3)	38.1% (8)	33.3% (7)	14.3% (3)
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	42.9% (9)	38.1% (8)	14.3% (3)	4.8% (1)
In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	38.1% (8)	28.6% (6)	33.3% (7)	0.0% (0)

FAMILY/CHILD ASSISTANCE

Over one-third of the responding programs reported having collaborations with the agency administering the Temporary Assistance for Needy Families and the Child Welfare programs. Over one-half of the responding programs reported cooperating with economic and community development councils and 52.4 percent said they were coordinating efforts with networks supporting foster and adoptive families. One responding program said that although collaboration between agencies has worked well, its biggest concern has been staying in contact with the case worker who has to consent to all services for children. Another reported difficulty for families trying to access the welfare system. One respondent questioned the need for Head Start to meet the Department of Human Services licensing requirements. The individual noted Head Start has agencies backing their programs that have experience in financial, purchasing, nutrition, education, parent involvement, social services, and management staff that go on routinely.

FAMILY/CHILD ASSISTANCE - continued

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
TANF (Temporary Assistance for Needy Families) agency	0.0% (0)	40.9% (9)	22.7% (5)	36.4% (8)
Employment & Training and Labor Services agencies	22.7% (5)	31.8% (7)	13.6% (3)	31.8% (7)
Economic and Community Development Councils	27.3% (6)	54.5% (12)	18.2% (4)	0.0% (0)
Child Welfare agency	0.0% (0)	18.2% (4)	45.5% (10)	36.4% (8)
Children's Trust agency	68.2% (15)	13.6% (3)	13.6% (3)	4.5% (1)
Services and networks supporting foster and adoptive families	0.0% (0)	27.3% (6)	50.0% (11)	22.7% (5)

Over 90 percent of the responding programs said they had no difficulty implementing policies to ensure children in the welfare system are prioritized for enrollment. Over two-thirds had no difficulty working together to recruit families receiving support services, establishing interagency partnership agreements, and exchanging information with other service providers. Several programs reported having good working relationships with county Department of Human Services (DHS) offices. Family Advocates serve on many boards in the counties served. Other respondents noted the importance of building a trusting relationship with families early. The Family Partnership Agreement works well to identify family strengths, address needs, and to establish and work toward goals. One program reported the local judicial system works with DHS to provide training on the importance of collaboration between Head Start and the assigned case worker so that the court system can actively assist in the connection.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Obtaining information and data for community assessment and planning	54.5% (12)	36.4% (8)	9.1% (2)	0.0% (0)
Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	68.2% (15)	27.3% (6)	4.5% (1)	0.0% (0)
Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	90.9% (20)	9.1% (2)	0.0% (0)	0.0% (0)
Establishing and implementing local interagency partnership agreements	72.7% (16)	22.7% (5)	4.5% (1)	0.0% (0)
Facilitating shared training and technical assistance opportunities	50.0% (11)	31.8% (7)	18.2% (4)	0.0% (0)
Getting involved in state level planning and policy development	31.8% (7)	36.4% (8)	27.3% (6)	4.5% (1)
Exchanging information on roles and resources with other service providers regarding family/child assistance services	68.2% (15)	13.6% (3)	18.2% (4)	0.0% (0)

CHILD CARE

Most of the responding programs either coordinated or collaborated with the state agency for child care, local child care programs, the Child Care Resource and Referral agencies, and higher education programs related to child care. Several programs outlined issues with child care providers. Some areas lacked facilities. In rural communities, one program reported little child care beyond the school year. Others reported child care was not available during evenings and weekends when many families work. One respondent expressed frustration getting a DHS contract for payment of child care. Another said child care providers could offer so much more to their families if the State of Oklahoma Child Care Division would align itself with Federal Regulations stating that parents getting child care assistance and Head Start in a one stop shop are not double dipping when both entities are paying for separate services.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
State agency for child care	31.8% (7)	13.6% (3)	22.7% (5)	31.8% (7)
Child Care Resource & Referral agencies	0.0% (0)	27.3% (6)	45.5% (10)	27.3% (6)
Local child care programs for full-year, full-day services	4.5% (1)	22.7% (5)	40.9% (9)	31.8% (7)
State or regional policy/planning committees that address child care issues	31.8% (7)	22.7% (5)	31.8% (7)	13.6% (3)
Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)	18.2% (4)	9.1% (2)	27.3% (6)	45.5% (10)

Over 40 percent of the responding programs said they had no difficulty establishing partnerships with child care providers, assisting families access full day full year service, aligning policies and practices with other service providers, sharing information on jointly served children, and exchanging information on resources with other providers. Many of the programs commenting on what works well cited the quality partnerships with child care centers. One program noted the program partners with child care centers that offer before and after services that allows families to have full day services.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Establishing linkages/partnerships with child care providers	40.9% (9)	36.4% (8)	18.2% (4)	4.5% (1)
Assisting families to access full-day, full year services	40.9% (9)	36.4% (8)	18.2% (4)	4.5% (1)
Aligning policies and practices with other service providers	40.9% (9)	36.4% (8)	22.7% (5)	0.0% (0)
Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	40.9% (9)	36.4% (8)	18.2% (4)	4.5% (1)
Exchanging information on roles and resources with other providers/organizations regarding child care and community needs assessment	63.6% (14)	22.7% (5)	13.6% (3)	0.0% (0)

FAMILY LITERACY SERVICES

Coordination or collaboration were reported by several programs with services to promote parent/child literacy interaction, public libraries, parent education programs, and public/private sources that provide book donations or funding for books. Lack of access to literacy programs, funding, and parental involvement were cited by some programs as issues. One noted it is difficult to recruit parents who need literacy service; they begin, but seldom follow through. Others commented that adult education services need improvement to meet family needs such as providing child care. One responder wrote that one issue is the misconception that family literacy is primarily a General Equivalency Diploma program; most parents do not understand the comprehensive approach to the family literacy program.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Dept. of Education's Family Literacy program (Title 1, Part A)	54.5% (12)	31.8% (7)	4.5% (1)	9.1% (2)
Employment and Training programs	5.0% (1)	70.0% (14)	10.0% (2)	15.0% (3)
Adult Education	4.5% (1)	36.4% (8)	45.5% (10)	13.6% (3)
English Language Learner programs & services	9.1% (2)	36.4% (8)	45.5% (10)	9.1% (2)
Services to promote parent/child literacy interaction	0.0% (0)	13.6% (3)	40.9% (9)	45.5% (10)
Parent education programs/services	0.0% (0)	22.7% (5)	40.9% (9)	36.4% (8)
Public libraries	0.0% (0)	9.1% (2)	36.4% (8)	54.5% (12)
School libraries	19.0% (4)	23.8% (5)	52.4% (11)	4.8% (1)
Public/private sources that provide book donations or funding for books	9.1% (2)	4.5% (1)	59.1% (13)	27.3% (6)
Museums	47.6% (10)	42.9% (9)	9.5% (2)	0.0% (0)
Reading Readiness programs	25.0% (5)	15.0% (3)	40.0% (8)	20.0% (4)
Higher education programs/services/re-sources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	22.7% (5)	13.6% (3)	45.5% (10)	8.2% (4)
Provider of services for children and families who are English language learners (ELL)	18.2% (4)	45.5% (10)	31.8% (7)	4.5% (1)
Even Start (Family Literacy Program)	77.3% (17)	0.0% (0)	13.6% (3)	9.1% (2)

A majority of programs reported no difficulty incorporating family literacy into programs and practices or exchanging information with other providers. Collaborations with Smart Start, Early Reading First, Raising a Reader program, and public libraries were cited by programs as successful efforts. Another reported Parent and Child Time Together activities have been well received. Another program reported providing in-house family literacy activities on a monthly basis.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Recruiting families for Family Literacy Services	13.6% (3)	63.6% (14)	22.7% (5)	0.0% (0)
Educating others (e.g., parents, the community) about the importance of family literacy	31.8% (7)	54.5% (12)	13.6% (3)	0.0% (0)
Establishing linkages/partnerships with key literacy providers	38.1% (8)	52.4% (11)	4.8% (1)	4.8% (1)
Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	45.5% (10)	36.4% (8)	9.1% (2)	9.1% (2)
Incorporating family literacy into your program policies and practices	77.3% (17)	22.7% (5)	0.0% (0)	0.0% (0)
Exchanging information with other providers/organizations regarding roles and resources related to family literacy	54.5% (12)	45.5% (10)	0.0% (0)	0.0% (0)

SERVICES FOR CHILDREN WITH DISABILITIES

A majority of programs responding reported collaborations with local providers for IDEA as well as the state lead agency. Limitations on resources were cited by several programs commenting on issues impacting their ability to provide services to children with special needs. One noted limited health service resources for families and children. Another cited the challenge of getting one-on-one staff for every child that needs one. A third said providing teachers and parents with additional outside resources to assist children with special needs was an issue. Others reported getting parents to follow through, and lack of training or parent support groups as challenges faced in their service areas.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
State Lead Agency for IDEA Part B/619 (to serve children 3 through 5)	14.3% (3)	38.1% (8)	19.0% (4)	28.6% (6)
Local providers (LEA) for IDEA Part B/619	0.0% (0)	14.3% (3)	19.0% (4)	66.7% (14)
State Education Agency - other programs/services (Section 504, special projects re: children with disabilities, etc.)	9.5% (2)	38.1% (8)	23.8% (5)	28.6% (6)
State Lead Agency for IDEA Part C (to serve children 0-3 with disabilities)	4.8% (1)	14.3% (3)	28.6% (6)	52.4% (11)
Local providers for IDEA Part C	0.0% (0)	4.8% (1)	33.3% (7)	61.9% (13)
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.)	23.8% (5)	52.4% (11)	19.0% (4)	4.8% (1)
State-funded programs for children with disabilities and their families (developmental services agencies)	4.8% (1)	38.1% (8)	28.6% (6)	28.6% (6)
University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disabilities/others)	52.4% (11)	28.6% (6)	19.0% (4)	0.0% (0)
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)	25.0% (5)	40.0% (8)	25.0% (5)	10.0% (2)

Most programs indicated they had no difficulty coordinating services with Part C providers, sharing information on jointly served children, and with transition of special services for preschool children to kindergarten. Nearly 48 percent of the programs responding indicated some difficulty in obtaining timely evaluations of children. There were many comments about what is working. Collaboration with the SoonerCare service and public schools is a strength in the rural area we serve, one noted. Another wrote that it worked closely with collaboration partners to provide seamless services to children with disabilities. Many of the centers are located in the Local Education Agency (LEA). Others spoke of positive working relationships with the LEAs.

