

2008 Arkansas Head Start Needs Assessment - **Note - the comments are included as submitted, no corrections or edits were performed.**

Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. Definitions: No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.) Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families. Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site. Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc. Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them. * "Medical and Dental Home" means comprehensive, coordinated care and not just access to a doctor or dentist, particular

	No working relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Rating Avg.	Count
Answer Options						
A. Medical home* providers	1	12	5	4	2.55	22
B. Dental home* providers for treatment & care	2	9	6	5	2.64	22
C. State agency(ies) providing mental health prevention and treatment services	4	5	7	6	2.68	22
D. Local agencies providing mental health prevention and treatment	1	4	6	11	3.23	22
E. Agencies/programs that conduct mental health screenings	3	4	5	10	3.00	22
F. WIC (Women, Infants Children)	1	9	8	4	2.68	22
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	1	4	5	12	3.27	22
H. Children's health education providers (e.g., Child Care R&R, community-based training)	4	7	8	3	2.45	22
I. Parent health education providers	3	7	7	5	2.64	22
J. Home-visiting providers	7	7	5	3	2.18	22
K. Community Health Centers	3	5	5	9	2.91	22
L. Public health services	0	8	5	9	3.05	22
M. Programs/services related to children's physical fitness and obesity prevention	3	7	8	4	2.59	22
					answered question	22
					skipped question	0

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

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Linking children to medical homes	9	12	1	0	22
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	7	11	2	2	22
C. Linking children to dental homes that serve young children	7	8	6	1	22
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	12	6	3	1	22
E. Getting children enrolled in CHIP or Medicaid	14	8	0	0	22
F. Arranging coordinated services for children with special health care needs	8	10	2	1	21
G. Assisting parents to communicate effectively with medical/dental providers	5	12	4	1	22
H. Assisting families to get transportation to appointments	7	9	1	4	21
I. Getting full representation and active commitment on your Health Advisory Committee	7	6	6	2	21
other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	9	6	5	2	22
K. Exchanging information on roles and resources with medical, dental and other	10	7	5	0	22
<i>answered question</i>					22
<i>skipped question</i>					0

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

Lead Screening - medical provider understanding the reasoning behind having lead testing - esp. those children who did not have lead screening when they were 2 years old and now they are three and need it.

Doctors often disagree with Head Start regulations and refuse to perform some tests, etc.

None

Primary care physicians who refuse to order blood lead testing

Newton County is a rural county and there are no dental providers, and there are very few dental providers in the surrounding counties that accept SCHIP or Medicaid. Currently, there are no mental health providers located in Newton County. We must access mental health services from Washington and Boone counties.

Finding Health providers to sign up to work with ARKids and Medicaid, under representation of health providers in our two more rural counties, Madison and Carroll

We do not have a problem with sharing information with providers, but we do have a problem getting doctors to complete the lead screenings and Hemoglobin screenings in our area.

Not enough staff to cover classrooms and assist parents that are in need of medical services with transportation (no fund for family service workers to assist with problem).

Families have reported difficulty in getting a primary care physician - the system is very timely.

Renewing Arkids 1st when family has neglected to follow procedures.

Scheduling appointments if family misses scheduled appointment.

Encouraging families to schedule ahead of time as appointments are hard to get within the time line, this is mainly with physicians.

The application process for ARKids 1st may take up to two or three months or longer.

Lead Screening

Transportation continues to be an issue for families in out lying counties. Finding local providers to assist families with physical fitness and obesity issues in smaller rural areas is very difficult.

We are having difficulties complying with the lead screening requirement. Some of the Physicians are not performing the lead test.

Dental homes are hard to find for new patients with ARKids(medicaid) and for rural locations.

Many families express difficulty taking time off work to make appointments for well child medical care.

Working with families to keep scheduled appointments

Not enough dental providers willing to take 3 year old and medicaid children.

We can not provide transportation and some parents have difficulty getting to services. We also have a translator for spanish speaking families and we sometimes has to meet families at a service.

The lack of dental providers in some areas of the state. Resistance of providers to do lead testing.

We sometimes have a problem with parents self treating their child instead of taking them to the doctor when they get sick.

There is inconsistencies with the lead and hemocrit/hemoglobin by physician's performing the physical.

