GRANTEE UPdate

December 28, 2009

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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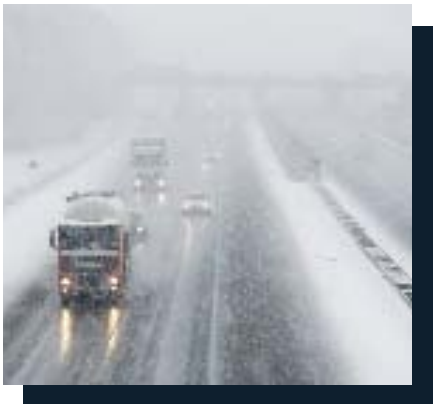
Winter Weather Precautions and Information



When winter weather turns severe, it is important to listen to weather forecasts regularly, and check your emergency supplies whenever a period of extreme cold is predicted.

Slick conditions, frigid wind chills and ice covered power lines are just some of the threats severe winter weather may bring. Prepare yourself for snowy and icy conditions by reviewing the information available on the Iowa Department of Public Health's Web site at www.idph.state.ia.us/adper/winter_weather.asp.

Links include:

- Winter Weather Preparedness - CDC

Additional Resources

- Food Safety During a Power Outage - Commercial
- Food Safety During a Power Outage - Residential
- Frostbite Fact Sheet
- Frozen Pipes Safety Fact Sheet
- Portable Generator Safety Fact Sheet
- Preventing Carbon Monoxide Poisoning After an Emergency
- Safe Winter Walking
- What You Need to Know When the Power Goes Out Unexpectedly
- Working Safely Around Downed Electrical Wires
- Working Safely with Chain Saws

Trends and Factors Associated with Infant Sleep Position

"To reduce death rates, we must ensure that public health measures reach the populations at highest risk and include messages that address concerns about infant comfort or choking," write the authors of an article published in the December 2009 Archives of Pediatric and Adolescent Medicine. Sudden Infant Death Syndrome (SIDS) remains the leading cause of post-neonatal death in the United States.

Placing infants to sleep in the supine position has been associated with a dramatic decrease in the SIDS rate since the Back to Sleep campaign begin in 1994. Despite this decrease, African-American infants continue to have more than twice the incidence of SIDS as white infants and are also less likely than white infants to be placed in the supine position for sleep. This article examines trends in infant sleeping position, seeks to understand factors associated with choice of infant sleeping position and identifies barriers to further change in practice using data collected via the National Infant Sleep Position Survey (NISP), an annual telephone survey conducted from 1993-2007.

The data used in the analysis for this study are part of the NISP, and the sample was chosen to represent the 48 contiguous states (not including Alaska and Hawaii). The dependent variable is based on the response to the question, "do you have a position you usually place your baby in?"

The authors found that:

- Between 1993 and 2000, there was a clear increase in use of the supine sleep position and a decrease in the prone position in each racial and ethnic group.
- Throughout the 15-year study period, African-Americans consistently had the lowest use of the supine sleep position and the highest use of the prone position, compared with whites. Hispanics did not significantly differ from whites regarding the use of the prone position for sleep.
- Since 2001, there has been little change in sleep position practices. In the white and African-American populations, supine sleep position reached a plateau of approximately 75 percent and 58 percent, and prone sleep position reach a plateau of approximately 10 percent and 20 percent, respectively.
- Survey year is the strongest predictor of supine sleep position. Other characteristics associated with greater likelihood of reporting usual supine position include older maternal age, race other than African-American, higher maternal educational level, higher maternal income level, mother not having other children, geographic region other than the Southern United States, older infant age, and infant being born after more than 37 weeks' gestation.
- In 2007, there were statistically fewer infants placed in the supine position for sleep, compared with 2003.

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Trends and Factors Associated with Infant Sleep Position

continued

- From 2003 to 2007, the difference in supine sleep position between African-American and white infants can be explained, at least in part, by caregiver concern about infant choking and comfort. While the prevalence of concern about choking decreased markedly over time, the relative importance of these attitudes as predictors of sleep position increased.

The authors conclude that "we must remain vigilant about tracking trends and parental attitudes about infant care practices, as we are seeing evidence of slippage in adherence to sleeping position recommendations.

Colson, ER, Rybin D, Smith LA, et al. 2009. Trends and factors associated with infant sleeping position: The National Infant Sleep Position Study, 1993-2007. Archives of Pediatric and Adolescent Medicine 163(12) : 1122-1128. Abstract available at http://archpedi.ama-assn.org/cgi/content/abstract/163/12/1122.

Elementary School Outdoor Play Inspectors Program

Did you know that there are important outdoor safety standards for school districts? These standards are designed to create safe school infrastructures and help transform the sometimes chaotic playground into a meaningful and quality outdoor learning environment. The number of child injury lawsuits is growing rapidly throughout the U.S. Outdoor play injuries remain a major source of unintentional injuries for children under the age of 14. What is your district doing to minimize injuries and lawsuits?

The National Program for Playground Safety, the leading nonprofit organization in outdoor training, is offering a 15 percent discount through January 15, 2010 on their Elementary School Outdoor Play Inspectors Course. The discount is for the January 25 - February 19, 2010 course only. This is a certification course and participants are trained in school outdoor play standards. With successful completion of the course, one becomes a SCHOOL PLAYGROUND INSPECTOR. Topics covered in the online course include playground equipment, hard court games, soccer fields, softball/baseball fields and track fields.

For more information about the NPPS's School Outdoor Play Inspectors Course, go to www.playgroundsafety.org/training/online/school_inspection/school_inspection.html.

Program Management

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee Meeting is scheduled for January 21, 2010 from 9-11:30 a.m. via the ICN. If you have an agenda item you would like to have discussed at the Grantee Meeting, please contact Val Campbell at campbeVK@crstlukes.com or Heather Hobert-Hoch at hhobert@idph.state.ia.us. *This is a required meeting for Bureau of Family Health contract agencies*.

2010 Iowa Governor's Conference on Public Health

The 2010 Iowa Governor's Conference will be held April 13 & 14 at the Scheman Conference Center in Ames.

This year's keynote speakers include:

Dr. Tom Frieden (invited), MD, MPH, Director, Centers for Disease Control and Prevention

James Hodge, JD, LLM, Lincoln Professor of Health Law and Ethics, Fellow, Center for the Study of Law, Science, & Technology, Arizona State University Sandra Day O'Connor College of Law.

Dr. Michael McGeehin, PhD, MSPH, Director, Division of Environmental Hazards and Health
Effects (EHHE), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention

A save-the-date flyer can be downloaded from page 10 of **The Update**.

Iowa Head Start Needs Assessment Report

The final report on the Iowa Head Start Needs Assessment is now available and can be downloaded from pages 11-150 of **The Update**. This report examines the needs in the area of collaborative partners and activities. The recommendations are being merged with the Iowa Head Start State Collaboration Office activity plan.

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News from the Oral Health Bureau

Recent Events:

hawk-i* Dental-Only Option Restored** - Funding for the ***hawk-i dental-only option was restored by Governor Culver in late October. Proposed rules for the dental-only option will be discussed at the ***hawk-i*** Advisory Board meeting in December. It is anticipated that the rules will be approved, with implementation to begin in the spring. Oral Health Bureau staff will keep you updated.

Billing Reminder - As a reminder, CARE COORDINATION is not billable when setting up an appointment for a client to receive services within the agency. For example, if you set up a patient's appointment for an oral screening within your agency, you cannot bill for care coordination. Please check the CH Services Summary - Cautions Under Care Coordination for additional information.

Announcements:

From Medicaid - Letter to dentists regarding translation/interpretation services can be downloaded at www.ime.state.ia.us/docs/848DentalClaimsforTranslationInterpretationServices.pdf.

ISC Meetings

Due to budget issues, the quarterly ISC meeting will not be held in January. A meeting will be planned for this spring.

Other Notes

Amy Janssen, OHB program planner, will be on maternity leave in the near future. However, there is no need for you to submit your quarterly reports and expenditure reports differently.

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

Helpful Web Site on Fraudulent H1N1 Virucides

The FDA has information available on products that make fraudulent claims of virucidal action against H1N1 influenza. There have been reports of hand sanitizer false claims. To visit the site, go to www.accessdata.fda.gov/scripts/h1n1flu.

W O R T H N O T I N G

New Resource on Family Tax Credits

Tax credits can provide thousands of dollars to working families - but only if families know about the credits and claim them on their tax returns. The National Women's Law Center has compiled outreach materials to help spread the word about tax credits to be used in schools, non-profit agencies, child care centers, places of worship, etc.

Materials are available in English and Spanish and some are even available in Chinese and Vietnamese. Materials can be accessed at www.nwlc.org/loweryourtaxes.

School Dental Screenings

The 2008-2009 school dental screening audit data is compiled and finalized. The audit report includes three sections: a state summary; a school summary with detailed data by county, district and school; and a key that defines the data categories. The complete report is now available at www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp.

According to the Iowa Department of Education Web site, there were approximately 1,575 public and accredited non-public elementary and high schools in 2008-2009. Useable audit data was submitted for 1,094 (69 percent) schools. For some schools, audit forms were not submitted or the submitted forms were not useable (e.g. inaccurate numbers, multiple schools on one form, inaccurate school/district/county identification). Based on the useable audits submitted:

- 69 percent of the students provided screening documentation
- 57 percent submitted a valid Certificate of Dental Screening
- Less than 1 percent submitted a valid Certificate of Dental Screening Exemption
- 12 percent submitted other forms of documentation (as a one-time exception, other forms of documentation were allowed for the 2009-2009 school year).

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School Dental Screenings

15 percent of the students had treatment needs:

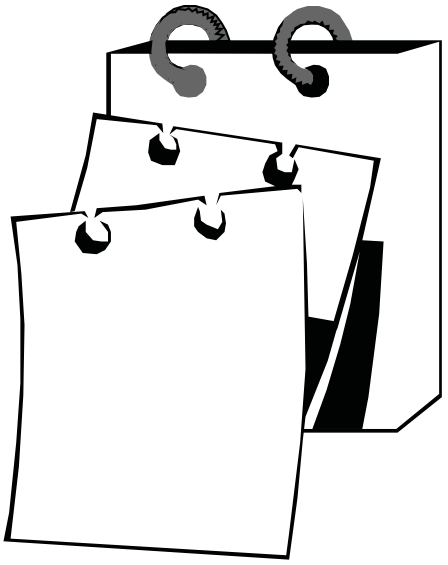
- 84 percent had no obvious problems
- 13 percent required dental care
- 2 percent required urgent dental care

Over 90 percent of the students were screened by a dental professional:

- 68 percent by a dentist
- 26 percent by a dental hygienist
- 4 percent by a nurse
- Less than 1 percent by a physician or physician assistant

A new “Frequently Asked Questions” fact sheet about dental screening audits is now available and is posted on the Oral Health Web site at www.idph.state.ia.us/hpcdp/oral_health.asp. It includes the issues that came up most often during the first year and can be used as a resource during the audit process.

CALENDAR OF EVENTS



*January 21, 2010
Bureau of Family Health Grantee Committee Meeting
9 a.m. - 11:30 a.m., ICN

March 30, 2010
WIC Breastfeeding Workshop
8:30 a.m. - 4 p.m., DMACC, 2006 S. Ankeny Blvd., Ankeny

April 13-14, 2010
Iowa Governor's Conference on Public Health
Scheman Conference Center, Ames

Bureau of Family Health: 1-800-383-3826
Teen Line: 1-800-443-8336
Healthy Families Line: 1-800-369-2229
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2010 IOWA Governor's CONFERENCE ON PUBLIC HEALTH

Promote ▸ Prevent ▸ Protect

APRIL 13-14, 2010

Scheman Conference Center
Ames, Iowa

Registration materials available in February

Keynote Speakers:

Dr. Tom Frieden (invited), MD, MPH, Director, Centers for Disease Control and Prevention

James Hodge, JD, LLM, Lincoln Professor of Health Law and Ethics, Fellow, Center for the Study of Law, Science, & Technology, Arizona State University Sandra Day O'Connor College of Law.

Dr. Michael McGeehin, PhD, MSPH, Director, Division of Environmental Hazards and Health Effects (EHHE), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention

CONFERENCE PARTNERS

Child Health Specialty Clinics • Iowa Counties Public Health Association • Iowa Department of Public Health: Bureau of Nutrition & Health Promotion, Oral Health Bureau, Bureau of Health Care Access, Bureau of Family Health, and Division of Behavioral Health • Iowa Environmental Health Association • Iowa Public Health Association • The University of Iowa College of Public Health • The University of Iowa Hygienic Laboratory

Visit these websites for more information about the Iowa Governor's Conference on Public Health:

www.iowapha.org, www.ieha.net, www.idph.state.ia.us, www.i-cpha.org, www.public-health.uiowa.edu, www.uhl.uiowa.edu

2009

Iowa Head Start Needs Assessment

Iowa Head Start State Collaboration Office

11/1/2009

State of Iowa

Department of Education

Grimes State Office Building
400 E 14th St
Des Moines IA 50319-0146

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LauraBelle Sherman-Proehl, Bureau Chief
Tom Rendon, Coordinator, Head Start State Collaboration Office

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, gender, disability, religion, age, political party affiliation, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the *Iowa Code* sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688) Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or grievances related to compliance with this policy by the Iowa Department of Education, please contact the legal counsel for the Iowa Department of Education, Grimes State Office Building, 400 E 14th St, Des Moines IA 50319-0146, telephone number 515/281-5295, or the Director of the Office for Civil Rights, U.S. Department of Education, 111 N. Canal Street, Suite 1053, Chicago, IL 60606-7204.

Iowa Head Start State Collaboration Office

Iowa Head Start Needs Assessment

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Introduction

Report overview

This report presents the findings of a Needs Assessment survey of Iowa Head Start staff and directors conducted by the Iowa Head Start State Collaboration Office (HSSCO). The survey was conducted in May, 2009. The purpose of gathering the information was to identify state needs in the areas of collaboration, coordination and the alignment of services, and alignment of curricula and assessments. The information assesses the levels and degrees of difficulty in collaborating with state entities in a variety of service areas. The survey also serves the purpose of informing the activities of the annually revised strategic plan for the Iowa Head Start State Collaboration Office.

Ten Priority Areas of State Collaboration Office

The Office of Head Start describes ten specific service or priority areas for state collaboration offices. Those areas include:

- Health Care services
- Homelessness
- Welfare
- Child Welfare
- Child Care Services
- Family Literacy
- Disabilities
- Community Services
- Education
- Professional Development.

Report Preparation

This report was prepared by the Iowa Head Start State Collaboration Office (HSSCO). Review of the findings was shared initially with the Iowa HSSCO Management Team and the Iowa Head Start Association along with proposed changes to the strategic plan.

Head Start in Iowa

What is Head Start and Early Head Start?

Head Start is a federally funded program that provides comprehensive child development services to low income families and their children. Since its inception in 1965, Head Start has provided families with support and resources that address their children's health, nutritional, social, and educational needs.

The primary focus of Head Start is to increase school readiness of young children aged three to five. In 1994, **Early Head Start** was created to provide "Head Start" services to pregnant woman, children age birth up to age three and their families.

The U.S. Department of Health and Human Services is the federal agency that houses the Office of Head Start. The Office of Head Start awards grants directly to public/non-public agencies, private organizations, school districts and Indian Tribes to provide Head Start and Early Head Start services.

What is the Head Start State Collaboration Office?

Head Start State Collaboration Offices are charged with facilitating and enhancing coordination and collaboration between Head Start agencies and other state and local entities that provide comprehensive services designed to benefit low-income children from birth to age five and their families, as well as pregnant women. As members of the State Advisory Council on Early Childhood Education and Care, Head Start State Collaboration Directors have a unique role in assisting the efforts of Head Start agencies to engage in effective coordination and collaboration. To achieve the goals of the Collaboration Office, Collaboration Directors:

- Participate in statewide interagency planning and information/resource sharing efforts addressing services for young children and their families, and promote local Head Start agency representation in these efforts;
- Promote Head Start agencies' participation in statewide efforts to enhance or improve early identification and interventions relating to issues of concern for young children and their families;
- Promote ongoing communication between service providers working with Head Start grantees and other stakeholders to leverage their common interests in addressing the needs of Head Start children and families;
- Facilitate Head Start agencies' access to and use of publicly funded services, so that Head Start children and families can more efficiently and effectively secure needed services; and
- Convene stakeholder groups for information sharing, planning, and other collaborative activities to strengthen family and community environments, and reduce the negative impact of high-risk behaviors on children's development.

Continued on next page

Head Start in Iowa, Continued

Head Start Services in Iowa

There are 18 Head Start grantees in Iowa that provide Head Start and/or Early Head Start services. In addition, there is one Migrant and Seasonal Head Start program and one delegate program. Most of Iowa's grantees (15) are community action agencies. The rest are non-profit agencies and one university. According to the Program Information Report for the 2007-2008 Program Year, the total actual enrollment of children in Iowa Head Start programs was 9,405.

Iowa Head Start and Early Head Start Programs

Head Start Program	City of Headquarters	Head Start	Early HeadStart	Total Actual Enrollment	Funded Enrollment(	No. Counties Service
Community Action of Eastern Iowa	Davenport	Yes	Yes	741	593	4
Community Action of Siouxland	Sioux City	Yes	Yes	509	429	1
Community Action of Southeast Iowa	Burlington	Yes	Yes	494	416	4
Drake University Head Start (includes Des Moines Schools delegate)	Des Moines	Yes	Yes	1311	1023	5
Hawkeye Area Comm. Action Program., Inc.	Hiawatha	Yes	Yes	837	742	6
MATURA Action Corporation	Creston	Yes	No	141	128	6
Mid-Iowa Community Action Inc.	Marshalltown	Yes	Yes	469	345	5
Mid-Sioux Opportunity, Inc.	Remsen	Yes	Yes	343	290	5
New Opportunities, Inc.	Carroll	Yes	Yes	309	283	7
North Iowa Community Action Organization	Mason City	Yes	No	351	320	9
Northeast Iowa Community Action Corp.	Decorah	Yes	Yes	437	347	7
Operation New View	Dubuque	Yes	No	340	284	3
South Central Iowa Comm. Action Program	Leon	Yes	Yes	323	260	5
Southern Iowa Economic Dev. Association	Ottumwa	Yes	No	324	284	7
Tri-County Child and Family	Waterloo	Yes	Yes	1043	808	3
Upper Des Moines Opportunities, Inc.	Graettinger	Yes	Yes	486	426	8
West Central Development Corporation	Moorhead	Yes	No	648	492	10
Your Own United Resources, Inc.	Fort Dodge	Yes	Yes	299	244	4
TMC, Inc.	Marengo; Muscatine	MSHS		79	75	2 cities

Data: PIR 2008; TMC

Head Start programs have a presence in every county in the state except Adair County. While there are no Head Start classrooms in that county, some children in the county are served from adjacent counties.

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Head Start in Iowa, Continued, Continued

Iowa Head Start and Early Head Start Programs (continued)

Early Head Start programs serve 30 counties in the state. (Pending expansion of Early Head Start will likely increase the number of counties where Early Head Start services are available but that expansion is not reflected in this needs assessment.)

Teaching and Mentoring Communities provides Migrant and Seasonal Head Start Services in two communities: Marengo in Iowa County and Muscatine in Muscatine County.

Description of Needs Assessment Process

Purpose of Study

The Iowa Needs Assessment was conducted as required in Section 642B(a)(4) of the Improving Head Start for School Readiness Act of 2007, Public Law 110-134 (hereafter referred to as the Head Start Act of 2007). The needs assessment involved a study of collaboration activities among Head Start programs in Iowa. The study included surveying every Head Start program in the state. The purpose of gathering this information is to identify state needs in the areas of collaboration, coordination and the alignment of services and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and Iowa's Early Learning Standards. The needs assessment survey also provides an opportunity for the Iowa Head Start State Collaboration Office to update its strategic plan to address issues raised by the needs assessment.

Survey Instrument

Data were collected specific to the Needs Assessment through an online survey. The survey instrument was based on a template developed by a national sub-committee of Head Start State Collaboration Directors that was designed around the eight priority areas with a focus on collaboration and coordination activities. An Iowa-specific version was developed adding specific questions and deleting some not deemed relevant to the state context. A draft was completed and shared with the Board of Directors of the Iowa Head Start Association in March, 2009.

The beginning of the survey included questions about who participated in filling out a single survey response from each program. Respondents were also asked to indicate the precise 12-month period they chose as the target period for their responses.

The rest of the survey addressed the ten priorities in nine sections. The nine sections included:

1. Health
2. Homelessness
3. Welfare/Child Welfare
4. Child Care
5. Family Literacy Services
6. Children With Disabilities
7. Community Services
8. School District and Preschool Collaboration (Partnerships with LEAs or Local Education Agencies and SVPP)
9. Professional Development

Continued on next page

Description of Needs Assessment Process, Continued

Survey Instrument (continued)

Data collected in each section

Each section was assessed in two ways:

1. Determining the level of collaboration with a list of potential partners in each section.
2. Determining the difficulty in engaging in a specific collaborative activity.

To assess the first area (collaboration with partners) the survey questions asked respondents to rate the extent of their involvement with various service providers/organizations related to the content area. This part used a 4-point scale and definitions to reflect progress in relationship-building at a point in time. The definitions are:

- *No Working Relationship*: Little or no contact with each other (do not make/receive referrals, do not work together on projects/activities/share information)
- *Cooperation*: Information is exchanged, including making/receiving referrals
- *Coordination*: Work is completed together on projects and activities
- *Collaboration*: Resources are shared and/or have formal, written agreements

To assess the second area (level of difficulty), survey questions asked respondents to indicate how hard it was to engage in a variety of activities and partnerships. A 4-point scale of difficulty used was:

1. Not at all Difficult
2. Somewhat Difficult
3. Difficult
4. Extremely Difficult

County specific data

The survey also asked that if the activities were difficult in a specific county but not across their entire service area to indicate which county for each activity.

The purpose of these two areas was to assist in identifying challenges programs may be experiencing in building successful partnerships at the local and state levels to support the delivery of quality education and comprehensive services to children and families.

Collaboration with LEAs

In the section looking at collaboration with Local Education Agencies or school districts, an additional series of questions asked about the nature of preschool activity in the district and the status of Memoranda of Understanding with school districts as required by the Head Start Act of 2007 (Sec. 642(e)(5)).

Continued on next page

Description of Needs Assessment Process, Continued

Survey Instrument (continued) (continued)

Open-ended responses

Each section also included three open-ended responses designed to identify problems and opportunities that may not have surfaced in the other questions. The questions included:

- Please describe any other issues you may have regarding [the section's topic].
- What is working well in your efforts to engage partners in activities?
- Which of these efforts do you think may be helpful to other programs?

A copy of the survey is included in Appendix A of this report.

Data Collection Process

The survey was administered using the SurveyMonkey on-line survey instrument (c.f., www.surveymonkey.com) program. In April, a link to the online was sent to all grantees and delegates. Every Head Start program in the state, including the Texas-based agency that administers the Migrant and Seasonal Head Start Programs in Iowa, submitted a completed survey. Electronic versions of the survey were also sent to programs to encourage them to discuss their responses as staff.

Data Analysis Process

The data was collected and analyzed using Microsoft Excel data management and analysis tools.

For each program an average number of staff participating in the assessment was calculated as well as a frequency for specific job areas. Each job listed was sorted into more general categories. For individuals with multiple positions, the first position indicated was used.

Analyzing depth of collaborative relationships

For the nine content areas, a score was determined for each question by weighing each response with a number. Questions about the levels of *collaboration among potential partners* were assigned points from 0 to 3 as follows:

- No Working Relationship (little/no contact) = 0
- Cooperation (exchange information/referrals) = 1
- Cooperation (work together) = 2
- Collaboration (share resources/agreements) = 3

The scoring system was designed so high scores indicated higher levels of collaboration.

Continued on next page

Description of Needs Assessment Process, Continued

Data Analysis Process (continued)

Analyzing collaborative activity difficulty

Questions about the *difficulty of engaging in collaborative activities* with partners were assigned points from 0 to 3 as follows:

- Not at all difficult = 3
- Somewhat difficult = 2
- Difficult = 1
- Extremely difficult= 0

The scoring system was designed so that high scores indicated that a certain collaborative activity was relatively easy to do. Since the survey allowed programs to indicate that they were not doing a certain activity, those percentages were calculated separately so it could be determined whether overall low scores were due to difficulty or because a number of programs were not doing the activity.

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t-Test Analysis

Using the average scores of each item and the average scores overall, a t-Test (two sample assuming unequal variance) was performed for each of the nine priority areas as well as for each individual question. This analysis was performed to determine which priority area and which individual partners or activities scores were significantly different from overall responses ($\rho<.05$). The items were also listed based on observable differences, i.e., those which seem to cluster high or low on the scoring scale.

School District Analysis

A number of different analyses were performed to examine the nature and extent of collaboration with school districts, especially those offering preschool services (including the state-funded Statewide Voluntary Preschool Program for Four Year-Old Children (SVPP)). To perform this work, additional data from the SVPPs were combined with the survey results. These analyses were conducted to answer the following questions:

- What percentage of the total number of school districts in the state was reported in the survey results?
- What percentage of the districts reported had a preschool (state-funded, tuition or other)?
- For these districts, what percentage were at what level of collaboration (none, cooperation, coordination, or collaboration)?
- For these districts, what percentage had Memoranda of Understanding (MOU) and were these comprehensive or not?
- Of the districts that had SVPPs and were using Head Start Performance Standards, what percentage had partial or comprehensive MOUs?

Continued on next page

Description of Needs Assessment Process, Continued

School District Analysis (continued)

- Which of the subgroups mentioned above also had transportation agreements?

The data from each survey respondents was also analyzed to determine the overall level of collaboration and development of MOUs among all the districts in their service area. Finally, the scores from the activities with school districts were also examined.

Data Results

The results of these analyses are summarized in ten sections which make up the remainder of this report:

1. Respondent Data
2. Summary Analysis
3. Health
4. Homelessness
5. Welfare/Child Welfare
6. Child Care
7. Family Literacy Services
8. Children With Disabilities
9. Community Services
10. School District and Preschool Collaboration (Partnerships with LEAs and SVPP)
11. Professional Development

A summary of responses to each question is included in Appendix B.

Results: Respondent Data

Who filled out the survey?

A completed survey was received from every grantee operating in the state. Overall, an average of 3.9 staff for each program participated in filling out the survey. Six of the 19 respondents only had one person responding, but nine had 4 or more. The table below summarizes the numbers.

Number of staff	Number of programs with this number of staff responding to the survey
1	6
2	3
3	1
4	1
5	3
6	1
8	1
9	3

These data show that most programs took the process of completing the survey seriously enough to establish some way for more than one person to respond to the survey's questions.

A title was collected for each of the 75 individuals listed as participating in the survey completion. Those titles were sorted into general categories and those results are summarized in the table below:

Position category	Number of staff participating in the survey completion in this position category
Administration	1
Data	2
Director	10
Disabilities	5
Education	9
ERSEA	4
Family	10
Health/Nutrition	13
Mgmt	20
Transportation	1

Continued on next page

Results: Respondent Data, Continued

Who filled out the survey? (continued)

Forty percent of respondents were Head Start Directors, Early Head Start Directors or part of program management (including two executive directors of Community Action programs). There were also a number of participants in key areas of Head Start services such as Health, Education, Family Services and Disabilities. It appears a variety of relevant perspectives were used especially with those programs that had more than one person completing the survey.

Conclusions

In most cases, the surveys were completed as requested (i.e., by bringing staff together to fill it out). This provides some confidence that the responses were not exclusively the views of one person but reflected the programs' experiences in particular areas. However, six of the 19 respondents (almost 30 percent) were filled out by only one person. (It is possible that some used the views of other staff but did not report them in the survey.) In every instance where only one person filled out the survey, the person was the Head Start director who would be expected to have the widest knowledge about program partnerships and activities. Since the survey was 34 pages long and included more than 100 separate questions it is understandable that some may not have had the time to assemble staff especially at the end of the program year (May).

Results: Summary Analysis

Introduction

The analysis description above explains how the survey results were analyzed. This section will report on the results in aggregate and how individual sections compared with overall scores. Later parts of this report will examine the results for each individual section.

Overall scores

The average overall partnership score was 1.51 on a scale that ran from 0 to 3 with 0 being no working relationship and 3 being fully collaborating. The average overall activity difficulty score was 2.18 on a scale that ran from 0 to 3 with 0 being extremely difficult and 3 being not difficult at all. Nine percent of all responses indicated that the activity was one programs were "not doing."

Section Scores

The table below summarizes the mean partnership and activity difficulty scores for each of the nine sections:

Section	Partner Collaboration Score	Activity Difficulty Score
Health	1.75	2.26
Homelessness	0.75*	2.10
Welfare/Child Welfare	1.55	2.47*
Child Care	1.48	1.93
Family Literacy Services	1.08*	2.28
Children With Disabilities	1.94	2.11
Community Services	1.10*	2.37
School Districts (LEA and SVPP)	1.90	2.11
Professional Development	1.84	2.06
Overall Score	**1.51**	**2.18**

* $\rho<.05$

The average scores in partner collaboration were significantly lower than the overall average for Homelessness, Family Literacy Services and Community Services. Welfare and Child Welfare was significantly less difficult than the overall average difficulty score.

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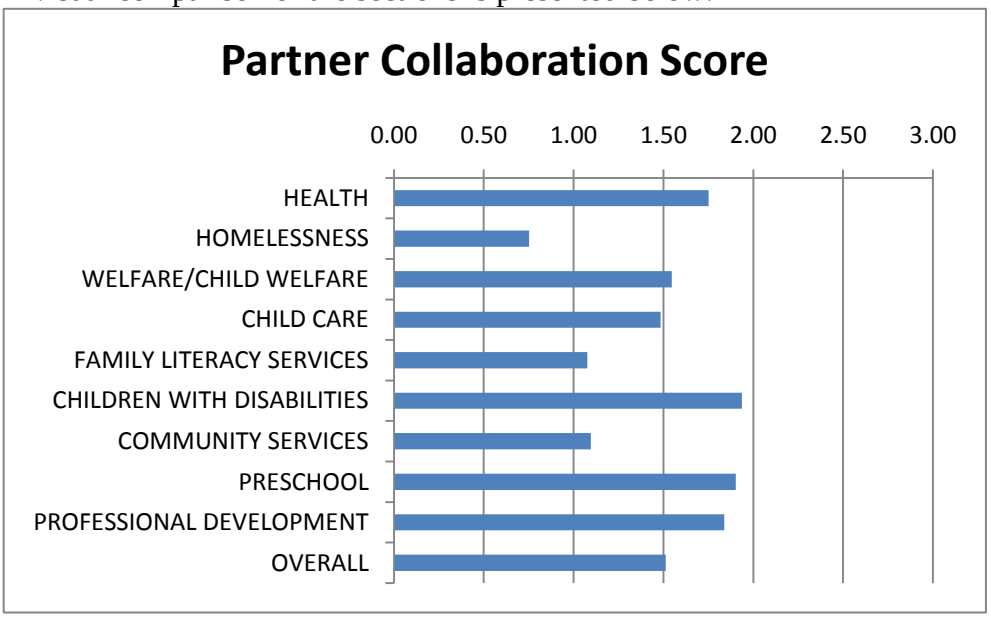
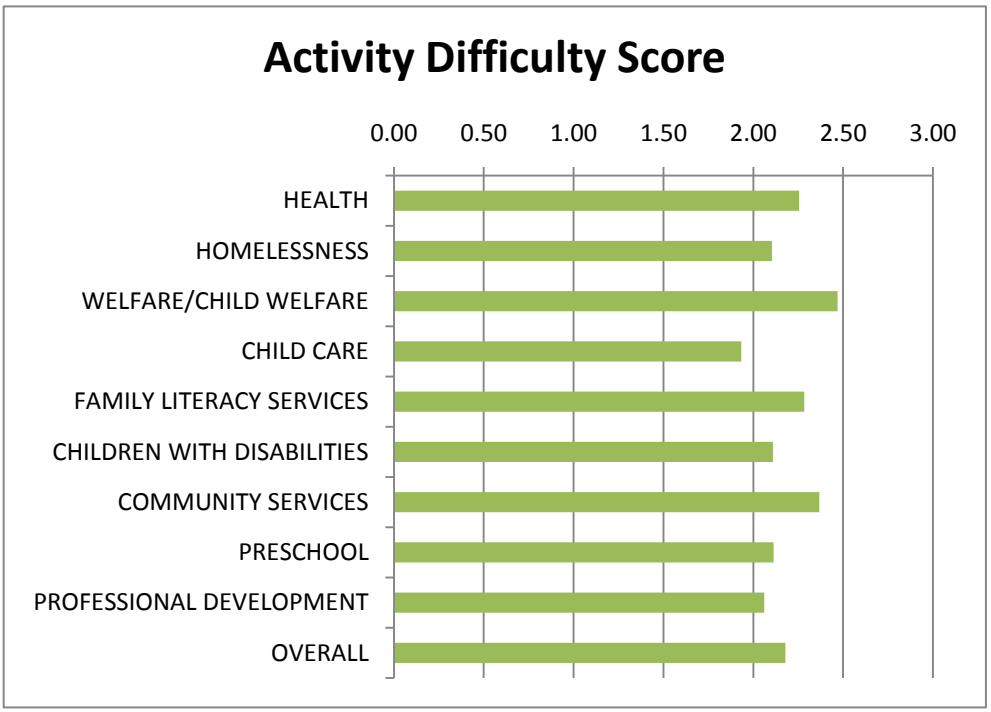
Results: Summary Analysis, Continued

Section Scores (continued)

A visual comparison of the sections is presented below:





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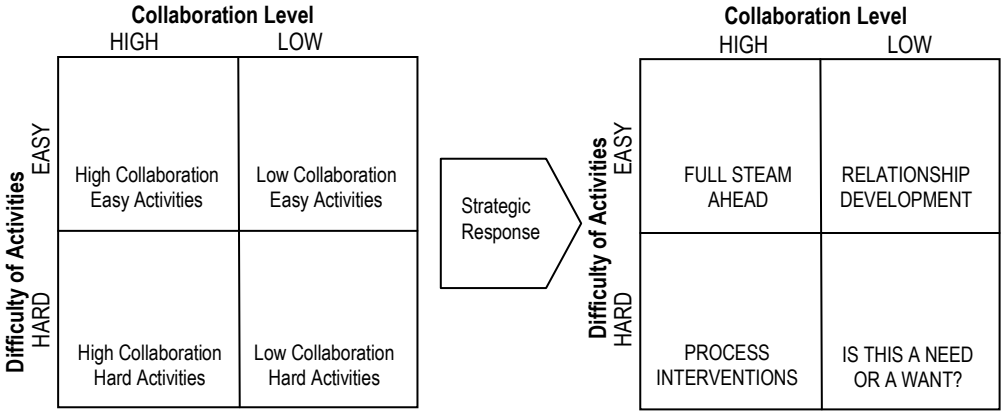
Results: Summary Analysis, Continued

Conclusions

In the Homelessness, Family Literacy and Community Services sections, overall average partner scores were near or below 1.00 (which represents the cooperation level). The activities in the Child Care, Professional Development and Homelessness sections were more difficult than other sections. The individual sections will explore why in more detail. The difference those sections with low collaboration partners and those with high difficulty activities suggest that collaboration should be analyzed at least on these two dimensions: how close is the program collaborating with a partner and how difficult is it to engage in a variety of collaborative activities.

If these dimensions were plotted as a matrix it would suggest four general circumstances:

1. High collaboration, Easy activities
2. Low collaboration, Hard activities
3. High collaboration, Hard activities
4. Low collaboration, Easy activities



The diagram above shows possible strategic responses to each of these situations:

- "Full Steam Ahead" or move forward on these for areas with high collaboration and easy activities because they might be considered "low hanging fruit."
- "Relationships Development" because of its relative ease but what is lacking is closer partnerships.
- "Process Interventions" to make strong partnerships work better.
- "Is this a need?" is important to ask because the investment of time may be significant.