SERVICES FOR CHILDREN WITH DISABILITIES - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Obtaining timely evaluations of children	33.3% (7)	47.6% (10)	9.5% (2)	9.5% (2)
Having staff attend IEP or IFSP meetings	76.2% (16)	9.5% (2)	14.3% (3)	0.0% (0)
Coordinating services with Part C providers	70.0% (14)	30.0% (6)	0.0% (0)	0.0% (0)
Coordinating services with Part B/619 providers (LEA)	66.7% (14)	28.6% (6)	0.0% (0)	4.8% (1)
Sharing data/information on jointly served children (assessments, outcomes, etc.)	75.0% (15)	20.0% (4)	5.0% (1)	0.0% (0)
Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families	66.7% (14)	23.8% (5)	9.5% (2)	0.0% (0)
Connecting families of children with disabilities or special health care needs with support groups	33.3% (7)	47.6% (10)	19.0% (4)	0.0% (0)
Assisting families of children with disabilities or special health care needs to access state or privately funded parenting skills training and/or advocacy training programs	33.3% (7)	47.6% (10)	19.0% (4)	0.0% (0)
Finding training/professional development opportunities for disability staff	28.6% (6)	57.1% (12)	14.3% (3)	0.0% (0)
Transition of Early Intervention services for children at age 3 to LEA	66.7% (14)	19.0% (4)	14.3% (3)	0.0% (0)
Transition of special services for preschool age children to kindergarten	75.0% (15)	15.0% (3)	10.0% (2)	0.0% (0)

COMMUNITY SERVICES

The majority of respondents reported either cooperating or coordinating with substance abuse, child abuse, and domestic violence prevention or treatment service providers. Collaboration was reported by 28.6% of the respondents with emergency services providers. Issues identified by responding programs focused on the lack of available emergency resources, housing and utility assistance, resources for undocumented families, and difficulty in accessing domestic violence resources in rural areas.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Law Enforcement	9.5% (2)	33.3% (7)	52.4% (11)	4.8% (1)
Providers of substance abuse prevention/treatment services	9.5% (2)	42.9% (9)	33.3% (7)	14.3% (3)
Providers of child abuse prevention/treatment services	0.0% (0)	28.6% (6)	52.4% (11)	23.8% (5)
Providers of domestic violence prevention/treatment services	9.5% (2)	28.6% (6)	42.9% (9)	19.0% (4)
Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	14.3% (3)	57.1% (12)	23.8% (5)	4.8% (1)
Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plan)	4.8% (1)	38.1% (8)	28.6% (6)	28.6% (6)

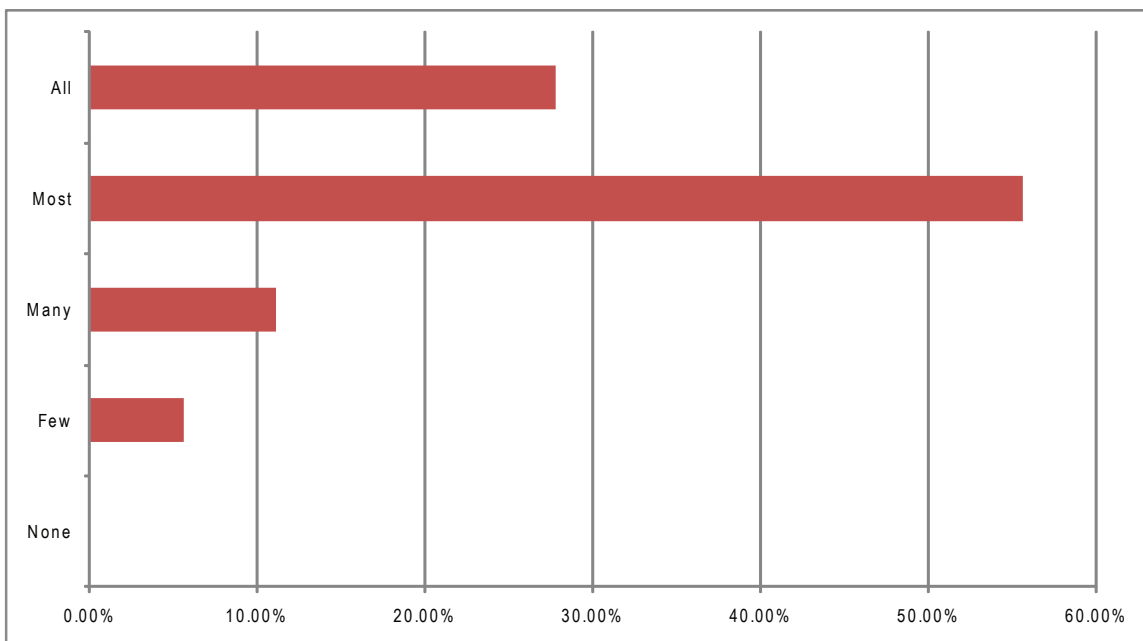
COMMUNITY SERVICES - continued

Most programs reported no difficulty establishing partnerships with public resources for prevention and treatment services, and outreach activities. Most were exchanging information on roles and resources with other providers. Obtaining in-kind services seemed to provide the greatest difficulty with about 65 percent reporting it was somewhat difficult or difficult. Commenting on what's working, one respondent reported attending interagency meetings in its service area to learn of resources or new services provided by other agencies, and also share what new with their program. Others wrote about serving on other community boards. One specifically mentioned coordination within the agency to be a one-stop shop for families in need.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Establishing linkages/partnerships with law enforcement agencies	66.7% (14)	28.6% (6)	4.8% (1)	0.0% (0)
Establishing linkages/partnerships with public resources (tribal, county, city, state, etc.) regarding prevention/treatment services	57.1% (12)	33.3% (7)	9.5% (2)	0.0% (0)
Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	42.9% (9)	38.1% (8)	19.0% (4)	0.0% (0)
Partnering with service providers on outreach activities for eligible families	57.1% (12)	38.1% (8)	4.8% (1)	0.0% (0)
Obtaining in-kind community services for the children/families in your program	33.3% (7)	42.9% (9)	23.8% (5)	0.0% (0)
Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	42.9% (9)	52.4% (11)	4.8% (1)	0.0% (0)
Exchanging information on roles and resources with other providers/organizations regarding community services	71.4% (15)	23.8% (5)	4.8% (1)	0.0% (0)

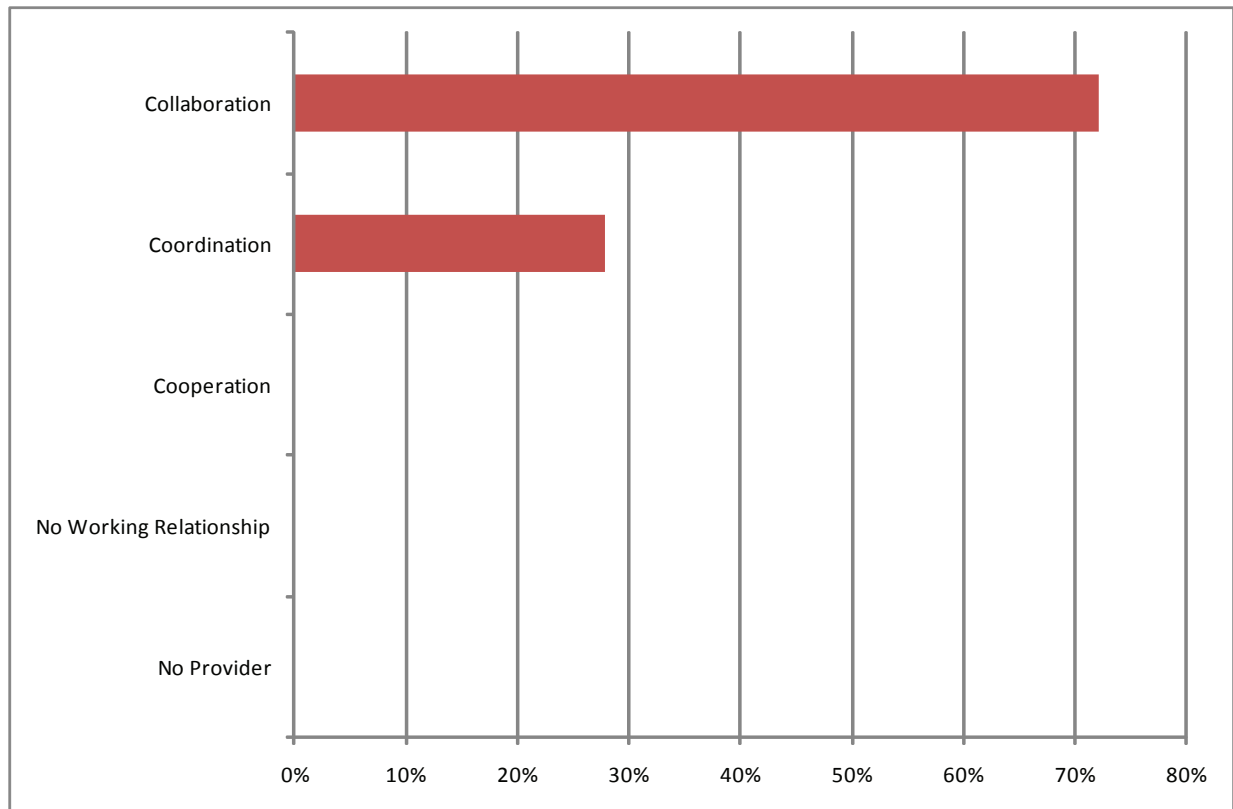
PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES (SCHOOL DISTRICTS)

Ten of the 18 agencies responding to the survey said they had Memorandums of Understanding signed with most of the local school districts responsible for managing publicly funded preschool programs in their service area which include plans to coordinate activities. Five agencies said they had MOUs with all of the school districts.



PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES (SCHOOL DISTRICTS) - continued

Collaborations were reported by 73.7 percent of the responding programs rating involvement with the appropriate school districts that provide publicly funded preschool programs with whom the programs are to develop a Memorandum of Understanding. The remaining 26.3 percent described their involvement as coordination.



The Memorandum of Understanding with publicly funded Pre-K programs must include a review of, and plans to coordinate in 10 areas. A majority of the 20 responding programs indicated some difficulty in coordinating in areas of educational activities, staff training, and meeting needs of working parents. Concerns expressed by respondents included a lack of understanding of Head Start by LEAs, different regulations, and the unwillingness to respond to contacts. One program expressed concern about transportation. Without the transportation waiver, service in rural areas will be hindered.

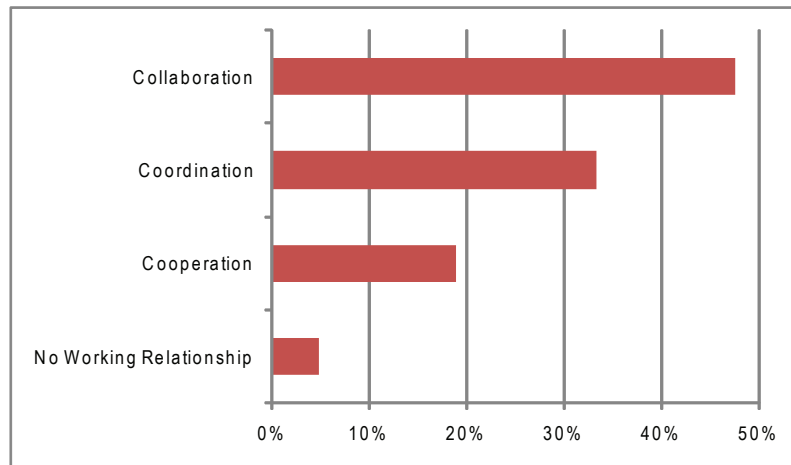
	Not Applicable	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Educational activities, curricular objectives and instruction	20.0% (4)	20.0% (4)	30.0% (6)	30.0% (6)	0.0% (0)
Information, dissemination and access to families contacting Head Start of other preschool programs	30.0% (6)	45.0% (9)	25.0% (5)	0.0% (0)	0.0% (0)
Selection priorities for eligible children served	25.0% (5)	40.0% (8)	30.0% (6)	5.0% (1)	0.0% (0)
Service area	35.0% (7)	55.0% (11)	10.0% (2)	0.0% (0)	0.0% (0)
Staff training, including opportunities for joint staff training	20.0% (4)	20.0% (4)	30.0% (6)	30.0% (6)	0.0% (0)
Program technical assistance	30.0% (6)	20.0% (4)	30.0% (6)	20.0% (4)	0.0% (0)
Provision for services to meet needs of working parents	20.0% (4)	20.0% (4)	40.0% (8)	20.0% (4)	0.0% (0)
Communications and parent outreach for transition to kindergarten	25.0% (5)	60.0% (12)	10.0% (2)	5.0% (1)	0.0% (0)
Provision and use of facilities, transportation, etc.	25.0% (5)	35.0% (7)	35.0% (7)	5.0% (1)	0.0% (0)
Other elements mutually agreed to by the parties to the MOU	30.0% (6)	40.0% (8)	30.0% (6)	0.0% (0)	0.0% (0)

PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES (SCHOOL DISTRICTS) - continued

Observations by respondents about what's working well focused on developing relationships with LEAs and the importance of communications. One respondent noted it had over 20 years of experience in partnerships with public school districts which have resulted in an enormous positive for the rural program in services to children and families. Another noted it collaborated with 16 LEAs in Pre-K services which allows for full-day classes and allows for more children to be enrolled than the program is federally funded for in Head Start. Another noted the benefit of using public school facilities. By pooling resources, programs can be expanded and enhanced for children and families. Open communications, collaboration and strong partnership was listed by one program. Another program reported it is able to serve some children that perhaps would not be served by partnering with the 4 year old programs.