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

The AR Kids A & B helps us out a lot. We also have a dental agency that meet most of our needs even though we have to travel to get there.

Excellent relationship with local clinics, etc.

Partnerships and Partnership Agreements

We have a collaborative agreement with a private mental health professional in Washington County who reviews all mental health observations and provides any additional training that is requested. Our program recently purchased the Lead Care II Blood Analyzer and has partnered with the local health department to administer blood lead screenings.

Web based training opportunities for our parents

We have a dentist who travels to all of our centers to do the simple exams on children that have not had simple exams completed.

We have a working relationship with local health education provider who assist us in educating parents and children with health concern/needs by visiting sites on a regular basis.

Families are provided with the E.P.D.S.T. schedule at the enrollment process.

The Health Service Advisory Committee is an active functioning committee, with a varied membership.

Having partnerships with local community health centers and local doctors and dentists.

Agency providing family service workers to work directly with enrolled families and children to provide health referrals/services.

At our Pre-Service training, a physician came into to talk with our staff about the importance of EPSDT screening. With this understanding, we are seeing more exams completed on time this year.

The local Interfaith Clinic has been very helpful in providing services to our families.

The Oral Health Initiative has been a springboard to the partnerships with the dental care professions in the community. We have established a working relationship with the Little Rock School District and assist the Pre K program in their dental care and a working relationship with Children's International Program. The Interagency Agreement with the Guardian Angel Program is improving the required immunizations for the children enrolled in the program.

Letters to physicians, letting physicians know what service we offer.

Having local representatives of the state health department and local professionals on the Health Advisory Board. Also we always invite professionals new to the area to serve on our boards.

ECHO project-collaboration with doctor/dentist in each area if possible, and schools to handout Arkids Applications.

We hand out a lot of information on all areas of health care to our parents.

Using the definitions on page 2, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Local McKinney-Vento liaison	16	4	0	1	21
B. Local agencies serving families experiencing homelessness	6	7	5	3	21
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	10	7	3	1	21
D. Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness *	17	3	0	0	20
<i>answered question</i>					22
<i>skipped question</i>					0

Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.
***Note: Title I funded preschool programs must follow the Head Start Performance Standards**

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	11	6	0	1	18

B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	13	3	1	2	19
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time	11	7	0	1	19
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	1	11	3	4	19
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	9	4	2	3	18
F. Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	7	6	3	3	19
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	8	5	5	1	19
<i>answered question</i>					21
<i>skipped question</i>					1

Comments:

We are unaware of local agencies who work with homeless people. The definition is too vague.

We've not done a good job of reach out in this area.

None

On F. and G., we have not completed our MOU agreement at this time.

We must abide by state licensing requirements to ensure all children are immunized prior to being placed in a center and it is also necessary to have health/allergy/emergency contact information on hand when the child starts attending.

There is limited to no data on the number of preschool children in a homeless situation. Many families do not clarify their homelessness and this may be due to the concerns of social services removing their children from their care. Although there are questions on the intake application to identify children/ families in this category, the families are not responding to these questions that indicate homeless.

We have no problems working with the homeless shelters and so forth in our area. However, we serve only around 50 homeless children in our program. Many of these are living doubled up.

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

We have staff that serve of the housing board to help families find housing

Local area housing authorities in our area have worked well with us in placing homeless families in public housing and shelters.

Shared office space with homeless shelter for exchange of information, referral and prioritized housing placement for families.

Being able to use Northwest Housing Authority, has been of great value to assist those that have been referred.

I think this is an area where preservice is needed to provide guidance to programs in how to address this issue and how to work with families to reassure them that they are not in jeopardy by identifying this as their issue.
 As soon as the need is identified, our family service aides implement family crisis assistance and referral procedures.

Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.) Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families. Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site. Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc. Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. TANF agency	1	9	5	5	20
B. Employment & Training and Labor services agencies	1	11	4	5	21
C. Economic and Community Development Councils	2	7	8	3	20
D. Child Welfare agency	1	11	5	4	21
E. Children's Trust agency	9	5	2	1	17
F. Services and networks supporting foster and adoptive families	1	8	7	4	20
<i>answered question</i>					21

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

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Obtaining information and data for community assessment and planning	12	8	0	1	21
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	12	8	1	0	21
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	18	3	0	0	21
D. Establishing and implementing local interagency partnerships agreements	13	7	1	0	21
E. Facilitating shared training and technical assistance opportunities	10	8	3	0	21
F. Getting involved in state level planning and policy development	13	3	5	0	21
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	17	4	0	0	21
<i>answered question</i>					21
<i>skipped question</i>					1

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

None
 Our families struggle with finding a PCP because there are not enough in our area to address the need.
 Need financial assistance for kinship caregivers of children who have been in the foster system without them.
 Our difficulties lie in creating opportunities to partner with these agencies, while performing day to day tasks.
 N/A
 None
 None at this time.

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

We have a great relationship with DHHS and other agencies that provider services for you families and children - we just call and it is done!

None

Connecting with other organizations in the area keeps us up to date on who can offer assistance to our families. We meet with and keep contact with area organizations who specialize in services for at risk families such as food pantries, medical clinics, utility assistance, and housing assistance.

Good support systems for families moving from welfare to work.

The community provides free dental / medical clinics. This works well with various agencies within the community that need these resources for family needs.

Representatives from these agencies participate in the Health Advisory Committee. Policy Council prioritizes points to serve targeted children.

N/A

At the central office level as well as the local level we have staff involved in every aspect of community planning and serving on boards and local groups of all sorts. This allows us to present the needs of Head Start families to the community.

Needs are identified early through the application, enrolment, and family partnership processes. Family crisis assistance and referral procedures are MCAEOC has been approved for funds for a child slot exclusively for child welfare. Over the past 12-48 months there have not been any referrals.

Using the definitions provided below, please rate the extent of your involvement with each of the following service					
Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. State agency for Child Care	2	6	7	6	21
B. Child Care Resource & Referral agencies	2	6	8	4	20
C. Local child care programs for full-year, full- day services	6	7	3	4	20
D. State or regional policy/planning committees that address child care issues	5	5	6	4	20
E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	4	1	9	7	21
<i>answered question</i>					21
<i>skipped question</i>					1

Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.					
Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Establishing linkages/partnerships with child care providers	7	10	4	0	21
B. Assisting families to access full-day, full year services	7	9	3	1	20
C. Aligning policies and practices with other service providers	6	9	5	1	21
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	12	8	1	0	21
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	12	8	1	0	21
<i>answered question</i>					21

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

Currently, there are no other licensed full-year, full-day child care providers in Newton County.

None

Do not have a common venue to share resources Not enough infant and toddler slots Lack of coordination/collaboration

Lack of infant/toddler care.

It is sometimes difficult to obtain information from other preschool agencies that is needed to complete a Community Assessment.

The difficulty in assisting families with access to daycare is affordability for our families. We have made efforts to form partnerships with some of the providers with mixed results. Some have responded, and others have not.

N/A

Other services are not always available. Confidentiality is sometimes an issue.

Sometimes we are seen as the "competition" by other child care providers.

Some of the agencies mentioned above are unknown or not applicable to us.

There is a need for funding to pay for extended day services, transportation, and year round services.

What is working well in your efforts to address the child care needs of the children and families in your program? Which of these

We are part of the school district - we have the only Head Start and the only ABCSS - we share training and resources with all other private child cares -

None

Head Start offer a limited number of slots for extended child care hours Making referrals to Child Care Resource and Referral

Because of the blending of state child care, Early Head Start and Head Start funds, we are able to offer services to children 5 days per week in excess of 8 hours per day at all locations.

Our programs work well with our local child care providers and we have community partnership agreements.

Our family advocates, who have contact with families and are building working relationships have success in assisting families. I would assume this is based on the trust developing in the relationships.

We are always working with AR Child Care licensing to remain full compliance for the safety and well being of the children in our care.

Jointly serving children that are Head Start eligible that are being served in the Public School Pre K program. The school provides the educational services and Head Start provides the wrap around services which are services that the school does not provide. Also, this provides a system of home-school link.

N/A

The cooperation between Head Start and the Arkansas Better Chance for School Success program helping many children and families. We have blended programs where we offer a variety of different child care in the same building so that parents who want to use our facilities can qualify for one of the programs: Example: We may offer Head Start, Early Head Start, Arkansas Better Chance and Developmental Child Care (fee paying) in the same building.