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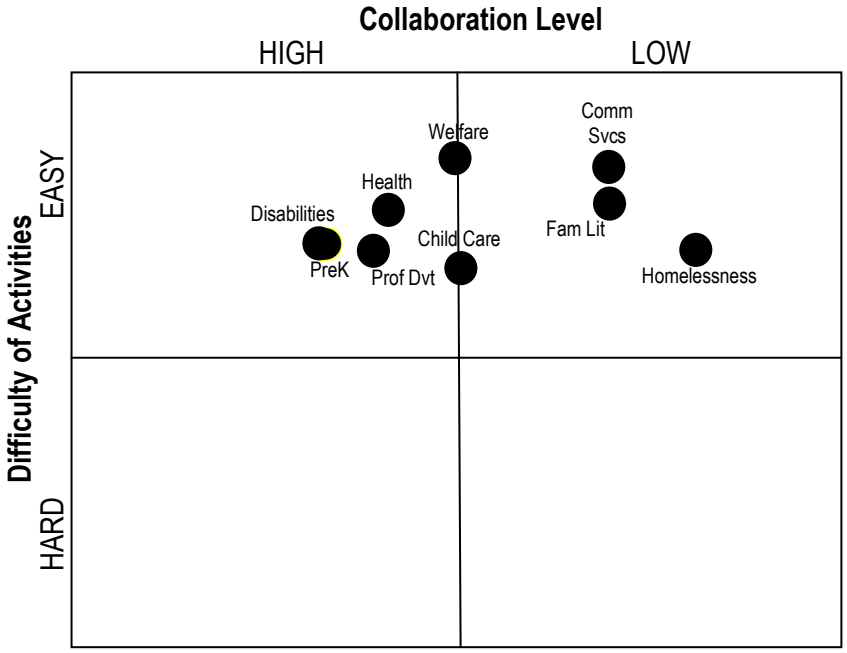
Results: Summary Analysis, Continued

Conclusions (continued)

If each of the areas were to be graphed on this matrix based on their score, the results would be as shown on the diagram below.



This suggests that most areas are not difficult, but there is a considerable variation in partnership levels. The specific reasons for the relative difficulty of partnerships are discussed in detail in the individual sections below.

Results: Health Services

Introduction

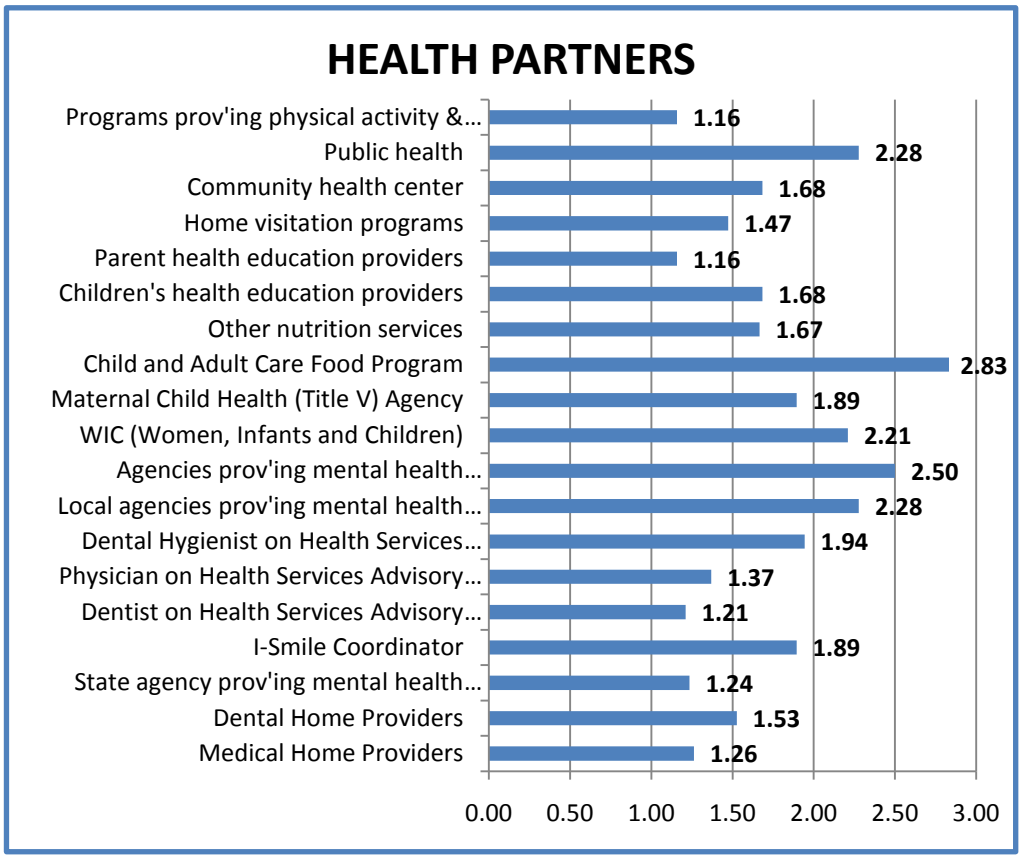
Health Services questions looked at a variety of partners and activities in the area of health, mental health, oral health and nutrition. Activities were selected among those required by Head Start Performance Standards including connecting families and children with health services, support from the health community on Health Services Advisory Committees (HSACs), support from health or nutrition agencies to provide education to parents and children, and completing all the required screenings and examinations.

According to the Head Start Act of 2007 (Sec. 642B), the Head Start State Collaboration Offices are to:

- "promote better linkages between Head Start agencies and other…agencies that provide health, mental health or family services…."
- "enhance collaboration and coordination of Head Start services by Head Start agencies with other entities providing…health care…including agencies and State officials responsible for [these] services."

Overall Scores

The following charts provide a summary of scores for partners and activities.



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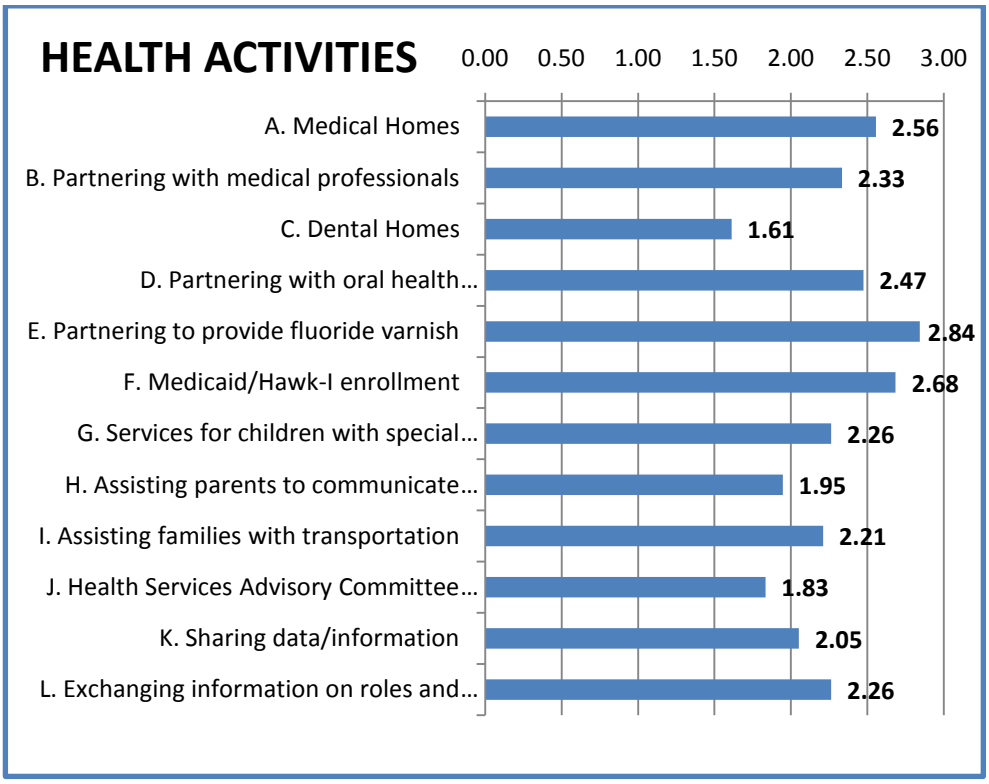
Results: Health Services, Continued

Overall Scores (continued)



Strongest Collaborative Partners

Among 19 possible partners, those that respondents indicated were strong collaborative relationships (whose scores were significantly different from the overall average) in the order of strength with the strongest being first include (scores in parentheses):

1. **Child and Adult Care Food Program** (2.83)
2. **Agencies providing mental health screenings** (2.50)
3. **Women, Infants and Children (WIC)** (2.21)
4. **Local Agencies providing mental health prevention and treatment** (2.28)
5. **Public Health** (2.28)

Continued on next page

Results: Health Services, Continued

Weakest Collaborative Partners

Among 19 possible partners, those that respondents indicated they had the relatively weakest collaborative relationships (whose scores were significantly different from the overall average) in the order of weakness with the weakest being first include (scores in parentheses):

1. **Parent Health Educators** (1.16)
2. **Medical Home Providers** (1.26)

Based on score alone the lowest ranked partners were:

1. **Parent Health Educators** (1.16)
2. **Agencies providing physical activities or obesity prevention services** (1.16)
3. **Dentists serving on HSACs** (1.21)
4. **State agencies providing mental health prevention and treatment services** (1.24)

Least difficult activities

Among 13 possible activities, those that respondents overall indicated were the least difficult (whose scores were significantly different from the overall average) in the order of difficulty from least to most include (scores in parentheses):

1. **Getting children enrolled in Medicaid or Hawk-I** (2.84)
2. **Partnering with oral health professional to provide fluoride varnish applications** (2.68)
3. **Linking children to Medical Homes** (2.56)

Most difficulty activities

Among 13 possible activities, only one activities was significantly different from the overall average:

1. **Linking children to dental homes that serve young children** (1.61)

Based on score alone the most difficult activities were:

1. **Linking children to dental homes that serve young children** (1.61)
2. **Getting full and active representation on HSAC** (1.83)
3. **Assisting parents to communicate effectively with medical/dental providers** (1.95)

Continued on next page

Results: Health Services, Continued

Activities programs are not doing

Only one program reported not doing some of the health activities:

- Linking children to medical homes
- Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)
- Linking children to dental homes that serve young children
- Getting full representation and active commitment on your Health Services Advisory Committee

Other issues in collaborating with health service providers

The survey invited an open-ended response asking respondents to describe other issues regarding health, mental health, oral health or nutrition services for enrolled children and families. The main themes of the responses were:

- Parents not going to dental visit
- Sparseness of services in rural areas
- Reluctance by physician, and especially dentists, to accept Medicaid patient
- Reluctance by dentist to treat young children (2 years and younger)
- Access to mental health services for children
- The difficulty of getting lead screenings for children

Health Partnerships and Activities that "work well"

The survey asked an open-ended question about what was working well in the area of health services. The main themes of the responses were:

- Oral health (especially I-Smile)
- Mental health services by specific providers
- Partnerships with specific providers (e.g., community health center, AEA, Lions Club, WIC, pediatrician on HSAC, Munroe Meyers Institute)
- Sound practices (e.g., providing transportation to appointments, family style meals, providing translators on visits.)

Continued on next page

County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. For the following health activities, here are the counties where these activities is uniquely difficult each activity where a response was given. In some cases, respondents made comments.

Dental Homes (Clay, Marion, Poweshiek, Sheldon, Sibley, Tama, Warren)
Partnering with oral health professionals (Clay, Page, Poweshiek, Sheldon, Sibley, Tama)
Partnering to provide fluoride varnish (Bremer—"I-Smile not active…we do it ourselves," Page)
Services for children with special health care needs (Crawford, Pottawattamie)
Assisting families with transportation (Buena Vista, Dickinson, O'Brien)
Sharing data/information (it varies with providers; "HIIPA issues; especially for lead (as is being done for DMPS.[*]"))

Conclusions on Health Services Results

Based on this information, a number of conclusions may be made:

- **The strongest health partnerships are those with entities that are required or linked to required services.**

Head Start programs are required to be enrolled in the CACFP. Not surprisingly this emerges as the strongest partnership. Similarly, mental health screening is also required so programs have found agencies in the community to provide these services.

- **The weakest health partnerships are among those services less demanded, except for oral health needs.**

Many Head Start programs are addressing parent education and obesity issues internally and not seeking partnerships from agencies in the community. In the case of parent education, it might be through parenting support services. In the case of early childhood obesity it might be with initiatives such as I am Moving, I am Learning. However, as communities begin to provide more services and with the epidemic increase in overweight children, the need for outside support may grow.

Oral health is a high need. The low score for dental homes reflects a real problem in accessing dentists due to availability and the tendency among some dentists not to see young children or families on Medicaid. The difficulty in finding dentists to serve on HSACs confirms past data collected

Continued on next page

[*] Des Moines Public School

Conclusions on Health Services Results (continued)

from programs and is associated with the low score for having full membership on HSACs. A further indication is the high and significant "difficulty" score for securing dental homes for children. One positive indication in the area of dental services is the strong collaboration with I-Smile coordinators, an effort that has received a great deal of attention from the Iowa Head Start State Collaboration Office. The relative ease in obtaining fluoride varnish treatment may also point to collaboration with I-Smile coordinators. Working with I-Smile coordinators was also mentioned a few times as activities that were "working well." Continuing to press for more dentists willing to provide examinations for children and making more use of I-Smile coordinators is certainly indicated and should remain a priority for the State Collaboration Office.

- **Basic health care services seem to be adequately addressed**

There is nothing in the survey data that suggests severe deficiencies in securing health care coverage or providing children with required health care services. The low score for collaboration with medical home providers seems contradictory to other data presented here. On closer examination, it seems the low score is because most programs reporting they simply have a "cooperating" relationship with medical home providers, a fact that may reflect a perfectly adequate relationship and one that need not rise to the level of "coordination" or "collaboration."

Results: Services for children experiencing homelessness

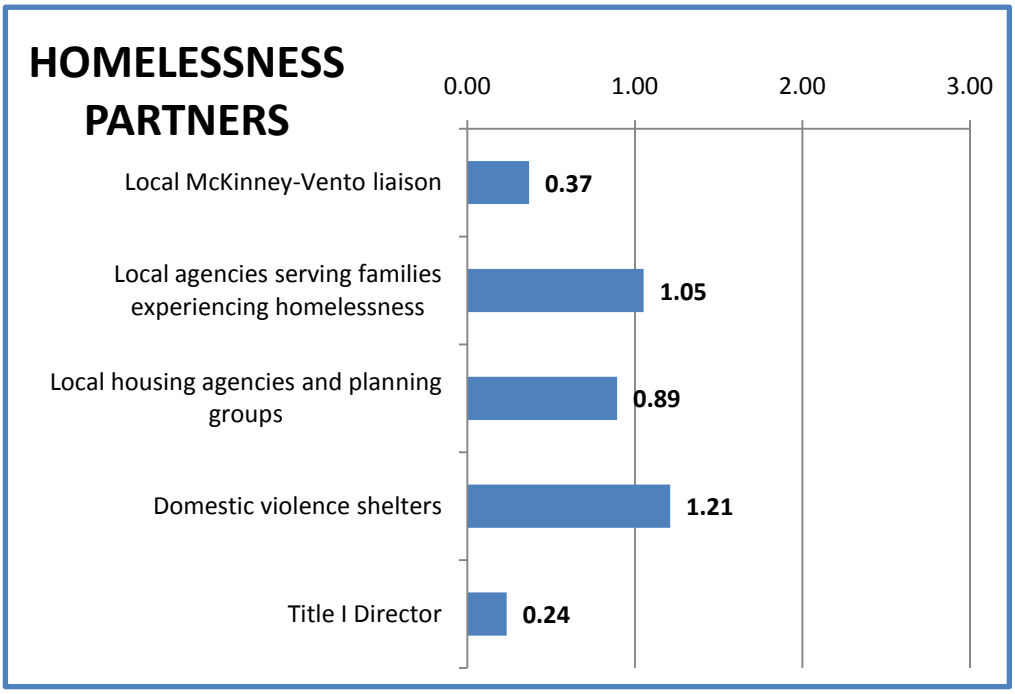
Introduction

Homeless services questions looked at partners and activities in the area of addressing the needs of families and children who are experiencing homelessness. Activities were selected among those required by Head Start Performance Standards but also some that have recently received attention in the Head Start Act of 2007 which emphasizes a stronger link with the McKinney-Vento Homeless Assistance Act.

The Head Start Act of 2007 (Section 642B) calls for Head Start State Collaboration Offices to "enhance collaboration and coordination of Head Start services by Head Start agencies with other entities providing…services relating to…homeless children…and State officials responsible for [these] services."

Overall Scores

The following charts provide a summary of scores for partners and activities.



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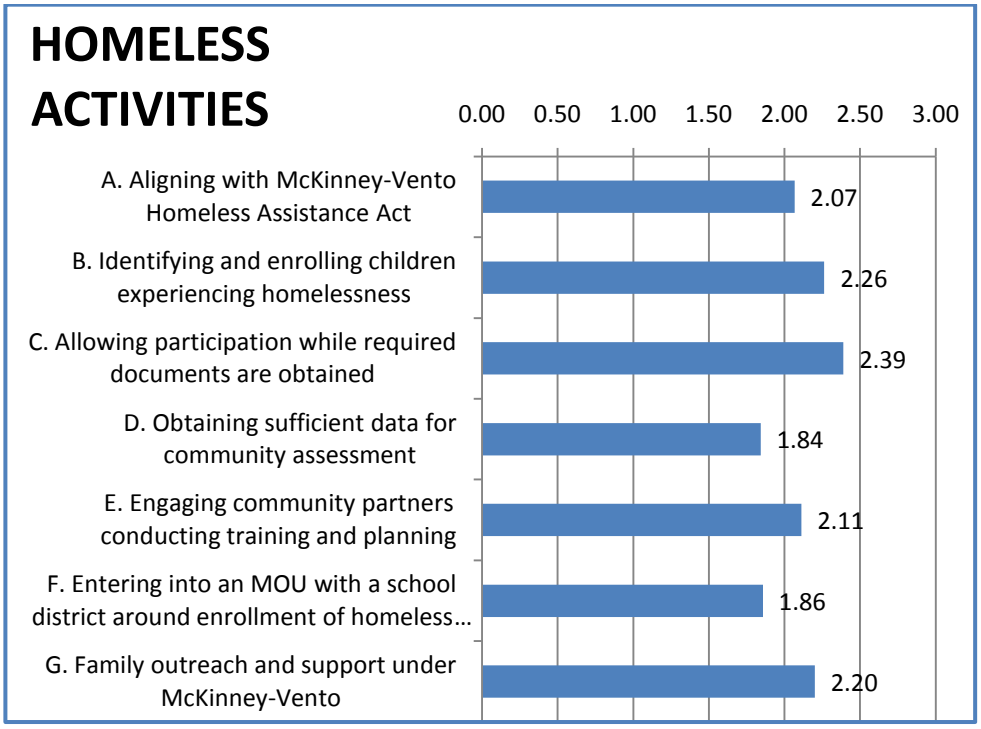
Results: Services for children experiencing homelessness, Continued

Overall Scores (continued)



Strongest Collaborative Partners

Among five possible partners, none of them have scores that are significantly above the average. Based on score alone, two were higher than 1.00 or the "cooperation" level (scores in parentheses):

1. **Domestic violence shelters** (1.21)
2. **Local agencies serving homeless families** (1.05)

Both these scores are relatively low overall though neither is significantly different than the overall scores.

Weakest Collaborative Partners

Among five possible partners, none has a score that is significantly below the average. Based on score alone three are less than 1.00 or the "cooperation" (scores in parentheses):

1. **Title 1 Directors** (0.24)
2. **Local McKinney Vento liaison** (.037)
3. **Local housing agencies** (.089)

Continued on next page

Results: Services for children experiencing homelessness,
Continued

Least difficult activities

Among seven possible activities, no scores were significantly different in either a positive or negative direction. The least difficult activities were (scores in parenthesis):

1. **Allowing participation while required documents are obtained** (2.39)
2. **Identifying and enrolling children experiencing homelessness** (2.26)

Most difficult activities

The most difficult activities were (scores in parenthesis):

1. **Obtaining sufficient data for community assessment** (1.84)
2. **Entering into an MOU with a school district around coordination of enrollment for homeless children** (1.86)

Activities programs are not doing

Among all the sections, the activities in the homeless services section had the highest percentage (20.6%) of programs reporting "not doing" the activities. The activities programs said they were not doing included (percentage of programs so reporting in parentheses):

- **Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities** (52.6%)
- **In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness** (44.4%)
- **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** (26.3%)
- **Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act** (21.1%)

Other issues in collaborating with homelessness providers

The survey invited an open-ended response by asking respondents to describe other issues regarding services for children and families experiencing homelessness. The main themes of the responses were:

- More attention paid to coordinating with McKinney-Vento liaisons)
- Definitions of homelessness may be cultural (large numbers of individuals living in the same location may not constitute homelessness in some cultures)
- Homelessness in rural settings has unique challenges: lack of shelters, few homeless, difficulty with identification

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Results: Services for children experiencing homelessness,
Continued

Homelessness services Partnerships and Activities that "work well"

The survey asked an open-ended question about what was working well in the area of service to children experiencing homelessness. The main themes of the responses were:

- Developing positive relationships with Homeless Shelters
- Developing positive relationships with housing programs
- Identifying community resources for families
- Good success with coordinated services at community action program level

County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. For the following collaborative activities concerning homelessness, here are the counties where the activity is uniquely challenging. In some cases, respondents made comments.

Aligning with McKinney-Vento Homeless Assistance Act (Decatur/Clarke collaborations)
Identifying and enrolling children experiencing homelessness (Unsure how to document and score income)
Allowing participation while required documents are obtained (Not sure what documents are required)
Obtaining sufficient data for community assessment (Difficult to gather county-specific information)
Engaging community partners conducting training and planning (Clarke—adjusting & working with collaborations, Decatur Hardin, Marshall, Poweshiek, Story, Tama)
Entering into an MOU with a school district around enrollment of homeless children (Ringgold)

Conclusions on Homeless Services Results

Based on this information, one important conclusion may be made:

- **Partnerships and activities designed to address the needs of children experiencing homelessness are relatively weak.**

Overall, collaboration scores in this section were the lowest of any section. None of the partnerships move beyond the "cooperation" level. It appears that programs are restricting their activities to identifying, enrolling and making accommodations for children who are homeless. The wider level of work—such as coordinating services with other agencies (especially schools), obtaining data and using the McKinney-Vento definitions of homelessness—

Continued on next page

Results: Services for children experiencing homelessness,
Continued

Conclusions on Homeless Services Results (Continued)

is less common. One in five programs report not even doing the activities, the highest average among all the sections. Less than half of programs do any kind of joint training or planning, and yet the Head Start Act (Sec. 642A(a)(2)) calls for each program to coordinate with the McKinney-Vento liaison. This may be due to the fact that overall programs in Iowa serve relatively few children experiencing homelessness (6 percent of total actual enrollment in 2008). It may be hard to put a priority on services that effect so few children, especially beyond basic services. In many school districts, the McKinney-Vento liaison is person with many other duties making him or her a less than ideal partner.

These data point to the need for more attention to be paid to relationships with school districts, especially McKinney-Vento liaisons and to strengthening overall systems of support for homeless children and families so Head Start programs can be part of a community's response to serving these vulnerable populations. Since children experiencing homeless are categorically eligible for Head Start, Head Start programs should be significant partners. The changes in the Head Start Act to align the definitions of homelessness in Head Start with McKinney-Vento was intended to make it easier for these two federally-funded services to work together. More needs to be done to encourage partnership and joint activities between Head Start and school districts to better support children experiencing homelessness.

Results: Welfare/Child Welfare

Introduction

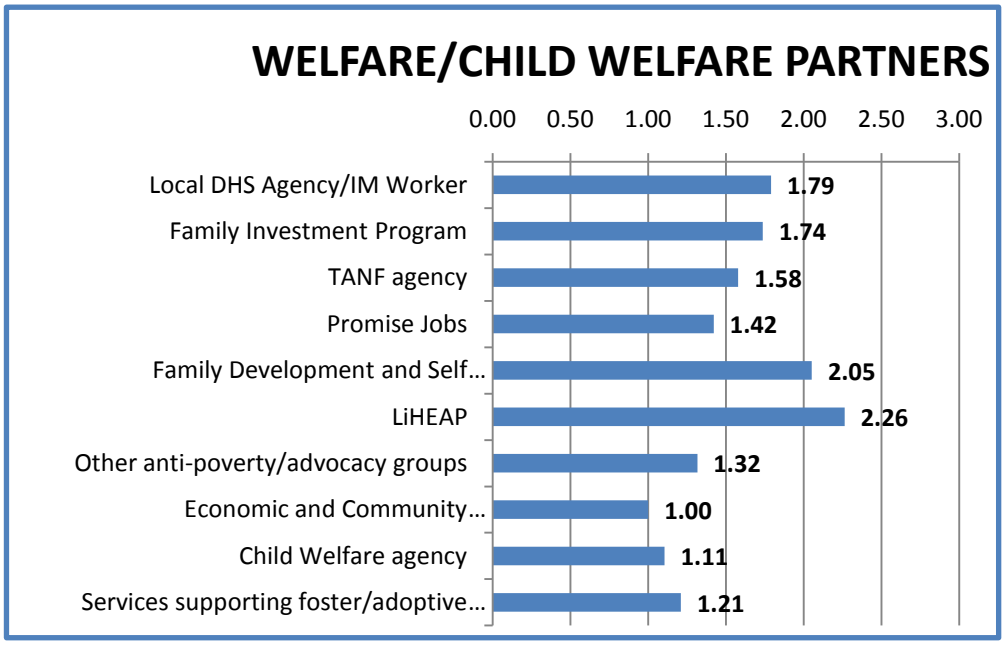
Questions in this section addressed issues relating to collaboration with Temporary Assistance for Needy Families (TANF) programs and Child Welfare services, including foster care and child protective services. The survey questions in this section include partnerships with a number of state and federal welfare programs and programs that support children in protective services. Activities assessed include exchanging information and potential recruits.

The Head Start Act of 2007 (Section 642B) requires Start Collaboration Offices to:

- "enhance collaboration and coordination of Head Start services by Head Start agencies with other entities providing…welfare…and State officials responsible for [these] services."
- "enhance collaboration and coordination of Head Start services by Head Start agencies with other entities providing…child protective services…services provided for children in foster care and children referred to Head Start programs by child welfare agencies and State officials responsible for [these] services."
- "enable the Head Start agencies to better conduct outreach to eligible families."

Overall Scores

The following charts provide a summary of scores for partners and activities.



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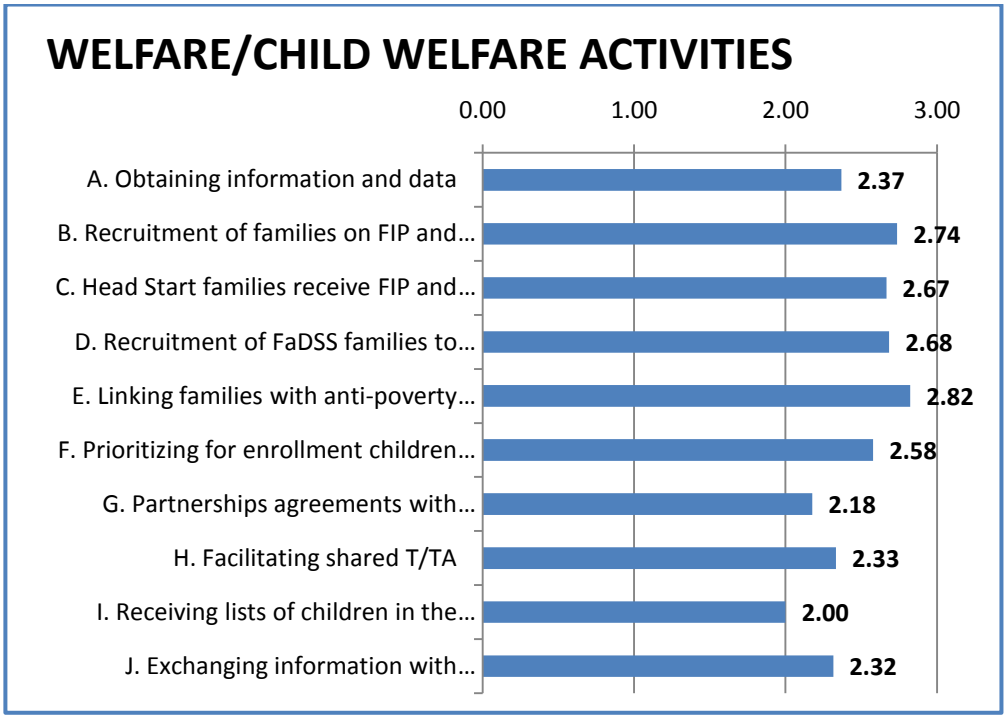
Results: Welfare/Child Welfare, Continued

Overall Scores (continued)



Strongest Collaborative Partners

Among ten possible partners, the one significantly strong collaborative relationship was **Low-income Home Energy Assistance Program (LiHEAP)** (score=2.26).

The other strong partnership was with the FaDSS program (score=2.05). Scores over 2 indicate collaborative levels above "coordination."

Weakest Collaborative Partners

Among ten possible partners, those that had scores significantly below the average include (scores in parenthesis):

1. **Economic and Community Development Councils** (1.00)
2. **Child Welfare Agency** (1.11)

Continued on next page

Results: Welfare/Child Welfare, Continued

Least difficult activities

Among ten possible activities, four were significantly different in a positive direction. Those included (scores in parenthesis):

1. **Linking families with community-based anti-poverty support or advocacy organizations** (2.82).
2. **Working together to target recruitment of families on FIP and Promise Jobs** (2.74). Both the Family Investment Program (FIP) and Promise Jobs are TANF-supported programs designed to support families of low income with income-supports and job training.
3. **Working with FaDSS agencies to target Head Start families and vice versa** (2.68).
4. **Working together to target eligible Head Start families to receive FIP and Promise Jobs** (2.67).

Most difficult activities

No activities were significantly more difficult than the average overall difficulty, however the lowest scoring was **Receiving lists of children in the foster care system** (2.00).

Activities programs are not doing

A number of activities in the welfare/child welfare section had 10 to 20 percent of programs reporting "not doing" the activities. The activities programs said they were not doing included (percentage and number of programs so reporting in parentheses):

- **Receiving lists of children in the foster care system for the purposes of recruitment** (21.1% or 4 programs).
- **Linking families with community-based anti-poverty support or advocacy organizations** (10.5% or 2 programs).
- **Establishing and implementing local interagency partnerships agreements with agencies providing welfare funded services** (10.5% or 2 programs).

Other issues in collaborating with welfare and child welfare services

The survey invited an open-ended response asking respondents to describe other issues regarding partnerships with welfare or child welfare services. The main themes of the responses were:

- More referrals and lists from welfare system programs
- How to keep foster care kids connected to Head Start when they enter into the foster care system or when they move from one foster family to another

Continued on next page

Results: Welfare/Child Welfare, Continued

Welfare/Child Welfare Partnerships and Activities that "work well"

The survey asked an open-ended question about what was working well in the area of welfare and child welfare services. The main themes of the responses were:

- Receiving list of Family Investment Program participants
- Establishing positive relations with Department of Human Services and agency colleagues
- The ability to share information about families

County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. For the following collaborative activities concerning welfare and child welfare, here are the counties where the activity is uniquely challenging. In some cases, respondents also made comments.

Obtaining information and data (Ringgold)
Linking families with anti-poverty groups (No active groups in UDMO* area)
Receiving lists of children in the foster care system
(Audubon, Calhoun, Carroll, Dallas, Greene, Guthrie, Sac)

Conclusions on Welfare/Child Welfare Services Results

Based on this information, a number of conclusions may be made:

- **The strongest partnerships were with those programs already part of Community Action Agencies.**

The strongest collaboration scores were for FaDSS and LiHEAP. Both these programs are typically operated out of Community Action Agencies. Fifteen of nineteen Head Start programs in the state are operated out of Community Action Agencies and of those agencies eleven also operate FaDSS programs. All of 15 operate LiHEAP programs. Both these programs showed the highest levels of collaboration. It seems reasonable to assume that collaboration with programs in a single agency is easier than across two separate agencies. It remains important that strong collaboration exists with all programs especially in providing seamless services for families of low income. Scores under 2.00 for Promise Jobs and TANF suggest additional work might be needed in this area. Also the need for stronger relations between Head Start and Economic Development activity may also be indicated.

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*The Head Start program Upper Des Moines Opportunity

Conclusions on Welfare/Child Welfare Services Results (Continued)

- **Activities related to coordinating with welfare and child welfare were relatively easy to do.**

It is striking how similar the scores are among the activities in this section (standard deviation=.27 versus overall for activity difficulty of .33). All scores were relatively high with four activities being significantly easier. It is relatively easy for programs to engage in simple but important work as cross-referrals and information-sharing. Some programs commented on the value of receiving FIP lists and working closely with DHS. Even though list sharing is easy, another program wanted "more referrals and lists." The relative lack of difficulty in this area suggests that it may not need to be a priority when compared with the other issues addressed in this report, but there is still a desires to increase list sharing and referral practices.

- **Welfare collaborations and the ease of performing collaborative activity working with the welfare system appear stronger than those partners and activities in the child welfare system.**

The last two partnerships and the last two activities address child welfare services. These responses indicate a lower level of partnership and a higher level of difficulty compared with other welfare services. Since foster children are categorically eligible for Head Start, strengthening partnerships with child protective services is important. Over the past six years, enrollment based on foster care status has not deviated much from an average of about 150 children per year (or less than 2 percent of total actual enrollment).

Some emphasis on four programs that are not receiving lists of children in the foster care system would help to address these lower levels of partnership and activity engagement. There is also the need to develop clearer procedures for informing programs about the movement of children in and out of foster care and between foster care placements.

Results: Collaboration with Child Care

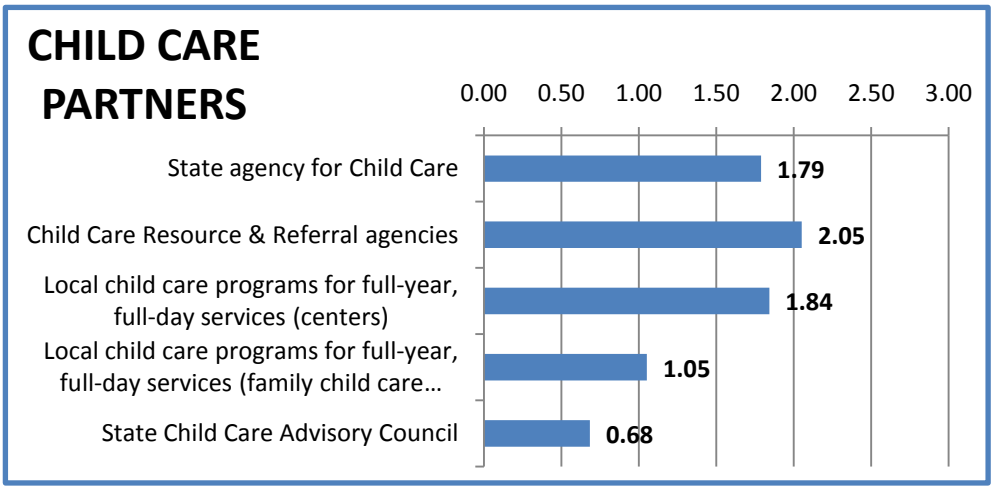
Introduction

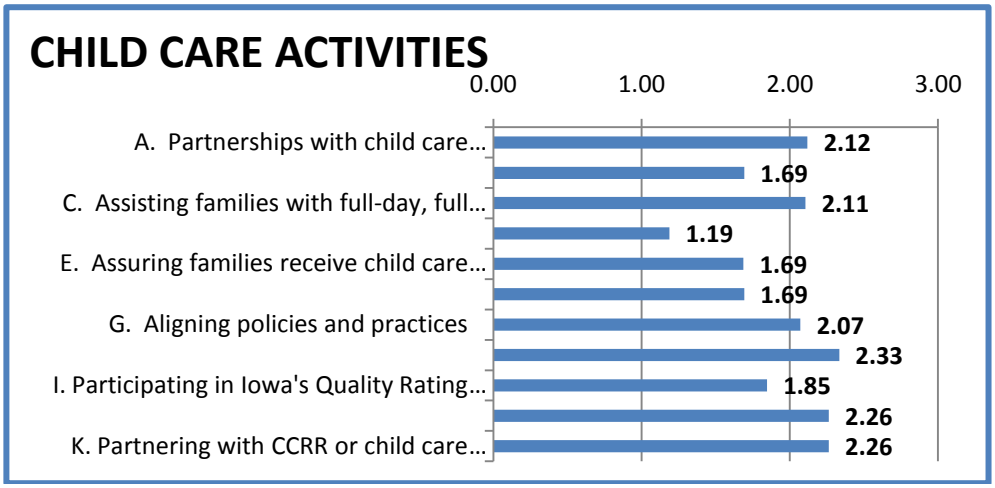
This section was designed to assess the extent of Head Start programs' involvement with various child care providers and organizations.