HEAD START TRANSITION AND ALIGNMENT WITH K-12

Nearly 48 percent of the 21 responding programs described their relationship with LEAs regarding transition from Head Start to kindergarten as a collaboration. One-third described it as a coordination.



Slightly over one-half of the responding programs reported some difficulty in establishing and implementing comprehensive transition policies and linking LEA and Head Start services relating to language, numeracy, and literacy. One issue raised by respondents involved alignment of curricula between Head Start and school districts. Aligning with the state is not difficult with learning standards, one noted, but aligning with individual school districts can be difficult because they each have different curriculum and assessments.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school	66.7% (14)	23.8% (5)	4.8% (1)	4.8% (1)
Ongoing communications with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	38.1% (8)	42.9% (9)	19.0% (4)	0.0% (0)
Establishing and implementing comprehensive transition policies and procedures with LEAs	47.6% (10)	52.4% (11)	0.0% (0)	0.0% (0)
Linking LEA and Head Start services relating to language, numeracy and literacy	38.1% (8)	57.1% (12)	4.8% (1)	0.0% (0)
Align Head Start curricula and assessments with head Start Child Outcomes Framework	47.6% (10)	38.1% (8)	14.3% (3)	0.0% (0)
Aligning Head Start curricula with State Early Learning Standards	61.% (13)	23.8% (5)	14.3% (3)	0.0% (0)

HEAD START TRANSITION AND ALIGNMENT WITH K-12 - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	47.6% (10)	47.6% (10)	4.8% (1)	0.0% (0)
Coordinating transportation with LEAs	40.0% (8)	45.0% (9)	10.0% (2)	5.0% (1)
Coordinating shared use of facilities with LEAs	47.6% (10)	47.6% (10)	4.8% (1)	0.0% (0)
Coordinating with LEAs regarding other support services for children and families	30.0% (6)	55.0% (11)	10.0% (2)	5.0% (1)
Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	52.4% (11)	47.6% (10)	0.0% (0)	0.0% (0)
Establishing policies and procedures that support children transition to school that includes engagement with LEA	61.9% (13)	38.1% (8)	0.0% (0)	0.0% (0)
Helping parents of limited English proficient children understand instructional and other information and services provided by school	14.3% (3)	57.1% (12)	14.3% (3)	0.0% (0)
Exchanging information with LEAs on roles, resources and regulations	38.1% (8)	71.4% (15)	4.8% (1)	0.0% (0)
Aligning curricula and assessment practices with LEAs	19.0% (4)	61.9% (13)	19.0% (4)	0.0% (0)
Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	23.8% (5)	28.6% (6)	42.9% (9)	4.8% (1)

What's working well? Suggestions included sending transition packets to the public schools with information helpful in making a smooth transition; having children visit the schools to see their classrooms for the next school year; inviting kindergarten teachers and PTA representatives to provide information at Head Start parent meetings; and establishing guidelines related to transfer of student records. Again, communications - being positive and communicate with the public school willing to listen and work along with them.

PROFESSIONAL DEVELOPMENT

A majority of the responding programs described their relationship with providers and organizations as one of coordination. Over one-half worked with providers to obtain training through on-line courses, and from the Child Care Resource & Referral Network, Head Start and other Training and Technical Assistance Networks. The principal issue facing programs was providing time for staff to attend courses during working hours. One program noted training staff is difficult due to staff-child ratio. Another noted problems in providing professional development for staff working in full day, full year classrooms. One mentioned the lack of 4-year colleges in their service areas and the higher cost of online classes.

PROFESSIONAL DEVELOPMENT - continued

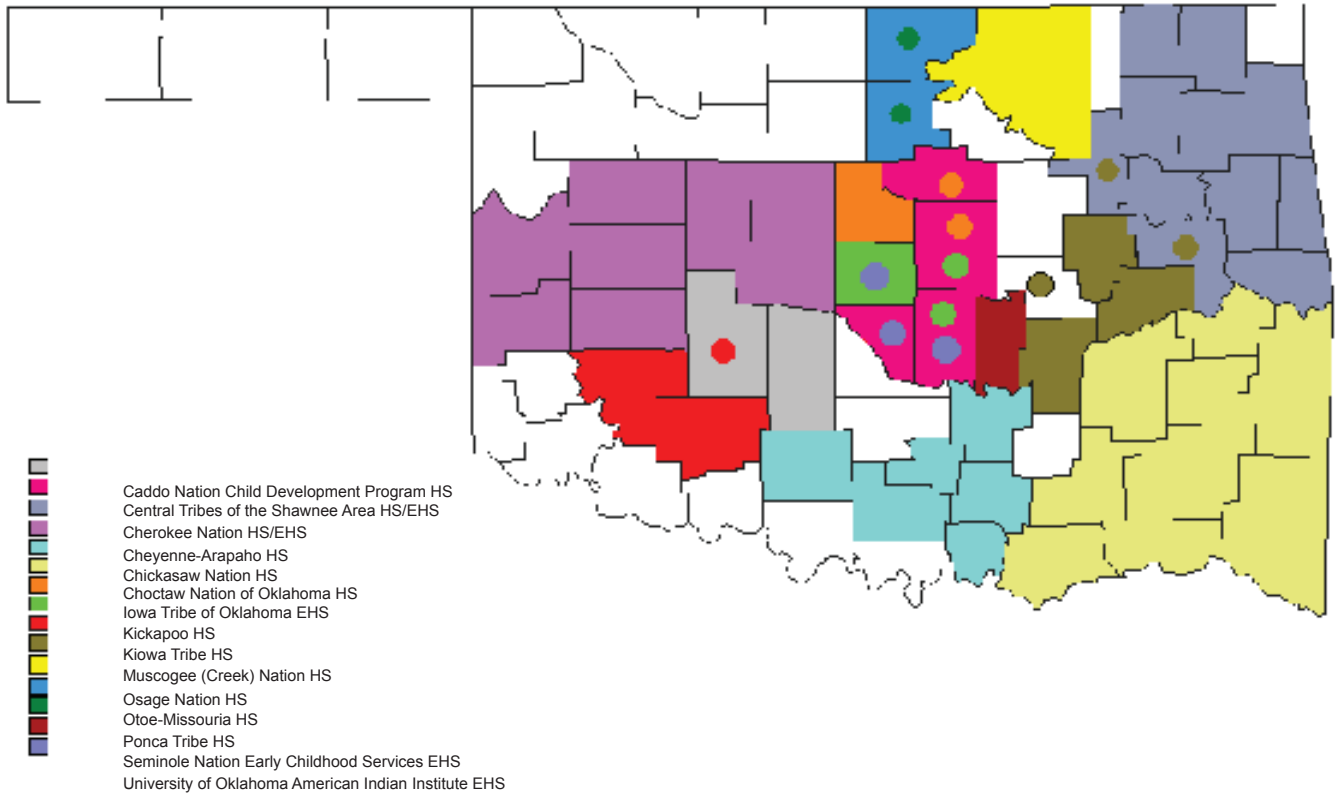
	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Institutions of Higher Education (4 year)	19.0% (4)	23.8% (5)	38.1% (8)	19.0% (4)
Institution of Higher Education (less than 4 year, e.g., community colleges)	4.8% (1)	23.8% (5)	42.9% (9)	28.6% (6)
On-line courses/programs	9.5% (2)	28.6% (6)	52.4% (11)	9.5% (2)
Child Care Resource & Referral Network	0.0% (0)	42.9% (9)	57.1% (12)	0.0% (0)
Head Start Training & Technical Assistance	0.0% (0)	4.8% (1)	61.9% (13)	33.3% (7)
Other Training and Technical Assistance	9.5% (2)	28.6% (6)	52.4% (11)	9.5% (2)
Service providers/organizations offering relevant training/technical assistance cross-training opportunities	9.5% (2)	38.1% (8)	42.9% (9)	9.5% (2)

Over six in ten programs responding said accessing scholarships and other financial support for professional development activities was somewhat difficult. Fifty-five percent said transferring credits between public institutions of learning and exchanging information on roles and resources with other providers was also somewhat difficult.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Transferring credits between public institutions of learning	5.0% (1)	55.0% (11)	35.0% (7)	5% (1)
Accessing early childhood education degree programs in the community	52.4% (11)	19.0% (4)	19.0% (4)	9.5% (2)
Accessing T & TA opportunities in the community (including cross-training)	31.6% (6)	47.4% (9)	21.1% (4)	0.0% (0)
Accessing scholarships and other financial support for professional development programs/activities	14.3% (3)	61.9% (13)	14.3% (3)	9.5% (2)
Staff release time to attend professional development activities	14.3% (3)	47.6% (10)	33.3% (7)	4.8% (1)
Accessing on-line professional development opportunities (e.g., availability of equipment, internet connections, etc.)	57.1% (12)	38.1% (8)	4.8% (1)	0.0% (0)
Exchanging information on roles and resources with other providers/ organizations regarding professional development	40.0% (8)	55.0% (11)	5.0% (1)	0.0% (0)

On-line courses were identified by several programs as helpful in providing professional development. Other programs commented about good working relationships with community colleges and four year colleges. One program reported on-site classes are available for staff wishing to complete their bachelors degree in early childhood education is available through a partnership with a university. A partnership with a technology center provides CDA instruction through classes or on-line. Serving on the advisory board of a college allows one program to have input on training needs. One program utilizes Master Teachers to assist with training for staff. Teachers create small group trainings at their sites based on the schedules of the site. The Department of Education has proven invaluable as a resource to address needs of one program's staff. There is also an in-house trainer qualified to teach CDA coursework and will soon be an adjunct professor with the local junior college.

REGION XI AMERICAN INDIAN HEAD START PROGRAMS



Caddo Nation Child Development Program HS
 (405) 247-6266

Central Tribes of the Shawnee Area Inc. EHS/HS
 (405) 275-4870

Cherokee Nation HS
 (918) 453-5757

Cheyenne-Arapaho HS
 (405) 422-7636

The Chickasha Nation HS
 (580) 421-7711

Choctaw Nation of Oklahoma HS
 (580) 924-8280

Iowa Tribe of Oklahoma EHS
 (405) 547-2402 x269

Kickapoo HS
 (580) 964-3676

Kiowa Tribe HS
 (580) 654-2300

Muscogee (Creek) Nation HS
 (918) 732-7893

Osage Nation HS
 (918) 287-5462

Otoe-Missouria HS
 (580) 723-4466 x226

Ponca Tribe HS
 (580) 762-7927

Seminole Nation Early Childhood Services HS/EHS
 (405) 382-4106

University of Oklahoma American Indian Institute EHS
 (405) 598-6094

HS - Head Start
 EHS - Early Head Start

HEALTH CARE

American Indian Head Start programs were asked to rate the extent of their involvement during the past 12 months with each of the health care providers or organizations. Over 45 percent of the 11 agencies responding reported having collaborations with dental home providers, agencies providing mental health related services, children's health education providers, and physical fitness and obesity related services. Issues identified by the responding programs included getting lead screenings completed and access to the results; need for additional education for families on the importance of keeping appointments; and the lack of access to mental health services in rural areas.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Medical home providers	9.1% (1)	54.5% (6)	9.1% (1)	27.3% (3)
Dental home providers for treatment and care	0.0% (0)	36.4% (4)	18.2% (2)	45.5% (5)
State agency(ies) providing mental health prevention and treatment services	27.3% (3)	18.2% (2)	9.1% (1)	45.5% (5)
Local agencies providing mental health prevention and treatment	18.2% (2)	18.2% (2)	0.0% (0)	63.6% (7)
Agencies/programs that conduct mental health screenings	10.0% (1)	10.0% (1)	40.0% (4)	40.0% (4)
WIC (Women, Infant and Children)	27.3% (3)	18.2% (2)	9.1% (1)	45.5% (5)
Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	18.2% (2)	36.4% (4)	18.2% (2)	27.3% (3)
Children's health education providers (e.g., Child Care Resource and Referral, community-based training)	9.1% (1)	27.3% (3)	18.2% (2)	45.5% (5)
Parent health education providers	18.2% (2)	36.4% (4)	36.4% (4)	9.1% (1)
Home-visiting providers	44.4% (4)	33.3% (3)	0.0% (0)	22.2% (2)
Community Health Centers	27.3% (3)	18.2% (2)	18.2% (2)	36.4% (4)
Public health services	27.3% (3)	9.1% (1)	27.3% (3)	36.4% (4)
Programs/services related to children's physical fitness and obesity prevention	18.2% (2)	0.0% (0)	36.4% (4)	45.5% (5)

The majority of programs responding indicated little difficulty working with community partners on health issues for enrolled children and their families. Over one-half of the programs reported it was not at all difficult to link children to medical homes; get children enrolled in Medicaid or the Children's Health Insurance Program; assist families to get transportation to appointments; get full representation on their Head Advisory Committee; and share data on children and families jointly served by Head Start and other organizations. Access to Indian Health Service was identified as working well. One program reported having in-house staff to do health screenings. Another reported a very effective Health Advisory Council and Community Partnership workers as being helpful.