We work with one LEA to screen many children in the summer

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Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Dept. of Ed Title I, Part A Family Literacy	11	6	3	0	20
B. Employment and Training programs	1	9	4	6	20
C. Adult Education	2	6	6	7	21
D. English Language Learner programs & services	3	7	8	3	21
E. Services to promote parent/child literacy interactions	0	5	9	7	21
F. Parent education programs/services	0	5	9	7	21
G. Public libraries	1	5	5	10	21
H. School libraries	7	5	5	4	21
I. Public/private sources that provide book donations or funding for books	3	3	6	9	21
J. Museums	16	3	0	2	21

K. Reading Readiness programs	7	7	4	2	20
L. Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	4	7	5	4	20
M. Providers of services for children and families who are English language learners (ELL)	5	9	5	2	21
N. Even Start	16	2	2	1	21
<i>answered question</i>					21
<i>skipped question</i>					1

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

Answer Options	Not at All	Somewhat	Difficult	Extremely	Respon
A. Recruiting families to Family Literacy Services	7	10	4	0	21
B. Educating others (e.g., parents, the community) about the importance of family literacy	9	9	3	0	21
C. Establishing linkages/partnerships with key literacy providers	10	10	0	0	20
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	10	8	2	0	20
E. Incorporating family literacy into your program policies and practices	20	1	0	0	21
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	10	10	0	0	20
<i>answered question</i>					21
<i>skipped question</i>					1

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

It's difficult to get families to participate in planned familie literacy activities.

We have programs in place and have set up several activities, but we do not get the parent participation.

Limited resources available in the primary language spoken in the home.

Not applicable.

Educating parents about the importance of literacy for the whole family has been a challenge.

Finding the funds to purchase and maintain books for replacement.

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

We provide literacy classes for our Head Start families and include breakfast and child care.

None

We are involved in the Reading is Fundamental program. An annual book drive with community support provides a literacy driven book fair at our Febuary Family Day, we offer books free to good home all year long as a result of book drive. Education Manager speaks frequently and builds Reading is Fundamental Family of Readers Program, The Family Connection Curriculum, lending libraries in the classrooms.

Inviting parents and community members to volunteer to read to our children and with our children during planned literacy activities has been a We send books home with the children throughout each month to encourage reading at home. The number of books read are then tracked through the year. We have not been successful in establishing a working relationship with adult literacy programs in our area, although it is an issue that we Multiple resources are available to work with the program in Pulaski County.

N/A

We offer a reading 1-1 program where we have a lending library from which children select a book each day to read with a family member each evening. We also make every attempt to read to each child on a 1-1 basis during the day by utilizing staff and volunteers. Contact is made early in the program year with families concerning family-literacy related programs and activities.

Center has shared booths and activities with Head Start during Literacy Night at the public school campus. The Lending Library is a resource that has been beneficial to children and parents at the Head Start Centers.

Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations					
Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. State Lead Agency for Part B/619	7	1	4	8	20
B. Local Part B/619 providers	4	2	4	9	19
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.)	2	3	6	9	20
D. State Lead Agency for Part C	4	2	5	9	20
E. Local Part C providers	4	1	7	8	20
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	3	8	6	2	19
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	1	6	7	6	20
H. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	12	4	2	2	20
issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	2	4	11	3	20
answered question					21
skipped question					1

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

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Obtaining timely evaluations of children	9	9	1	2	21
B. Having staff attend IEP or IFSP meetings	17	3	1	0	21
C. Coordinating services with Part C providers	11	4	2	2	19
D. Coordinating services with Part B/619 providers	12	3	1	2	18
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	15	3	1	0	19
F. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	15	3	1	0	19
<i>answered question</i>					21
<i>skipped question</i>					1

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

None

Transportation is an issue in Northwest Arkansas for everyone including persons with disabilities.

We have an excellent relationship with Part B and Part C.

Heas Start Staff are talking to families referring them for what ever needs they may have.

We have a good working relationship with LEAs.

Working with the Part C Providers have been challenging. Also with the change in the regulations for Part B, the notice goes directly to the parents and the teachers. The Disabilities Resource Specialist who could coordinate the transportation or other details may not get the notices unless the teacher forwards the notice to her.