According to the Head Start Act of 2007 (Section 642B) State Collaboration Offices are to assist Head Start programs to coordinate activities with the State agency responsible for state programming carried out under the Child Care and Development Block Grant. In Iowa, this is the Iowa Department of Human Services. The Head Start State Collaboration Offices are also asked to promote partnerships with resource and referral services in the state, to make full-working-day and full calendar year services available to children. Such partnerships should enable Head Start agencies to better conduct outreach to eligible families.

Overall Scores

The following charts provide a summary of scores for partners and activities.





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Results: Collaboration with Child Care, Continued

Strongest Collaborative Partners

Among five possible partners, the one significantly strong collaborative relationship was with **Child Care Resource and Referral Agencies** (score=2.05).

Weakest Collaborative Partners

Among five possible partners, the one significantly weak collaborative relationship was with the State Child Care Advisory Council (score=.68).

Least difficult activities

Among the eleven activities in the child care section only one was significantly different in a positive direction (less difficult). That activity was **Assuring eligible families receive child care assistance** (score=1.69).

Based on score alone the three least difficult activities were (scores in parentheses):

1. **Sharing data/information on children that are jointly served** (2.33)
2. **Exchanging information on roles and resources with other providers/organizations regarding child care and community needs assessment** (2.26)
3. **Partnering with CCRR or child care providers to provide joint training with your staff** (2.26)

Most difficult activities

Among 11 possible activities, one significantly different in a negative direction was **Supporting full-day, full year services through wrap-around grants** (score=1.19).

Besides the activity above, the five most difficult activities based on scores were (scores in parentheses):

1. **Supporting full-day, full year services through wrap-around grants** (1.19)
2. **Establishing linkages/partnerships with family child care providers** (1.69)
3. **Assuring eligible families receive child care assistance** (1.69)
4. **Assisting families receiving child care assistance for services from a high quality provider (QRS Level 3 or above)** (1.69)
5. **Participating in the Quality Rating System** (1.85)

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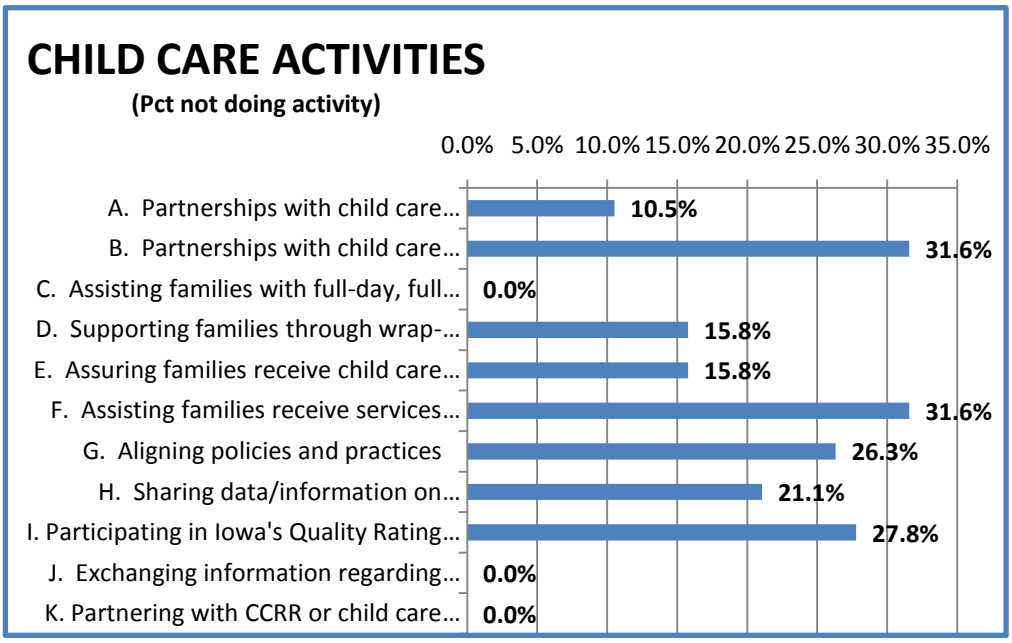
Results: Collaboration with Child Care, Continued

Activities programs are not doing

A number of programs did not engage in the child care collaboration activities addressed by the survey. The chart below summarizes the percentages who reported "not doing" the activity.



The activities in which more than 25 percent of programs (at least 4 programs) include:

- **Partnerships with family child care providers** (31.6% or 6 programs)
- **Assisting families receive services from a high quality provider** (31.6% or 6 programs)
- **Aligning policies and practices more** (26.3% or 5 programs)
- **Participating in Iowa's Quality Rating System** (26.3% or 5 programs)

Continued on next page

Results: Collaboration with Child Care, Continued

Other issues in collaborating with child care services

The survey invited an open-ended response by asking respondents to describe other issues regarding partnerships and activities with the child care system. The main themes of the responses were:

- The difficulty and importance of Wrap-Around grants
- Difficulty of participating in the Quality Rating System
- Eligibility issues related to Child Care Assistance
- Receiving current up-to-date state information announced to the State Child Care Advisory Council.
- Problems working with CCR&R due to state restrictions that have made it difficult to implement joint training.
- Sufficient availability of quality child care.

Child Care Partnerships and Activities that "work well"

The survey invited an open-ended question about what was working well in the area of child care. The main themes of the responses were:

- Providing more Full-Day Full-Year services through wrap-around and child care partnerships
- Collaboration with CCRR and providers
- Outreach and visitation to family providers

County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. For the following collaborative activities concerning child care, here are the counties where the activity is uniquely challenging. In some cases, respondents made comments.

Partnerships with child care providers (centers) (Taylor)
Partnerships with child care providers (family child care) (Difficulty of availability is some service areas)
Assisting families with full-day, full year services (Taylor)
Supporting families through wrap-around grant (Taylor)
Assuring families receive child care assistance (Depends on DHS office)
Assisting families receive services from a high quality provider (Crawford, Fremont, Mills, Page, Pottawattamie. Availability in a few service areas)
Aligning policies and practices (Ringgold)

Continued on next page

Results: Collaboration with Child Care, Continued

Conclusions on Child Care Results

Based on this information, a number of conclusions may be made:

- **Assisting families in accessing full-day, full-year services is relatively easy for grantees but not engaging in supportive strategies to do so.**

While programs reported the relative ease of assisting families (between "somewhat difficult" and "not difficult at all"), three specific means of doing (i.e., using wrap-around funding, securing child care assistance and finding high quality providers) were among the most difficult activities. Some of these scores may be related to the percentages of programs not doing these activities (from 15 to 30 percent). Nevertheless, all programs reported assisting families in securing full-day, full-year services. These differences deserve greater exploration; especially given the priority placed on supporting partnerships that promote full-day, full year services.

- **Head Start has weaker relationships with family child care providers than child care centers**.

Head Start programs have stronger relationships with child care centers than with family child care providers. Not only do more than 25 percent of programs have no relationships with family child care providers, but an equal percentage also report not doing activities around helping families with higher quality family child care (QRS level 3 and above). This circumstance suggests an opportunity to promote more partnerships with family child care providers, especially since a majority of children in Iowa received child care from family child care providers and new regulations released by the Office of Head Start allow for family child care to be partners in delivery Head Start services. The opportunity for closer relations with child care providers may also hold the promise of identifying high quality providers for Head Start families and encouraging more high quality providers to accept Child Care assistance.

- **The activity around supporting families through the wrap-around grant was viewed as very difficult.**

Last year the Iowa Department of Human Services changed how wrap-around grants recipients were determined. It was a competitive application process and many grantees did not view the process as easy and fair. Complaints were so numerous that the department ended up aborting the process and electing to continue with most of the existing grants. The high level of difficulty reported (almost half of all grantees viewed supporting services through wrap-around grants as "difficult" or "extremely difficult") may reflect their experience with the new grant process.

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Results: Collaboration with Child Care, Continued

Conclusions on Child Care Results (continued)

Participation in the Quality Rating System is low but not viewed as especially difficult.

One of the objectives of the Iowa HSSCO has been to encourage greater participation by Head Start grantees in Iowa's Quality Rating System (QRS). QRS scores were even divided between Difficult, Not so Difficult and Not Doing. Head Start programs have been participating in growing numbers over the past two years but still object to some criteria and procedures. However, eight grantees report having little or no difficulty participating. Apparently some are able to engage easily and others not all. Local variation in application of QRS policies may explain some of this difference however when asked about county-specific issues, no grantee reported such instances.

- **More than half of programs report having "no relationship" with the State Child Care Advisory Council**

Despite a statutory requirement giving Head Start representation on the SCCAC, most agencies do not view themselves has having a relationship with this body. This may be a matter of insufficient communication and channels for programs to participate in Council deliberations. To the extent that state policy might, for example, be changed to align with local strategies that assure full-day, full-year services, trying to help programs connect with the SCCAC might help advances in this area. The same argument could be made with respect to Quality Rating System and wrap-around grant funding and their participation and difficulty levels.

Results: Family Literacy Services

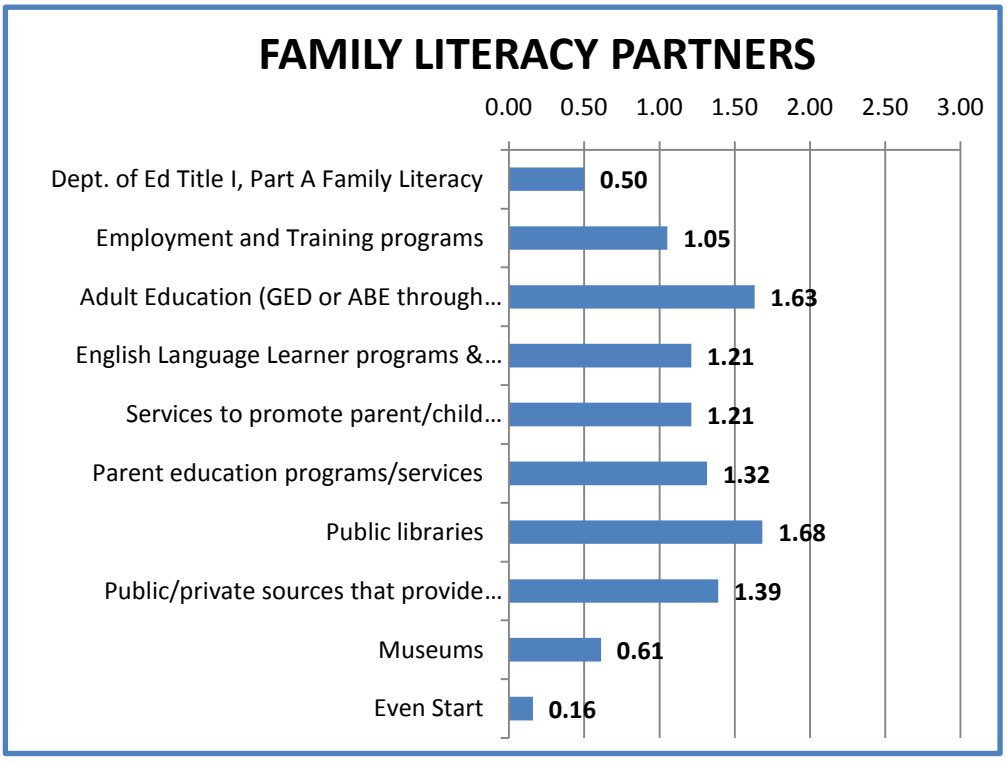
Introduction

This section was designed to assess the extent of Head Start programs' involvement with various family literacy service providers and organizations.

According to the Head Start Act of 2007 (Section 642B) State Collaboration offices are to enhance collaboration "with entities providing…family literacy services [and] reading readiness programs (including such programs offered by public and school libraries)…and State officials responsible for [these] services." For the purposes of the survey, family literacy was defined as the integration of four related services: adult education, early childhood education, parent education (in supporting their children's literacy development) and interactive literacy experiences between parents and children.

Overall Scores

The following charts provide a summary of scores for partners and activities.



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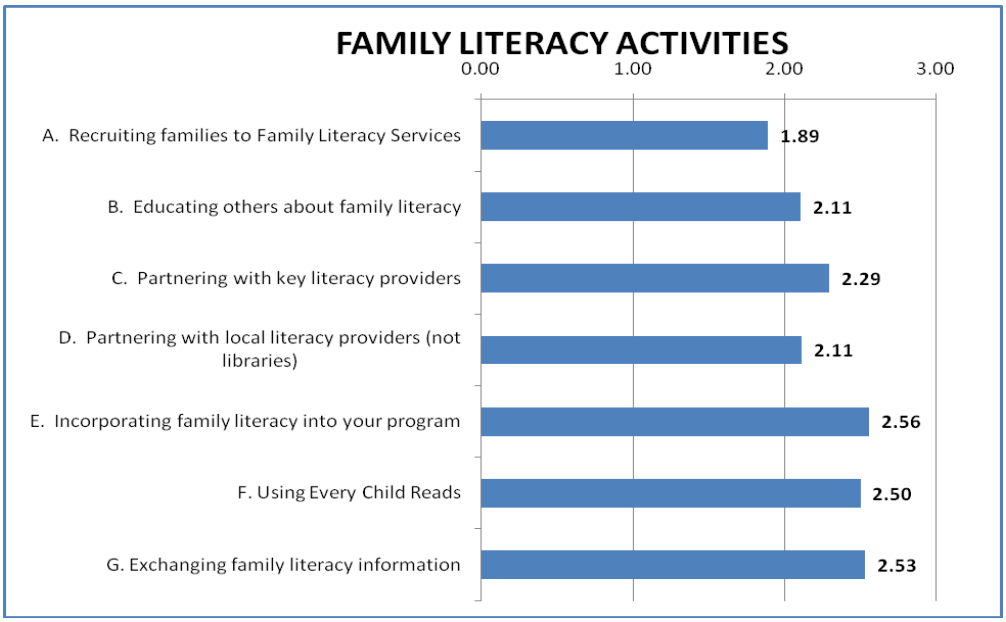
Results: Family Literacy Services, Continued



Strongest Collaborative Partners

Among ten possible partners, none represented significantly strong collaborative relationships.

Based on score alone the two strongest partnerships were with (scores in parentheses):

1. **Public libraries** (1.68)
2. **Adult Education Providers** (1.63)

Weakest Collaborative Partners

Among ten possible partners, five had significantly weak collaborative relationship (scores in parentheses):

1. **Even Start** (.16)
2. **Title One, Part A Family Literacy** (.50)
3. **Museums** (.60)
4. **Employment and Training programs** (1.05)

The first three scored below the "cooperation" level.

Continued on next page

Results: Family Literacy Services, Continued, Continued

Least difficult activities

Among seven possible activities, none were significantly different in a positive or negative direction.

Based on score alone the three least difficult activities were (scores in parentheses):

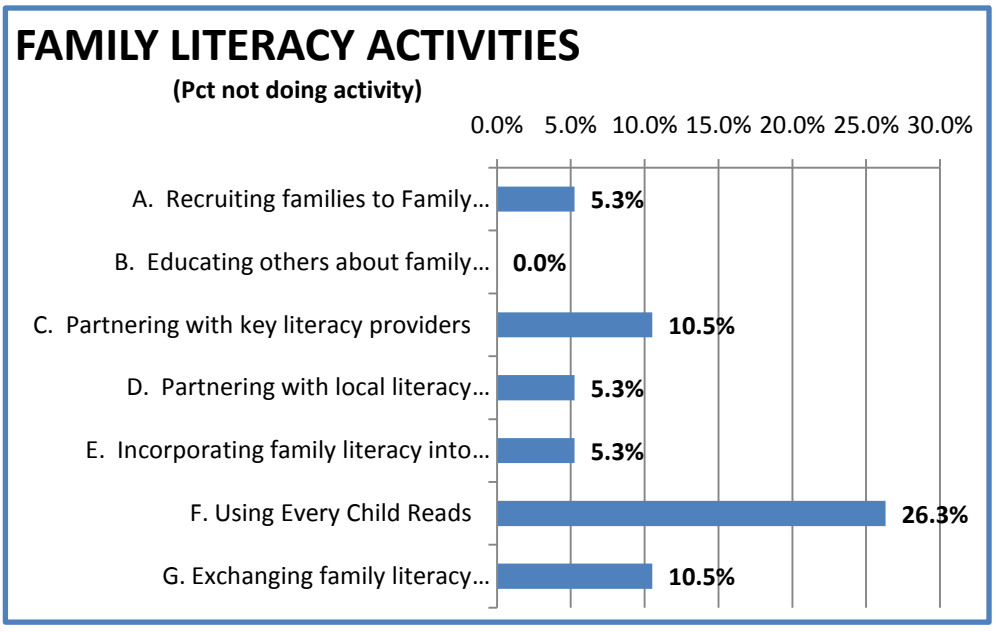
1. **Incorporating family literacy into your program policies and practices** (2.56)
2. **Exchanging information with other providers/organizations regarding roles and resources related to family literacy** (2.53)
3. **Using materials from Every Child Reads (3-5)** (2.50)

Most difficult activities

Among seven possible activities, the most difficult activity based on scores was
Recruiting families to Family Literacy Services (includes adult education, children's education, parenting education and opportunities for parents to engage in interactive literacy activities) (1.89)

Activities programs are not doing

A number of programs did not engage in the family literacy activities addressed in the survey. The chart below summarizes the percentages who reported "not doing" the activity.



Only one activity has more than 25 percent of programs (5 programs): **Every Child Reads (3-5)**.

Results: Family Literacy Services, Continued, Continued

Other issues in collaborating with family literacy service providers

The survey invited an open-ended response asking respondents to describe other issues regarding family literacy services for enrolled children and families. The main themes of the responses were:

- Incorporating Family Literacy into Head Start services
- Coping with funding cuts
- Expanding available bilingual services

Family Literacy Partnerships and Activities that "work well"

The survey invited an open-ended question about what was working well in the area of family literacy services. The main themes of the responses were:

- Working with partners doing family literacy activities
- Leveraging resources to buy books, create book bags, develop lending libraries
- Working with public libraries

County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. For the following collaborative activities concerning family literacy, here are the counties where these activities is uniquely difficult each activity where a response was given. In some cases, respondents made comments:

Partnering with key literacy providers (Taylor)

Conclusions on Family Literacy Results

The section deserves some careful review because it is second only to Homelessness as being an area with the lowest partner collaboration scores (1.08; $\rho<.05$). The reason is due to five partners being significantly below the overall average. Based on this information, a number of conclusions may be made:

- **The low level collaboration partners are those which have a presence in only in a few communities across the state.**

Only five Even Start programs operated in Iowa last year. In those communities where there were programs, some level of cooperation, coordination or collaboration is taking place. In Title I, Part A (Even Start is in Part B) support for family literacy is a recommended service for low income school districts. Nevertheless, very few school districts are engaging in activities that would be of benefit to Head Start programs and their parents. Museums, especially those designed for young children, are not available except in urban areas. In contrast, the highest collaboration partner scores are

Continued on next page

Results: Family Literacy Services, Continued, Continued

Conclusions on Family Literacy Results (continued)

with adult education providers (mainly community colleges) and libraries which are both omnipresent in the state. Expanding partnerships that are not readily available across the state may have limited success.

- **Programs have close relationship with some providers but not with all of those related to family literacy.**

While close partnerships exist for adult education providers and libraries, other services that promote parent/child literacy interactions, English Language classes or parent education programs are less strong. One inference to be drawn is that these difference services themselves are not well integrated and programs can connect with one without necessarily others. This appears to offer an opportunity to strengthen partnerships with these services both by fostering collaboration with between these programs and Head Start as well as among the programs themselves. The relatively weak partnership with employment and training programs (but especially important giving growing unemployment in Iowa) suggest another important partner that should be included in this work. There was also not indication that programs are integrating the different elements of family literacy and appear to mainly emphasizing early childhood education and interactive literacy experiences between children and parents.

- **Family recruitment is the most difficult activity**

One significant barrier in stronger collaboration with family literacy services is the relative difficulty in recruiting families. Unless efforts are made to address barriers to recruiting families the value of enhancing partnerships with family literacy services will not see its full potential.

Results: Services for Children with Disabilities

Introduction

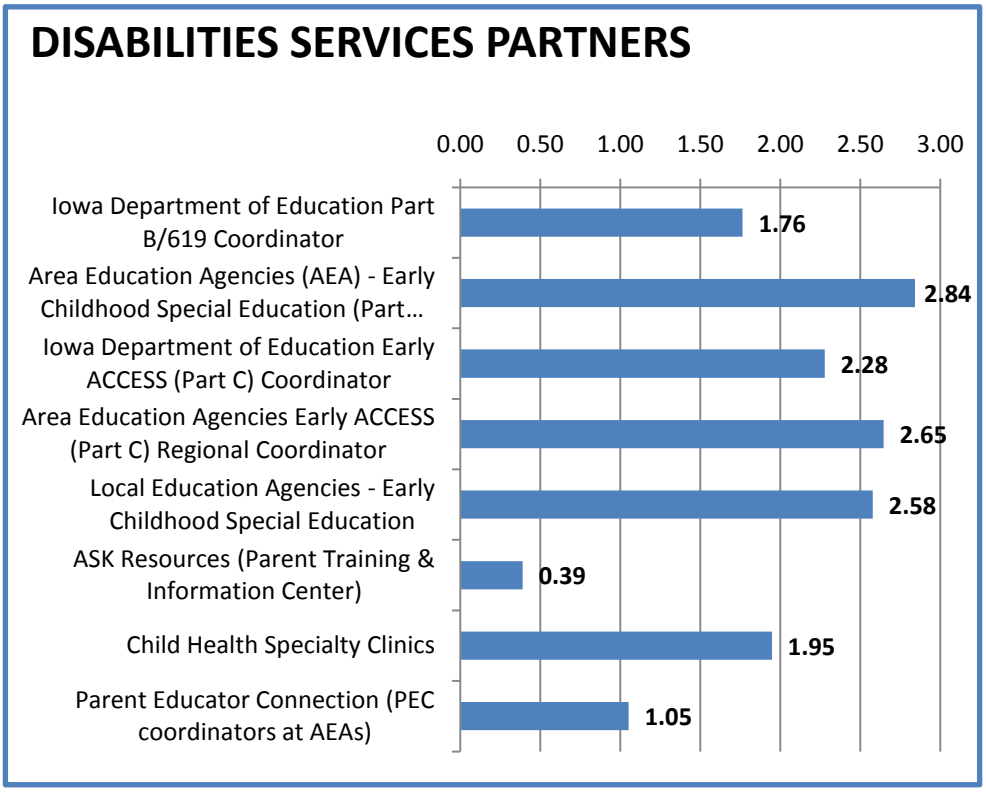
This section was designed to assess the extent of Head Start programs' involvement with service providers/organizations that assist children with disabilities.

According to the Head Start Act of 2007 (Section 642B) Start Collaboration Offices are to:

- "promote better linkages between Head Start agencies and…other child or family supportive services, such as services provided under section 619 or part C of the Individuals with Disabilities Education Act."
- "enhance collaboration and coordination of Head Start services by Head Start agencies with other entities providing…services relating to children with disabilities… and State officials responsible for [these] services."

Overall Scores

The following charts provide a summary of scores for partners and activities.



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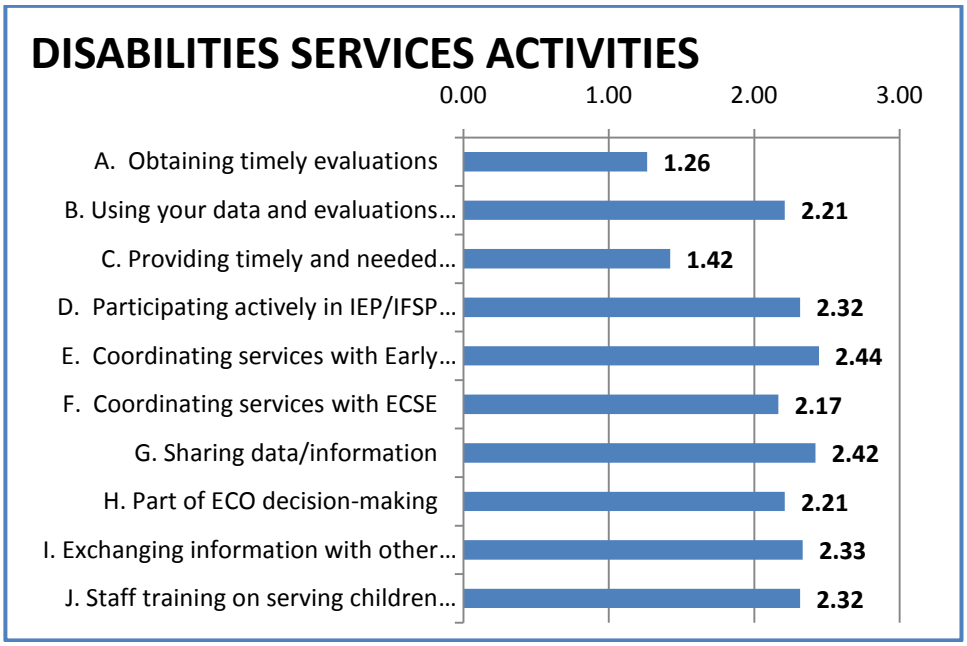
Results: Services for Children with Disabilities, Continued

Overall Scores (Continued)



Strongest Collaborative Partners

Among eight possible partners, those that respondents indicated were strong collaborative relationships (whose scores were significantly different from the overall average) in the order of strength with the strongest being first include (scores in parentheses):

1. **Area Education Agencies (AEA) - Early Childhood Special Education (Part B/619 personnel)** (2.84)
2. **Local Education Agencies - Early Childhood Special Education** (2.84)
3. **Area Education Agencies Early ACCESS (Part C) Regional Coordinator**(2.65)
4. **Iowa Department of Education Early ACCESS (Part C) Coordinator**(2.28)

Weakest Collaborative Partners

Among eight possible partners, two had significantly weak collaborative relationship (scores in parentheses):

1. **ASK Resources (Parent Training and Information Center)** (.39)
2. **Parent Educator Connection** (1.05)

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Results: Family Literacy Services, Continued, Continued

Least difficult activities

Among ten possible activities, none were significantly different in a positive direction.

Based on scores, a large number of activities had similar scores, all higher than "somewhat difficult" (scores in parentheses):

1. **Coordinating services with Early ACCESS (Part C) providers**(2.44)
2. **Sharing data/information on jointly served children (assessments, outcomes, ECO data, etc.)** (2.42)
3. **Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families** (2.33)
4. **Having staff be an active participant in developing the IEP (Individual Education Program) or IFSP (Individualized Family Services Plan)** (2.32)
5. **Engaging partners in conducting staff training on serving children with disabilities** (2.32)
6. **Using your data and evaluations you have done as part of the evaluation process** (2.21)
7. **Contributing to the identification of Early Childhood Outcomes (ECO) data and being part of the decision making of individual ECO ratings.** (2.21)
8. **Coordinating services with Early Childhood Special Education (ECSE) providers**(2.17)

Most difficult activities

The two remaining activities were rated as significantly more difficult than average difficulty overall.

1. **Obtaining timely evaluations of children** (1.26)
2. **Providing timely and needed services (e.g., general education interventions; problem-solving) whether or not the child is placed on an IEP or IFSP** (1.42)

Activities programs are not doing

Most programs engaged in all ten disabilities activities. All programs reported doing eight activities and only one program did not coordinate with Part C providers or with Early Childhood Special Education providers.

Continued on next page

Results: Family Literacy Services, Continued, Continued

Other issues in collaborating around services for children with disabilities

The survey invited an open-ended response asking respondents to describe other issues regarding services for children with disabilities families. The main themes of the responses were:

- Timely identification of children with suspected disabilities
- A growing trend of having children on IEPs (Individual Education Programs) removed from Head Start classrooms because they don't have licensed teachers
- Several issues surrounding disabilities services from Iowa's Area Education Agencies (e.g., inconsistency among AEAs, lack of early childhood expertise and obtaining services during summer months).

Disabilities Services Partnerships and Activities that "work well"

The survey invited an open-ended question about what was working well in the area of services for children with disabilities. The main themes of the responses were:

- Good relations with AEAs and LEAs
- Full inclusion practices

County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. For the following collaborative activities concerning disabilities services, here are the counties where the activity is uniquely challenging. In some cases, respondents also made comments:

Obtaining timely evaluations (Adams, Audubon, Carroll, true for certain clinicians, Clayton? [sic], Dallas, Guthrie, Hancock, Mitchell, Ringgold, Taylor, Union). These counties are served by Area Education Agencies 1, 11 and 14.
Using your data and evaluations in evaluation process (Dallas, Guthrie)
Providing timely and needed services even if not on IEP/IFSP (true for certain clinicians, Adams, Clayton? [sic], Dubuque, Hancock, Mitchell, Ringgold, Taylor, Union)
Participating actively in IEP/IFSP development (Dallas-Waukee, Ringgold, Taylor)
Coordinating services with ECSE (Dallas-Waukee, Hancock, Mitchell Ringgold. "We don't use outside ECSE services.")

Continued on next page

Conclusions on Disabilities Services Results

Based on the above information, a number of conclusions may be made:

- **The low level collaboration partners are from services that are not exclusive to early childhood.**

Both the state's Parent Training and Information Center and Parent Educator Connection (parent support services based out of the state's Area Education Agencies serve parents of children with special needs up to age 21. It is possible that the reason these are low level collaborations is that these services are more directed to older children and not early childhood. Both can and should serve these children but their connection to Head Start, at any rate, is weak.

- **The three levels of services (state, AEA and LEA) reflect different levels of collaboration**

When assessing the level of collaboration between special education/early intervention services and Head Start programs, we asked about how those partnerships worked at three different levels: state, AEA region and local. The best collaboration would operate well at each level so support for Head Start children and the coordination of services with Head Start works well on each level. This is true both for Part B/619 as well as Part C or Early ACCESS services. In fact, what the survey results show is that there is a difference in the closeness of collaboration at the local, regional and state level. The chart below summarizes these scores for both Part B/619 and Part C/Early ACCESS:

Level	Part B/619	Part C/Early ACCESS
Local	2.54	N/A
AEA	2.84	2.65
State	1.76	2.28

- **Collaboration levels are different between Part B and Part C at a state level**

The above chart also shows a .52 score gaps between Part B and Part C at a state level. This difference may be due to the fact that smaller numbers of programs relate to Part C (just Early Head Start) or because the Part B/619 Coordinator plays a smaller role with respect to grantees compared with AEAs or LEAs since their partnership scores are higher. In any event, some attention to strengthening relationships may be advisable.

Results: Community Services

Introduction

This section was designed to assess the extent of Head Start programs' involvement with community service organizations.

According to the Head Start Act of 2007 (Section 642B) Start Collaboration Offices are to enhance collaboration and coordination with agencies providing community service activities, law enforcement, relevant community based organizations, agencies to strengthen family and community environments and to reduce the impact on child development of substance abuse, child abuse, domestic violence and other high risk behaviors that compromise healthy development.

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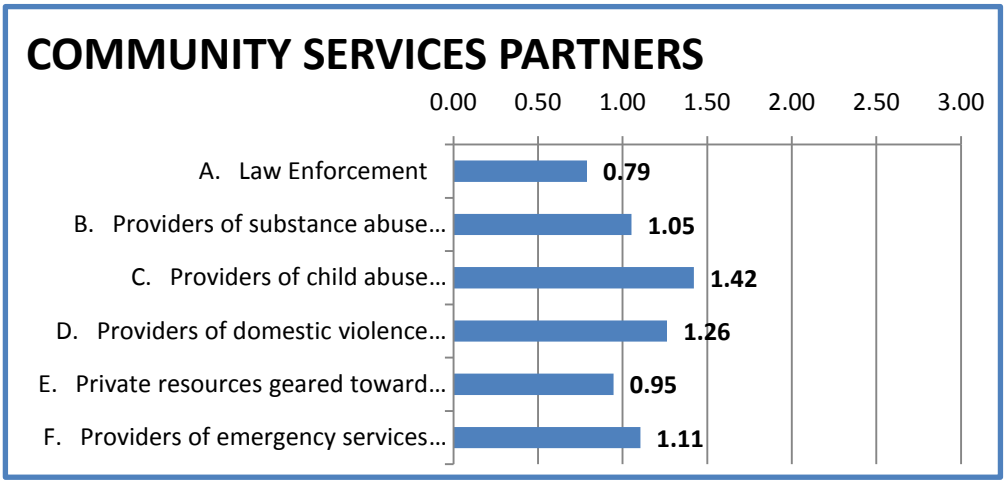
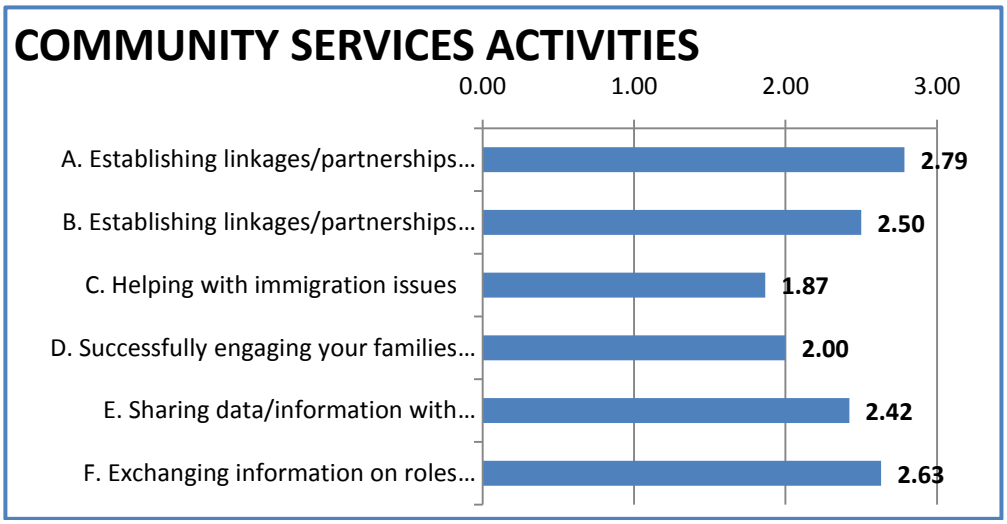
Overall Scores

The following charts provide a summary of scores for partners and activities.





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Results: Community Services, Continued

Strongest Collaborative Partners

Among six possible partners, none was reported as a significantly strong collaborative relationship.

Looking at scores, none of the partners listed scored higher than the midpoint of 1.5. The highest two were (scores in parentheses):

1. **Providers of child abuse prevention/treatment services** (1.42)
2. **Providers of domestic violence prevention/treatment services** (1.26)

Weakest Collaborative Partners

Among six possible partners, those that respondents indicated were weak collaborative relationships (whose scores were significantly different from the overall average), ranging from weakest to strongest, (scores in parentheses) were:

1. **Law Enforcement** (.79)
2. **Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc)** (.95)
3. **Providers of substance abuse prevention/treatment services** (1.05)

Least difficult activities

Among six possible activities, three were significantly different than the overall overage difficulty (scores in parenthesis):

1. **Establishing linkages/partnerships with law enforcement agencies** (2.79)
2. **Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding** (2.50)
3. **Exchanging information on roles and resources with other providers/organizations regarding community services** (2.63)

Most difficulty activities

Though none were rated as significantly more difficult than average difficulty overall, the two most difficult activities in this section were (scores in parentheses):

1. **Helping families with immigration issues** (1.87)
2. **Successfully engaging your families to use these kinds of community services** (2.00)

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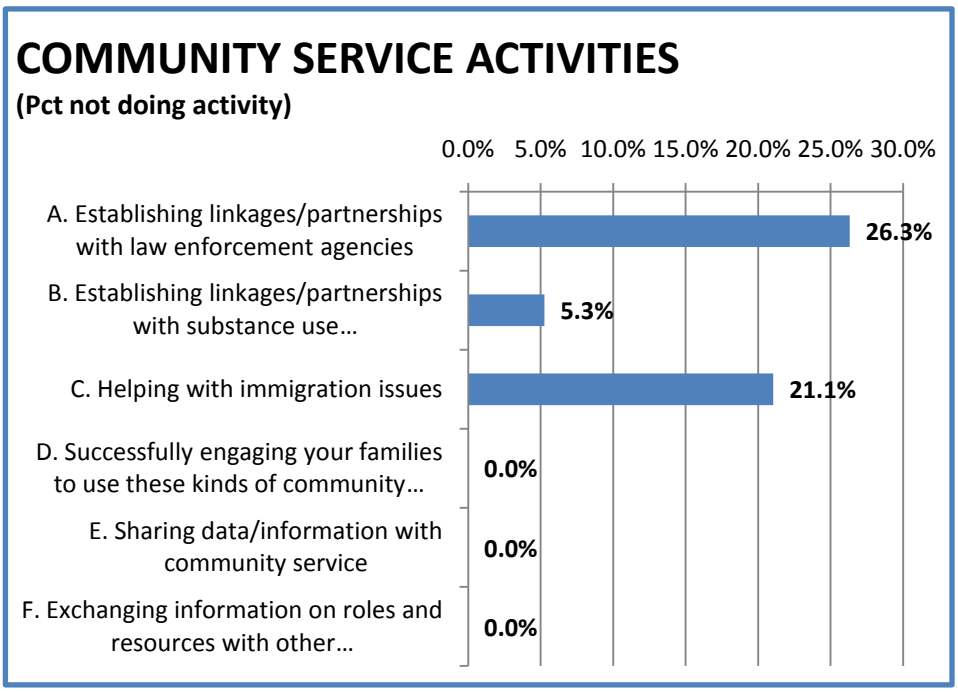
Results: Community Services, Continued

Activities programs are not doing

A number of programs did not engage in the collaboration activities addressed in the survey involving community service organizations. The chart below summarizes the percentages who reported "not doing" the activity.