HEALTH CARE - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Linking children to medical home	54.5% (6)	27.3% (3)	18.2% (2)	0.0% (0)
Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	54.5% (6)	36.4% (4)	0.0% (0)	9.1% (1)
Linking children to dental homes that serve young children	54.5% (6)	36.4% (4)	0.0% (0)	9.1% (1)
Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	45.5% (5)	45.5% (5)	9.1% (1)	0.0% (0)
Getting children enrolled in Medicaid or CHIP (Children's Health Insurance Program)	45.5% (5)	45.5% (5)	9.1% (1)	0.0% (0)
Arranging coordinated services for children with special health care needs	63.6% (7)	27.3% (3)	9.1% (1)	0.0% (0)
Assisting parents to communicate effectively with medical/dental providers	9.1% (1)	63.6% (7)	18.2% (2)	9.1% (1)
Assisting families to get transportation to appointments	54.5% (6)	9.1% (1)	18.2% (2)	18.2% (2)
Getting full representation and active commitment on your Health Advisory Committee	81.8% (9)	9.1% (1)	9.1% (1)	0.0% (0)
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.)	45.5% (5)	45.5% (5)	0.0% (0)	9.1% (1)
Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	45.5% (5)	36.4% (4)	18.2% (2)	0.0% (0)

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

There was little or no working relationship with service providers and organizations reported by the majority of responding programs. Cooperation, coordination and collaboration with local housing programs was reported by a few programs. One program commented that the LEAs, if they have McKinney-Ventos liaisons, have not been forthcoming on sharing that information with Head Start programs. One program which offers Early Head Start expressed concern that there are too few Head Start programs in the service area with citizens wait-listed. Another noted the application process is difficult and the waiting list long for housing.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Local McKinney-Vento liaison	83.3% (10)	8.3% (1)	8.3% (1)	0.0% (0)
Local agencies serving families experiencing homelessness	50.0% (6)	16.7% (2)	25.0% (3)	8.3% (1)
Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	50.0% (6)	33.3% (4)	8.3% (1)	8.3% (1)
Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness	100% (11)	0.0% (0)	0.0% (0)	0.0% (0)

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS - continued

All of the responding programs reported no difficulty in allowing families of children experiencing homelessness to enroll while required documents were obtained within a reasonable time frame. Nearly all responding agencies had implemented policies and procedures to identify and prioritize children experiencing homelessness for enrollment. Half of the programs obtained sufficient data for the annual community assessment, and entered into a memorandum of understandings with the local public preschool funded entities that included a plan for coordinating selection priorities for eligible children. Extended families were cited as a resource to combat homelessness. Another reported families experiencing homelessness in the service area are well served by both tribal and public housing authorities.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	50.0% (5)	20.0% (2)	30.0% (3)	0.0% (0)
Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	90.9% (10)	9.1% (1)	0.0% (0)	0.0% (0)
Allowing families of children experiencing homelessness to apply to, enroll in, and attend Head Start while required documents are obtained within a reasonable time frame	100.0% (11)	0.0% (0)	0.0% (0)	0.0% (0)
Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	54.5% (6)	36.4% (4)	9.1% (1)	0.0% (0)
Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	20.0% (2)	20.0% (2)	20.0% (2)	40.0% (4)
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	54.6% (6)	9.1% (1)	18.2% (2)	18.2% (2)
In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	30.0% (3)	30.0% (3)	20.0% (2)	20.0% (2)

FAMILY/CHILD ASSISTANCE PROGRAMS

The majority of responding programs used the term “cooperation” to describe their involvement with a number of family and child assistance programs. One-third of those responding reported cooperation, coordination, or collaboration with a child welfare agency and services and networks supporting foster and adoptive parents. One program reported Temporary Assistance for Needy Families is very hard to qualify for in Oklahoma. Paper work for state assistance is challenging. Some families are reluctant to seek assistance or make appointments. More information about resources is needed from the Department of Human Services.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share/resources/ agreements)
TANF (Temporary Assistance for Needy Families) agency	8.3% (1)	58.3% (7)	16.7% (2)	16.7% (2)
Employment & Training and Labor services agencies	16.7% (2)	50.0% (6)	25.0% (3)	8.3% (1)
Economic and Community Development Councils	16.7% (1)	41.7% (5)	25.0% (3)	16.7% (2)
Child Welfare agency	0.0% (0)	33.3% (4)	33.3% (4)	33.3% (4)
Children’s Trust agency	72.7% (7)	18.2% (2)	9.1% (1)	0.0% (0)
Services and networks supporting foster and adoptive families	0.0% (0)	33.3% (4)	33.3% (4)	33.3% (4)

The majority of programs responding indicated no difficulty in working with organizations providing child and family assistance programs. Over 80 percent reported no difficulty in implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment, and in establishing and implementing local interagency partnership agreements. One respondent commented that it would work better if they checked on families monthly to determine their needs instead of twice a year.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Obtaining information and data for community assessment and planning	58.3% (7)	33.3% (4)	8.3% (1)	0.0% (0)
Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	66.7% (7)	8.3% (1)	25.0% (3)	0.0% (0)
Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	83.3% (10)	16.7% (2)	0.0% (0)	0.0% (0)
Establishing and implementing local interagency partnership agreements	83.3% (10)	8.3% (1)	0.0% (0)	8.3% (1)
Facilitating shared training and technical assistance opportunities	54.5% (6)	27.3% (3)	18.2% (2)	0.0% (0)
Getting involved in state level planning and policy development	41.7% (5)	41.7% (5)	8.3% (1)	8.3% (1)
Exchanging information on roles and resources with other service providers regarding family/child assistance services	66.7% (8)	25.0% (3)	8.3% (1)	0.0% (0)

CHILD CARE

Four in ten of the programs responding reported no working relationship with the state agency for child care, state or regional policy/planning committees addressing child care issues, and higher education programs related to child care. One issue raised was that child care feels Head Start is in competition due to free services provided to families which makes collaboration difficult. Other concerns raised included a lack of child care centers in the area.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
State agency for Child Care	41.7% (5)	33.3% (4)	8.3% (1)	16.7% (2)
Child Care Resource & Referral agencies	25.0% (3)	33.3% (4)	33.3% (4)	8.3% (1)
Local child care programs for full-year, full-day services	16.7% (2)	25.0% (3)	41.7% (5)	16.7% (2)
State or regional policy/planning committees that address child care issues	41.7% (5)	16.7% (2)	25.0% (3)	16.7% (2)
Higher education programs/ services/resources related to child care (e.g., lab schools, student interns, cross-training)	41.7% (5)	8.3% (1)	33.3% (4)	16.7% (2)

One-half of the programs responding said they had no difficulty assisting families access full-day, full year services, and aligning policies and practices with other service providers. Over 70 percent said they shared data on children they jointly serve and exchange information on roles and resources with other providers regarding child care and community needs. Commenting on what's working, one program noted parent meetings work well even if attendance is low. Others commented on the benefits of child care provided for tribal members.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Establishing linkages/partnerships with child care providers	41.7% (5)	41.7% (5)	0.0% (0)	16.7% (2)
Assisting families to access full-day, full year services	50.0% (6)	25.0% (3)	16.7% (2)	8.3% (1)
Aligning policies and practices with other service providers	45.5% (5)	18.2% (2)	18.2% (2)	18.2% (2)
Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	72.7% (8)	0.0% (0)	9.1% (1)	18.2% (2)
Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	72.7% (8)	0.0% (0)	9.1% (1)	18.2% (2)

FAMILY LITERACY SERVICES

One-fourth of those responding reported collaborations with adult education, services that promote parent/child literacy, public libraries, reading readiness, and higher education programs related to family literacy. Issues identified by responding programs focused around parent involvement and educating parents on the importance of literacy in infants and toddlers. One program expressed concern that adult learners often have working hours that preclude participation in scheduled adult literacy opportunities.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Dept. of Education's Family Literacy program (Title 1, Part A)	50.0% (6)	33.3% (4)	8.3% (1)	8.3% (1)
Employment and Training programs	0.0% (0)	66.7% (8)	25.0% (3)	8.3% (1)
Adult Education	8.3% (1)	33.3% (4)	33.3% (4)	25.0% (3)
English Language Learner programs & services	33.3% (4)	33.3% (4)	16.7% (2)	16.7% (2)
Services to promote parent/child literacy interaction	16.7% (2)	41.7% (5)	16.7% (2)	25.0% (3)
Parent education programs/services	16.7% (2)	33.3% (4)	33.3% (4)	16.7% (2)
Public libraries	0.0% (0)	16.7% (2)	58.3% (7)	25.0% (3)
School libraries	41.7% (5)	25.0% (3)	25.0% (3)	8.3% (1)
Public/private sources that provide book donations or funding for books	27.3% (3)	18.2% (2)	36.4% (4)	18.2% (2)
Museums	41.7% (5)	33.3% (4)	25.0% (3)	0.0% (0)
Reading Readiness programs	41.7% (5)	25.0% (3)	8.3% (1)	25.0% (3)
Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	33.3% (4)	16.7% (2)	25.0% (3)	25.0% (3)
Provider of services for children and families who are English language learners (ELL)	50.0% (6)	33.3% (4)	8.3% (1)	8.3% (1)
Even Start (Family Literacy Program)	75.0% (9)	8.3% (1)	8.3% (1)	8.3% (1)

A majority of the responding programs reported no difficulty incorporating family literacy into their policies and practices. Establishing linkages with key literacy providers was not difficult for 54.6 percent of the responders. What's working? Family literacy is an agenda item for training during pre-service with Oklahoma Indian Head Start programs. One program cited family literacy grants from Early Reading First and Even Start along with an on-site library and resource center that families can utilize. Another listed the Reading Is Fundamental program. Literacy bags and great working relationships with local libraries were mentioned.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Recruiting families for Family Literacy Services	9.1% (1)	63.6% (7)	18.2% (2)	9.1% (1)
Educating others (e.g., parents, the community) about the importance of family literacy	45.5% (5)	27.3% (3)	18.2% (2)	9.1% (1)
Establishing linkages/partnerships with key literacy providers	54.5% (6)	36.4% (4)	9.1% (1)	0.0% (0)
Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	18.2% (2)	54.5% (6)	27.3% (3)	0.0% (0)
Incorporating family literacy into your program policies and practices	54.5% (6)	27.3% (3)	9.1% (1)	9.1% (1)
Exchanging information with other providers/organizations regarding roles and resources related to family literacy	36.4% (4)	45.5% (5)	18.2% (2)	0.0% (0)