First connections has been a very difficult program to coordinate with. Evaluations occur very slowly if at all.

Part "c" extremely difficult to work with local/regional and staff on sharing info, timely initiatives and transitions

Parents would like their children to receive special services 12 months a year instead of the serviced being interrupted during the summer months.

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

We have a great working relationship with the Southeast Arkansas Educational Cooperative in Monticello. We work collaboratively to exchange information and referrals in a timely manner. They work wonderfully with our staff, children, and families. They also keep in close contact with the Health/Disabilities Manager to make sure all children receive the services they are entitled too.

We have a good working relationship with providers. Having members of the same organizations.

Due to a lack of developmental therapists for Part C in Newton County, our program is working collaboratively with DDS, and a developmental therapist in implementing a Supervisory Developmental Therapy model. The developmental therapist provides guidance to the Early Head Start teachers and conducts evaluations. The Early Head teacher carries out instruction from the developmental therapist based on the child's IFSP on a daily basis.

All of the above.

We maintain an excellent rapport with Part C and the NWAESCOOP in our area. They serve as members on Head Start Advisory Committees. We meet Working with the state education agency and Kids First.

Teachers send referrals directly to Service Provider instead of to Disability Coordinator. The Disability Coordinator does receive a copy of all referrals.

Working with six different agencies and having a written agreement, exchanging information and inviting each other to meetings has worked well.

Excellent coordination with the Part B provider and frequent interactions have assisted with the transmission of information to expedite the referral/overall due process.

Attendance at IEP and ICC meetings

Collaborating with all agencies through ICC meetings Gaining part B providers on health advisory committee.

MCAEOC provides some of these special services to the children diagnosed with speech impaired and/or developmentally delayed - MCAEOC workers collaborating with the LEA to provide special service on a timely manner.

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Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Law Enforcement	2	8	9	2	21
B. Providers of substance abuse prevention/treatment services	2	6	9	4	21
C. Providers of child abuse prevention/treatment services	0	3	11	6	20
D. Providers of domestic violence prevention/treatment services	1	9	6	5	21
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc)	4	6	6	4	20
F. Providers of emergency services (e.g., Red Cross, state agency responsible for	1	6	8	6	21
<i>answered question</i>					21
<i>skipped question</i>					1

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

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Establishing linkages/partnerships with law enforcement agencies	14	6	0	0	20
B. Establishing linkages/partnerships with public resources (state, county, city, etc.)	10	9	0	0	19
C. Establishing linkages/partnerships with private resources (e.g., faith-based,	12	5	3	0	20
D. Partnering with service providers on outreach activities for eligible families	14	6	0	0	20
E. Obtaining in-kind community services for the children/families in your program	12	6	2	0	20

F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	10	8	1	0	19
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	11	6	2	0	19
<i>answered question</i>					20
<i>skipped question</i>					2

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

None
Lack of available resources locally.
N/A
Lack of resources in the community to meet the basic needs of families especially in some extremely rural areas.
N/A
None

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

Head Start staff serves on the different coalitions in the community.
We participate in other organizations and provide training to other programs.
none
Staff serve on Community Committees Community Representatives serve on Policy Council
Not applicable.

Local providers come to our locations to help provide the services to our children and families either through in-kind services or for a reduced rate.
Having a partnership with agencies and organizations in the community.
We have established Advisory Committees in each county we serve allowing us to interact more with the local providers.
joining in with other inter-agency coordination councils, groups, committees, etc.

Each family receives a resource manual. MCAEOC has at least forty-eight written agreements with various agencies in Mississippi County to address the needs of the families.

Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.) Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families. Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site. Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of	2	5	3	8	18
B. No publicly funded pre-k in this state Check "no working relationship"	4	1	1	2	8
<i>answered question</i>					19
<i>skipped question</i>					3

Head Start programs are required to have an MOU with publicly-funded Pre-K programs in their service areas. The MOU must include

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Educational activities, curricular objectives and instruction	11	2	5	1	19
B. Information, dissemination and access for families contacting Head Start or other preschool program	13	1	4	1	19
C. Selection priorities for eligible children served	11	2	5	1	19
D. Service areas	13	1	5	0	19
E. Staff training, including opportunities for joint staff training	9	5	5	0	19
F. Program technical assistance	8	5	3	2	18
G. Provision of services to meet needs of working parents, as applicable	7	6	5	1	19
H. Communications and parent outreach for transition to kindergarten	14	2	3	0	19
I. Provision and use of facilities, transportation, etc.	11	5	3	0	19
J. Other elements mutually agreed to by the parties to the MOU	10	3	4	1	18
<i>answered question</i>					19
<i>skipped question</i>					3

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

we have attempted on many occasions to try and form an agreement with the ABC programs in our service areas, but all attempts have failed because we were not able to agree upon the same things.