Other issues in collaborating with community service providers

The survey invited an open-ended response asking respondents to describe other issues regarding community services Head Start families. The main themes of the responses were:

- The lingering effects of immigration raids in Iowa
- The difficulty of families in accessing community services because they do not have transportation

Partnerships and Activities that "work well"

The survey invited an open-ended question about what was working well in the area of community services. The main themes of the responses were:

- Collaborating services with other community and agency programs.
- Having staff belong to community organizations

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County Specific responses or comments

Respondents were invited to report if the difficulty of the collaboration activities is unique only to one or a few counties. The one comment made was in connection with the activity: **Helping with immigration issues**. The comment was: "Postville has presented many unique challenges and agency wide opportunities this past year."

Conclusions on Community Services Results

Based on the above information, a number of conclusions may be made:

- **Most of the collaborative partners score relatively low compared with partners overall**

All the collaborative partner scores are less than 2 or less than the "coordination" level. The composite score for the entire section was significantly different than the overall score. The performance standards require programs to "take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services" (1304.41(a)(2)). The direct benefit to families may not always be evident. It might also be the case that programs do not see effort toward developing relations with community service providers is worth it since many reported it was difficult to engage families successfully in using these services.

- **Engaging in community partnerships is perceived as relatively easy.**

All the activity difficulty scores are 2 (somewhat difficult) or higher (except for helping families with immigration issues.) Because the survey asked about the actual level of collaboration as well as the difficulty in establishing relations, the two scores can be compared as in the following table.

Partner	Partner Score	Activity	Activity Score	Pct. Not Doing
Law Enforcement	.79	Establish Relations with Law Enforcement	2.79	26.3%
Substance abuse services	1.05	Establish Relations with Substance Abuse Services	2.50	5.3%

These data suggest that while establishing these relationships are easy, programs are still not developing them. The most difficult activities are helping with immigration issues and getting families to engage in services. Collaboration with law enforcement and substance abuse providers. Additional emphasis on collaboration with law enforcement and substance abuse service providers may be indicated as well as something that would be important for families.

School District and Preschool Collaboration

Introduction

This section explored the status of collaborative partnerships between Head Start programs and school districts, especially those school districts that also offered preschool services. Those services could include state-funded preschool (either Shared Visions or Statewide Voluntary Preschool for 4-Year-Olds (SVPP)), Title One-funded or tuition-based. The status of collaboration was assessed along with whether MOUs and transportation agreements were also in place.

According to the Head Start Act of 2007 Section 642B Head Start Collaboration Offices are to

- "promote curricula alignment with Early Learning Standards and Head Start Child Outcomes Framework."
- "enhance collaboration and coordination of Head Start services by Head Start agencies with other agencies providing early childhood education and development."
- "promote partnerships between Head Start agencies, State and local governments, and the private sector to help ensure that children for low-income families, who are in Head Start programs or are preschool age, are receiving comprehensive services."

In the survey, respondents were asked to include the ten largest school districts in their service area. They could also include more if they chose. Based on the survey data and some additional information from the Iowa Department of Education regarding their Statewide Voluntary Preschool, information to answer the following questions was obtained:

- What percentage of the total number of school districts in the state was reported in the survey results?
- What percentage of the districts reported had a preschool (state-funded, tuition or other)?
- For these districts, what percentage were at what level of collaboration (none, cooperation, coordination, or collaboration)?
- For these districts, what percentage had Memoranda of Understanding (MOU) and were these MOUs comprehensive or not?
- Of the districts that had SVPPs and were using Head Start Performance Standards, what percentage had partial or comprehensive MOUs?
- Which of the subgroups mentioned above also had transportation agreements?

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School District and Preschool Collaboration, Continued

Percentage of school districts reported in survey

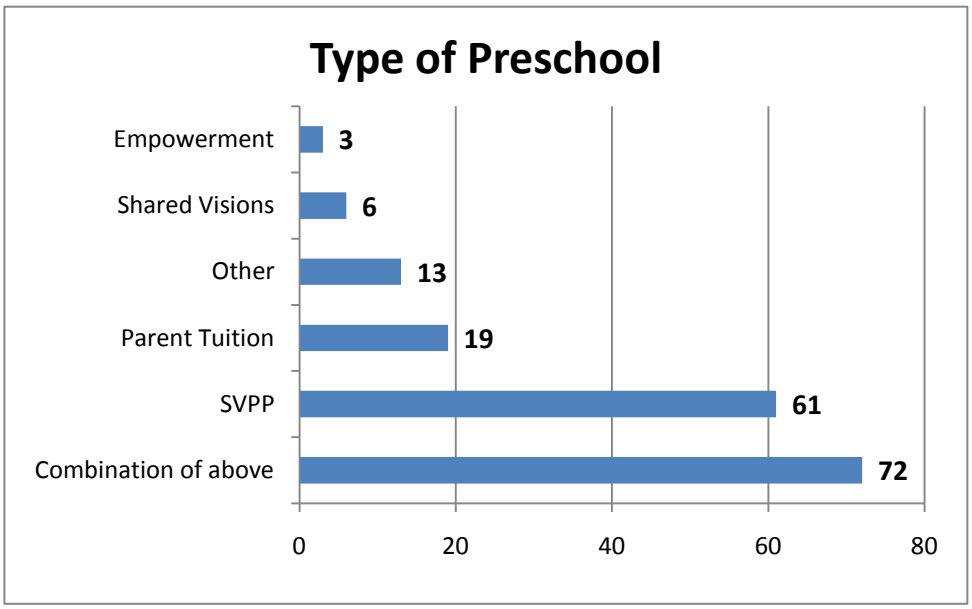
There were 361 school districts in Iowa in May, 2009, when the survey was administered. The survey respondents mentioned 188. The percentage of school districts reported in the survey is **52 percent** of all districts in the state. It is important to remember that the survey did not ask about all districts, only the ten largest, though they were invited to identify more.

Percentage of school districts with preschools

During the time frame reflected by the survey responses, the state was operating its Statewide Voluntary Preschool for Four-Year Olds (SVPP) in 113 districts. Of this number, survey responses mentioned 90 districts or **80 percent**. So the responses represented most of the districts providing SVPP services.

Levels of collaboration with school districts

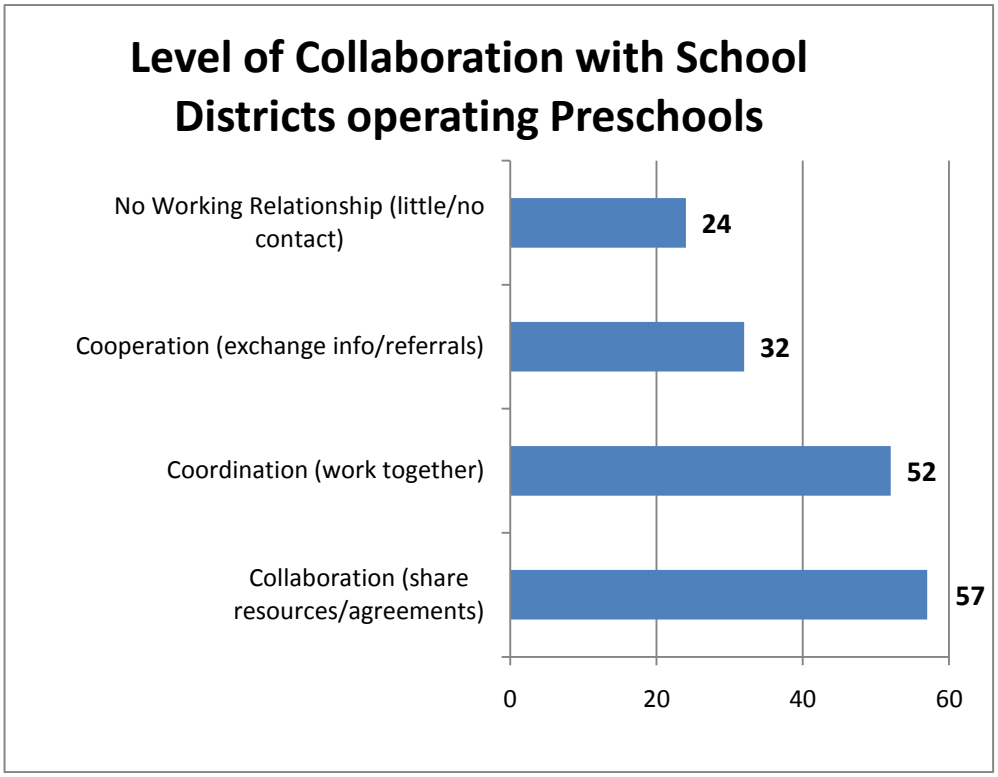
The survey invited respondents to indicate for each of the collaborations with the ten largest school districts in their service areas if they offered preschool and what type. Their responses reflect assessments on 165 districts. The kinds of preschools that were reported to have been offered by the districts varied widely but were mainly a combination of a number of programs, Statewide Voluntary Preschool and Parent Tuition. For 13 districts there was no information provided on preschool type. The complete results for districts where information was given are indicated in the chart below:



School District and Preschool Collaboration, Continued

Levels of collaboration with school districts (continued)

The survey also asked for each of these districts, what was the level of collaboration? The results are summarized in the chart below, not including the 23 districts for which no data was provided:



Percentages reporting MOUs with school districts

Since Head Start is required to have Memoranda of Understanding with district operating preschools, the status of their MOU-developed was also asked. In assessing this question, respondents could indicate one of four options:

- a comprehensive MOU in place (comprehensive was defined as having all ten elements as required by the Head Start Act (c.f., 642(e)(5)(A)(ii)(I-X)).
- a less than comprehensive MOU in place (any kind of MOU that does not have at least the ten elements)
- no MOU in place but one in development (or reported that they were working on one)
- no MOU in place.

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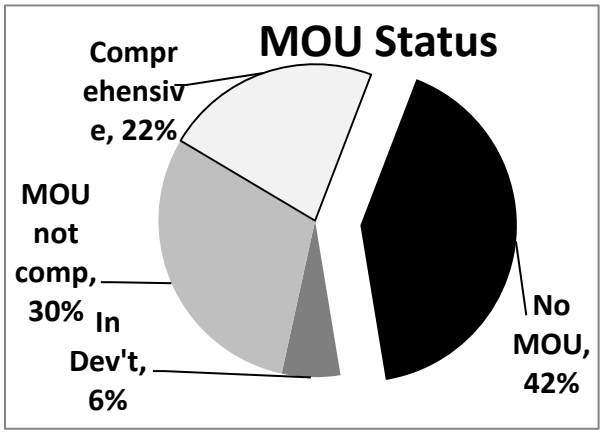
School District and Preschool Collaboration, Continued

Percentages reporting MOUs with school districts (continued)

The number of districts at each MOU status level is summarized in the chart below, not including the 22 districts for which there was no data provided:



As this chart indicates, programs have MOUs with more than half of all the districts they reported on.

Collaboration with SVPP

Another analysis was conducted on the extent of collaboration with Statewide Voluntary Preschool Program for Four Year-Old Children (SVPP). Collaboration was measured in two ways:

- Level of Collaboration
- Transportation Services offered

The only districts that were assessed were those reported on by survey respondents as operating a SVPP. They reported on a total of 92 districts that operated SVPPs in beginning in program years 2007-08 or 2008-09. Iowa Department of Education records indicate that 112 districts operated SVPPs. Since the status of collaboration with the 47 districts not mentioned in the survey results is not known, they are not included in the numbers and percentages reported below. (In the 2009-10 program year an additional 53 districts began operation of SVPPs. They are not included in this analysis they did not begin to operate SVPPs until after the survey results were collected.)

The programs also responded that among the programs they listed, 27 (or 30 percent) were using the Head Start Program Performance Standards as their quality standard. In fact, of the 112 programs in operation at the time of the survey (using all three years of SVPP), 23 percent were using Head Start Performance Standards.

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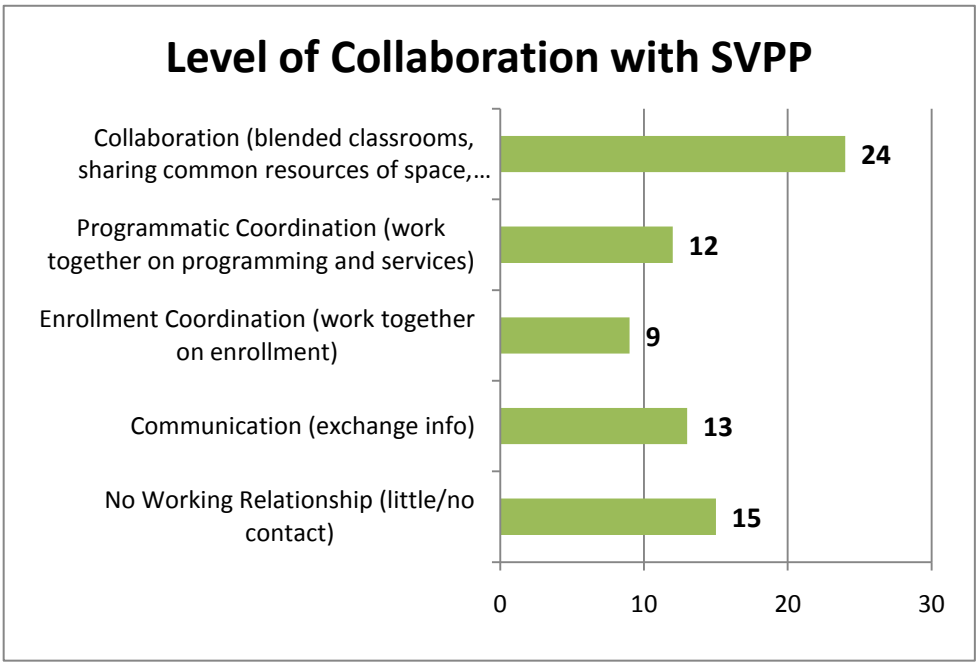
School District and Preschool Collaboration, Continued

Level of Collaboration with SVPPs

Among the 92 districts reported by respondents, an assessment of the level of collaboration with the Statewide Voluntary Preschool Program for Four Year-Old Children (SVPP) was reported. The results are summarized below are for 77 districts (there was no data for 15 of the districts):



Other issues in collaborating with SVPP

The survey invited an open-ended response asking respondents to describe other issues regarding partnering with SVPPs. The main themes of the responses were:

- Enrollment problems due to increase competition from SVPP
- Few options for extending the day from the 10-hour a week of SVPP services
- Ongoing resistance to collaboration by school districts
- The desire for continued state support to Shared Visions

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School District and Preschool Collaboration, Continued

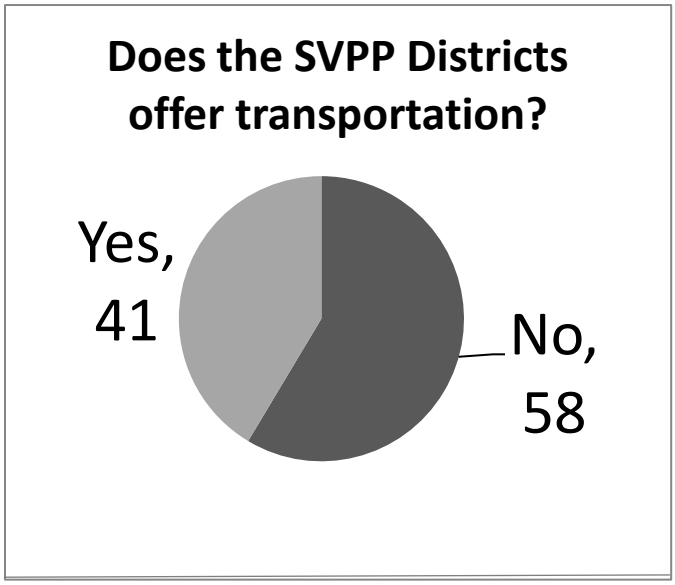
What is "working well" in collaborations with SVPP?

The survey invited an open-ended question about what was working well in the area collaboration with SVPP. The main themes of the responses were:

- Planning meetings and initial relationship-building with LEAs and the required letters of support to promote relationships
- Working with smaller districts because they appear more interested in collaboration, in part because resources in rural areas are more scarce
- Having a history of collaboration with the districts
- Doing activities together with the district
- Partnering with Shared Visions

School districts providing transportation

Of the 189 districts mentioned in the survey, 99 were mentioned as providing or not providing transportation. The chart below summarizes these data.



Other issues in collaborating with school districts on transportation

The survey invited an open-ended response asking respondents to describe other issues in working with school districts to provide transportation. The main themes of the responses were:

- Reluctance by districts to transport 3 year olds
- Barriers to transportation when it requires buses to cross district lines
- Limited resources to provide transportation
- The difficulty meshing schedules

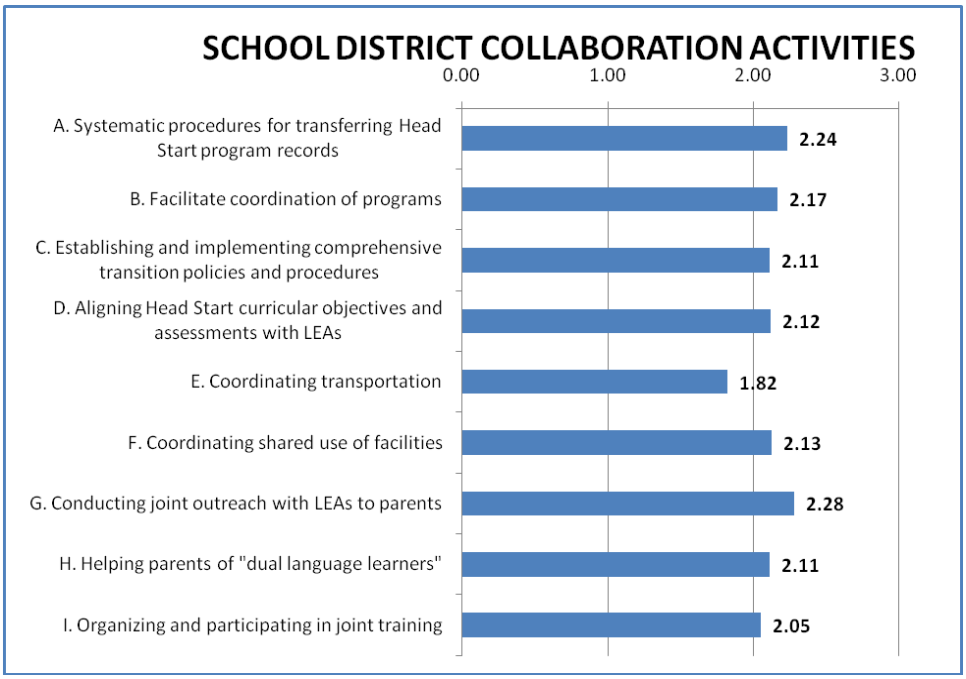
Continued on next page

Transportation Activities that "work well"

The survey invited an open-ended question about what was working well in the area of working with school districts to provide transportation. The main idea in the responses was success in securing Empowerment funding. Local Empowerment areas, which are charged with coordinating and providing early childhood services, have used some of their funding to support transportation services.

Difficulty of transition activities with school districts.

The survey also asked about the level of difficulty in doing transition and other activities with school districts. A summary of those data are below:



None of these items was significantly different than the overall difficulty for all activities. The *most* difficult activity was **Coordinating transportation with LEAs** (1.82). The *least* difficult activities were **Conducting joint outreach with LEAs to parents to discuss needs of children entering kindergarten to ensure smooth transitions to kindergarten** (2.28) and **Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to the school district** (2.24). The collaboration scores are in parentheses.

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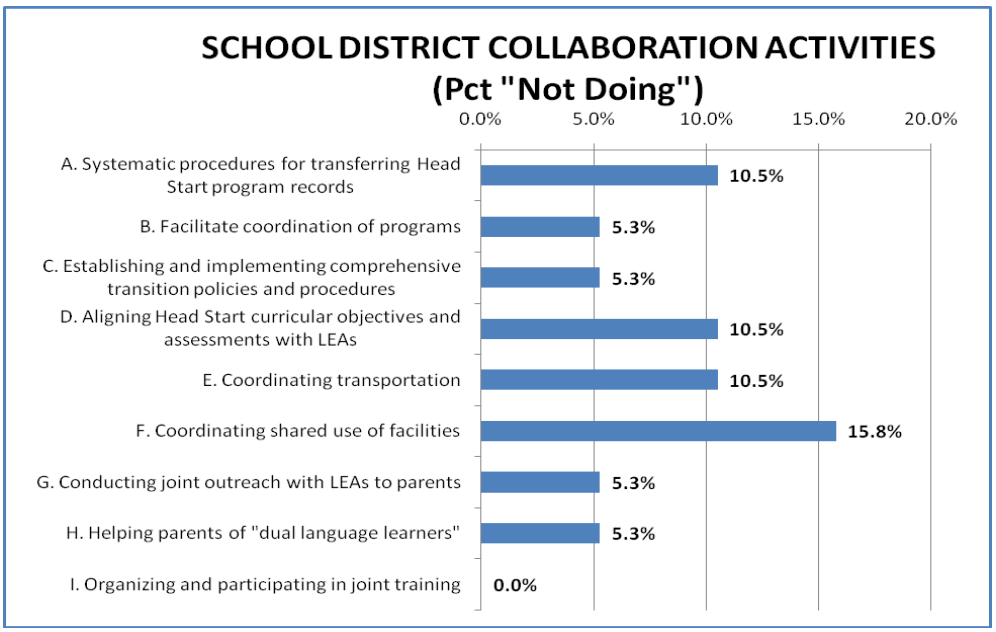
School District and Preschool Collaboration, Continued

Activities programs are not doing

A number of programs did not engage in the collaboration activities addressed in the survey involving school districts. The chart below summarizes the percentages who reported "not doing" the activity.



Other issues in collaborating on transition activities

The survey invited an open-ended response asking respondents to describe other issues in working with school districts to provide transportation. The main themes of the responses were:

- Difficulty transferring children's records
- Trends in "red-shirting" 5 year-olds (placing them in a preschool, pre-kindergarten or transition kindergarten instead of regular kindergarten)

Transition Activities that "work well"

The survey invited an open-ended question about what was working well in the area of working with district to provide transition services. The main themes of the responses were:

- Meeting with kindergarten teachers
- Working with families by providing transition classes and transition packets (that include all the documentation and health records), supporting parent decisions, and supporting family involvement in the school
- Taking deliberate steps to prepare children

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Conclusions on Preschool/ School District Results

The data in this section attempted to answer a number of key questions about the current status of collaboration between Head Start programs and school districts. The most important issues were how closely did Head Start programs work with School Districts, especially those operating state-funded Statewide Voluntary Preschool for Four-Year Olds.

From these data a number of conclusions may be made about Head Start perceptions of relationships with school districts or LEAs:

- **Collaboration with school districts appears relatively strong**

Only 15 percent of school districts mentioned were assessed at "no working relationships." The strongest level of collaboration was reported for 57 districts or 35 percent. (Recall this is only looking at the ten largest districts in the service area, not of all districts. Some programs have as many as 41 districts in their service area.) While not all districts, the responses include the largest districts and those that have the impact on the most children. They also may be the most (92 percent) relevant districts because they have some kind of preschool programming. Another sign of closeness of the partnerships with school districts is that more than half have MOUs.

Since there is a requirement that Head Start is working closely with every district that has a preschool, including having an MOU in place, more work needs to be done. While all programs have some kind of MOU in place with a school district in their area, four programs do not have any "comprehensive" MOU. However, the results show that there is a strong foundation of practice on which more improvement can be based.

- **Collaboration with school districts operating SVPP is also relatively strong**

Reflecting the strong collaboration mentioned above, the collaboration with SVPP also is strong. Only 21 percent of school districts mentioned were assessed at "no working relationships." The strongest level of collaboration was reported for 31 percent of mentioned districts. Again, stronger collaboration would be desirable, especially if the state will move beyond just communication and at least move to the level of coordinating enrollment. That is minimum needed if districts are going to avoid competing with Head Start. Currently 38% of reported districts are below this level. While there is clear improvement needed, it is not a bad situation considering the SVPP was only in operation for two years at the time programs filled out the survey. It is also important to recall that the reported districts reflect only 69 percent of all districts operating SVPP.

Continued on next page

School District and Preschool Collaboration, Continued

Conclusions on Preschool/ School District Results (continued)

- **In fewer than half of school districts providing SVPP, they are not providing transportation services**

The data show that only 41 percent of districts reported offering transportation services. The reasons are many including that some programs do not provide transportation (2 programs) and others mentioned a reluctance to transport 3 year-olds and have their buses cross district lines. Funding for such services is a problem which has been helped in some areas by Empowerment funding.

- **Most programs find a variety of activities to perform with school districts to not be very difficult.**

The response scores to nine activities (most around transition issues) all feel between 2 and 3, or between "somewhat difficult" and "not at all difficult." However, most items had at least one program not engaged in the activity. Some programs reported having great success with transition activities, but "red-shirting" practices are a continuing concern.

Results: Professional Development

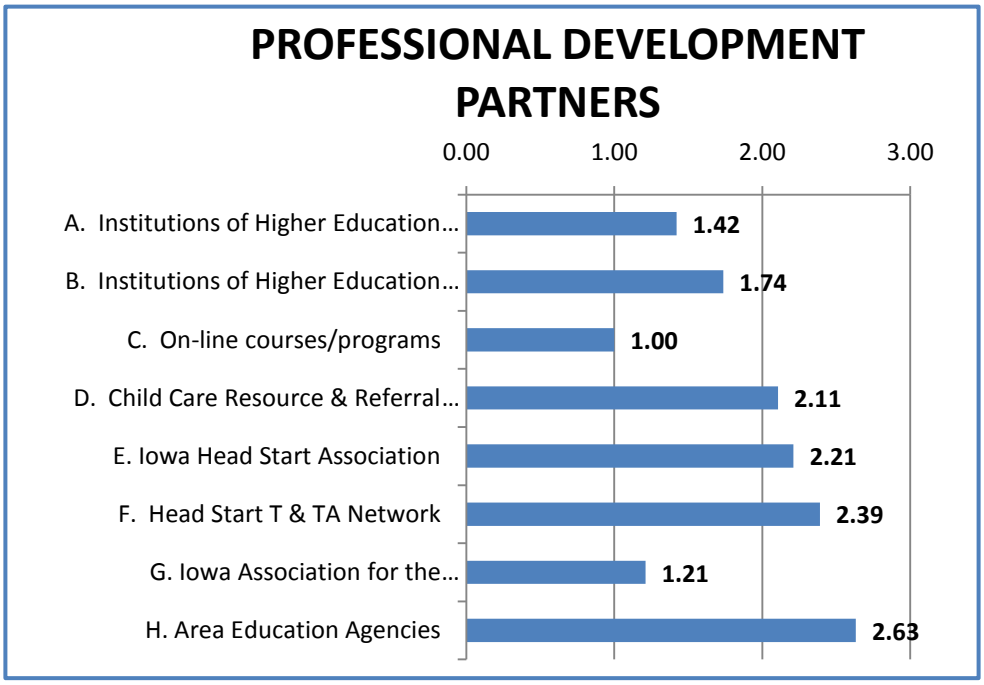
Introduction

Questions in this section addressed issues relating to collaboration with providers of training and professional development. The emphasis was on opportunities for staff to meet the Head Start degree requirements through sequences of training and coursework that lead to associate, bachelors and advanced degrees.

According to the Head Start Act of 2007 Section 642B Head Start Collaboration Offices are to "enable Head Start agencies to better access professional development opportunities for Head Start staff…to make higher education more accessible to Head Start staff.

Overall Scores

The following charts provide a summary of scores for partners and activities.



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Results: Professional Development, Continued

Overall Scores (Continued)

Strongest Collaborative Partners

Among eight possible partners, the four significantly strong collaborative relationship were (scores in parentheses):

- **Area Education Agencies** (2.63)
- **Head Start T & TA Network** (2.39)
- **Iowa Head Start Association** (2.21)
- **Child Care Resource & Referral Network** (2.11)

Weakest Collaborative Partners

Among eight possible partners, only one had a score significantly below the average and that was (score in parenthesis): On-line courses/programs (1.00).

The next weakest (but not at a significant level) was the **Iowa Association for the Education of Young Children** (1.21).

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Least difficult activities

Among ten possible activities, none were significantly different in a positive direction. Those that tended to be easier (between the "somewhat difficult" and the "not difficult at all" levels) were in order of difficulty with least difficult first (scores in parenthesis):

1. **Accessing T & TA opportunities in the community (including cross-training)** (2.42)
2. **Exchanging information on roles and resources with other providers/ organizations regarding professional development** (2.41)
3. **Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)** (2.22)
4. **Accessing education toward CDA certificates in the community** (2.21)
5. **Accessing training in specific areas where you need to hone staff skills and abilities** (2.11)
6. **Accessing financial support for professional development programs/activities through T.E.A.C.H.** (2.07)

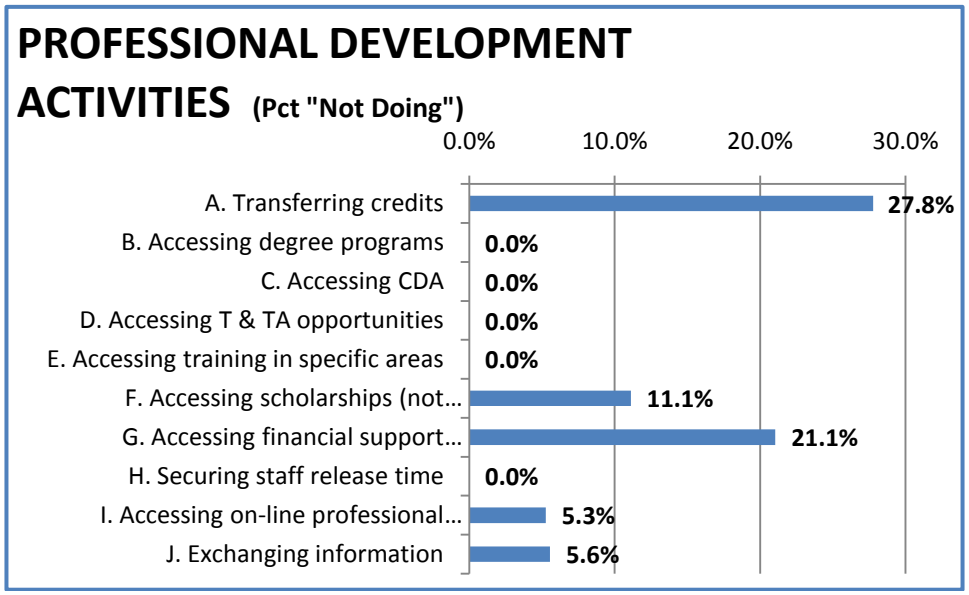
Most difficulty activities

No activities were significantly more difficult than the average overall difficulty, however these lowest two scores were:

1. **Transferring credits** (1.69)
2. **Securing release time** (1.72)

Activities programs are not doing

A number of activities in the Professional Development section had some programs reporting "not doing" the activities. The percentage of programs is summarized below:



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Results: Professional Development, Continued, Continued

Other issues in collaborating with professional development partners and activities

The survey invited an open-ended response asking respondents to describe other issues in working with providers of training and professional development. The main themes of the responses were:

- Not much going on with IAEYC because there are not local chapters in close proximity.
- Insufficiently flexible training delivery
- High costs of tuition
- Difficulty in securing release time for staff
- Getting CEUs or college credits

Professional Development Partnerships and Activities that "work well"

The survey invited an open-ended question about what was working well in the area of professional development. The main themes of the responses were:

- Collaborative partnerships among local early childhood programs for professional development
- Working with Community Colleges
- Using good internal practices such as Training Plan, Individual Staff Professional Development Plan, and new funding to support college courses for staff.

Conclusions on Professional Development Results

Based on this information, a number of conclusions may be made:

- **The strongest partnerships were with training entities and not academic institutions.**

The strongest collaborations were with organizations that provide a variety of early childhood training such as Area Education Agencies, Child Care Resource and Referral, the Iowa Head Start Association and the Head Start state-based T/TA System. Meanwhile relations with community colleges, 4-year institutions of higher education and online courses were among the lowest scored (between "cooperation" and "coordination"). The emphasis in the Head Start Act is for a strong state system that supports the acquisition of degrees, reinforcing the importance of coursework and training that carry academic credit. (It must be stressed that some training opportunities do carry academic credit.) More work in strengthening relationships with academic institutions is needed, but also in expanding the course-work delivery options so they can meet the needs of working people and those living in remote rural communities.

- **The most difficult activities were transferring credits and finding release time for staff**

As with many states, articulation in Iowa between 2-year and 4-year colleges remains haphazard. The survey data reflect this. As conversations, planning

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Results: Professional Development, Continued

Conclusions on Professional Development Results (Continued)

and work continue on a comprehensive early childhood system in Iowa, issues of articulation and transferring credits should be addressed. The exploding growth of community college enrollment and the relatively flat-rate of 4-year university enrollment will drive accommodation toward more coherent and articulated educational pathways.

- **Access T.E.A.C.H. scholarships is easier than other kinds of scholarships**

The survey specifically asked about funding professional development through T.E.A.C.H. and other options. The Iowa Head Start State Collaboration Office has been working hard to promote T.E.A.C.H. as a viable mechanism for addressing the new degree requirements in the Head Start Act. The state has also provided considerable financial support for T.E.A.C.H. But the overall level of difficulty hovers around "somewhat difficult" so more might be done to support this.

Recommendations

Introduction

In this section, the most salient findings of the needs assessment will be summarized and followed by recommendations for action priorities.

Health Recommendations

The main findings from the needs assessment in the area of Health Services were:

- The strongest health partnerships are those with entities that are required or linked to required services.
- The weakest health partnerships are among those services less demanded, except for dental.
- Basic health care services seem to be adequately addressed

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Expand partnerships and services available through dental professionals, especially I-Smile	This recommendation directly echoes Goal Two, Objective One calling for expanded access and improved outcomes in the area of oral health. New opportunities through the Head Start/AAPD Dental Home initiative and the grant will directly impact this recommendation. Activities from the AAPD grant have been added to the strategic plan.
Promote stronger partnerships to support obesity prevention activities within grantees.	This recommendation directly echoes Goal Two, Objective Two calling for expanded access and improved outcomes that address overweight children. Follow-up questions/focus group on accessing more and local fruits and vegetables (part of Task B) which was not asked in the needs assessment. Link six grantees mentioned in needs assessment to Iowans Fit for Life programs. Promote IMIL training beyond Head Start.