SERVICES FOR CHILDREN WITH DISABILITIES

A majority of responding programs reported they were either coordinating or collaborating with service providers or organizations providing programs for children with disabilities. Over 50 percent of the responders had collaborations with state providers for IDEA Part B/619 and Part C. Many of the issues raised by responding programs focused relationships with LEAs. Some LEAs are not as cooperative as others and expect Head Start staff to do most of the work, one program noted. Another said the LEAs need to act timely on referrals. Building a relationship between Part C therapist and the child they are working with and not focusing on the process of what they are doing was suggested by one program.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
State Lead Agency for IDEA Part B/619 (to serve children 3 through 5)	36.4% (4)	9.1% (1)	18.2% (2)	36.4% (4)
Local providers (LEA) for IDEA Part B/619	16.7% (2)	25.0% (3)	8.3% (1)	50.0% (6)
State Education Agency - other programs/services (Section 504, special projects re: children with disabilities, etc.)	0.0% (0)	33.3% (4)	50.0% (6)	16.7% (2)
State Lead Agency for IDEA Part C (to serve children 0-3 with disabilities)	0.0% (0)	36.4% (4)	18.2% (2)	45.5% (5)
Local providers for IDEA Part C	0.0% (0)	33.3% (4)	16.7% (2)	50.0% (6)
Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Fam- ily Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	8.3 (1)	50.0% (6)	16.7% (2)	25.0% (3)
State-funded programs for children with disabilities and their families (developmental services agencies)	0.0% (0)	41.7% (5)	16.7% (2)	41.7% (5)
University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disabilities/others)	58.3% (7)	25.0% (3)	8.3% (1)	8.3% (1)
Non-Head Start councils, committees or work groups that address policy/pro- gram issues regarding children with disabilities (e.g., State/Local Inter- agency Coordinating Council, preschool special education work/advisory group)	45.5% (5)	27.3% (3)	18.2% (2)	9.1% (1)

Over 70 percent of the responding programs reported no difficulty in having staff attend IP and IFSP meetings, sharing data on jointly served children, and exchanging information on roles and resources with other providers regarding services for children with disabilities. Over 50 percent reported having some difficulty obtaining timely evaluations of children, coordinating services with Part C providers, and coordinating services with Part B/619 providers. Several programs commented on what is working well. Speech therapists are coming into the centers to meet the needs of the children. Public schools have provided special equipment. Another wrote the program has some very productive working relationships with LEAs and SoonerStart offices in some areas. Access to certain tribal programs can help families with some select needs when Medicaid and LEAs fail to meet those needs. Good communications with Part C therapists and resource coordinators was listed. Families are very involved in their child's services and goals, and allow us to play an active role in the process. Classroom staff are very willing to work and learn what is needed to assist in each child's development.

SERVICES FOR CHILDREN WITH DISABILITIES - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Obtaining timely evaluations of children	8.3% (1)	66.7% (8)	8.3% (1)	16.7% (2)
Having staff attend IEP or IFSP meetings	72.7% (8)	18.2% (2)	9.1% (1)	0.0% (0)
Coordinating services with Part C providers	40.0% (4)	50.0% (5)	0.0% (0)	10.0% (1)
Coordinating services with Part B/619 providers (LEA)	25.0% (2)	62.5% (5)	0.0% (0)	12.5% (1)
Sharing data/information on jointly served children (assessments, outcomes, etc.)	72.7% (8)	27.3% (3)	0.0% (0)	0.0% (0)
Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	72.8% (8)	18.2% (2)	0.0% (0)	9.1% (1)

COMMUNITY SERVICES

All of the programs reported they are working on some level with law enforcement. A majority worked with substance abuse, child abuse and domestic abuse prevention services. A small number of agencies reported no working relationship with private resources geared toward prevention and intervention, and emergency services providers. Issues mentioned by programs included the lack of needed resources in rural areas.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Law Enforcement	0.0% (0)	9.1% (1)	81.8% (9)	9.1% (1)
Providers of substance abuse prevention/treatment services	9.1% (1)	9.1% (1)	45.5% (5)	36.4% (4)
Providers of child abuse prevention/treatment services	0.0% (0)	18.2% (2)	45.5% (5)	36.4% (4)
Providers of domestic violence prevention/treatment services	0.0% (0)	27.3% (3)	45.5% (5)	27.3% (3)
Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	18.2% (2)	45.5% (5)	27.3% (3)	9.1% (1)
Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plan)	9.1% (1)	36.4% (4)	36.4% (4)	18.2% (2)

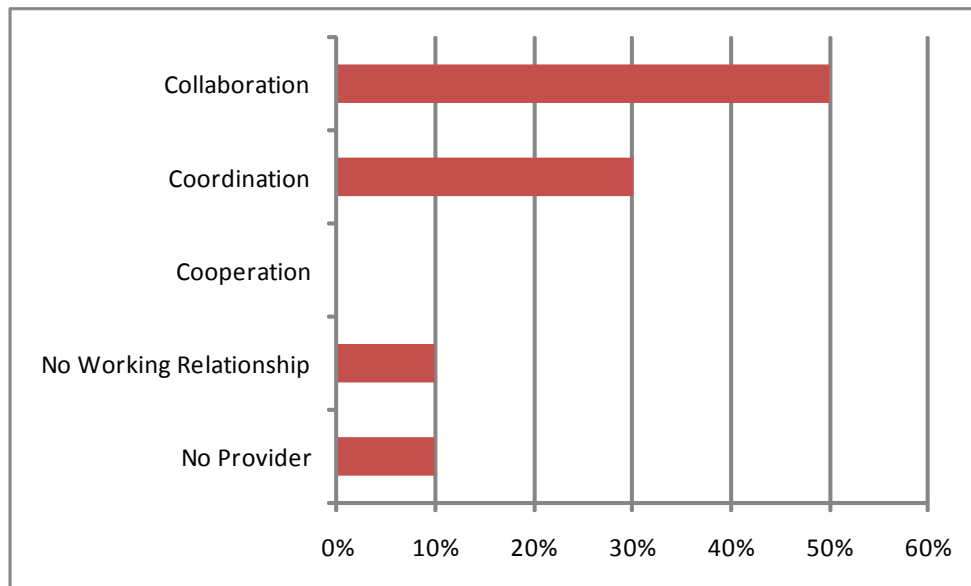
Over 80 percent of the programs responding indicated they had no difficulty establishing linkages with law enforcement agencies. Nine out of ten respondents reported no difficulty in establishing linkages with public resources. Over 50 percent said they were able to partner with service providers on outreach, obtain in-kind services, share data on prevention and treatment services for children jointly served, and exchange information on roles and resources regarding community services without difficulty. Several activities were cited as examples of what's working. One program reported having members from service areas on the Social Service Advisory Board come to quarterly meetings to discuss program needs. Another wrote annual parents training, collaboration with local agencies, and providing brochures and flyers to Head Start families is working. One noted the tribal government programs are easily accessible and cooperative, within guidelines and parameters of each program. Non-tribal services are as helpful as they can be with the funding levels that they must adhere to in their budgets. One program noted it has effective Family Partnership Agreements, an effective Social Service Advisory Committee, and effective Community Partnership Agreements.

COMMUNITY SERVICES - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Establishing linkages/partnerships with law enforcement agencies	81.8% (9)	18.2% (2)	0.0% (0)	0.0% (0)
Establishing linkages/partnerships with public resources (tribal, county, city, state, etc.) regarding prevention/treatment services	90.9% (10)	9.1% (1)	0.0% (0)	0.0% (0)
Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	45.5% (5)	45.5% (5)	9.1% (1)	0.0% (0)
Partnering with service providers on outreach activities for eligible families	63.6% (7)	18.2% (2)	18.2% (2)	0.0% (0)
Obtaining in-kind community services for the children/families in your program	54.5% (6)	9.1% (1)	18.2% (2)	18.2% (1)
Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	54.5% (6)	36.4% (4)	9.1% (1)	0.0% (0)
Exchanging information on roles and resources with other providers/organizations regarding community services	60.0% (6)	40.0% (4)	0.0% (0)	0.0% (0)

PUBLICLY FUNDED PRE-K PARTNERSHIP DEVELOPMENT

Programs were asked to rate the extent of their involvement with the appropriate local entity responsible for managing publicly funded preschool programs with whom the Head Start programs are to develop a Memorandum of Understanding regarding Pre-K services.



PUBLICLY FUNDED PRE-K PARTNERSHIP DEVELOPMENT - continued

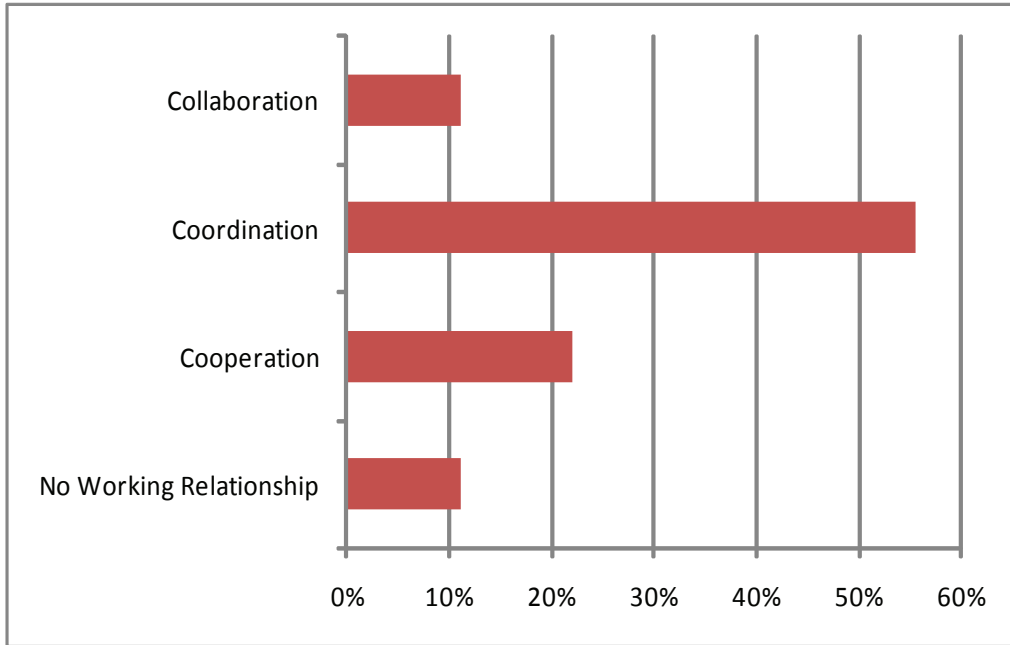
Head Start programs are required to have a Memorandum of Understanding with publicly-funded Pre-K programs (if there is such a provider in their service area). The MOU must include a review of, and plans to coordinate, as appropriate, 10 areas or activities listed below. Most respondents indicated no difficulty in coordinating the activities. Competition for children between public schools and Head Start programs resulting in an unwillingness by schools to collaborate was cited as a concern.

	Not Applicable	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Educational activities, curricular objectives and instruction	11.1% (1)	55.6% (5)	11.1% (1)	11.1% (1)	11.1% (1)
Information, dissemination and access to families contacting Head Start of other preschool programs	11.1% (1)	55.6% (5)	22.2% (2)	0.0% (0)	11.1% (1)
Selection priorities for eligible children served	22.2% (2)	33.3% (3)	22.2% (2)	0.0% (0)	22.2% (2)
Service areas	11.1% (1)	44.4% (4)	11.1% (1)	0.0% (0)	33.3% (3)
Staff training, including opportunities for joint staff training	0.0% (0)	55.6% (5)	11.1% (1)	11.1% (1)	22.2% (2)
Program technical assistance	11.1% (1)	44.4% (4)	22.2% (2)	0.0% (0)	22.2% (2)
Provision for services to meet needs of working parents	0.0% (0)	55.6% (5)	22.2% (2)	11.1% (1)	11.1% (1)
Communications and parent outreach for transition to kindergarten	11.1% (1)	66.7% (6)	11.1% (1)	0.0% (0)	11.1% (1)
Provision and use of facilities, transportation, etc.	11.1% (1)	55.6% (5)	11.1% (1)	0.0% (0)	22.2% (2)
Other elements mutually agreed to by the parties to the MOU	22.2% (2)	55.6% (5)	11.1% (1)	0.0% (0)	11.1% (1)

Asked what's working, one program reported the Local Education Agency (LEA) in its service area was willing to participate in transition to kindergarten activities as long as the activities were initiated and conducted by Head Start staff. Kindergarten teachers from some LEAs do participate in parent meetings concerning the transition process, in select areas. Another reported the LEA shares responsibility for providing supplies if not all the consumables.