Getting to know each other. Understanding the mission of each entity.

Sometimes paperwork process is slow.

We have had success in partnering with one ABC program, but we have had difficulty working with other programs. We are having problems with some programs taking children that we have enrolled.

Will be continuing to develop and work with MOW. Our Family Service workers have more contact with agencies when children transfer to and from other centers.

We can no longer use public school buses. They do not meet Head Start Mandates for safety.

There is a need for more time for one-on-one dialogue between Head Start and public school.

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

We have the only ABCSS in service are also.

NOTHING!

We have planned to share training for the DIAL Screening and Mass Screening for children entering Head Start and Pre-K with our local Early Childhood COOP. We communicate on a regular basis on ideas to improve services for children. We share ideas on revising forms to meet the needs of families and staff in both programs to simplify the amount of paperwork involved.

Head Start provides space for special needs providers to deliver services, families are referred to each program from the other Our program technical assistance and formal trainings.

The key people who work together have developed personal relationships and we seek participation from them in our policy making and advisory groups. They very graciously agree to work with us in these efforts.

A routine meeting is held monthly with the three LEAs in the community to ensure the sharing of resources, the coordination of staff development, the joint planning of referral of services for children and families, etc.

Coordinating schedules of operations (i.e.) parent/teacher conferences, holiday celebrations, staff development days.

MCAEOC provide Head Start comprehensive services to eligible children at one of the public school, while public school provides school readiness skills.

Using the definitions below, please rate the extent of your involvement with local education agencies (LEAs) during the past 12 months. Check one rating. **No working relationship.** You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.) **Cooperation.** You exchange information. This includes making and receiving referrals, even when you serve the same families. **Coordination.** You work together on projects or activities. **Examples** parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site. **Collaboration.** You share resources and/or have formal, written agreements. **Examples:** co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc. **Note:** If you have different relationships with different LEAs, check the option that best describes your relationship with most of them

Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	0	1	2	15	18
<i>answered question</i>					18
<i>skipped question</i>					4

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

Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	15	4	0	1	20
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)	13	4	1	1	19
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	16	3	0	1	20
D. Linking LEA and Head Start services relating to language, numeracy and literacy	15	3	0	1	19

E. Aligning LEA and Head Start curricula and assessments with Head Start Child Outcomes Framework	15	3	0	1	19
F. Aligning Head Start curricula with state Early Learning Standards	16	1	1	1	19
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	15	4	0	1	20
H. Coordinating transportation with LEAs	8	4	1	2	15
I. Coordinating shared use of facilities with LEAs	13	1	0	2	16
J. Coordinating with LEAs regarding other support services for children and families	13	4	0	2	19
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	12	4	0	2	18
L. Establish policies and procedures that support children transition to school that includes engagement with LEA	12	4	0	1	17
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	10	6	1	1	18
N. Exchanging information with LEAs on roles, resources and regulations	12	3	1	2	18
O. Aligning curricula and assessment practices with LEAs	12	2	3	1	18
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	13	2	2	1	18
<i>answered question</i>					20
<i>skipped question</i>					2

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

Items left blank do not apply to Early Head Start.

None

There are no issues.

Family Service workers usually handle the responsibility of transitions more than the classroom teacher. Teachers need to be involved in order to communicate with LEA's for the needs of children. It is difficult for a Family Service Worker to obtain as much information in the course of their duties. We do not coordinate travel with the LEA's so item -H- is not applicable. We have no issues.

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

We are part of the LEA
 Making sure that Head Start teachers are always a part of the team
 All of the above

Excellent rapport and partnerships. The LEA provides translators for transition conferences. We share training opportunities that become available within our area. Agreements are updated annually. We partner to provide our families with the best resources available. We keep each other informed of updates within our community. We prepare and hand deliver a packet with all important information on children. Public schools provide us with a QUALLs score on each Head Start child entering the program.