Continued on next page

Recommendations, Continued

Health Recommendations (Continued)

Recommendations	Strategic Plan Implications
Deemphasize medical home and asthma goals	This recommendation relates to Goal Two, Objectives Three and Five. Until macro-level health care reform issues are resolved, it will be difficult to make progress in this area. Both medical home and asthma were not primary areas of need according to the need assessment. (Some ongoing work in the area of asthma may be necessary to finish current projects.)
Address mental health issues through state-level system work.	This recommendation directly echoes Goal Two, Objective Four calling for expanded access to mental health services and improved outcomes in this area. The needs assessment results suggest that some Head Start programs have found good partners to help them with screenings, referrals and treatment, but that overall the collaboration levels with state agencies providing mental health were low. The strategic plan will include three activities: 1. to participate in a statewide common screening, including the state's maternal depression screen; 2. to collaborate with the state's First Five Initiative; 3. to work with the state's Mental Health Services area to promote local mental health consultation services.

Homelessness Issues Recommendations

The main finding from the needs assessment in the area of Health Services was:

- **Partnerships and activities designed to address the needs of children experiencing homelessness are relatively weak.**

Continued on next page

Recommendations, Continued

Homelessness Issues Recommendations (Continued)

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Strengthen partnerships and activities to support children experiencing homelessness	This recommendation is already addressed in Goal One, Objective Six calling for enhanced collaboration with services addressing families experiencing homelessness.
Promote closer relations between Head Start programs and school district (McKinney-Vento liaisons).	Task A is in fact the recommendation, expanded to include the state Title One Homeless coordinator and the Iowa Council on Homelessness. Task D outlines the following activities: 1. Enhance partnerships with McKinney-Vento liaisons, targeting districts that use Title One dollars for homeless services and Head Start programs reporting no relations with the liaisons; also use county-specific data to target work. 2. Present on Head Start at spring meeting of McKinney-Vento liaisons. 3. Ensure homeless services are part of the MOU development with school districts.

Welfare and Child Welfare Recommendations

The main findings from the needs assessment in the area of Welfare and Child Welfare Services were:

- **The strongest partnerships were with those programs already part of Community Action Agencies.**
- **Activities related to coordinating with welfare and child welfare were relatively easy to do.**
- **Welfare collaborations and the ease of performing collaborative activity working with the welfare system appear stronger than those partners and activities in the child welfare system.**

Continued on next page

Recommendations, Continued

Welfare and Child Welfare Recom-mendations (Continued)

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Promote closer collaborative partnerships with child welfare agencies including services supporting foster and adoptive families.	This recommendation is addressed in Goal Four, Objective Three which calls for working to increase foster care children through collaborations with Early Access (Part C services). This work should be expanded to include all of Head Start and additional outreach to services to support foster and adoptive families. The work should include topics like assuring communication with Head Start program during the protective custody period so services can continue uninterrupted despite transition between foster families or entry into and exit from the child welfare system.
Continue with efforts to address weaker relationships in some counties, with an emphasis on Promise Jobs. Promoting relations should include efforts at shared services and coordinated enrollment.	This recommendation should be added to Goal Six developing a long-term "anti-poverty" MOU.
In the long-term, continue work on the anti-poverty MOU.	This puts an emphasis on Goal Six and encourages implementation of this plan. As a coalition of forces works toward this end, more local anti-poverty efforts may be evident. The office will also add the need to continue to identify anti-poverty allies at a local and state level.

Continued on next page

Recommendations, Continued

Child Care Recommendations

The main findings from the needs assessment in the area of Child Care were:

- **Assisting families in accessing full-day, full-year services is relatively easy for grantees but not engaging in supportive strategies to do so.**
- **Head Start has weaker relationships with family child care providers than child care centers**.
- **The activity around supporting families through the wrap-around grant was viewed as very difficult.**
- **Participation in the Quality Rating System is low but not viewed as especially difficult.**
- **More than half of programs report having "no relationships" with the State Child Care Advisory Council**

Recommendations and implications for strategic plan:

Recommendations	**Strategic Plan Implications**
Use Needs Assessment follow up to explore the contradiction of why assisting families in access full-day, full year services is easy but not engaging in the supportive strategies to do so. The purpose would be to discover new routes to promoting full day, full year services.	This work should be added to Goal Three. The objectives under this goal presume that full-day, full year services can be expanded and improved by: • Expanding and improving wrap-around services • Expanding and improving access and use of Child Care Assistance • Expanding access to higher quality child care providers by overall quality improvement and by encouraging current high quality providers to take Child Care Assistance-funded children. To this list we will add other strategies and/or refine these.
Develop better communication procedures with respect to SCCAC, especially as it relates to pushing for issues that matter to Head Start programs: wrap-around, QRS and Child Care Assistance.	This recommendation should be added to Goal Three, Objective Four.

Continued on next page

Recommendations, Continued

Child Care Recom-mendationsRecom-mendations (continued)

Recommendations	Strategic Plan Implications
Develop new plans to improve relations with family child care providers.	The first step in doing this can be the parent survey we are developing under the current strategic plan (Goal 3, Objectives 2 and 3.) The plan also recommends using QRS to identify higher quality providers. In Objective 5, is the explicit activity to recruit family providers under the new regulations allows for family child care-based options for Head Start.

Family Literacy Issues

The main findings from the needs assessment in the area of Family Literacy were:

- **The low level collaboration partners are those with few activities.**
- **Programs have close relationship with some providers but not with all of those related to family literacy.**
- **Family recruitment is the most difficult activity**

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Develop a process to build collaboration across many programs by bringing together programs that offer one or more of the four components of family literacy.	This work represents a refinement of Current Goal Five, Objective Four that calls for expanding family literacy activities through coordination and collaboration. The first step is a summit to better establish a common vision and identify key partners in the effort. That will be added to the strategic plan under the above objective.
Develop a prioritized list for possible collaborations based Title One, Part A services.	Add this goal to Objective Four, along with Even Start and adult basic education providers.
Implement the 5 x 5 project to enhance relations with museums in the state.	This is already in the strategic plan as Goal Five, Objective Five which calls for developing a 5x5 program (families given five passes to area cultural and civic settings and do this in 5 Iowa cities.)

Continued on next page

Recommendations, Continued

Services for Children with Disabilities

The main findings from the needs assessment in the area of Services for Children with Disabilities were:

- **The low level collaboration partners are from services that are not exclusive to early childhood.**
- **The three levels of services (state, AEA and LEA) reflect different levels of collaboration**
- **Collaboration levels are different between Part B and Part C at a state level**

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Strengthen relations between Head Start and Part B/619 services.	As we continue to work on Goal Four which calls for the development and expansion of Head Start/Early Childhood Special education partnership, a number of issues are and will be addressed including: • The adoption of new Child Find procedures (as statewide procedures these will help align work at the local, regional and state level). • Facilitating strong Head Start participation in the Early Childhood Outcomes data collection work. • Continuing the Positive Behavior Support work • Begin work on a revised statewide MOU on serving children with disabilities. This work is already part of the strategic plan and should make a dramatic impact on strengthening relations between Head Start and Early Childhood Special Education and equalize the Part B/Part C discrepancy noted in the needs assessment.
Continue to foster and build Part C services with current and new Early Head Start expansion programs.	While this is not an area of need, it will be in the coming months. It is addressed in the Strategic Plan under Goal Four, Objective Three.

Continued on next page

Recommendations, Continued

Community Services Recommendations

The main findings from the needs assessment in the area of Community Services were:

- **Most of the collaborative partners score relatively low compared with partners overall**
- **Engaging in Community partnerships is perceived as relatively easy.**

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Explore with HSSCO Management Council opportunities for enhancing community services partnerships. (If these partnerships are easy, why are they not being created? Where is the most promising organizations for future collaboration?)	Based on the answers to these questions, add work items to strategic plan as needed.
Develop an organizational structure to support parent involvement.	This is in Goal Five, Objective One and Two, of the strategic plan. It will also be an activity in the Early Childhood Advisory Council grant application.

School District and Preschool Collaboration Recommedations

The main findings from the needs assessment in the area of school district collaboration were:

- **Collaboration with school districts appears relatively strong**
- **Collaboration with school districts operating SVPP is also relatively strong**
- **In fewer than half of school districts providing SVPP, they are not providing transportation services**
- **Most programs find a variety of activities to perform with school districts not to be very difficult.**

Continued on next page

Recommendations, Continued

School District and Preschool Collaboration Recommendations (Continued)

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Continue to promote stronger and more extensive collaboration with districts, especially those operating SVPP.	This work is in the strategic plan, Goal One, Objective Two.
Promote common transition practices in SVPPs and other preschools.	This work is in the strategic plan, Goal One, Objective Three.
Address barriers to Head Start access due to transportation services.	This work is in the strategic plan, Goal One, Objective Four.
Recommend the state-based training system do training on MOU development in accordance with the Head Start Act of 2007	This work is in the strategic plan, Goal One, Objective Two.

Professional Development Recommendations

The main findings from the needs assessment in the area of school district collaboration were:

- **The strongest partnerships were with training entities and not academic institutions.**
- **The most difficult activities were transferring credits and finding release time for staff**
- **Access T.E.A.C.H. scholarships is easier than other kinds of scholarships**

Recommendations and implications for strategic plan:

Recommendations	Strategic Plan Implications
Make sure new Early Learning sector group in the professional development component group is addressing credit transfer.	This work needs to be added to the strategic plan, Goal Seven, Objective One (Task F), as an additional task of the system development work. Since that work is based on the NAEYC blueprint framework, articulation will be a key policy area to address.

Continued on next page

Recommendations, Continued

Professional Development Recommendations (Continued)

Recommendations	Strategic Plan Implications
Explore with Head Start programs release time options to determine if this is a grantee issue or a broader state system issue.	This work needs to be added to the strategic plan, Goal Seven, Objective Two, as an additional task.
Enhance collaboration between Head Start and IHEs (2- and 4-year), as well as online course options, with an emphasis on CDAs and 4-year degrees.	This work is included in the strategic plan, Goal Seven, Objective Four.

Appendices

A. Iowa Head Start State Collaboration Office Needs Assessment Instrument
B. Complete Result Table

Appendix A: Needs Assessment Survey Instrument

Iowa Head Start State Collaboration Office

Needs Assessment Survey

April, 2009

1. Introduction

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

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

PURPOSE OF THIS SURVEY
The purpose of gathering this information is to identify your needs in areas where state and Head Start programs overlap and to inform the activities of the annually revised strategic plan for the Iowa Head Start State Collaboration Office. We hope to gather information from every single Head Start/Early Head Start grantee in Iowa.

SURVEY ORGANIZATION
This needs assessment survey questionnaire is organized around the eight national priority areas for the HSSCOs. These 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
8) Education (PreK-12; Professional Development)

Each of these sections has two parts, one assessing the level of collaboration you are experiencing and the other the level of difficulty in establishing and maintaining these partnerships.

In addition, sections are included to cover the areas of Head Start-Pre-K Partnership Development, Head Start transition and alignment with school districts and Professional Development.

DEADLINE
Please complete this survey by May 15th.

THANK YOU
The Iowa Head Start State Collaboration coordinator will aggregate the survey findings from all Head Start agencies in Iowa and then compile a report that will be forwarded to the Office of Head Start, regional office, made available to you and to the general public.

Thank you for taking the time to reflect on the co-ordination and collaboration challenges and accomplishments in your program. The cumulative findings from this needs assessment survey will assist the Iowa Head Start State Collaboration Office to support your program needs in the collaboration and systems development work in your state. Our shared goal is to support and promote your success in serving our children and families.

IMPORTANT NOTICE
All grantee-specific information in this survey will only be viewed by the Iowa Head Start State Collaboration Office and the information will be shared only in general and aggregate form. Programs are encouraged to express their views in a candid manner even if they are uncomplimentary of state or local agencies or even the Head Start State Collaboration Office.

If you have any questions about this survey, please contact Tom Rendon at tom.rendon@iowa.gov or (515) 242-6024.

2. Introductory Information

Before you complete this survey, we strongly urge you to gather your management team and go over the survey together. Some of the questions reflect very specific areas of work that may be best answered by supervisors or even line staff. You can then fill out the survey in paper form (that will be available at www.iowaheadstart.org). Finally, you can then go online to enter it once into the Survey Monkey data interface. Be sure to set aside enough time to enter the data all at once.

Please fill out the survey only once for each grantee (combining Head Start and Early Head Start when they are part of a single agency).

1. Many questions refer to "the last 12 months." What is the 12-month (or less) time frame you will be using for answering the questions on this needs assessment?

MM DD YYYY

From ☐ / ☐ / ☐

To ☐ / ☐ / ☐

2. Select your Head Start program.

Head Start grantee ☐

3. Name and title of persons completing this survey.

Person One	
Person One's Title	
Person Two	
Person Two's Title	
Person Three	
Person Three's Title	
Person Four	
Person Four's Title	
Person Five	
Person Five's Title	

4. Add any additional persons and titles here:

5. Contact Information for personal responsible for filling out this needs assessment.

Name:

Title:

Phone:

Email:

3. Health, Mental Health, Oral Health and Nutrition Services - Part One (Colla...

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

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Medical Home Providers (this means comprehensive, coordinated care and not just access to doctor particularly for one-time exams.)				
Dental Home Providers - for examination, treatment and ongoing care (comprehensive, coordinated care and not just access to a dentist, particularly for one-time exams.)				
State agency (ies) providing mental health prevention and treatment services.				
I-Smile Coordinator				
Dentist on Health Services Advisory Committee				
Physician on Health Services Advisory Committee				
Dental Hygienist on Health Services Advisory Committee				
Local Agencies providing mental health prevention and treatment services.				
Agencies/programs that conduct mental health screening				
WIC (Women, Infants and Children)				
Child and Adult Care Food Program				
Other nutrition services (e.g., cooperative extension programs, local farmers and food services, etc.)				
Children's health education providers (Child Care Resource * Referral, community-based training)				
Parent health education providers				
Home visitation programs				
Community health center				
Public health				
Programs/services related to children's physical activity and obesity and prevention				

4. Health, Mental Health, Oral Health and Nutrition Services - Part Two (Partn...

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

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

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

Other Activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Medical Homes	
B. Partnering with medical professionals	
C. Dental Homes	
D. Partnering with oral health professionals	
E. Partnering to provide fluoride varnish	
F. Medicaid/Hawk-I enrollment	
G. Services for children with special health care needs	
H. Assisting parents to communicate with medical providers	
I Assisting families with transportation	
J. Health Services Advisory Committee membership	
K. Sharing data/information	
L. Exchanging information on roles and resources	

3. Please describe any other issues you may have regarding health, mental health, oral health or nutrition services for children and families in your program.

4. What is working well in your efforts to address the health care, mental health, oral health and nutrition needs of the children and families in your program?

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

5. Services for Children Experiencing Homelessness - Part One

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

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Local McKinney – Vento liaison				
Local agencies serving families experiencing homelessness				
Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)				
Domestic violence shelters				
Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness				

6. Services for Children Experiencing Homelessness - Part Two

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

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act.					
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment					
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame					
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment					
E. Engaging community partners, including the local McKinney-Vento Liaison, in conduction staff cross training and planning activities					
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					
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness					
H. Other					

Other Activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Aligning with McKinney-Vento Homeless Assistant Act	
B. Identifying and enrolling children experiencing homelessness	
C. Allowing participation while required documents are obtained	
D. Obtaining sufficient data for community assessment	
E. Engaging community partners conducting training and planning	
F. Entering into an MOU with publicly funded preschool	
G. Family outreach and support under McKinney-Vento	
H. Other	

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

4. What is working well in your efforts to provide services for children and families in your program experiencing homelessness, including locating permanent housing?

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

7. Welfare/Child Welfare - Part One (Collaboration)

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

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Local DHS Agency (IM Maintenance Worker)				
Family Investment Program				
TANF Agency				
Promise Jobs				
Family Development and Self Sufficiency (FaDSS Program)				
Low-Income Home Energy Assistance Program (LIHEAP)				
Other anti-poverty groups or advocacy coalitions				
Economic and Community Development Councils				
Child Welfare Agency				
Services and networks supporting foster and adoptive families				

8. Welfare/Child Welfare - Part Two

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to work with welfare and child welfare services.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Obtaining information and data for community assessment and planning					
B. Working together to target recruitment of families on FIP and Promise Jobs					
C. Working together to target eligible Head Start families to receive FIP and Promise Jobs					
D. Working with FaDSS agencies to target Head Start					
E. Linking families with community-based anti-poverty support or advocacy organizations					
F. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment					
G. Establishing and implementing local interagency partnerships					
H. Facilitating shared training and technical assistance opportunities					
I. Receiving lists of children in the foster care system for the purposes of recruitment					
J. Exchanging information on roles * resources with other service providers regarding family/child assistance services					
K. Other					

Other Activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Obtaining information and data	
B. Recruitment of families on FIP and Promise Jobs	
C. Head Start families receive FIP and Promise Jobs	
D. Recruitment of FaDSS families to Head Start and vice versa	
E. Linking families with antipoverty groups	
F. Prioritizing for enrollment children in child welfare system	
G. Partnerships agreements with agencies providing welfare funded services	
H. Facilitating shared T/TA	
I. Receiving lists of children in the foster care systems	
J. Exchanging information with family/child assistance services	
K. Other	

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

4. What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program?

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

9. Child Care - Part One (Collaboration)

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

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
State agency for Child Care				
Child Care Resources and Referral agencies				
Local child care programs for full-year, full-day services (centers)				
Local child care programs for full year, full-day services (family child care providers				
State Child Care Advisory Council				

10. Child Care - Part Two

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to work with welfare and child welfare services.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Establishing linkages/partnerships with child care centers					
B. Establishing linkages/partnerships with family child care providers					
C. Assisting families to access full-day, full year services					
D. Supporting full-day, full year services through wrap-around grants					
E. Assuring eligible families receive child care assistance					
F. Assisting families receiving child care assistance to receive services from a high quality provider (QRS Level 3 or above)					
G. Aligning policies and practices with partnering child care providers					
H. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)					
I. Participating in Iowa's Quality Rating System					
J. Exchanging information on roles and resources with other providers/organizations regarding child care and community needs assessment					
K. Partnering with CCRR or child care providers to provide joint training with your staff					
L. Other					

Other Activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Partnerships with child care providers (centers)	
B. Partnerships with child care providers (family child care)	
C. Assisting families with full-day, full year services	
D. Supporting families through wrap-around grant	
E. Assuring families receive child care assistance	
F. Assisting families receive services from a high quality provider	
G. Aligning policies and procedures	
H. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	
I. Participating in Iowa's Quality Rating System	
J. Exchanging information regarding child care and community needs assessment	
K. Partnering with CCRR or child care with training	
L. Other	

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

4. What is working well in your efforts to address the child care needs of the children and families in your program or in collaborating with child care?

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

11. Family Literacy Services - Part One (Collaboration)

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

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Dept of Ed, Title I, Part A Family Literacy				
Employment and Training programs				
Adult Education (GED or ABE through community colleges)				
English Language Learner programs and services				
Services to promote parent/child literacy interactions				
Parent education programs/services				
Public libraries				
Public/private sources that provide book donations or funding for books				
Museums				
Even Start				

12. Family Literacy Services - Part Two

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to work with welfare and child welfare services.

1. Please indicate the extent to which each of the following was difficult during the

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Recruiting families to Family Literacy Services (includes adult education, children's education, parenting education and opportunities for parents to engage in interactive literacy activities)					
B. Educating others (e.g., parents, the community) about the importance of family literacy					
C. Establishing linkages/partnerships with key literacy providers					
D. Establishing linkages/partnerships with key local level organization/programs (other than libraries)					
E. Incorporating family literacy into your program policies and procedures					
F. Using materials from Every Child Reads (3-5)_					
G. Exchanging information with other providers/organizations regarding roles and resources related to family literacy					
H. Other					

Other Activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Recruiting families to Family Literacy Services	
B. Educating others about family literacy	
C. Partnering with key literacy providers	
D. Partnering with local literacy providers (not libraries)	
E. Incorporating family literacy into your program	
F. Using Every Child Reads	
G. Exchanging family literacy information	
H. Other	

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

4. What is working well in your efforts to address the literacy needs of the families in your program?

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

13. Services for Children with Disabilities - Part One (Collaboration)

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

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP – You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Iowa Department of Education Part B/619 Coordinator				
Area Education Agencies (AEA) – Early Childhood Special Education (Part B/619 Personnel)				
Iowa Department of Education Early ACCESS (Part C) Coordinator				
Area Education Agencies Early ACCESS (Part C) Regional Coordinator				
Local Education Agencies – Early Childhood Special Education				
ASK Resources (Parent Training & Information Center)				
Child Health Specialty Clinics				
Parent Educator Connection (PEC coordinators at AEAs)				

14. Services for Children with Disabilities - Part Two

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to work with welfare and child welfare services.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Obtaining timely evaluations of children					
B. Using your data and evaluations you have done as part of the evaluation process					
C. Providing timely and needed services (e.g., general education interventions; problem solving)					
D. Having staff be an active participant in developing the IEP or IFSP					
E. Coordinating services with Early ACCESS (Part C) providers					
F. Coordinating services with Early Childhood Special Education (ECSE) providers					
G. Sharing data/information on jointly served children (assessments, outcomes, ECO data, etc.)					
H. Contributing to the identification of Early Childhood Outcomes (ECO) data and being part of the decision making of individual ECO ratings					
I. Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families					
J. Engaging partners in conducting staff training on serving children with disabilities					
K. Other					

Other activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Obtaining timely evaluations	
B. Using your data and evaluations in evaluation process	
C. Providing timely and needed services even if not on IEP/IFSP	
D. Participating actively in IEP/IFSP development	
E. Coordinating services with Early ACCESS	
F. Coordinating services with ECSE	
G. Sharing data/information	
H. Part of ECO decision-making	
I. Exchanging information with other providers/organizations	
J. Staff training on serving children with disabilities	
K. Other	

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

4. What is working well in your efforts to address the needs of children with disabilities in your program?

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

15. Community Services - Part One (Collaboration)

Part 1 asks you to rate the extent of your involvement with community service organizations. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:
No Working Relationship (little/no contact)
Cooperation (exchange info/referrals)
Coordination (work together) Collaboration
(share resources/agreements)

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Law Enforcement				
B. Providers of substance abuse prevention/treatment services				
C. Providers of child abuse prevention/treatment services				
D. Providers of domestic violence prevention/treatment services				
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc).				
Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)				

16. Community Services - Part Two

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to work with welfare and child welfare services.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Establishing linkages/partnerships with law enforcement agencies					
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding substance use prevention/treatment services					
C. Helping families with immigration issues					
D. Successfully engaging your families to use these kinds of community services					
E. Sharing data/information on children/families served jointly by Head Start and other community services agencies					
F. Exchanging information on roles and resources with other providers/organizations regarding community services					
G. Other					

Other activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Establishing linkages/partnerships with law enforcement agencies	
B. Establishing linkages/partnerships with substance use prevention/treatment services	
C. Helping with immigration issues	
D. Successfully engaging your families to use these kinds of community services	
E. Sharing data/information with community services	
F. Exchanging information on roles and resources with other providers/organizations regarding community services	
G. Other	

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

4. What is working well in your efforts to address the community services needs of the families in your program?

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

17. Partnerships with Local Education Agencies (LEA) - Part One (Overall Colla...

Part 1 asks you to rate the extent of your involvement with school districts or local education agencies (LEA). This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Identify the top ten districts (by size) in your service area that offer preschool services (Shared Visions, Statewide Voluntary Preschool Program, tuition-funded, Empowerment). Using the pull-down menu select the district (alphabetized by district name). Then for that district indicate the type of preschool services it is offering and a rating regarding the extent of your collaboration with the district during the past 12 months. Only identify school districts that offer preschool services.

Also identify the extent to which you have a written, signed Memorandum of Understanding (MOU) with the district. The Head Start Act of 2007 (c.f. 642(e)(5)(A)(i)(ii)) requires a MOU with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency. The MOU should include plans to coordinate activities, as described in (I-X). Use the following to indicate your response:

No MOU -use if you do not have a MOU or do not know if there is an MOU in place. MOU but not comprehensive -use if you do have a MOU but it does not include all the ten elements required by Head Start Act. Comprehensive MOU -use if you have a MOU in place and it includes all ten elements.

PLEASE NOTE: No individual program's responses to this question will be shared with the Regional Office or local school districts.

	District (Name/Central Office City)	Type of preschool	Level of Collaboration	MOU Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

List other districts (if needed)

18. Partnerships with Local Education Agencies (LEA) - Part Two (Collaboration...

Part 2 asks you to rate the extent of your collaboration with school districts or local education agencies (LEA) around the Statewide Voluntary Preschool Program (SVPP) for 4-Year Old Children. Because SVPP represents a significant investment by the state of Iowa in preschool and collaboration with Head Start is required by Iowa law, we are interested in gathering more specific information about your collaboration with these districts. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time (note that these are different categories than earlier in the survey):

No Working Relationship (little/no contact) Communication (exchange info) Enrollment Coordination (work together on enrollment) Programmatic Coordination (work together on programming and services) Collaboration (blended classrooms, sharing common resources of space, materials, personnel and/or training; some written agreements in place)

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, share information, etc.)

COMMUNICATION -There have been some exchanges of information, phone calls and joint attendance at meetings, perhaps letters of support for the LEA's application, but nothing more

ENROLLMENT COORDINATION -You are coordinating in some way the enrollment of 4-year-old children into the SVPP with attention paid to ensuring Head Start is fully enrolled.

PROGRAMMING COORDINATION -You are working together with the LEA in some capacity to coordinate programming and services or service delivery.

COLLABORATION (You have some or all of the following: blended classrooms; sharing common resources of space, materials, personnel and/or training; some written agreements in place)

Then tell us if the district is providing any transportation services for Head Start children.

	District (Name/Central Office City)	Level of Collaboration	Transportation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

List any other districts not included above that provide transportation for Head Start children in your program.

1. Identify the top ten districts (by size) in your service area that offer a preschool under the Statewide Voluntary Preschool Program. (If you have fewer than ten districts then only enter those districts.) For each district indicate extent of you collaboration and partnership using the categories defined above. In some cases several options of collaborating levels may apply. Enter the highest level of collaboration that reflects what is actually transpiring between your program and the LEA. For example, if you are both engaging in communication and doing joint enrollment, use the higher level of collaboration, i.e., enrollment coordination.

2. Please describe any other issues you may have regarding collaboration with school districts around the SVPP.

3. Please describe any other issues you may have regarding transportation services provided by school districts.

4. What efforts to collaborate with SVPP have been working well?

5. What efforts to work with school districts to provide transportation for your children are working well?

19. Partnerships with LEAs - Part Three (Transition Activities)

Part 3 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships with LEAs. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to work with welfare and child welfare services. Assume that you are answering for most of the LEAs you work with or "in general". Note that later you will be asked to explain certain exception among LEAs.

A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to the school district					
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento homeless liaisons, etc.)					
C. Establishing and implementing comprehensive transition policies and procedures with LEAs					
D. Aligning Head Start curricular objectives and assessments, based on the Head Start Child Outcomes Framework and/or the Iowa Early Learning Standards, with the LEAs kindergarten and early elementary curricular objectives and assessments					
E. Coordinating transportation with LEAs					
F. Coordinating shared use of facilities with LEAs					
G. Conducting joint outreach with LEAs to parents to discuss needs of children entering kindergarten to ensure smooth transitions to kindergarten					
H. Helping parents of "dual language learners" to understand instructional and other information and services provided by the receiving school					
I. Organizing and participating in joint training with school staff and Head Start staff on topics such as academic content standards, instructional methods, curricula, and social and emotional development					

Other activities relating to LEAs and transition (please specify and include level of difficulty)	

2. If any of the problems you have had with these activities are unique to only one or a few districts in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please skip this question.)

A. Systematic procedures for transferring Head Start program records	
B. Facilitate coordination of programs	
C. Establishing and implementing comprehensive transitions policies and procedures	
D. Aligning Head Start curricular objectives and assessments with LEAs	
E. Coordinating transportation	
F. Coordinating shared use of facilities	
G. Conducting joint outreach with LEAs to parents	
H. Helping parents of "dual language learners"	
I. Organizing and participating in joint training	

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

4. What is working well in your efforts to address the kindergarten transition needs of the families in your program?

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

20. Professional Development /Staff Training - Part One (Collaboration)

Part 1 asks you to rate the extent of your involvement with each of the following providers of training and professional development. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:

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

When answering these questions, refer to these definitions:

NO WORKING RELATIONSHIP -You have little or no contact with each other (i.e., you do not make or receive referrals, work together on projects, 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 service provider are invited to your parent education night; the service provider offers training or health screenings for children at your site.

COLLABORATION -You share resources and/or have formal written agreement. (Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on common service delivery.)

1. Using the definitions above, 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 (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Institutions of Higher Education (4 year)				
B. Institutions of Higher Education (less than 4 years) (e.g., community colleges)				
C. On-line courses/programs				
D. Child Care Resources & Referral Network				
E. Iowa Head Start Association				
F. Head Start T & TA Network				
G. Iowa Association for the Education of Young Children (both state or substate regional conferences)				
H. Area Education Agencies				
I. Other				

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in accessing professional development and training for your staff to meet required performance standards.

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

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Not Doing
A. Transferring credits between public institutions of learning					
B. Accessing early childhood education degree programs in the community					
C. Accessing education toward CDA certificates in the community					
D. Accessing T & TA opportunities in the community (including cross-training)					
E. Accessing training in specific areas where you need to hone staff skills and abilities					
F. Accessing scholarships and other financial support for professional development programs/activities (not including T.E.A.C.H.)					
G Accessing financial support for professional development programs/activities through T.E.A.C.H.					
H. Securing staff release time to attend professional development activities					
I. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)					
J. Exchanging information on roles and resources with other providers/organizations regarding professional development					
K. Other					

Other activities (please specify)	

2. If any of the problems you have had with these activities are unique to only one or a few counties in your service area, please identify for each of the problems listed above (noted by its letter in the question above), for which counties this is true. (If not, please feel free to skip this question.)

A. Transferring credits	
B. Accessing degree programs	
C. Accessing CDA	
D. Accessing T & TA opportunities	
E. Accessing training in specific areas	
F. Accessing scholarships (not T.E.A.C.H.)	
G. Accessing financial support through T.E.A.C.H.	
H. Securing staff release time	
I. Accessing on=line professional development	
J. Exchanging information	
K. Other	

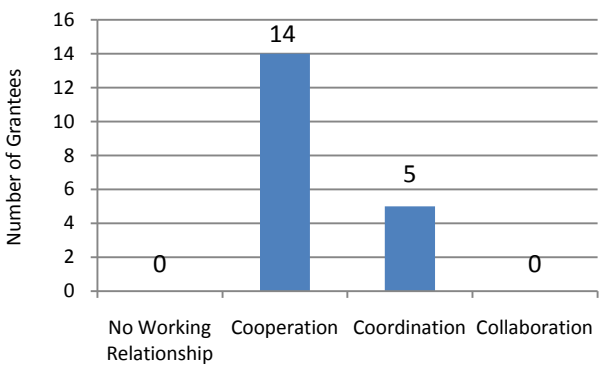
3. Please describe any other issues you may have regarding professional development or training for staff in your program.

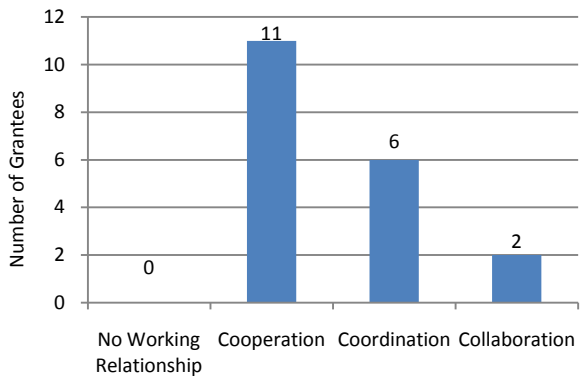
4. What is working well in your efforts to provide support professional development of your staff?

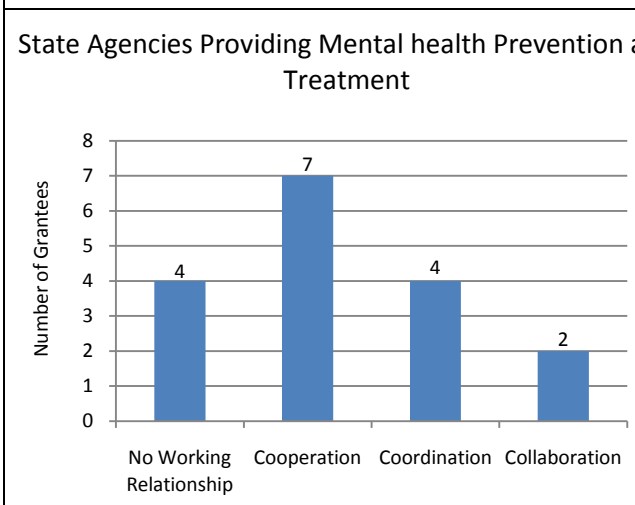
5. Which of these efforts do you think may be helpful to other programs?