HEAD START TRANSITION AND ALIGNMENT WITH K-12

Of the nine responding programs, 66.6 percent described their involvement with Local Education Agencies regarding transition from head Start to kindergarten as collaboration or coordination. Another 22.2 percent reported they exchanged information and made referrals.



Over one-half of the responding agencies reported no difficulty in partnering with LEAs to implement procedures to transfer Head Start program records to school, to link services related to language numeracy and literacy, align curricula with State Early Learning Standards, partner to assist transition to school, and coordinate shared use of facilities. Issues raised by programs included finding time when both programs can get together and an unwillingness of public schools to provide volunteer services without be requested to do so.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school	55.6% (5)	33.3% (3)	11.1% (1)	0.0% (0)
Ongoing communications with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	33.3% (3)	33.3% (3)	22.2% (2)	11.1% (1)
Establishing and implementing comprehensive transition policies and procedures with LEAs	44.4% (4)	22.2% (2)	33.3% (3)	0.0% (0)
Linking LEA and Head Start services relating to language, numeracy and literacy	55.6% (5)	22.2% (2)	22.2% (2)	0.0% (0)
Align Head Start curricula and assessments with head Start Child Outcomes Framework	55.6% (5)	11.1% (1)	33.3% (3)	0.0% (0)
Aligning Head Start curricula with State Early Learning Standards	66.7% (6)	0.0% (0) (1)	22.2% (2)	0.0% (0)

HEAD START TRANSITION AND ALIGNMENT WITH K-12 - continued

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	55.6% (5)	22.2% (2)	22.2% (2)	0.0% (0)
Coordinating transportation with LEAs	44.4% (4)	22.2%(2)	22.2% (2)	11.1% (1)
Coordinating shared use of facilities with LEAs	66.7% (6)	0.0% (0)	22.2% (2)	11.1% (1)
Coordinating with LEAs regarding other support services for children and families	44.4% (4)	22.2% (2)	33.3% (3)	0.0% (0)
Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	66.7% (6)	11.1% (1)	22.2% (2)	0.0% (0)
Establishing policies and procedures that support children's transition to school that includes engagement with LEA	33.3% (3)	33.3% (3)	33.3% (3)	0.0% (0)
Helping parents of limited English proficient children understand instructional and other information and services provided by school	44.4% (4)	0.0% (0)	55.6% (5)	0.0% (0)
Exchanging information with LEAs on roles, resources and regulations	44.4% (4)	22.2% (2)	33.3% (3)	0.0% (0)
Aligning curricula and assessment practices with LEAs	55.6% (5)	22.2% (2)	22.2% (2)	0.0% (0)
Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	44.4% (4)	22.2% (2)	22.2% (2)	11.1% (1)

Commenting on what's working, one program reported public school collaboration which houses Head Start centers on campus work well with regard to transition. Another reported providing each exiting student with a portfolio containing information that will be needed when they begin the transition process into the public school system. Transition meetings with LEAs and effective collaborations also work well.

PROFESSIONAL DEVELOPMENT

Cooperation and coordination were the most common relationships identified by programs to describe their involvement with educational providers during the past year. Time and financial resources needed to continue staff education were cited by several programs. One commented about difficulty getting child development specific classes at the higher education level in the service area.

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Institutions of Higher Education (4 year)	27.3% (3)	45.5% (5)	18.2% (2)	9.1% (1)
Institution of Higher Education (less than 4 year, e.g., community colleges)	36.4% (4)	27.3% (3)	18.2% (2)	18.2% (2)
On-line courses/programs	27.3% (3)	27.3% (3)	36.4% (4)	9.1% (1)
Child Care Resource & Referral Network	36.4% (4)	18.2% (1)	36.4% (4)	9.1% (1)
Head Start Training & Technical Assistance	0.0% (0)	0.0% (0)	54.5% (6)	45.5% (5)
Other Training and Technical Assistance	36.4% (4)	27.3% (3)	27.3% (3)	9.1% (1)
Service providers/organizations offering relevant training/technical assistance cross-training opportunities	9.1% (1)	54.5% (6)	27.3% (3)	9.1% (1)

A majority of respondents said they experienced some difficulty in transferring credits between public institutions of learning, but a like number said accessing early childhood degree programs in the community was not difficult. Over 45 percent of the responding programs reported finding it difficult or extremely difficult to provide staff release time to attend professional development programs. Some programs worked with a tribal college that provides basic classes and another college provides a teacher to come on-site. One suggested the Scholars Coordinator with the local community college as a good resource.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
Transferring credits between public institutions of learning	27.3% (3)	54.5% (6)	9.1% (1)	9.1% (1)
Accessing early childhood education degree programs in the community	54.5% (6)	27.3% (3)	0.0% (0)	18.2% (2)
Accessing Training and Technical Assistance opportunities in the community (including cross-training)	36.4% (4)	45.5% (5)	0.0% (0)	18.2% (2)
Accessing scholarships and other financial support for professional development programs/activities	45.5% (5)	27.3% (3)	9.1% (1)	18.2% (2)
Staff release time to attend professional development programs/activities	36.4% (4)	18.2% (2)	36.4% (4)	9.1% (1)
Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	45.5% (5)	36.4% (4)	9.1% (1)	9.1% (1)
Exchanging information on roles and resources with other providers/organizations regarding professional development	45.5% (5)	45.5% (5)	0.0% (0)	9.1% (1)

MIGRANT-SEASONAL HEAD START PROGRAM - REGION XII

The Migrant/Seasonal Head Start Program in Oklahoma is operated by the Texas Migrant Council of Laredo, Texas. The program is able to serves children and families who migrate to Oklahoma in spring – fall in the areas around Tahlequah (eastern) and Anadarko (western) parts of the state.

The Texas Migrant Council (TMC) has operated in Oklahoma for approximately the last three years, but has worked with the Head Start State Collaboration Office (HSSCO) since the initial planning for the services areas. This included conference calls with the Office of Head Start, HSSCO, TMC, and existing Head Start grantees in the same service areas.

The HSSCO and TMC continue to communicate as needed to ensure that linkages to state services are optimum. The most successful collaboration to date was the Office of Head Start Oral Health Grant, facilitated by the HSSCO, obtained by the Oklahoma Dental Foundation to provide dental treatment to TMC migrant children and families through the mobile dental program. Contacts were made with dental service providers in the local communities to initiate the dental home concept within the context of the mobile population being served.

The Oklahoma data gathered from the needs assessment was received in the original survey form, and since it was only from one grantee, the “Target Needs and Successes” table was developed directly from the survey (Table 3). The target needs of Region XII were incorporated into the “HSSCO Priorities for Strategic Plan of Work Based on Needs Assessment Results.”

TRENDS & IMPLICATIONS

Utilizing the cumulative data collected for Oklahoma grantees operating under Region VI, Region XI, and Region XII, “Target Needs and Successes Identified by HSSCO Needs Assessment” were identified for each of the regions (Tables 1, 2, and 3). The tables were then analyzed in order to facilitate establishing priorities for the work of the Head Start State Collaboration Office (HSSCO). The needs of the grantees were rank ordered by the degree to which each region revealed its greatest needs, and the focus was placed on those having the highest need in each of the ten assessment areas. The list of “HSSCO Priorities for Strategic Plan of Work Based on Needs Assessment Results” is Attachment 1.

Notable successes were also identified in each of the ten assessment areas so that models of good practice could be duplicated by other Head Start grantees as needed. These models or best practices can also be shared with other early childhood partners.

The list of prioritized needs of the grantees was used to modify the existing HSSCO Strategic Plan of Work – where possible and as time will allow for the rest of the 2009 – 2010 year. The list will be primarily utilized in developing the Strategic Plan of Work for the 2010 – 2011 Project Year, due with the refunding application November 30, 2009. That will complete the current five-year funding cycle for the Oklahoma Head Start State Collaboration Office.

A timeline (Attachment 2) was developed for the continuing needs assessment process so that the results of the assessment will be usable for planning the Strategic Plan of Work for each year of the ensuing HSSCO grant periods. Considerations in developing the timeline included determining the optimum time for surveying the grantees in accordance with their program responsibilities and general calendar of events.

UPDATED NOVEMBER 2010

In October 2010, Head Start directors of programs operating under ACF Region VI were notified of the need to update the information gathered from the original needs assessment survey. They were provided with a form (Table 1) “Target Needs and Successes Identified by HSSCO Needs Assessment Region VI” for review and updating according to their programs’ needs and ranking the ten priority areas if the order of priority had changed. Grantees shared both needs and successes, and there were more new successes than new needs. The form also included a request for consideration of the program needs within two new priorities and needs that might be impacted by changes over the past year. Two new priorities are:

- Promoting interoperability between Head Start data system(s) and state pre-K systems using a unique State Assigned Student Identifier.
- Ensuring the Head Start Performance Standards are included in the state’s Quality Rating and Improvement System.

Region VI Head Start grantee directors were also asked to consider:

- What changes over the past year might impact Head Start grantees’ coordination, collaboration, and alignment of services, curriculum and assessment and overall operations?

- Will these changes impact low-income families and services in the HSSCO priority areas?

Responses from a focus group of Region VI grantee Head Start directors were compiled and integrated into the original Target Needs and Successes Identified by Region VI (Table I). Responses indicated a change in the rank order of the ten priority areas.

Updated needs assessment data gathered from Oklahoma American Indian (Region XI) and Migrant/Seasonal (Region XII) grantees were provided to the Oklahoma HSSCO and integrated into the original Target Needs and Successes Identified by Regions XI (Table 2) and XII (Table 3). Both of these regions also indicated changes in the rank order of the ten priority areas.

RESOURCES & REFERENCES

NOVEMBER 2010 UPDATE

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI

Health Care Services

NEEDS	SUCCESSES
Increasing oral health resources and number of Medicaid providers	Partnering with local health care providers
Encouraging physicians to provide lead screenings and educating them to understanding need More dentist to serve three year olds	Medical group setting aside two days for HS physicals Direct contract with Tamarac Lead Testing company
Scheduling appointments around parents' work	Pediatric dentist volunteering dental screenings
Improving parent follow-up on appointments	Linking children to Medical Home
Assisting parents' effective communication with medical providers, and addressing language barrier with Hispanic parents	Hiring more bilingual staff Linking children to Dental Home Excellent relationship with local doctors
Increasing number of mental health providers and access to services for children with disabilities in rural areas. Increased need due to cuts in state funding to OSDH	More contracts with private Mental Health providers. Discounted services provided to Head Start children by medical/dental clinics.
Improving relationships with: Home-visiting providers; programs/services related to child physical fitness and obesity prevention; children's health education providers	New SoonerCare (Medicaid) online enrollment. Linking families without insurance to resources that can assist them.
Linking children to Dental Home	Medical/Dental Head Start Identification Day

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

Sharing HS children/families' data/information with other health-related agencies (lead screening, nutrition reports, home-visit reports, etc.)	Send copies with parents when they have appointments
Improving parent understanding of importance of following through with referrals	
Finding health providers who will provide free/discounted clinical services.	