We have great communication between the LEA's and all the Head Start Staff. We currently do a survey with local kindergarten teachers to review the rediness and success of our students. This is a great benefit for us.

In our efforts to address the education/Head Start Transition to school needs of the children and families in our program. Head Start provides each school district the following: Immunization record, medical record, birth certificate, and a current physical. The constant flows of dialogue between school and Head Start is positive. Head Start teachers spends a day in a kindergarten classroom is a plus. The school Librarian assisted with setting up Head Start's libraries. The Blytheville kindergarten teachers provide a list of materials that Head Start children will need to learn upon entering kindergarten. All Head Start children received a Kindergarten Readiness Calendar at the beginning of the school year from the Arkansas Department of Education. Head Start participates with all school districts in Family Night. Booths are displayed for Pre-K through third grade to enhance math and literacy skills.

Each school district provides a kindergarten teacher/principal to visit the Head Start centers to meet with parent. At the end of the year, each Head Start child receives a transitional packet. This packet include: Parent's Guide After Head Start, Kindergarten Readines:

Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations					
Answer Options	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Institutions of Higher Education (4 year)	1	6	9	5	21

B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	1	5	11	4	21
C. On-line courses/programs	7	6	8	0	21
D. Child Care Resource & Referral Network	6	10	4	1	21
E. Head Start T & TA Network	2	2	11	6	21
F. Other T & TA networks (regional, state)	2	4	10	5	21
G. Service providers/organizations offering relevant training/TA cross-training opportunities	1	5	14	1	21
<i>answered question</i>					21
<i>skipped question</i>					1

Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.					
Answer Options	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Transferring credits between public institutions of learning	6	9	2	2	19
B. Accessing early childhood education degree programs in the community	10	6	4	1	21
C. Accessing T & TA opportunities in the community (including cross-training)	8	11	1	0	20
D. Accessing scholarships and other financial support for professional development programs/activities	5	11	4	0	20
E. Staff release time to attend professional development activities	5	7	8	1	21
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	11	7	3	0	21
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	11	7	2	0	20
<i>answered question</i>					21
<i>skipped question</i>					1

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

We do not have a four year university in our service area, and that makes transferring of credits hard. Staff have to travel many miles to get to a four year university. We do have a program in our area that is providing degrees to participants, but they have to quit working for our program in the last year to do internship and student teaching. This leaves our program looking for replacement staff.

Collaborating with child care centers is difficult due to child care staff being available mostly on Saturday or in the evening. Head Start training is primarily during the day.

Appropriate/relevant degrees for Early Head Start teachers.

We are currently under intern sponsorship, all of our T/TA training is provided by our sponsor

There is a need for additional training to be offered in our local area.

At times it is difficult to determine the courses that are specifically early childhood education. It always a challenge to allow staff time to attend professional development activities due to our shortage of substitute teachers. During director's training, information was presented regarding the emphasis on professional development and I was able to network with other directors about their policies and procedures.

Time of day training is available.

Providing release time for staff pursuing BA with state certification in education for the student teaching requirement

Notify partners consistently on in-house training opportunities. Need more Early Childhood Education CE online courses and evening courses at local sites. More funding for professional development.

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

NOTHING!

We have training modules that is specific to categories of employees and specific to individual needs.

On-line courses and use of state funds so that we are able to give raises to staff who have raised their degree level.

Arkansas State University provides on-site CDA classes for our staff during the summer.

By contacting different agencies that are sometimes able to provide training in a closer location or plan for future needs.

We have one staff member whose responsibility is to set up and seek training for the professional development of the staff. This person takes care of all of the details of registration and accommodations, making it very easy for staff to attend trainings.

Attending training and workshops on weekends and summer. Many available resources through the Educational Cooperatives.

Close working relationship with local college administrations to coordinate our efforts to move staff into BA programs. Getting staff past the Praxis examinations required of local institutions to enter BA early childhood program.

An increase in pay for every 12 hours earned are the main factors that encourage teaching staff. The wage schedule for Head Start teachers who earned B.S. degree in Early Childhood Education is the same as public school.