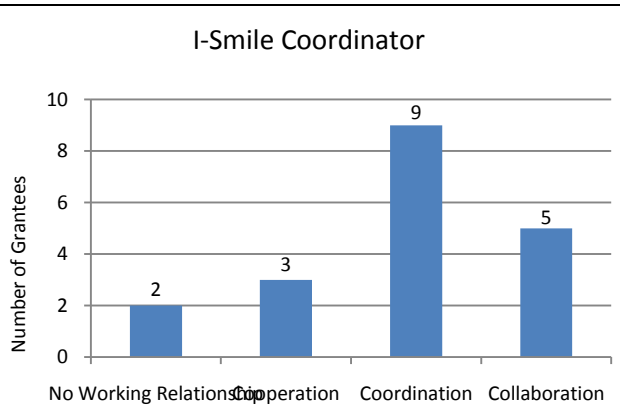
Appendix B: Complete Results

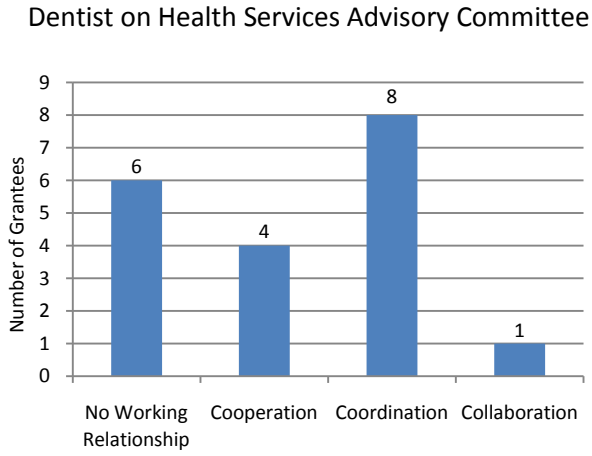
Health (Partners)

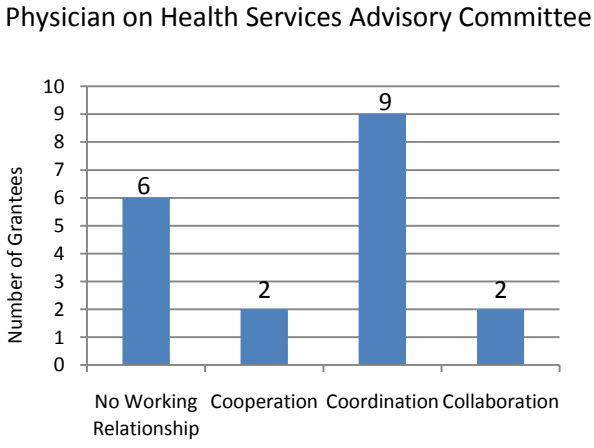






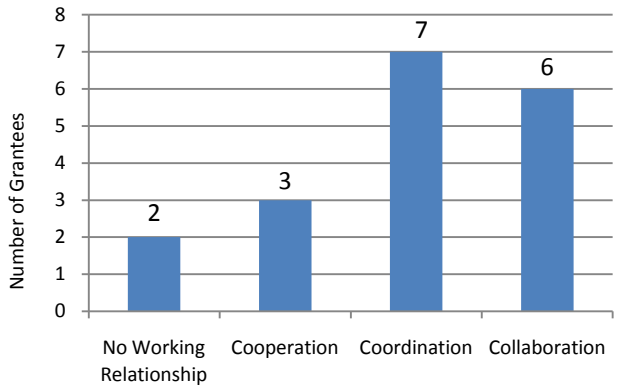




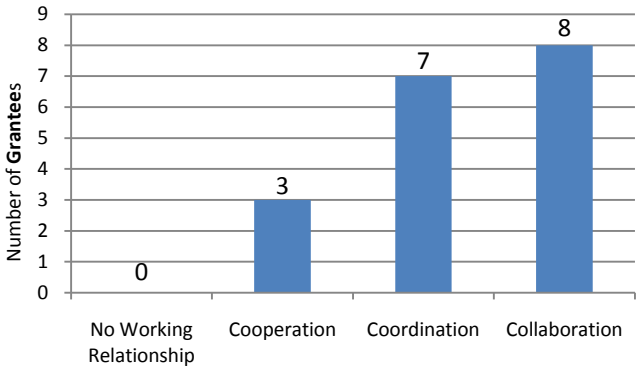


Health (Partners) - Continued

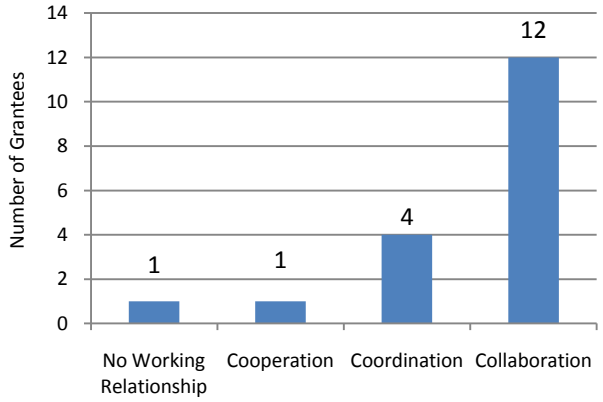
Dental Hygienist on Health Services Advisory Committee



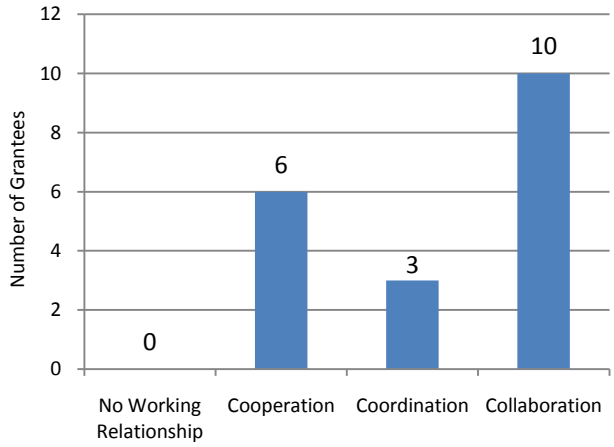
Local Agencies providing mental health prevention & treatment



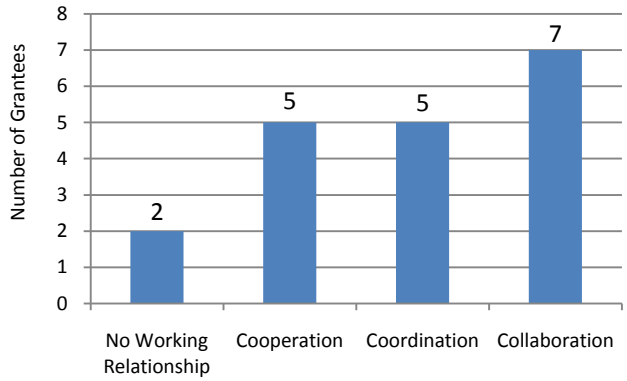
Agencies that conduct mental health screening



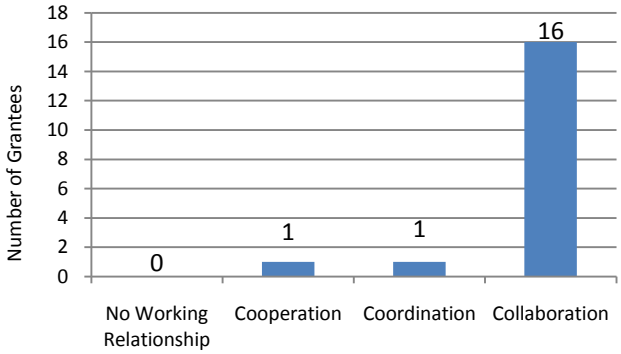
WIC (Women, Infants, and Children)



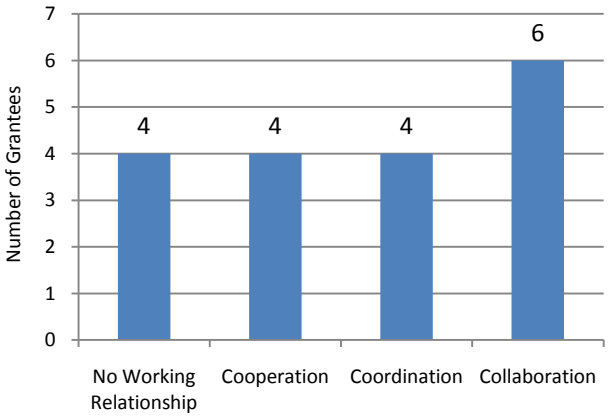
Maternal Child Health (Title V) Agency

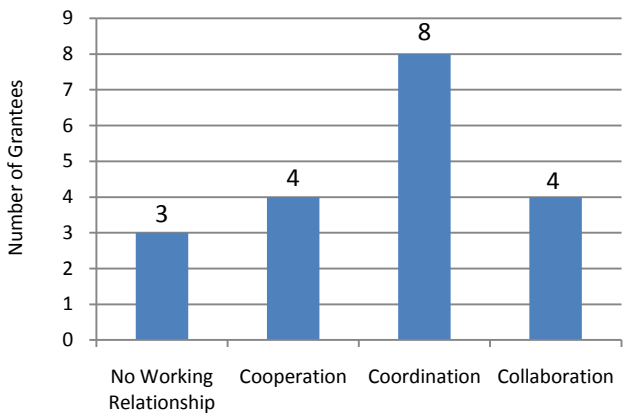


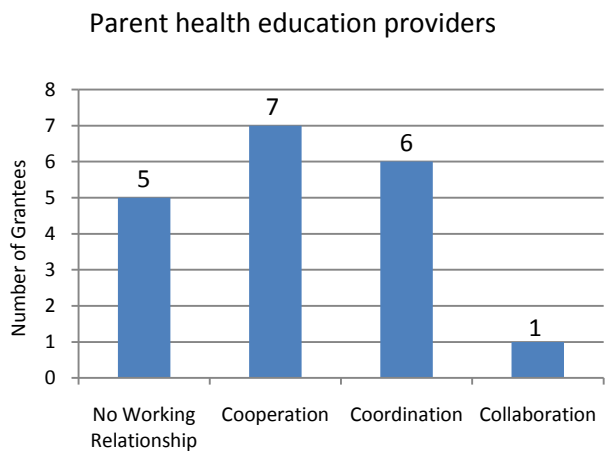
Child and Adult Care Food Program

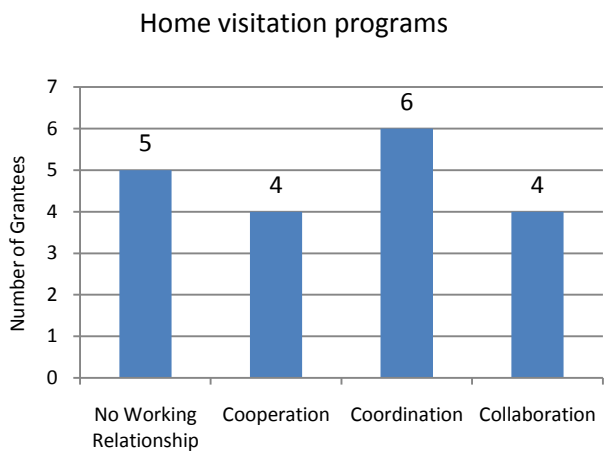


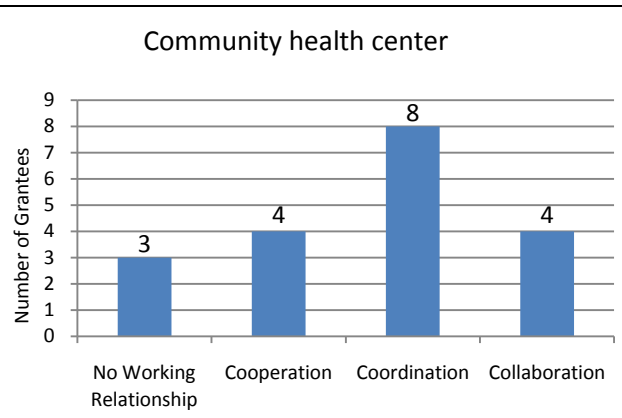
Health (Partners) - Continued

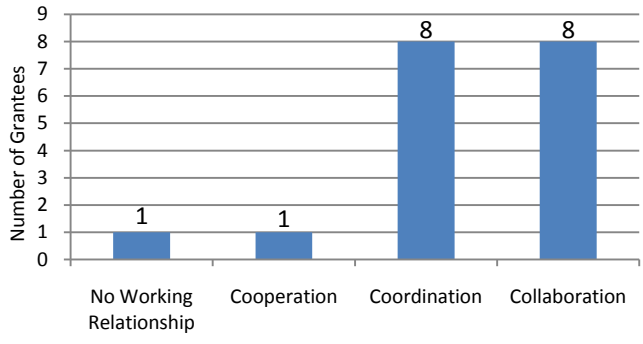




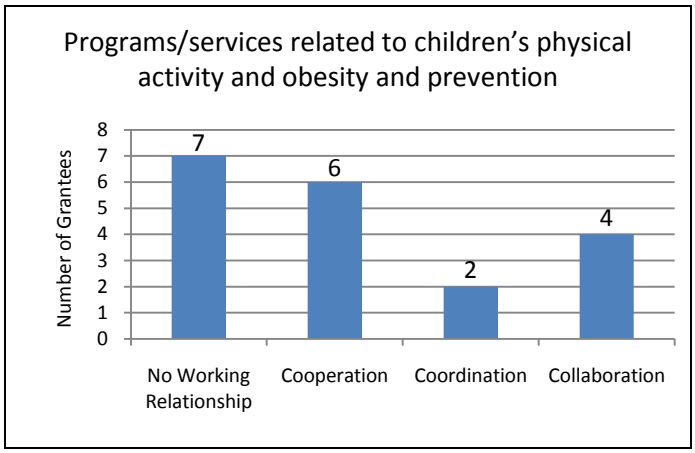




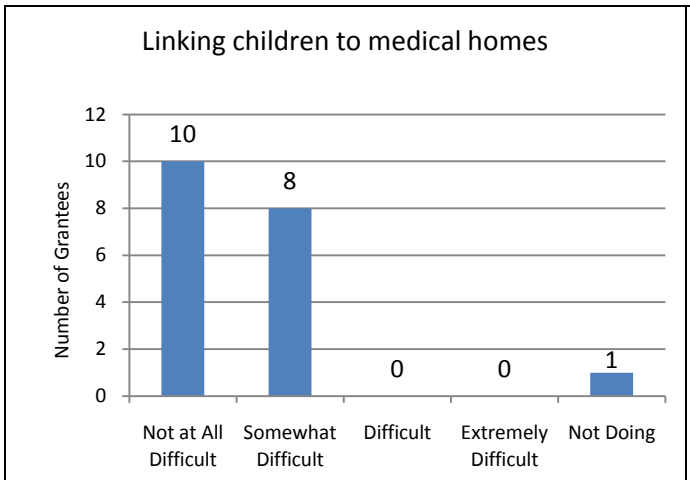


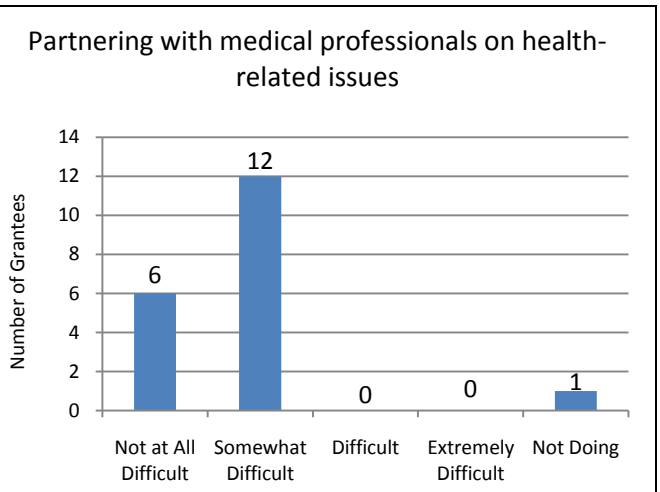


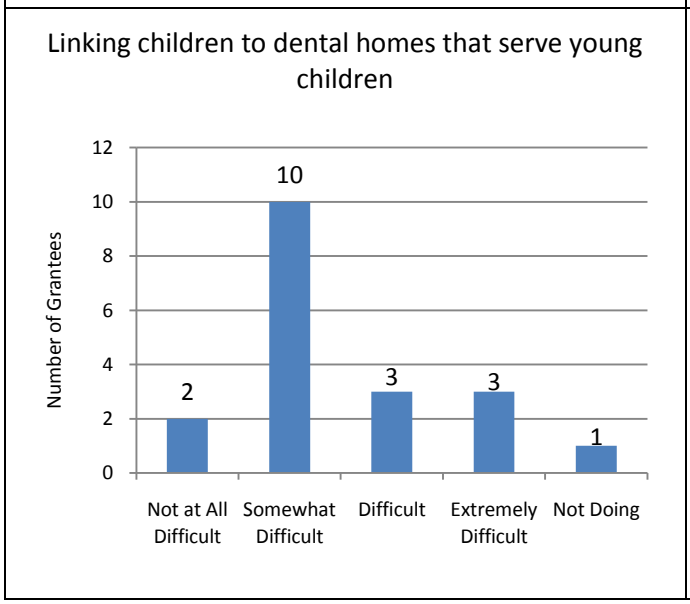
Health (Partners) - Continued

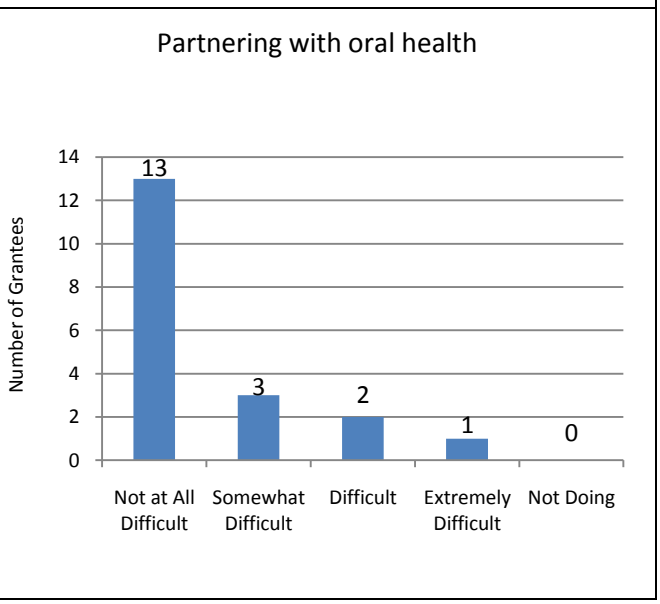


Health (Activities)



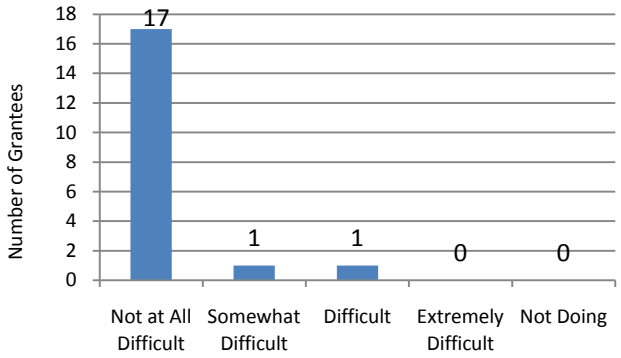




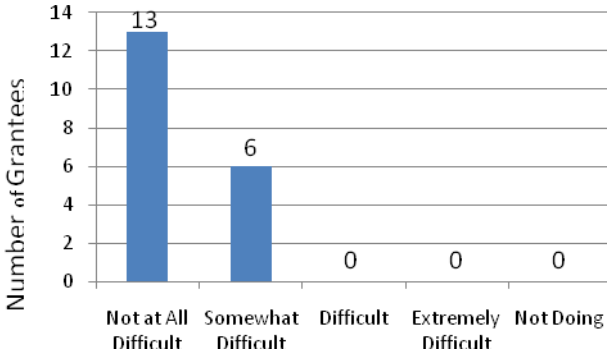


Health (Activities) - Continued

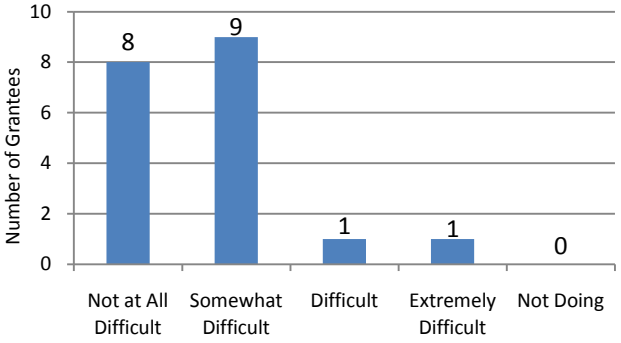
Partnering with oral health professionals to provide fluoride varnish applications for your children



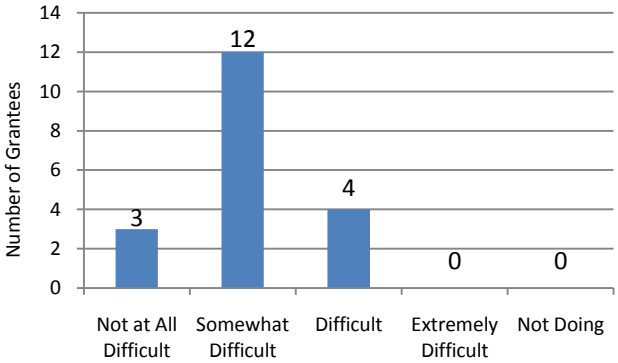
Getting children enrolled in Hawk-I or Medicaid



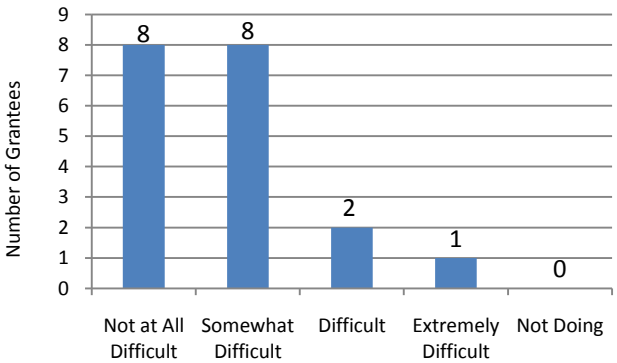
Arranging coordinated services for children with special health care needs



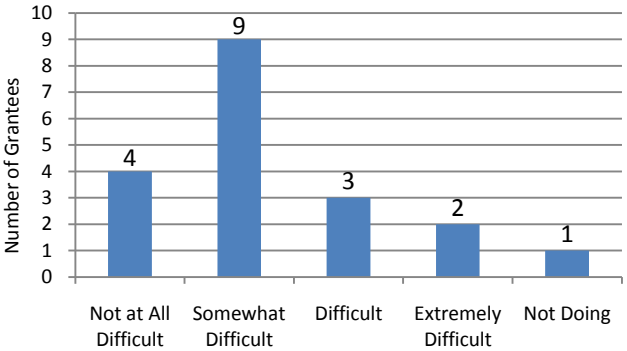
Assisting parents to communicate effectively with Medical/Dental Providers



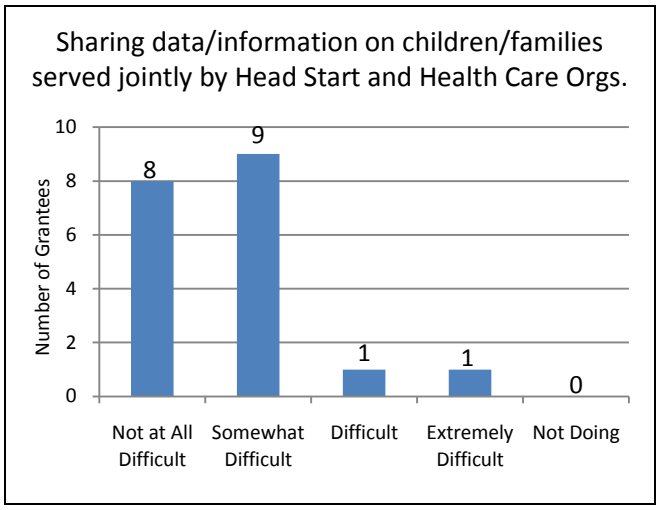
Assisting families to get transportation to appointments



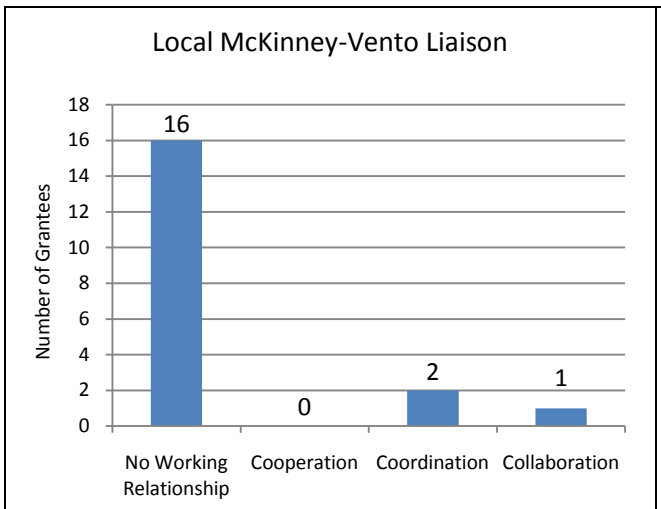
Getting full representation and active commitment on your health services Advisory Committee

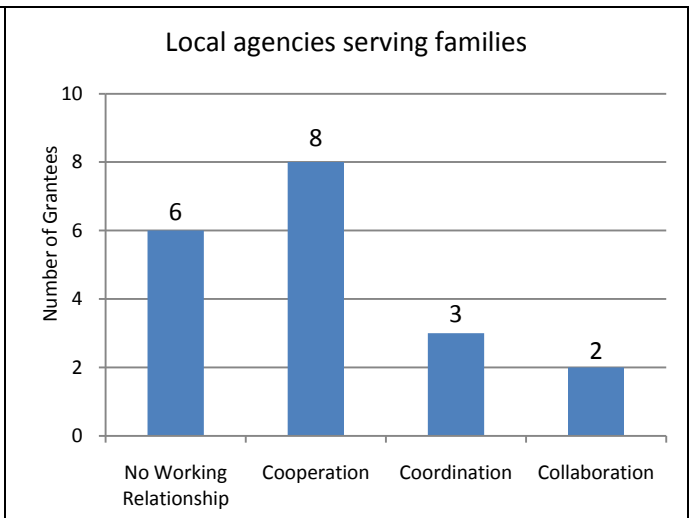


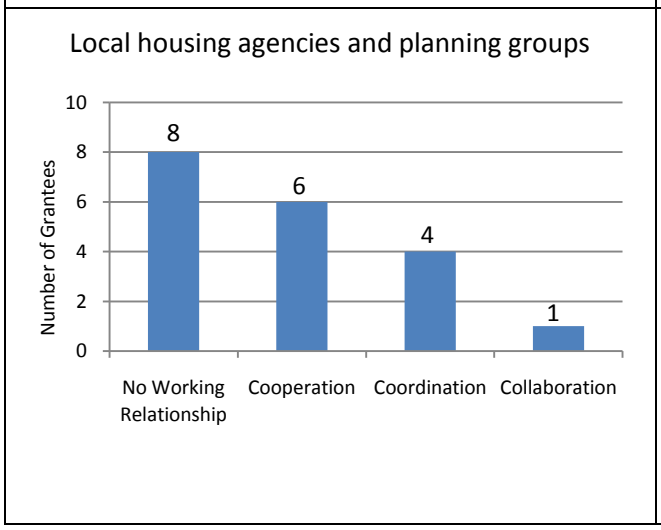
Health (Activities) - Continued

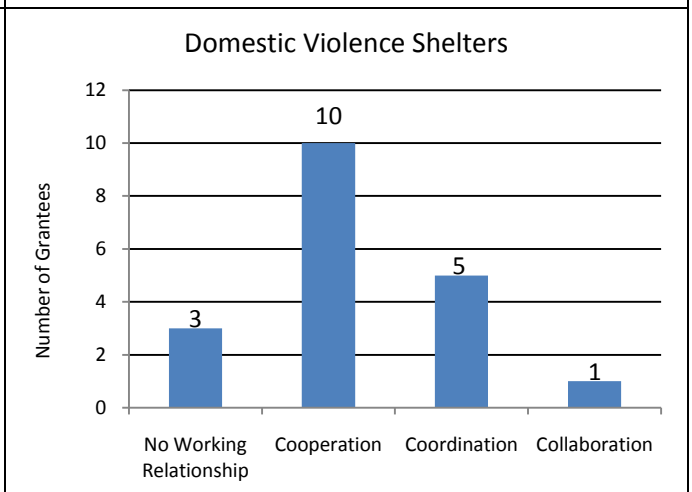


Homelessness Services (Partners)

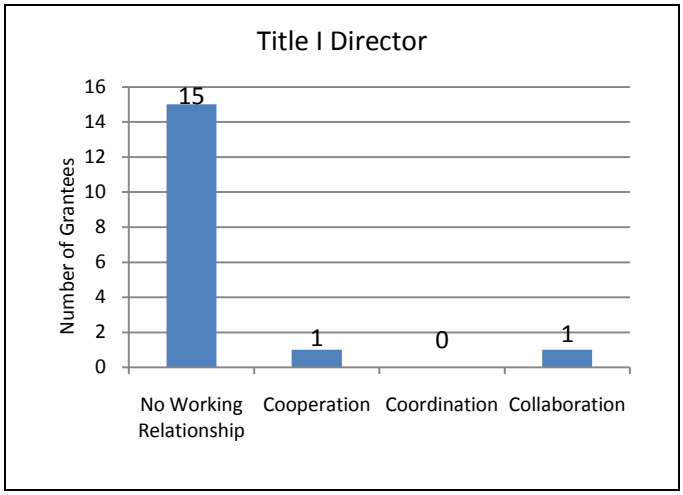




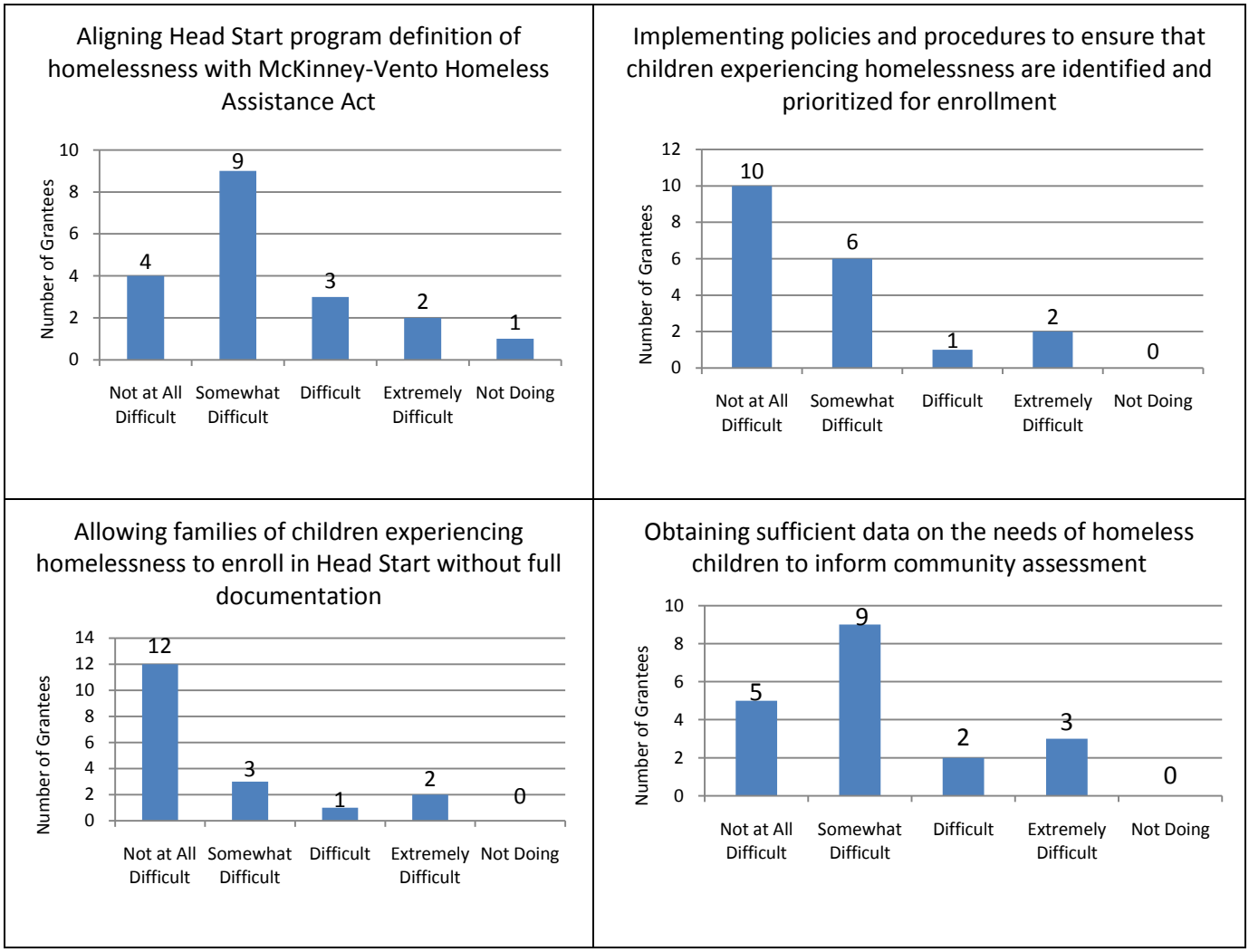




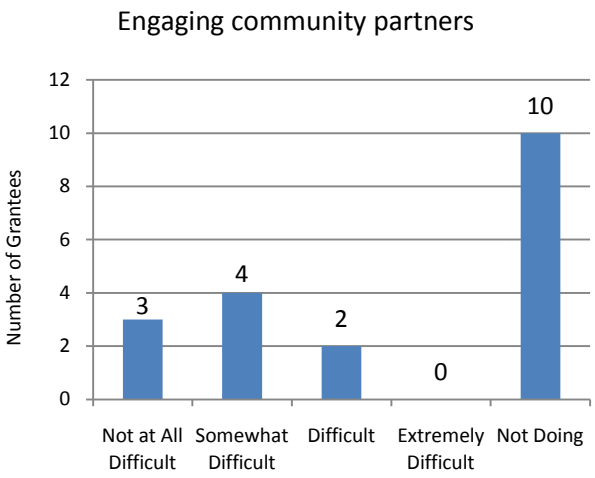
Homelessness Services (Partners) - Continued

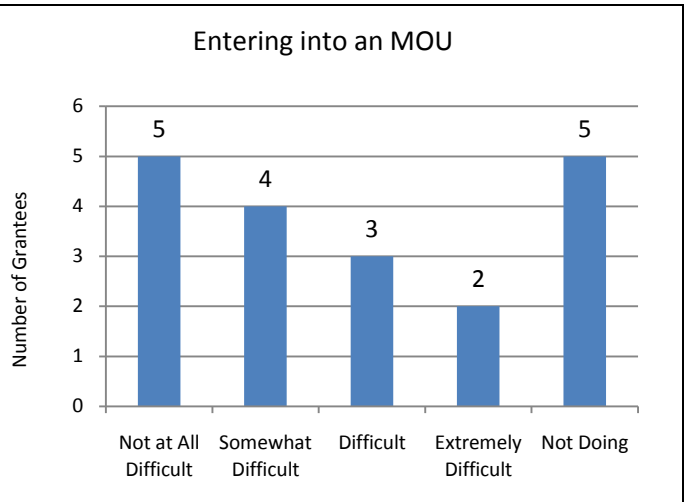


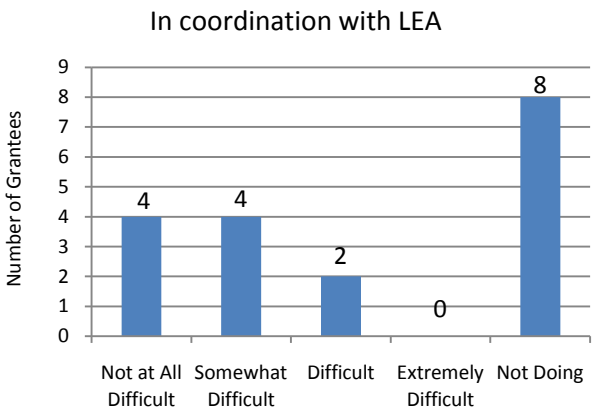
Homelessness Services (Activities)



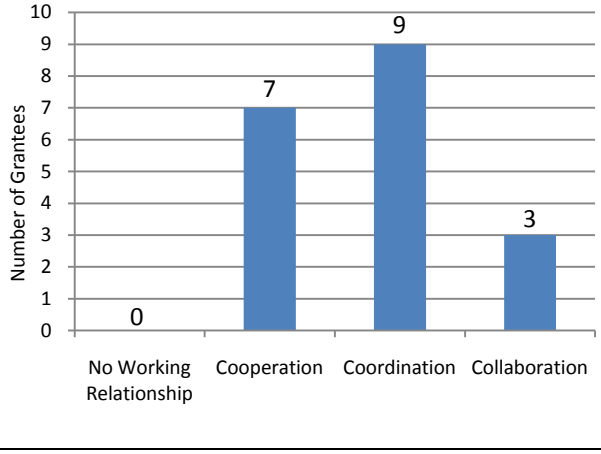
Homelessness Services (Activities) - Continued

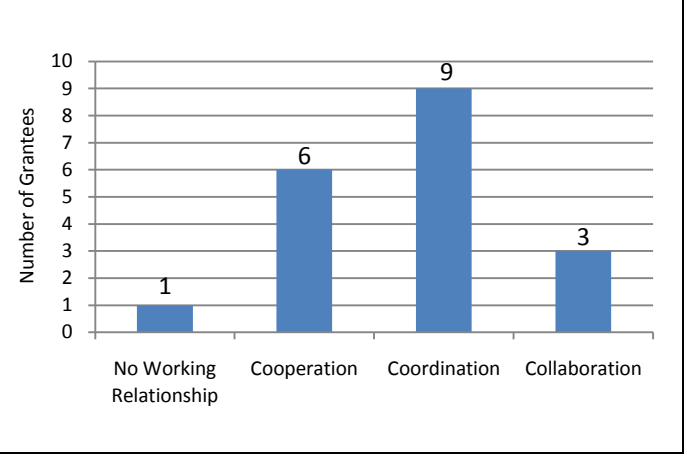






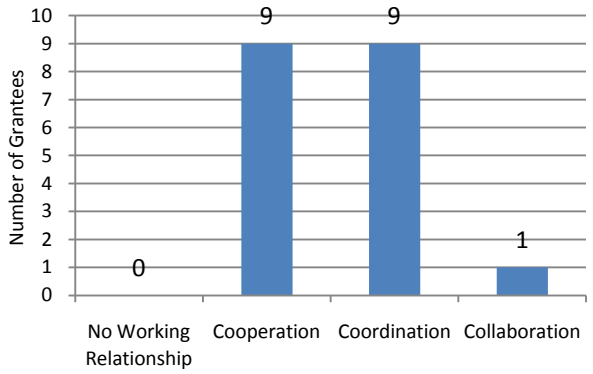
Welfare/Child Welfare (Partners)