Services for Children Experiencing Homelessness

NEEDS	SUCCESSES
Assisting parents in denial and afraid to ask for assistance	Cooperating with local programs serving families experiencing homelessness and local housing agencies and planning groups
Assisting parents with criminal histories who cannot access community resources	Implementing policies and procedures to identify children experiencing homelessness to prioritize for enrollment
Identifying families in transition	Allowing families to enroll while required documents are obtained
Working relationship with the school district McKinney-Vento liaison	Contacts with shelters, faith-based groups, DHS, and housing programs
Working relationship with school district Title I Director if funds used for early care support of children experiencing homelessness	Clarifying the definition of "homelessness" to families and partners
Engaging community partners (including local McKinney-Vento liaison) in conducting cross training and planning activities	Meeting needs is rewarding.

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

Entering into MOU with public school district to coordinate selection priorities for eligible children, including children experiencing homelessness	
Developing and implementing family outreach/support efforts under McKinney-Vento and transition planning	
Obtaining data on needs of homeless families	

Family/Child Assistance

NEEDS	SUCCESSES
Staying in contact with case worker whose consent is required for all services to children	Collaborating with TANF and Child Welfare programs
Assisting families trying to access the welfare system (decreased priority for one program)	Cooperating with economic and community development councils, county coalitions
Working with licensing requirements	Ensuring children in welfare system are prioritized for enrollment
Working relationship with employment/training and labor services agencies	Recruiting families receiving support services
Working relationship with economic and community development councils	Establishing interagency partnership agreements
Getting involved in state level planning and policy development	Exchanging information on roles and resources with other family/child service providers
Numerous emergency needs	Working relationships with county DHS offices. Assisting parents in meeting their emergency needs.

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

	Having family advocates serve on boards in counties served
	Building trusting relationships with families early using Family Partnership Agreements
	Training provided by local judicial system and DHS on importance of collaboration between Head Start and assigned case worker in order to facilitate effective involvement of the court system
	Provide DHS/welfare system services information in Head Start Parent Handbook, including SoonerCare application, transportation services, and health benefits.

Child Care

NEEDS	SUCSESSES
Working relationship with state agency for child care	Coordinating and collaborating with child care programs, child care resource and referral agencies, and higher education programs related to child care
Working relationship with regional policy/ planning committees that address child care issues	Developing high quality partnerships with child care centers
Aligning OK child care regulations with federal regulations stating that parents getting child care assistance and Head Start in one-stop settings are not double dipping when each program pays for separate services	New Early Head Start center is blessing to community.

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

<p>Assisting families to access full-day, full year services</p> <p>Lower priority - greater success</p>	<p>Offer extended care before and after school day. Pre-K collaborations allow for full-day classes. Work with public schools after-school programs to serve 4 year old Start children.</p> <p>Provide transportation to after school care programs.</p> <p>Offering full working day services to families by partnering with child care.</p>
<p>Establishing linkages/partnerships with child care providers – limited in rural areas, not available during evenings and weekends or beyond school year</p>	
<p>Sharing data/information on children that are jointly served (assessments, outcomes, etc.)</p>	
<p>Need more child care providers/facilities in area.</p>	

Family Literacy Services

NEEDS	SUCSESSES
<p>Assisting parents to follow through on literacy training/services and understand the comprehensive approach to family literacy - Lower priority for one program</p>	<p>Coordinating/collaborating to promote parent/child literacy interaction, use of public libraries, parent education programs, and book donations/funding</p>
<p>Funding for literacy services; establishing linkages/partnerships with key literacy providers</p>	<p>Incorporating family literacy into programs and practices</p>

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

Increasing access to literacy programs, including need for child care for parents to participate	Exchanging information with other providers
Working relationship with Dept. of Education Family Literacy program (Title I, Part A)	Collaborating with Smart Start, Early Reading First, Raising a Reader, and public libraries
Working relationship with museums - Lower priority for one program	Providing monthly in-house family literacy activities
Recruiting families for family literacy services	Assisting parents get GED
	Providing children's books to enrolled Head Start children for family literacy program.

Services for Children with Disabilities

NEEDS	SUCSESSES
Finding resources in order to assist/provide services to children with special needs	Collaborating with local providers for IDEA Part C providers
Getting one-on-one staff for every child who needs it	Sharing information on jointly served children
Working relationship with State Lead Agency for IDEA Part B/619 (ages 3-5)	Transitioning of special services for preschool children to kindergarten. Include IEP in transition packets
Working relationship with federally funded programs for families of children with disabilities (Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	Working closely with collaboration partners to provide seamless services to children with disabilities.
Working relationship with university/ community college programs/services related to children with disabilities	Locating Head Start program/center within the local school. (This appears to be a trend with Head Start programs.)

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

<p>Working relationship with Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (State/Local Interagency Coordinating Council, preschool special education work/advisory group)</p>	<p>Using local health department for pre-evaluations to help meet the timelines. Children needing services are served faster through pre-evaluation.</p> <p>Having staff on board with completing screenings.</p> <p>Joint screening with tribal inter-local coop for speech and hearing screening.</p>
<p>Obtaining timely evaluations of children - higher priority for all programs</p>	
<p>More timely assistance from LEA's</p>	

Community Services

NEEDS	SUCCESSES
<p>Improving availability of emergency resources; housing assistance; resources for undocumented families; domestic violence resources in rural areas</p>	<p>Establishing partnerships with public resources for prevention and treatment services and outreach activities</p>
<p>Obtaining in-kind services</p>	<p>Exchanging information on roles and resources with other community service providers/organizations</p>
	<p>Attending interagency meetings in the program service area to learn of resources or new services provided by other agencies and sharing what's new with program staff</p>
	<p>Serving on other community agency/ organization boards</p>

**TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION VI**

continued

	<p>Coordinating within the Head Start/CAP agency to be a one-stop shop for families in need</p> <p>Sharing information at Back to School events, Baby Fairs, Health Fairs.</p> <p>Participate in Child Watch Tours to educate community leaders about children’s issues.</p>
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Professional Development

NEEDS	SUCSESSES
Providing time for staff to attend courses during working hours	<p>Using online courses to obtain higher degrees</p> <p>In-house training for CDA credential.</p> <p>Interactive TV courses through Career Tech.</p>
Maintaining classroom staffing ratios while staff trains	Partnering with a university to provide onsite classes for staff completing a degree
Providing professional development for staff working in full day, full year classrooms	Partnering with a technology center to provide CDA instruction through classes online.
Accessing 4-year degree programs due to lack of 4-year institutions in the program service area and the higher cost of online courses	Serving on a college advisory board to provide input on training needs
Accessing scholarships and other financial support for professional development activities	Utilizing State Department of Education as resource to provide training

Transferring credits between public institutions of higher learning	Training in-house trainer to provide CDA coursework linked to 2-year college
Meeting DHS training requirements	<p>Obtaining CEU's through Career Tech Center for staff and parents.</p> <p>Inviting child care staff to participate in Head Start parent and staff training.</p> <p>Participating in training provided by local PTA.</p>

Partnerships with Local Education Agencies

NEEDS	SUCSESSES
Coordinating in areas of educational activities, staff training, and meeting needs of working parents	Obtaining signed MOU's with school districts
Understanding of Head Start by local education agencies	Being positive and developing relationships and collaborating with public schools
Working with differing regulations of schools and Head Start	Enrolling more children and increasing quality through collaborations including full day classes.
Communicating with and receiving response from schools in a timely manner.	Enjoying great relationship with LEAs

Head Start Transition and Alignment with K-12

NEEDS	SUCSESSES
Establishing and implementing comprehensive transition policies and linking school and Head Start services relating to language, numeracy, and literacy	Aligning curriculum with state through Early Learning Guidelines

Aligning curriculum with individual school districts that have different curricula and assessments	Sending transition packets to schools with information to facilitate smooth transition
Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	Having children visit schools and classrooms for the next school year
Coordinating transportation with local school districts	Inviting kindergarten teachers and PTA representatives to provide information at Head Start parent meetings
Helping parents of limited English proficient children understand instructional and other information and services provided by school	Establishing guidelines related to transfer of student records
Improve transition to public school.	

REGION VI GRANTEE PRIORITIES

- 1. Child Care Partnerships - Early Head Start Focus**
- 2. Services for Children with Disabilities**
- 3. Health Care Services**
- 4. Services for Children Experiencing Homelessness**
5. Professional Development
6. Family Literacy Services
7. Family/Child Assistance (Welfare)
8. Partnerships with Local Education Agencies
9. Head Start Transition and Alignment with K-12
10. Community Services

NEW PRIORITIES - Please indicate your thoughts as to needs of your programs in these areas,

- 1. Promote interoperability between the Head Start data system(s) and those of state preschool and k-12 systems that includes the assignment of unique State Assigned Student Identifiers (SASIDs) that remain with the students throughout their prek-12 public education, so that Head Start participants can be included in state data collection efforts, longitudinal studies, and tracking systems that demonstrate sustainable educational outcomes.**

A good idea, but not yet workable (one respondent)

- 2. Ensure the Head Start program performance standards are included in individual state's Quality Rating and Improvement's (QRIS) standards to support state system building efforts and eliminate duplicative and burdensome requirements. OHS will provide documentation that local programs can use to participate in a state's QRIS.**

Especially need to address coordinate/link different staff training requirements that are equivalent and build toward next steps. (one respondent)

CONSIDERATION OF THE FOLLOWING: (one respondent)

- 1. What changes have occurred over the past year that may/will impact Head Start grantees' coordination, collaboration, alignment of services, curriculum and assessment, as well as their overall operations?**

Funding of new Early Head Start programs with the emphasis on collaborating with other early childhood providers is impacted by a state agency not allowing new types of collaborations.

- 2. Will these changes impact low-income families and services in the HSSCO priority areas?**

Early Head Start is providing much needed services in areas which were previously unserved. Child care centers will lose clients to the new programs because of the roadblock to collaborating. Greater attention by the HSSCO is needed to assist and support Head Start grantees.

NOVEMBER 2010 UPDATE
TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT
REGION XI GRANTEES
Health Care Services

NEEDS	SUCCESSES
Getting blood lead screenings completed	Collaborating with dental home providers
Accessing blood lead screening results	Working with community partners on health issues for enrolled children and families
Educating families on the importance of keeping medical appointments	Getting children enrolled in Medicaid or CHIP
Accessing mental health services in rural areas	Sharing data on children and families jointly served by other organizations
Improving relationships with home visiting providers	Developing very effective Health Advisory Council and Community Partnerships
	Accessing Indian Health Service

Services for Children Experiencing Homelessness

NEEDS	SUCCESSES
Improving relationships with service providers and organizations	Allowing families of children experiencing homelessness to apply to, enroll in, and attend head Start while awaiting timely documentation
Improving relationships with local school district McKinney-Vento liaison	Combating homelessness by support of extended families
Increasing Head Start available spaces for enrollment to reduce waiting lists	Serving families well by Tribal and public housing authorities in some areas

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XI GRANTEES

continued

Engaging community partners, including local McKinney-Vento Liaison, in cross training and planning	
Simplifying application process for and increasing availability of housing	

Family/Child Assistance Programs

NEEDS	SUCCESSES
Qualifying for TANF needs to be easier, paperwork is challenging	Working with organizations providing child and family assistance programs
Obtaining information about DHS resources	Implementing policies and procedures to ensure children in child welfare system are prioritized for enrollment
Encouraging eligible families to seek assistance	
Getting involved in state level planning and policy development	

Child Care

NEEDS	SUCCESSES
Improving relationships with state agency for child care	Partnering to provide full-day, full year services
Improving relationships with state or regional policy/planning committees that address child care issues	Aligning policies and practices with other service providers
Improving relationships with higher education programs/services/resources related to child care (lab schools, student interns, cross-training)	Sharing data on children jointly served

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XI GRANTEES

continued

Reducing competition for enrollment of children in Head Start vs. child care, and increasing collaboration	Exchanging information on roles and resources with other providers/organizations regarding child care and community needs
	Meeting with parents, even if attendance is low
	Providing child care for tribal members by tribes