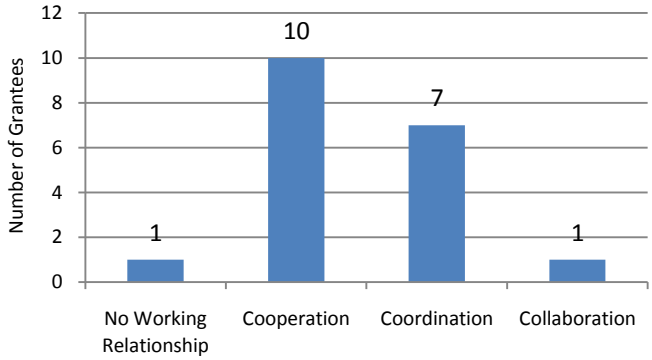


Welfare/Child Welfare (Partners) - Continued

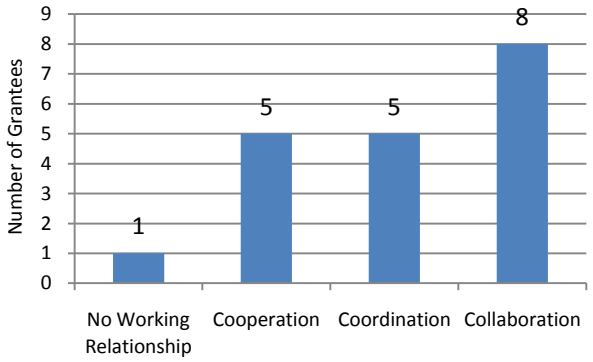
TANF Agency



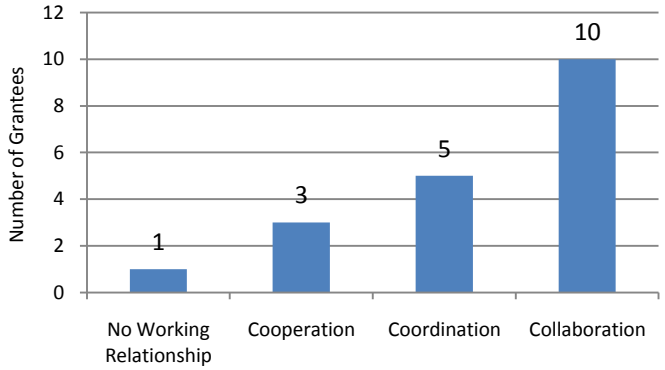
Promise Jobs



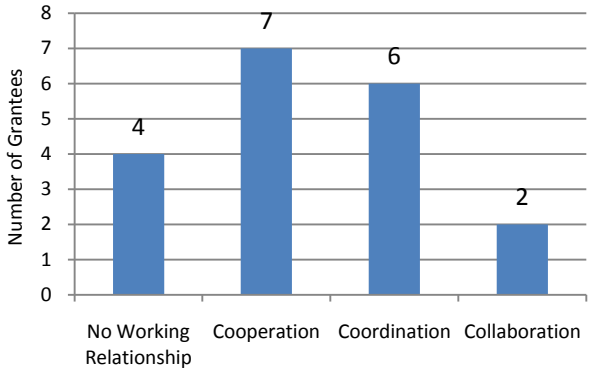
Family development and self sufficiency program



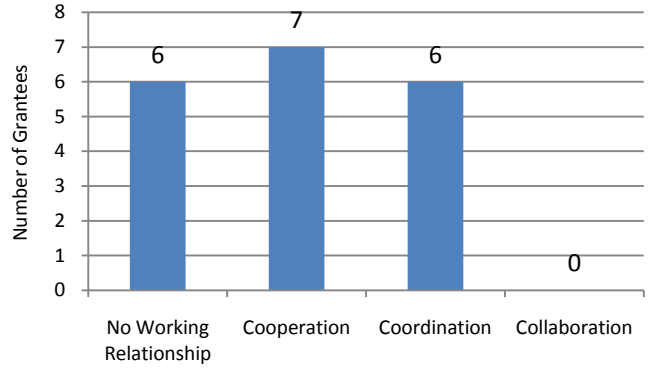
Low-income home energy assistance program



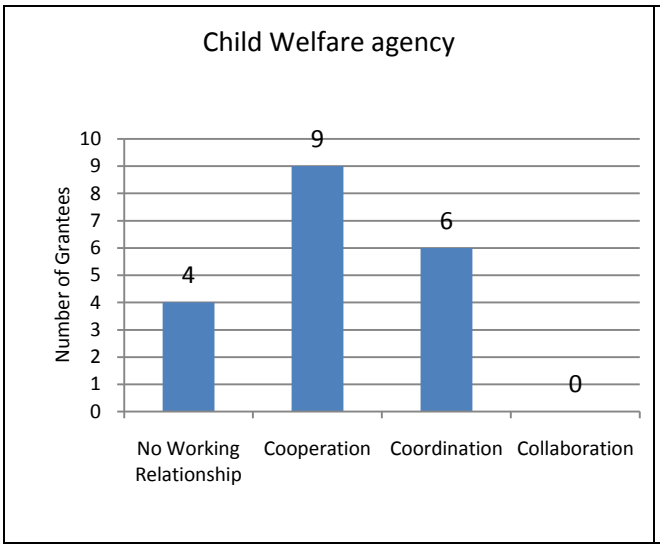
Other anti-poverty groups or advocacy coalitions

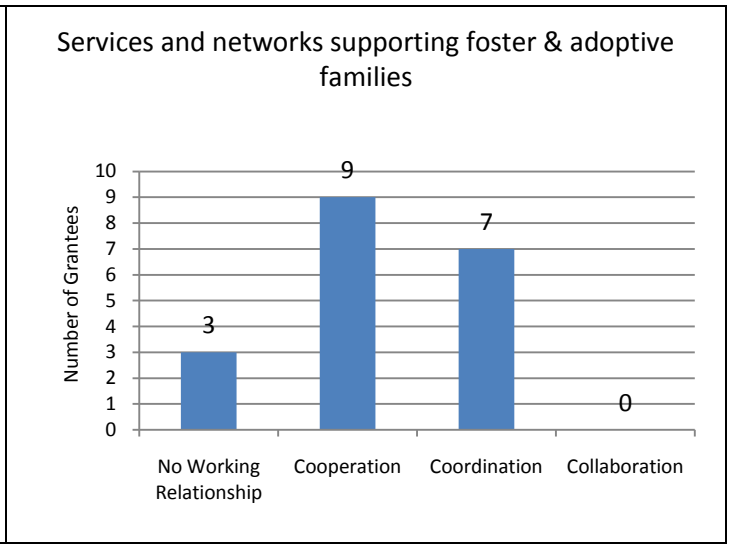


Economic & Community Development Councils

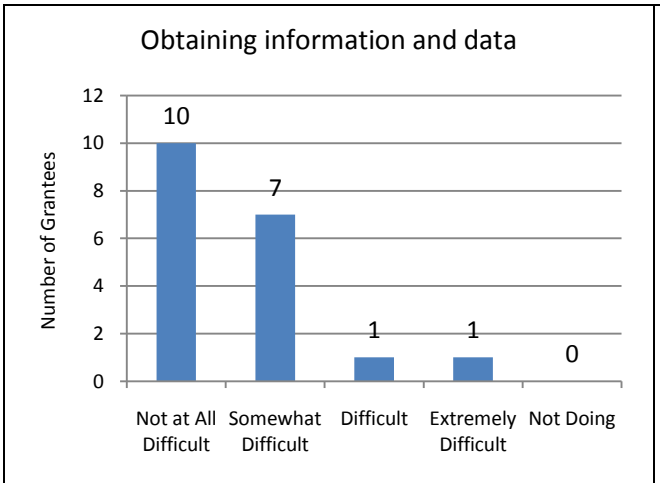


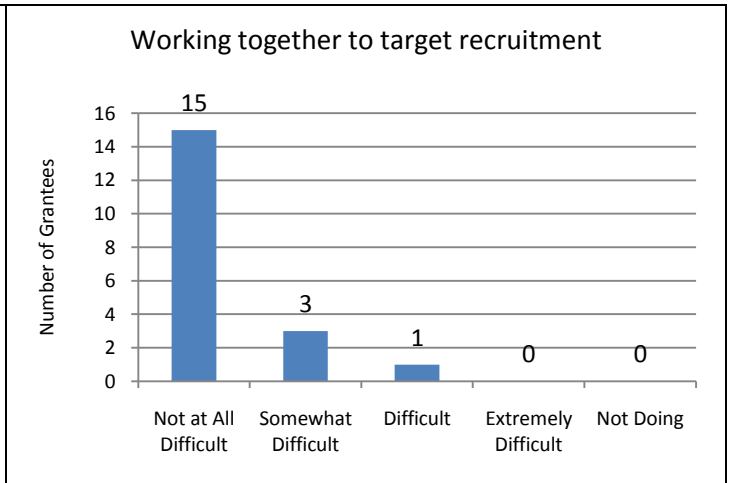
Welfare/Child Welfare (Partners) - Continued

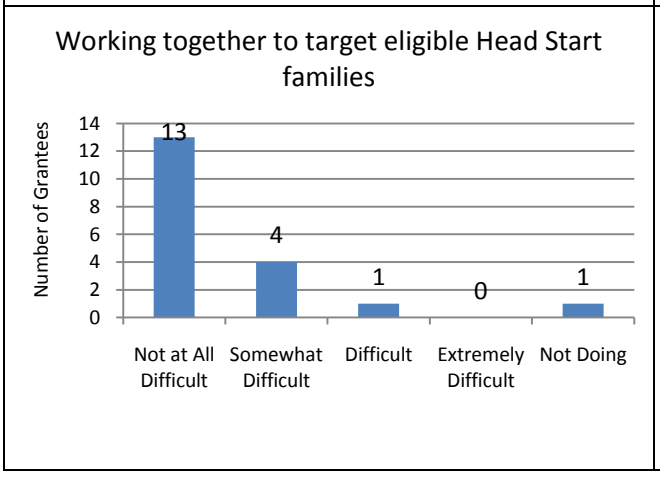


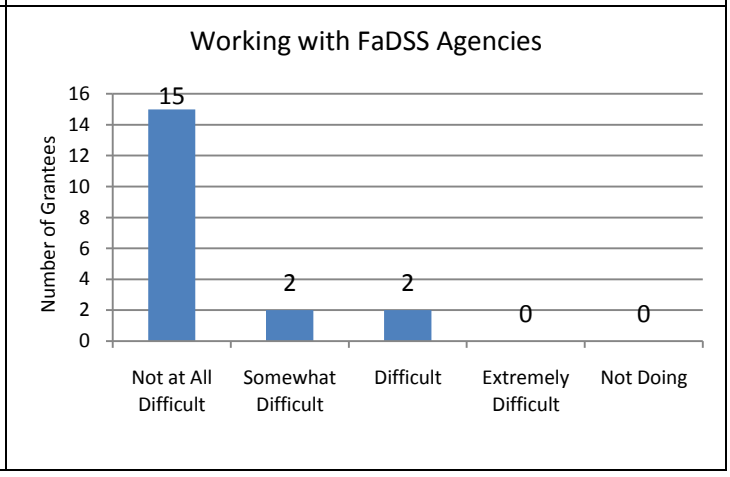


Welfare/Child Welfare (Activities)



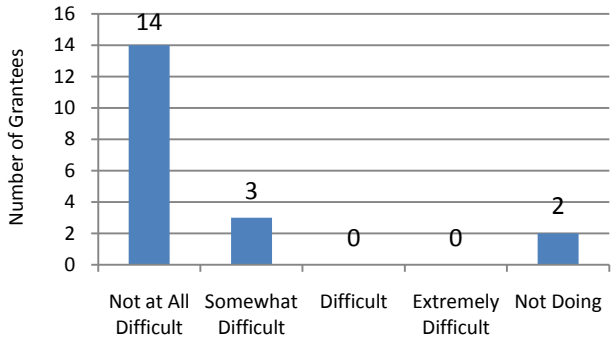




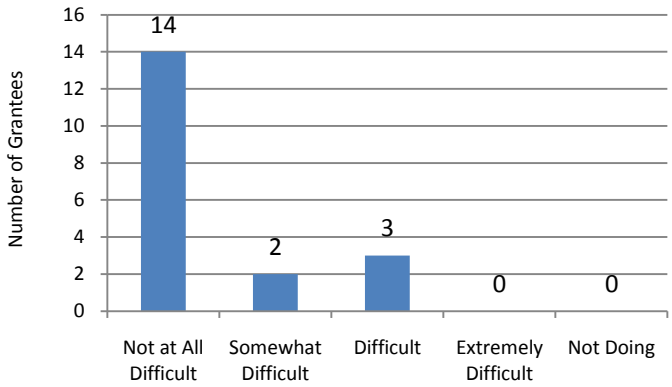


Welfare/Child Welfare (Activities)

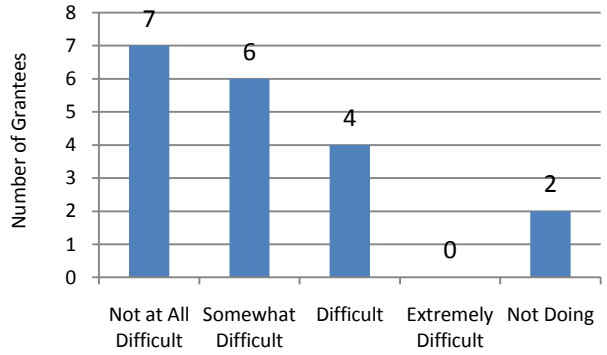
Linking families with community-based anti-poverty support



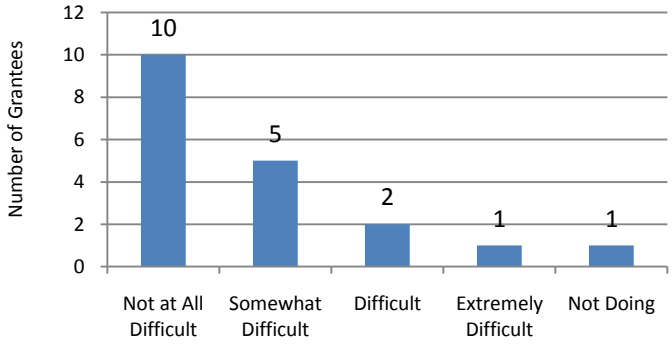
Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment



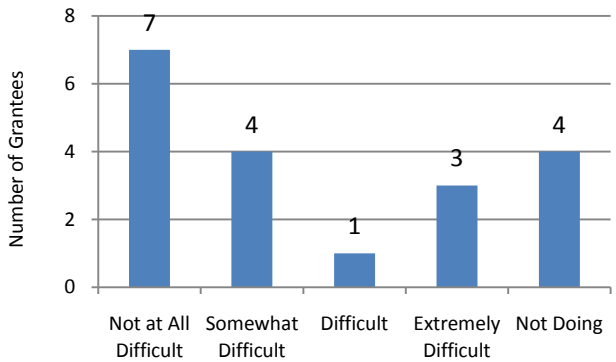
Establishing and implementing local interagency partnerships agreements with agencies providing welfare funded services



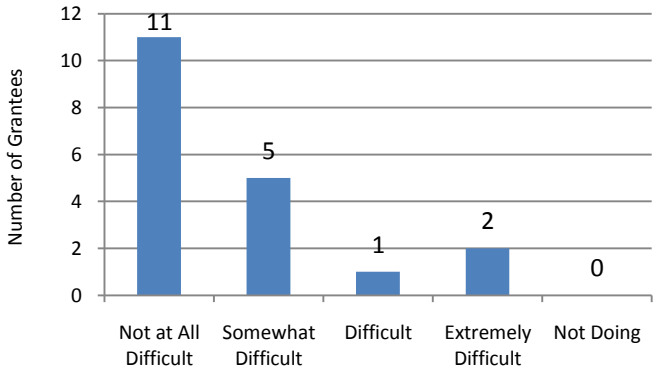
Facilitating shared training and technical assistance opportunities



Receiving lists of children in the foster care system for the purposes of recruitment

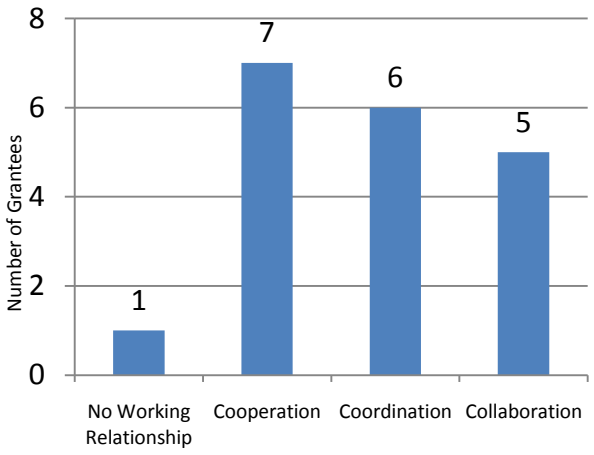


Exchanging information regarding family/child assistance services

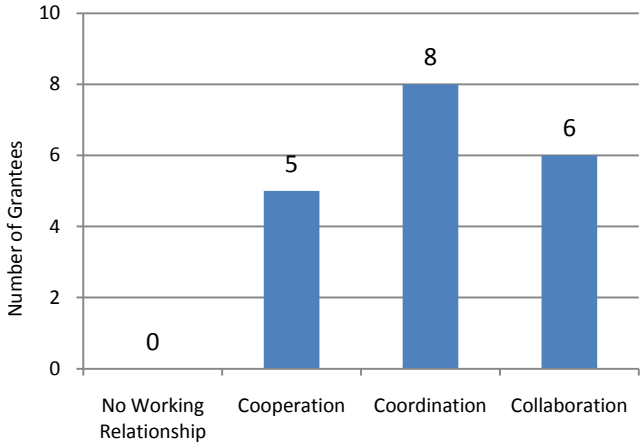


Child Care (Partners)

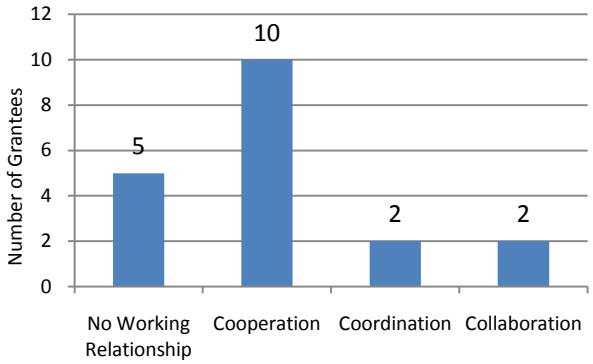
State agency for Child Care



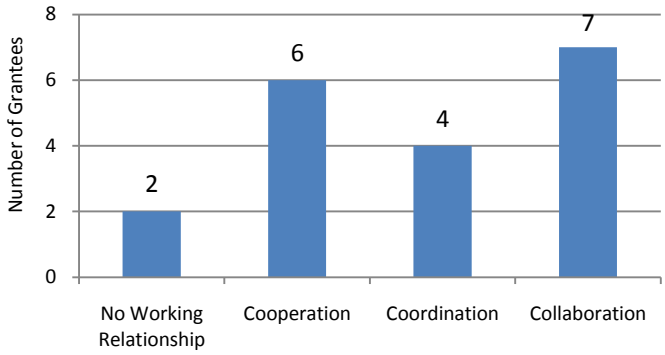
Child Care Resource & Referral Agencies



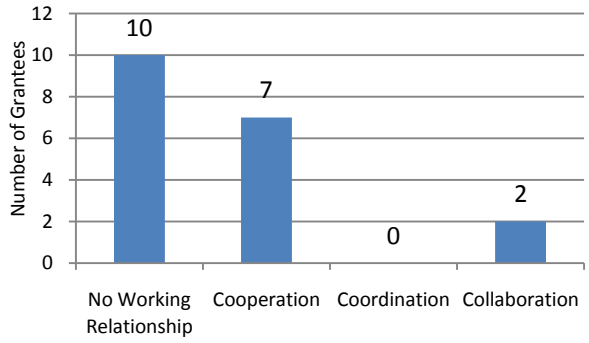
Local child care programs for full-year, full-day services (Family Child Care Providers)



Local child care programs for full-year, full-day services (centers)

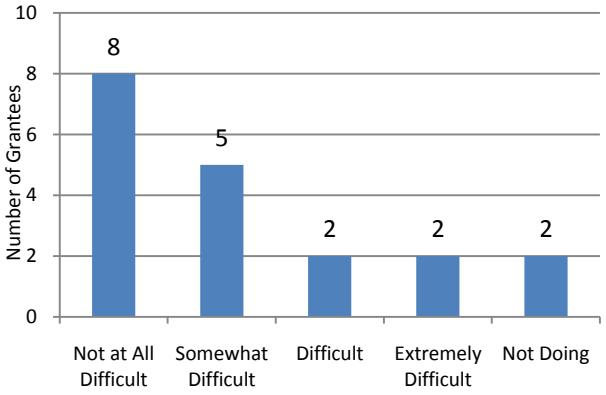


State Child Care Advisory Council

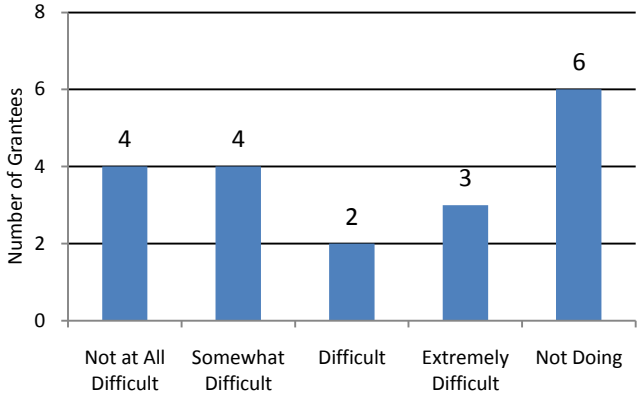


Child Care (Activities)

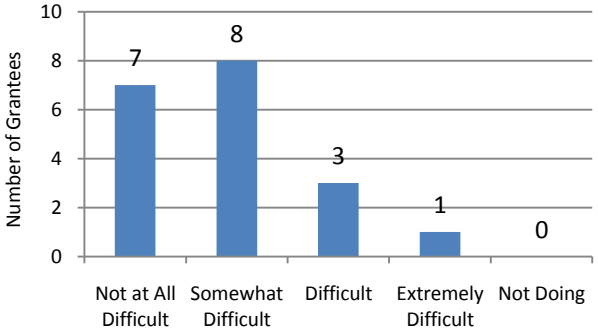
Establishing linkages/partnerships with child care centers



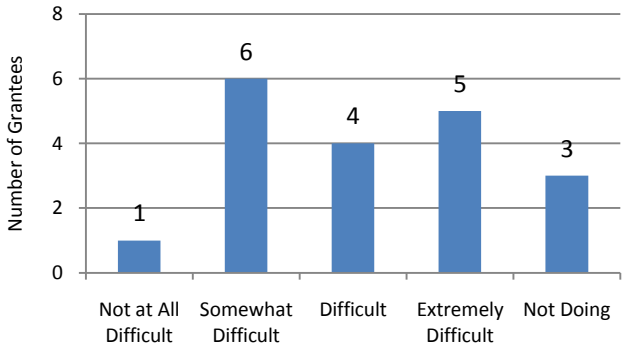
Establishing linkages/partnerships with family child care providers



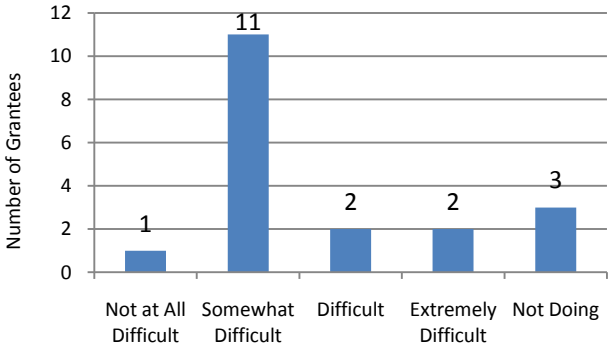
Assisting families to access full-day, full year services



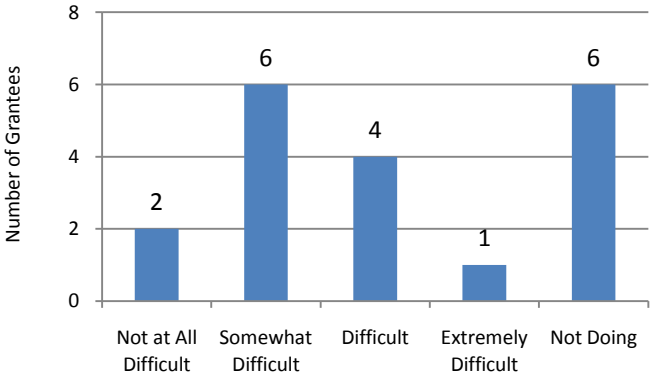
Supporting full-day, full year services through wrap-around grants



Assuring eligible families receive child care assistance

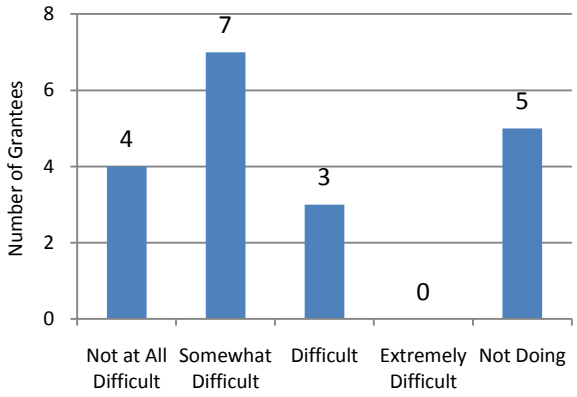


Assisting families receiving child care assistance to receive services from a higher quality provider

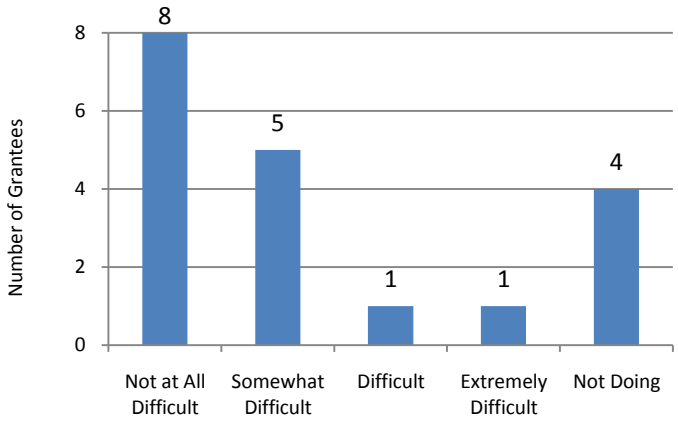


Child Care (Activities) - Continued

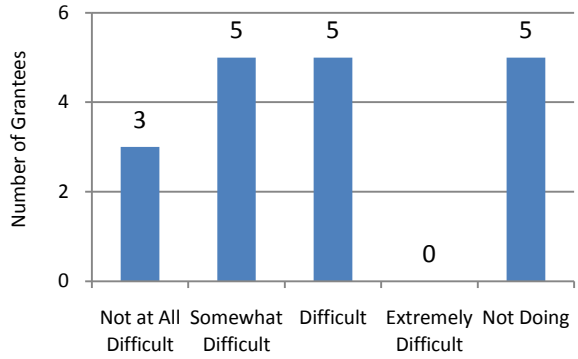
Aligning policies and practices with partnering child care providers



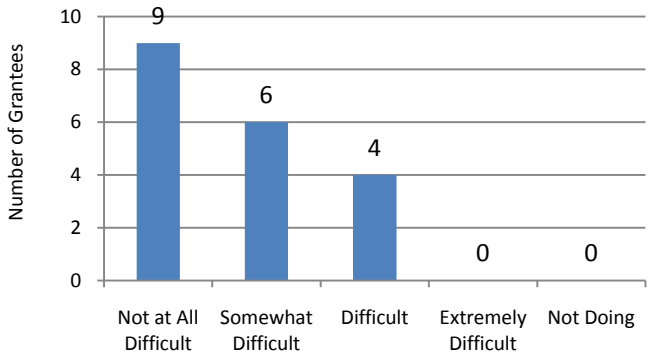
Sharing data/information on children that are jointly served



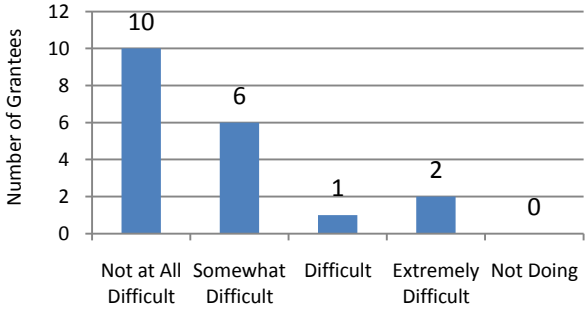
Participating in Iowa's Quality Rating System



Exchanging information on roles and resources with other providers/organizations regarding child care and community needs

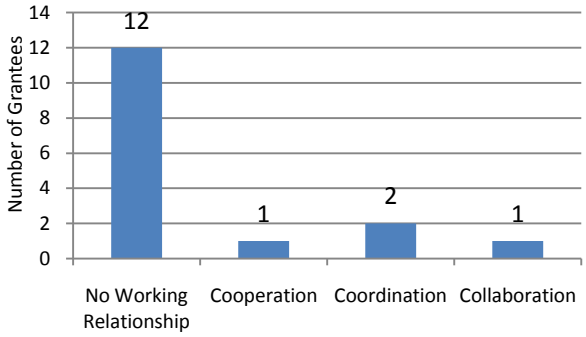


Partnering with CCRR or child care providers to provide joint training with your staff

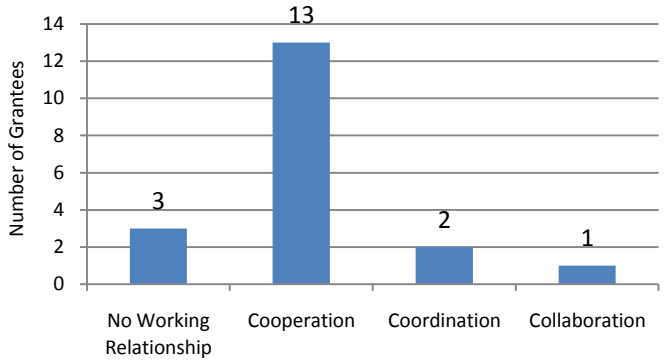


Family Literacy Services (Partners)

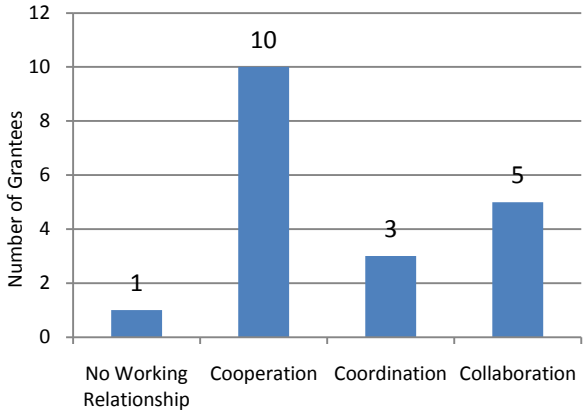
Dept. of Ed Title I, Part A Family Literacy



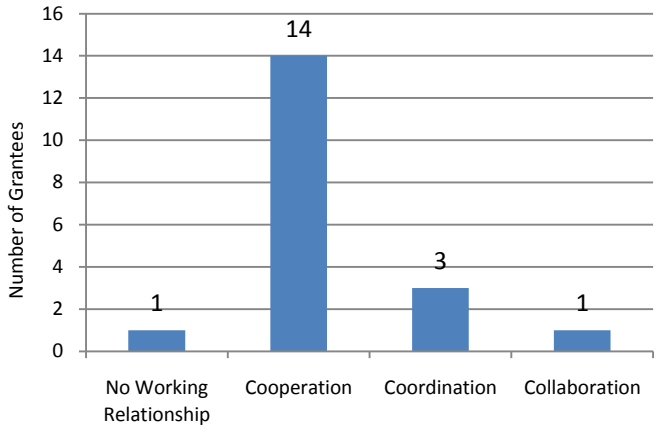
Employment and training programs



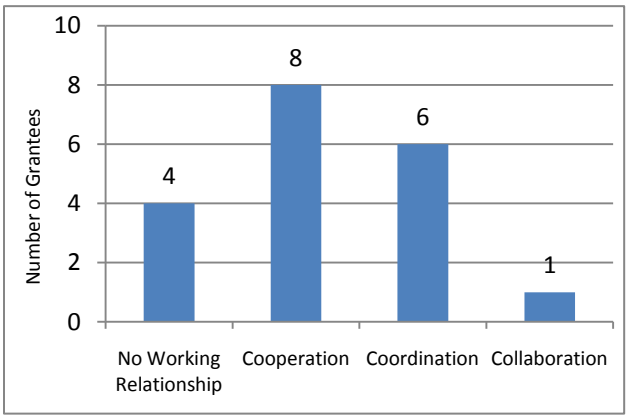
Adult Education (GED or ABE through Community Colleges)



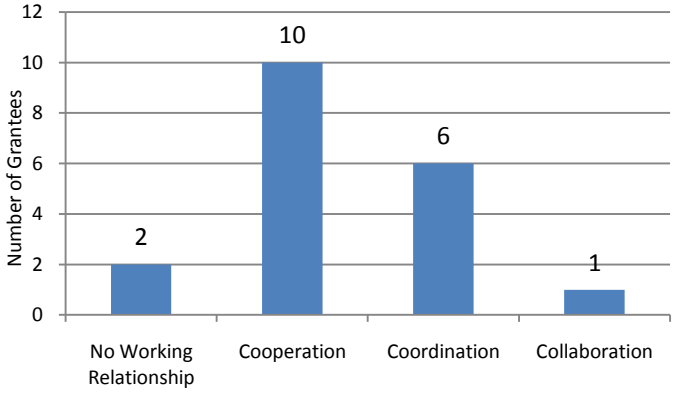
English Language Learner programs & services



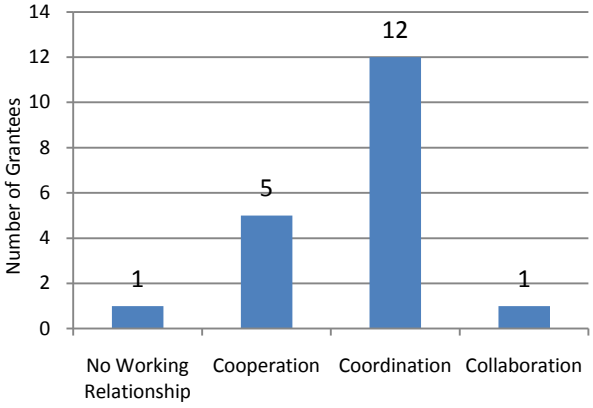
Services to promote parent/child literacy interactions