Family Literacy Services

NEED	SUCCESSES
Involving parents in education of their children	Incorporating family literacy into policies and practices
Educating parents on the importance of literacy in infants and toddlers	Training on family literacy during pre-service
Participating in adult literacy opportunities precluded by adult work schedules	Utilizing Early Reading First and Even Start with on-site library and resource center for families
Improving working relationship with SDE Family Literacy program (Title I, Part A)	Utilizing Reading is Fundamental program
Improving working relationships with child and adult English Language Learner programs, services, and providers	Utilizing literacy bags and strong working relationships with local libraries
Improving relationships with school libraries, museums, reading readiness programs	

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XI GRANTEES

continued

Services for Children with Disabilities

NEEDS	SUCCESSES
Improving working relationship with State Lead Agency for IDEA Part B/619 (children age 3 through 5)	Working relationship with local providers for IDEA Part C (children ages 0-3)
Improving working relationship with university/ community college programs/services related to children with disabilities	Working relationship with State Lead Agency for IDEA Part C (children ages 0-3)
Improving timely evaluations of children	Having staff attend IP and IFSP meetings
Improving coordination of services with Part C providers (children ages 0-3)	Sharing data on jointly served children
	Exchanging information on roles and resources with other providers regarding services for children with disabilities
	Having speech therapists come into Head Start centers to meet children's needs
	Providing special equipment in Head Start centers by the public school
	Accessing Tribal resources and programs when Medicaid and LEAs cannot meet needs
	Having good communication with Part C therapists and resource coordinators

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XI GRANTEES

continued

Community Services

NEEDS	SUCCESSES
Increasing private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	Establishing linkages with law enforcement agencies
Accessing needed resources in rural areas	Establishing linkages with public resources
Obtaining in-kind community services for the children/families in the program	Having members from service areas on the Social Service Advisory Board attend quarterly meetings to discuss program needs
	Hosting annual parenting training
	Collaborating with local agencies
	Providing brochures and flyers to Head Start families
	Using tribal government programs helps fill gaps when non-tribal funding is limited for services

Professional Development

NEEDS	SUCCESSES
Finding time/providing release time and financial resources needed to continue staff education	Working with Tribal colleges that provide basic classes
Accessing child development specific classes at the higher education level in the service area	Providing a teacher onsite through a local college

Improving working relationships with 2 and 4 year higher education institutions, including online	Utilizing the Scholars Coordinator in the local community college as a resource
Improving working relationships with Child Care Resource and Referral Network	
Accessing Training and Technical Assistance	
Transferring credits between some public institutions of higher education	

Publicly Funded Pre-K Partnership Development

NEEDS	SUCSESSES
Reducing competition for children between public schools and Head Start programs resulting in unwillingness of schools to collaborate	Having school staff participate in transition to kindergarten activities initiated and conducted by the Head Start program
Coordinating selection priorities for eligible children served	Having kindergarten teachers participate in parent meetings concerning the transition process
Coordinating service areas	Sharing with the school district responsibility for providing supplies
Coordinating staff training, including opportunities for joint staff training	
Coordinating program technical assistance	

Head Start Transition and Alignment with K-12

NEEDS	SUCSESSES
Finding time when both programs can get together to plan	Collaborating with schools housing the Head Start centers on campus helps transition process

Communicating with schools to facilitate coordination of programs (teachers, social workers, McKinney-Vento liaisons, etc.)	Providing each exiting Head Start child with a portfolio containing information needed for transition process into school
Establishing and implementing comprehensive transition policies and procedures with schools	Effectively collaborating and meeting with schools on transition process and issues
Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework	Partnering with schools to link services related to language numeracy and literacy
Coordinating transportation with schools	Implementing procedures to transfer Head Start program records to school
Helping parents of limited English proficient children understand instructional and other information and services provided by school	Coordinating shared use of facilities
Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	
Exchanging information with schools on roles, resources and regulations	

REGION XI GRANTEES PRIORITIES

- 1. Professional Development and Staff Qualifications**
- 2. Head Start Transition and Alignment with K-12**
3. Family Literacy Services
4. Services for Children Experiencing Homelessness
5. Partnerships with Local Education Agencies
6. Health Care Services
7. Family/Child Assistance Programs
8. Services for Children with Disabilities
9. Child Care
10. Community Services

NEW PRIORITIES - Please indicate your thoughts as to needs of your programs in these areas.

1. Promote interoperability between the Head Start data system(s) and those of state preschool and k-12 systems that include the assignment of unique State Assigned Student Identifiers (SASIDs) that remain with students throughout their prek-12 public education, so that Head Start participants can be included in state data collection efforts, longitudinal students, and tracking systems that demonstrate sustainable educational outcomes.

NO RESPONSES

2. Ensure the Head Start program performance standards are included individual state's Quality Rating and Improvement System's (QRIS) standard to support state system building efforts and eliminate duplicative and burdensome requirements. OHS will provide documentation that local programs can use to participate in a state's QRIS.

NO RESPONSES

3. Programs indicate concerns about and implication regarding staff qualifications and professional development, especially obtaining required degrees.

NOVEMBER 2010 UPDATE

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XII

Health Care Services

NEEDS	SUCCESSES
Working relationship with community agencies that provide services aimed at preventing obesity and increasing wellness to MSHS children and families	Securing services of mobile dental unit to provide dental treatment and link with local service providers
Encouraging MSHS families to use migrant health centers/clinics as medical home	Collaborating with mental health providers on MH issues for children and families.
Identifying common goals shared by MSHS programs and migrant health clinics/centers	
Finding services for migrant families including the lack of bilingual medical services providers	

Services for Children Experiencing Homelessness

NEEDS	SUCCESSES
Increasing collaboration with local agencies serving homeless families who are culturally and linguistically diverse.	Coordinating process for family support services available in the community
Continuing the process to complete formal MOU agreement with local homeless shelter	

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XII
continued

Increasing collaboration with agencies that serve homeless families and who will make referrals of eligible children and families to the MSHS program	
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Family/Child Assistance (Welfare)

NEEDS	SUCSESSES
Increasing collaboration with culturally and linguistically diverse services and networks that support foster and adoptive families	Using family service advocate as case manager who attends to the needs of the families
Increasing collaboration with child welfare administrators who create policy around working together with community partners such as Migrant and Seasonal Head Start	

Child Care

NEEDS	SUCSESSES
Providing additional funding to enhance services	Having agreements/arrangements with child care partners who have the cultural and linguistic capacity to serve children of Spanish speaking farm worker families
	Assessing needs of families upon enrollment and meeting the needs throughout the program including a flexible schedule to meet work demands

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XII

continued

Family Literacy Services

NEEDS	SUCCESSES
Working relationship with employment and training programs offered in the primary language of the families served	Educating parents and community about relationship between dual language acquisition and early literacy
Higher education programs/services/ resources related to family literacy (grant project, student interns, cross training, etc.) that are provided in a culturally and linguistically sensitive manner	Establishing linkages/partnerships with key literacy providers who provide services in a culturally and linguistically appropriate manner reflective of diversity of community at large
	Incorporating dual language learner needs and appropriate family literacy into program policies and practices
	Exchanging information with other providers/ organizations regarding culturally and linguistically appropriate research based roles and responsibilities to promote family literacy practices with culturally diverse children and families
	Providing instruction in two languages (English and Spanish) and incorporating activities to involve the parents in the education of their children through planned parent/child activities
	Providing parent training in their own language on the educational program, including developmental milestones and the progress of their children

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XII
continued

Services for Children with Disabilities

NEEDS	SUCCESSES
Accessing private provider agencies for rehabilitative services due to public schools being closed in summer	Locating and collaborating with professionals that are culturally sensitive to migrant farm worker population
Improving Child Find efforts in the community	
Accessing bilingual staff to provide therapy	

Need of bilingual special services providers

Community Services

NEEDS	SUCCESSES
Providing training/educating community partners about the unique needs of MSHS children and families related to accessing and utilizing community services	Utilizing agency's referral process and collaborating with community partners
Accessing services targeted specifically to the needs of migrant farm workers	

Professional Development

NEEDS	SUCCESSES
	Providing professional development through formal agreements with institutions including online instruction that supports a mobile staff who travels to other states to provide services to migrant families

TARGET NEEDS AND SUCCESSES IDENTIFIED BY HSSCO NEEDS ASSESSMENT

REGION XII continued

Partnerships with Local Education Agencies

NEEDS	SUCCESSES
Increasing collaboration with local public schools with expectation that summer services will be provided	Sharing facilities and resources

Head Start Transition and Alignment with K-12

NEEDS	SUCCESSES
Aligning public school and MSHS curricula and assessments	Collaborating with public schools, recruiting activities, and establishing agreements with community partners
Addressing transition issues with regard to mobility of the population	

REGION XII GRANTEE PRIORITIES

1. Health Care Services
2. Services for Children with Disabilities
3. Services for Children Experiencing Homelessness
4. Head Start Transition and Alignment with K-12
5. Family Literacy Services
6. Family/Child Assistance
7. Community Services
8. Partnerships with Local Education Agencies
9. Child Care
10. Professional Development

NEW PRIORITIES - Please indicate your thoughts as to needs of your programs in these areas.

- 1. Promote interoperability between the Head Start data system(s) and those of state preschool and k-12 systems that includes the assignment of unique State Assigned Student Identifiers (SASIDs) that remain with students throughout their prek-12 public education, so that Head Start participants can be included in state data collection efforts, longitudinal studies, and tracking systems that demonstrate sustainable educational outcomes.**

NO RESPONSES

- 2. Ensure the Head Start program performance standards are included in individual state's Quality Rating and Improvement System's (QRIS) standards to support state system building efforts and eliminate duplicative and burdensome requirements. OHS will provide documentation that local programs can use to participate in a state's QRIS.**

NO RESPONSES

- 3. HR Needs: Finding local bilingual staff
Centers are remotely located
Local applicants lack the Early Child or Child Development degree**

COMPILED INFORMATION

HSSCO PRIORITIES FOR STRATEGIC PLAN OF WORK

BASED ON NEEDS ASSESSMENT RESULTS FROM ALL THREE REGIONS

1. Health Care Services – focus on Regions VI and XII (1)*
2. Head Start Transition & Alignment with K-12 – focus on Regions XI and XII (3)
3. Homelessness – All three regions (5)
4. Professional Development – focus on Regions VI and XI (2)
5. Services for Children with Disabilities – focus on Region VI and XII (4)
6. Family Literacy Services – All three regions (6)
7. Child Care – focus on Region VI (7)
8. Partnerships with Pre-K/LEA – focus on Region XI (9)
9. Family/child Assistance – All three regions (8)
10. Community Services – All three regions (10)

*Previous rank

Ongoing Timeline – Beginning October 2009 and Annually

- 1) Late October: Schedule HSSCO Advisory Board meeting to consider HSSCO needs assessment survey or update and potential activities for inclusion in the Strategic Plan of Work in preparation for the five-year or refunding grant application due November 30 each year.
- 2) February: Schedule HSSCO Advisory Board or Collaboration Meeting to review status of current Strategic Plan of Work and address any collaboration issues.
- 3) Early June: Schedule HSSCO Advisory Board meeting to review The Annual State Profiles Report and status of current year Strategic Plan of Work.
- 4) September: Begin needs assessment cycle again with update or new survey to be completed and distributed in October - November.
- 5) Annually, repeat cycle beginning with October HSSCO Advisory Board or Collaboration Meeting (10), and follow annual timeline in preparation of the annual refunding application.
- 6) Ongoing communication with regard to needs assessment process and results continues with Oklahoma Head Start Association and Oklahoma Indian Head Start Association through monthly meetings, E-Groups, and telephone.
- 7) Ongoing communication by phone, E-mail, and face-to-face meetings continues with the Region VI and XI Head Start T/TA systems and staff in the state and Texas Migrant Council agency with regard to needs assessment process and results.

APPENDICES

The data collection form and responses are available on request. Contact:

Oklahoma Association of Community Action Agencies

2800 N.W. 36th St., Suite 221

Oklahoma City, OK 73112

Phone: 405-949-1495

Email: OKACAA@yahoo.com