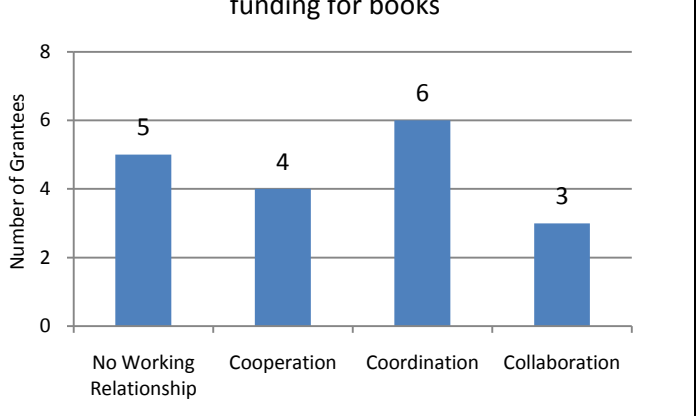


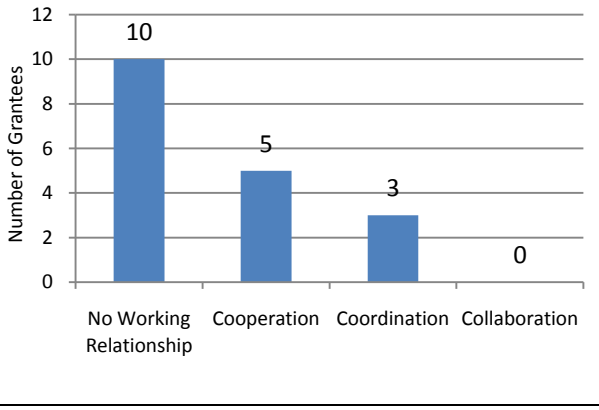
Parent education programs/services

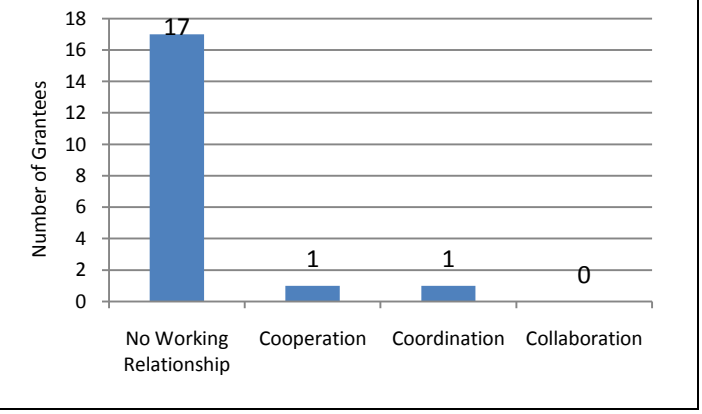


Family Literacy Services (Partners) - Continued

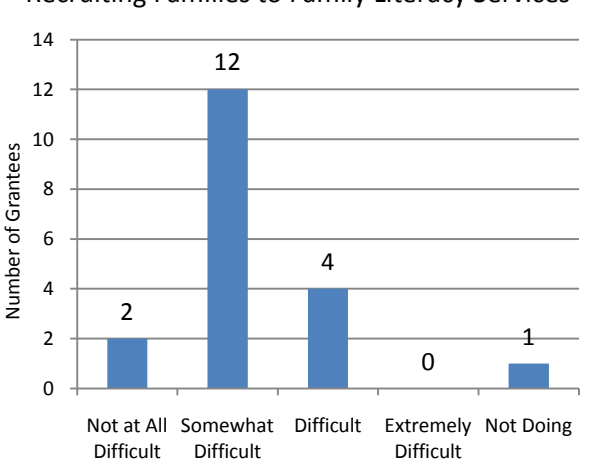


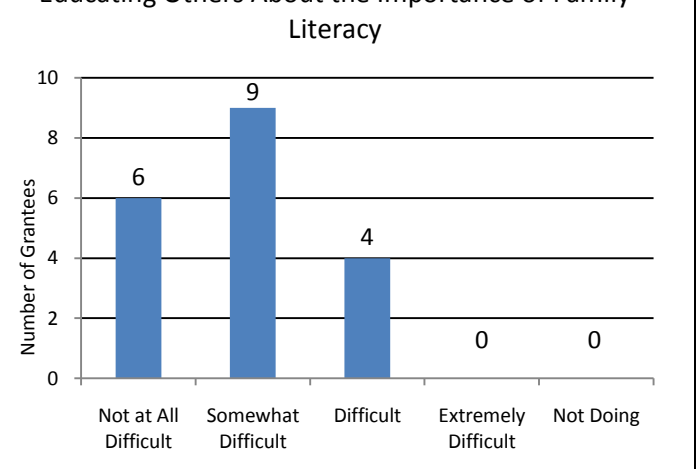






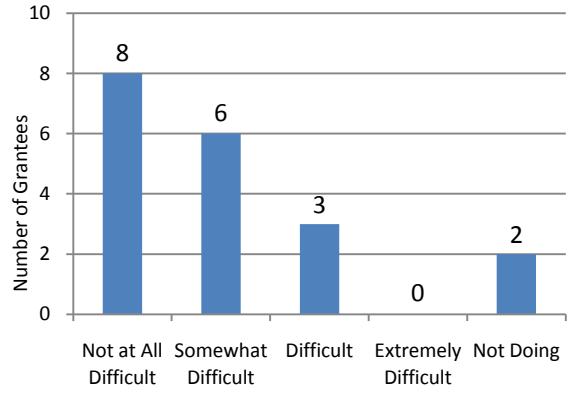
Family Literacy Services (Activities)



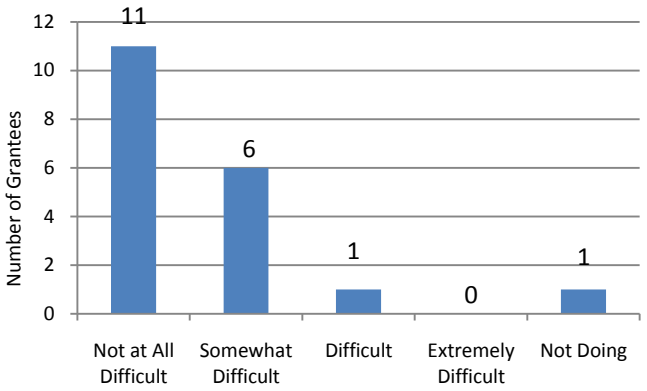


Family Literacy Services (Activities) - Continued

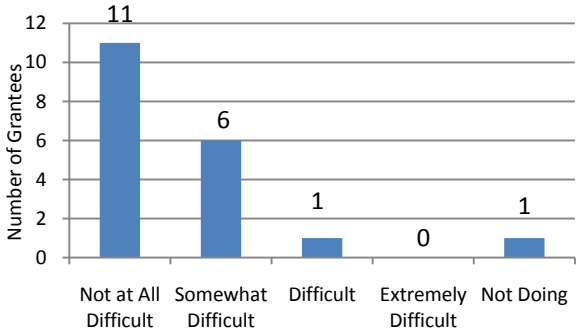
Establishing linkages/partnerships with key literacy providers



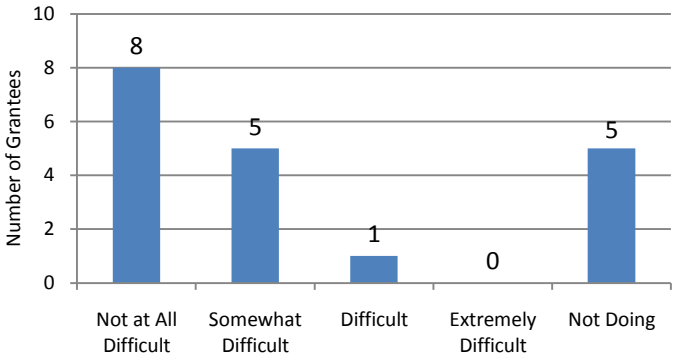
Establishing linkages/partnerships with key local level organizations/programs (other than libraries)



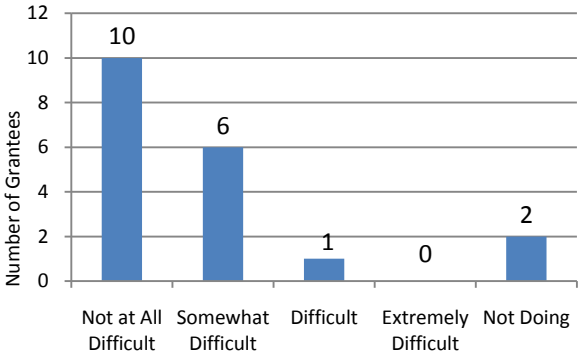
Incorporating family literacy into your program policies and practices



Using materials from Every Child Reads (3-5)

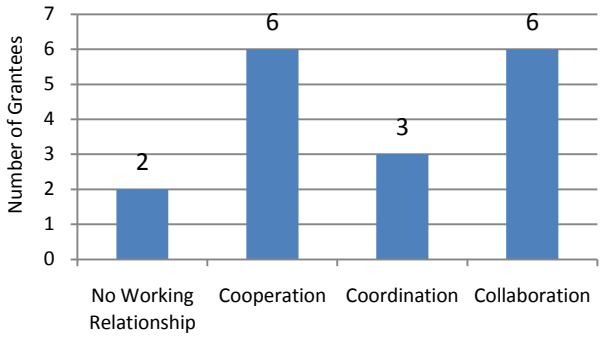


Exchanging information with other providers/organizations regarding roles and resources related to family literacy

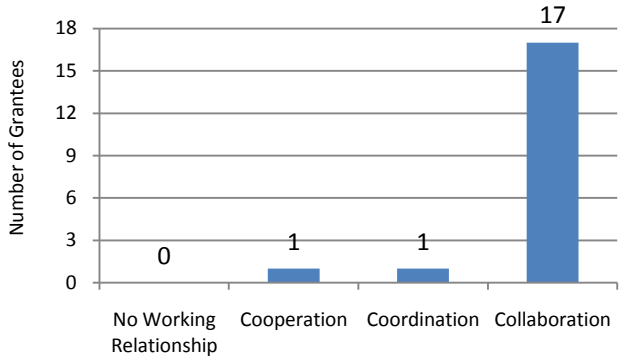


Children with Disabilities (Partners)

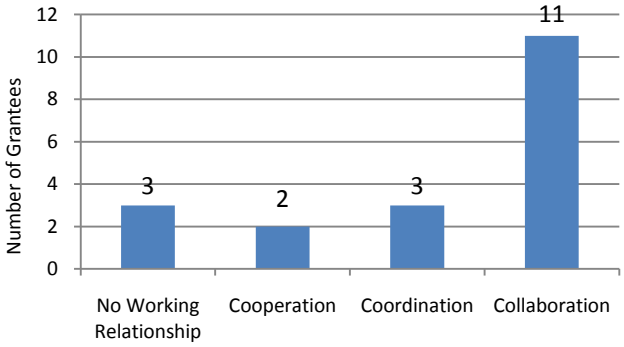
Iowa Department of Education Part B/619 Coordinator



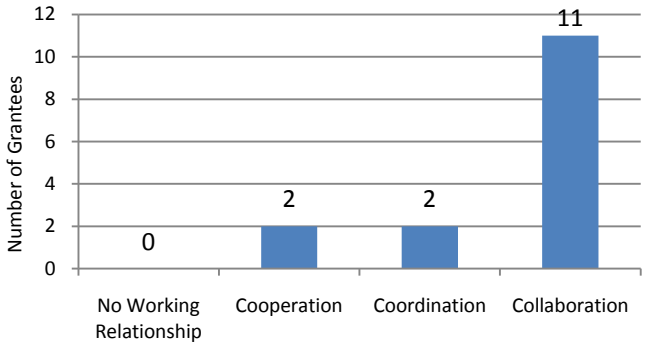
Area Education Agencies (AEA) – Early Childhood Special Education (Part B/619 personnel)



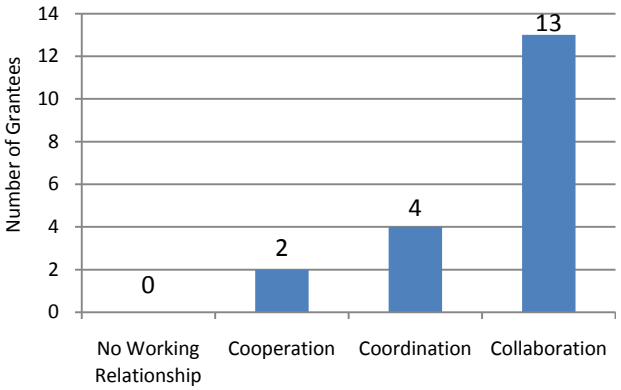
Iowa Department of Education Early ACCESS (Part C) Coordinator



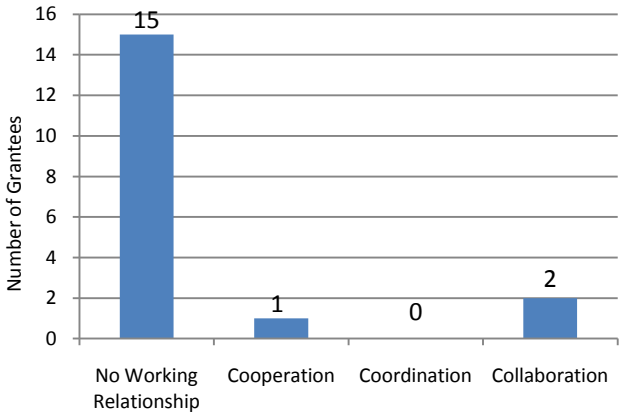
Area Education Agencies Early ACCESS (Part C) Regional Coordinator



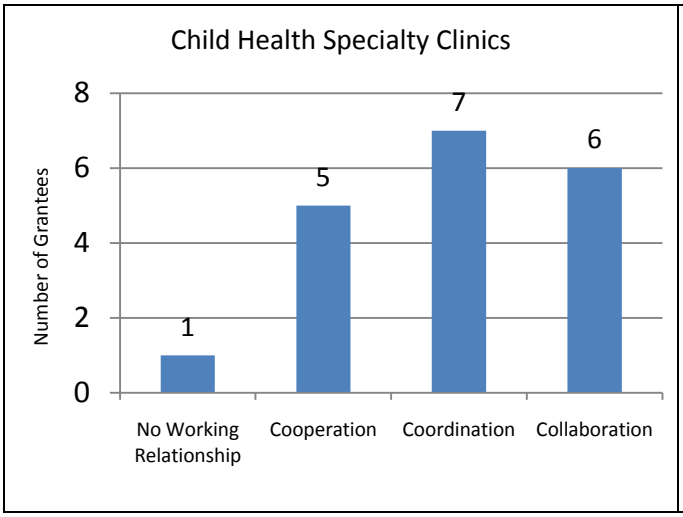
Local Education Agencies – Early Childhood Special Education

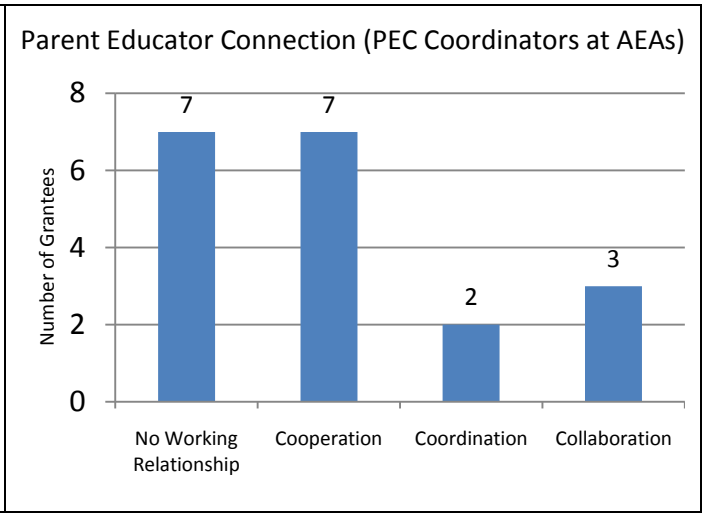


ASK Resources (Parent Training & Information Center)

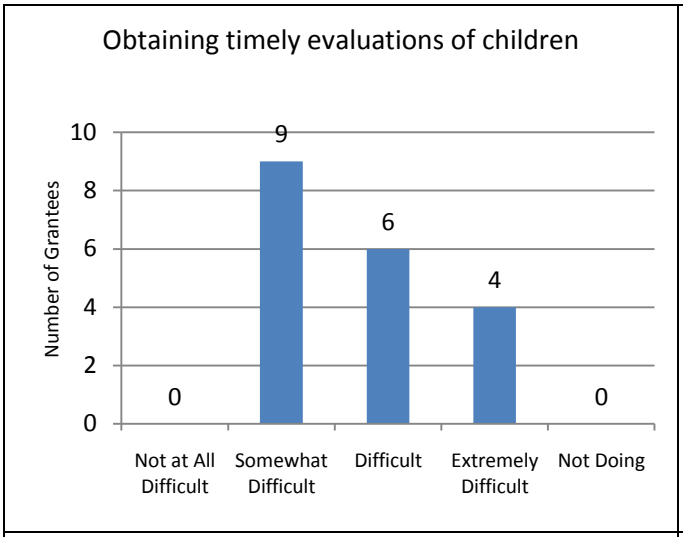


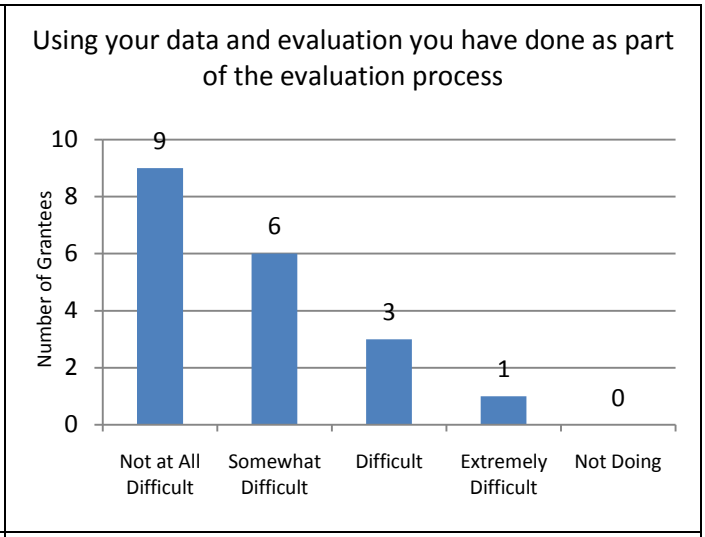
Children with Disabilities (Partners) - Continued

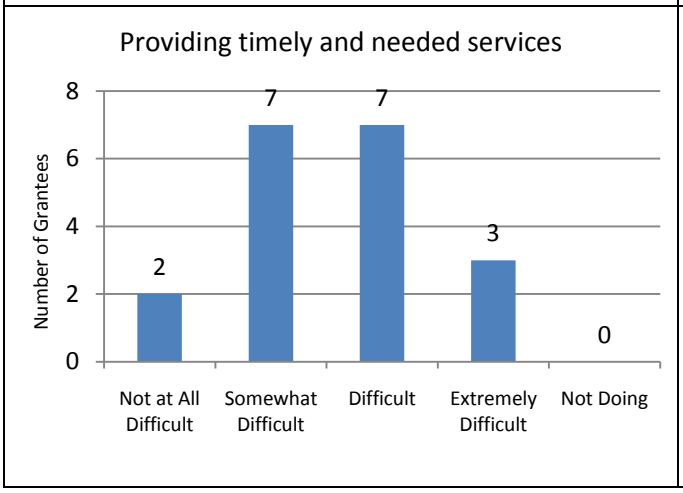


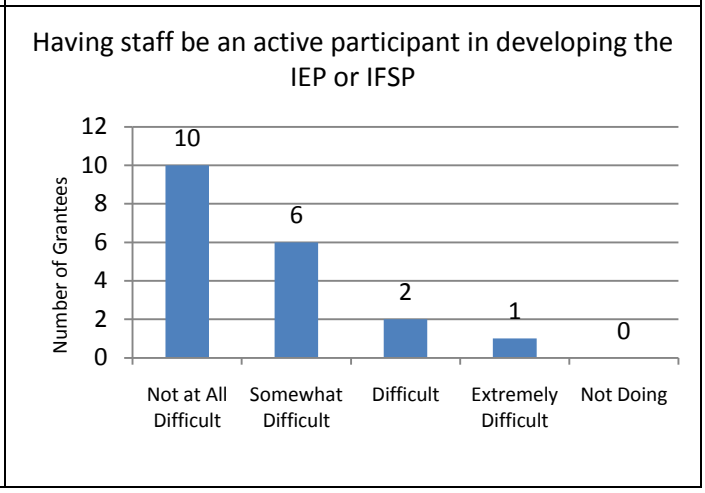


Children with Disabilities (Activities)



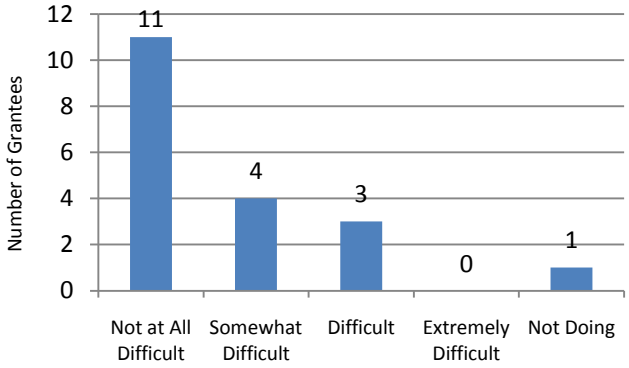




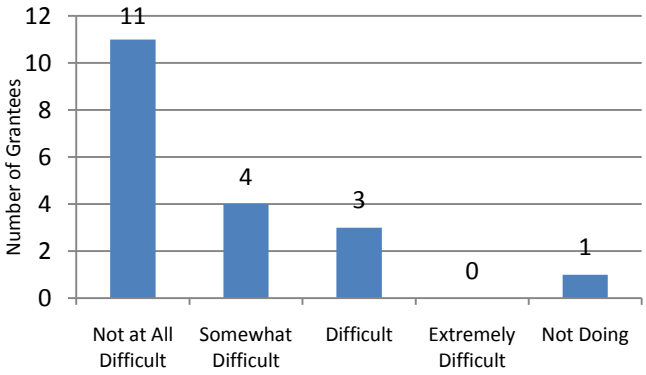


Children with Disabilities (Activities) - Continued

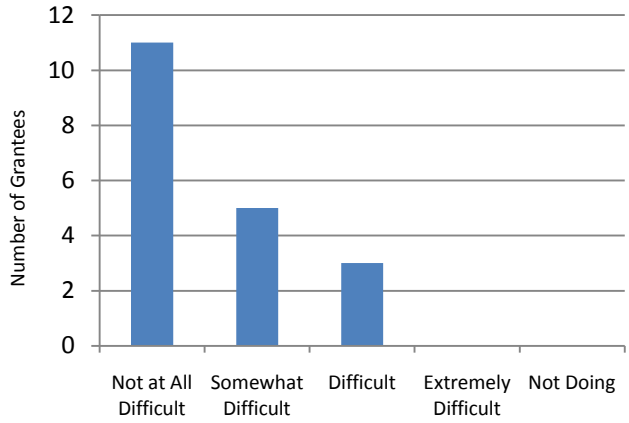
Coordinating services with Early ACCESS (Part C) providers



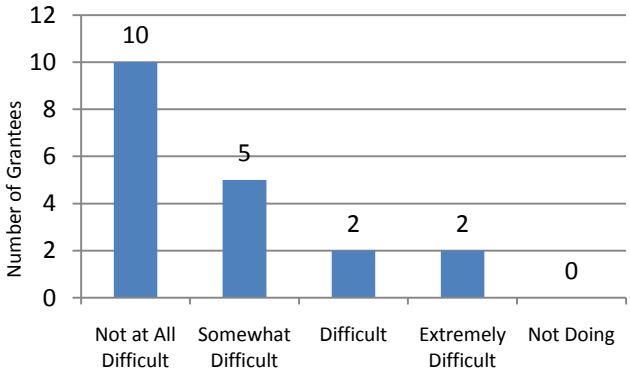
Coordinating Services with Early Childhood Special Education (ECSE) Providers



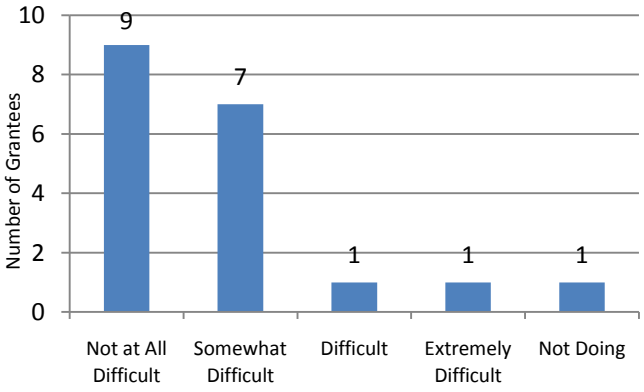
Sharing Data/information on jointly served children



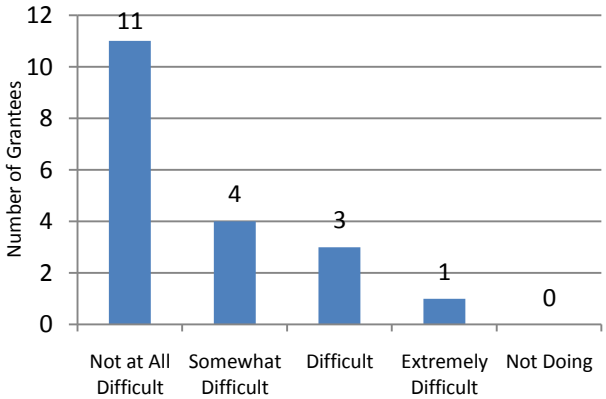
Contributing to the identification of Early Childhood Outcomes (ECO) data and being part of the decision making of individual ECO ratings



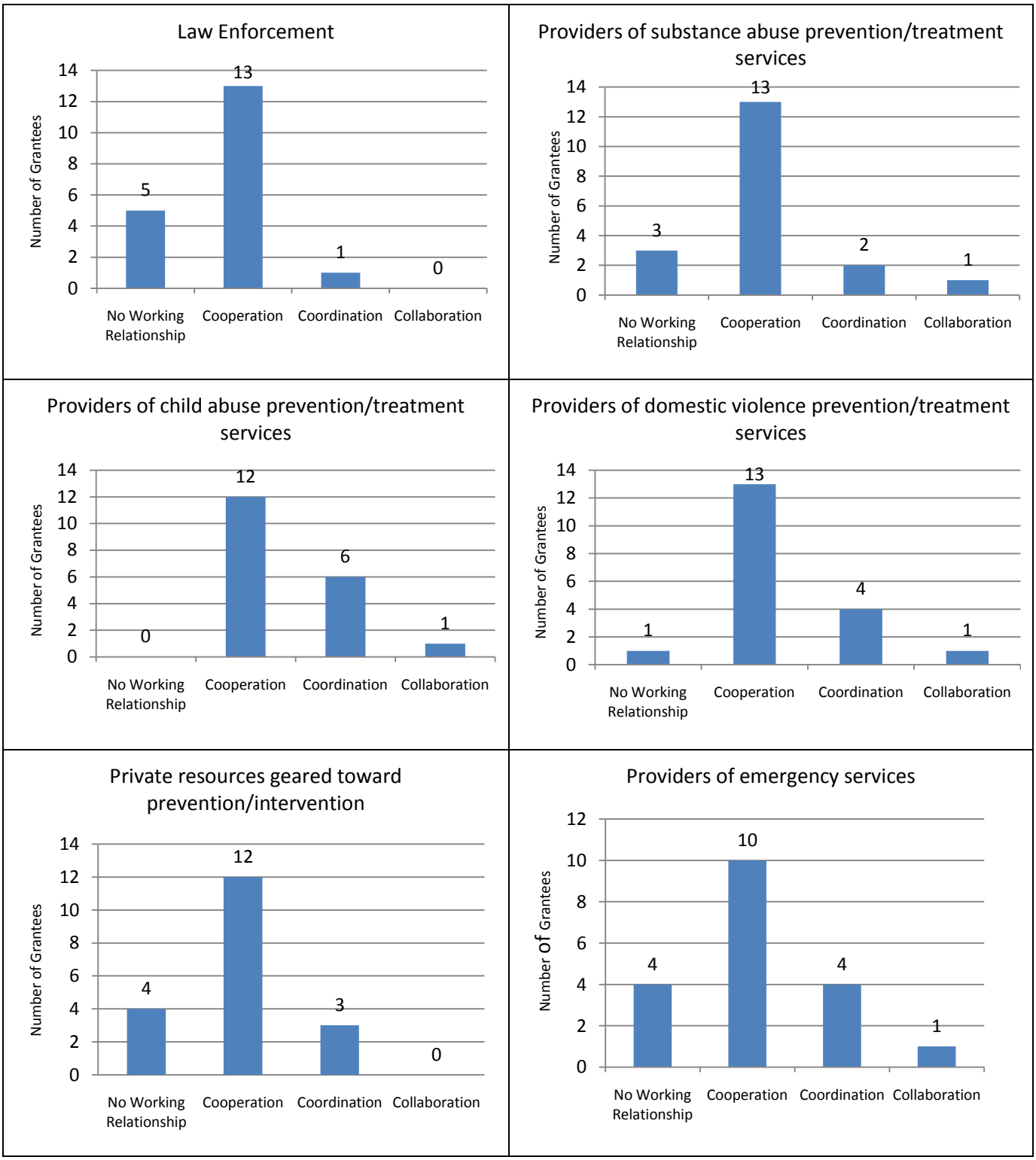
Exchanging info., roles and resources with other providers regarding svc. for children w/disabilities



Engaging partners in conducting staff training on serving children with disabilities

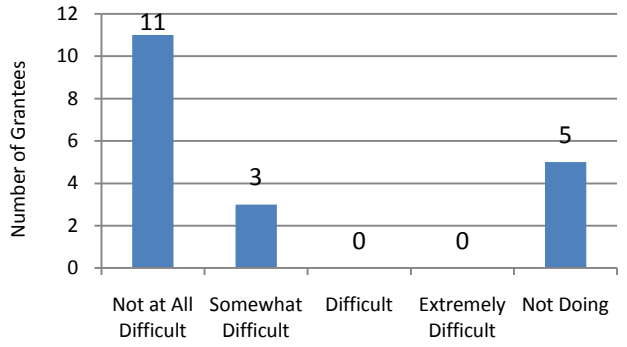


Community Services (Partners)

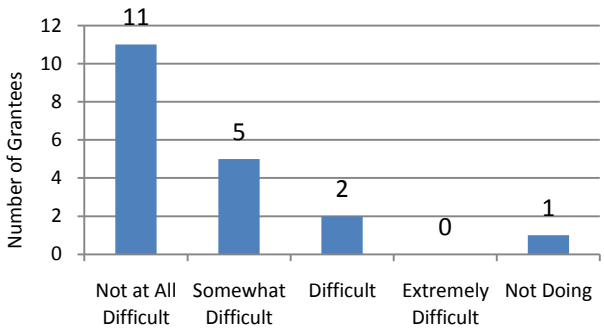


Community Services (Activities)

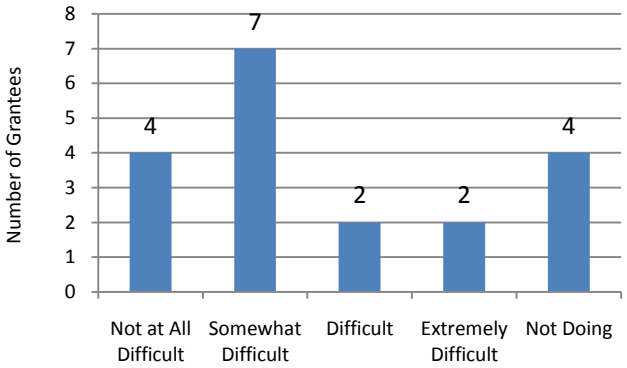
Establishing linkages/partnerships with law enforcement agencies



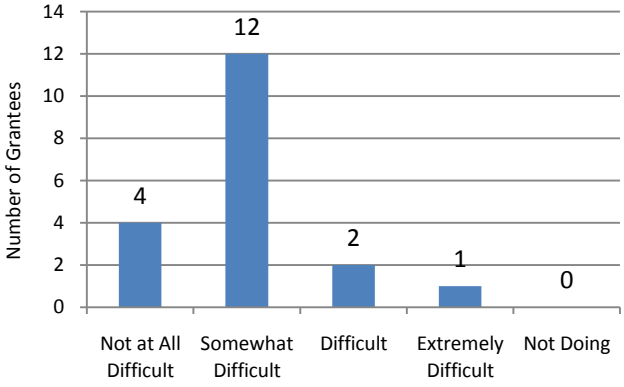
Establishing linkages/partnerships with public resources



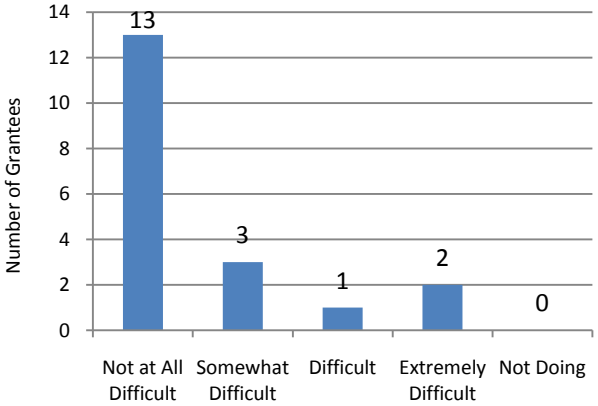
Helping families with immigration issues



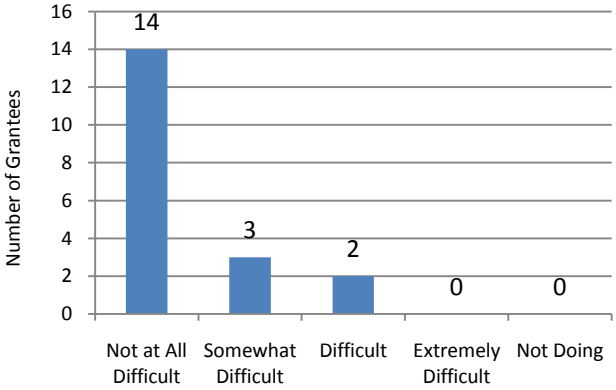
Successfully engaging families to use community services



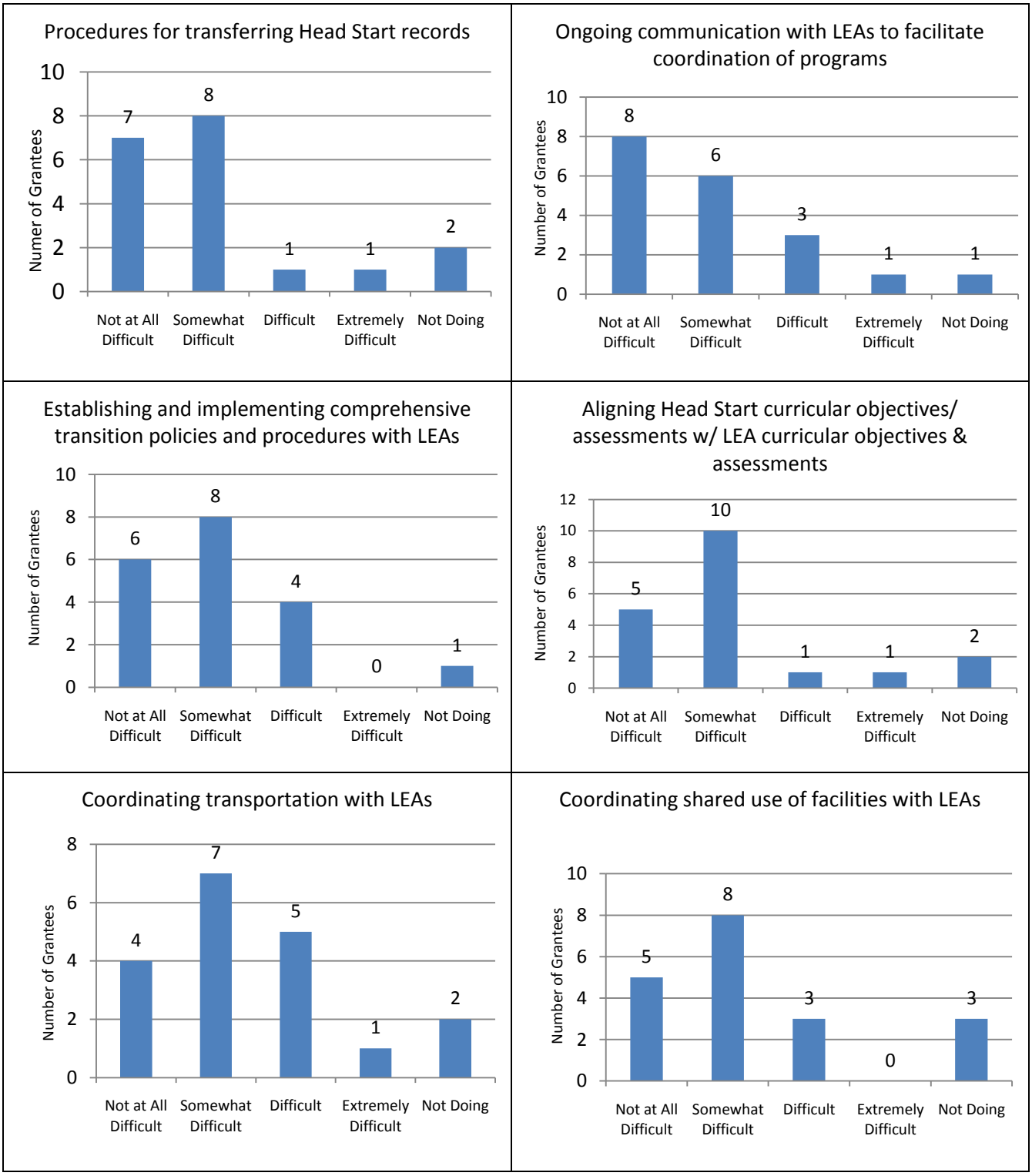
Sharing data/information on children/families served jointly by Head Start and other community service agencies



Exchanging information on roles and resources with other providers/organizations regarding community services

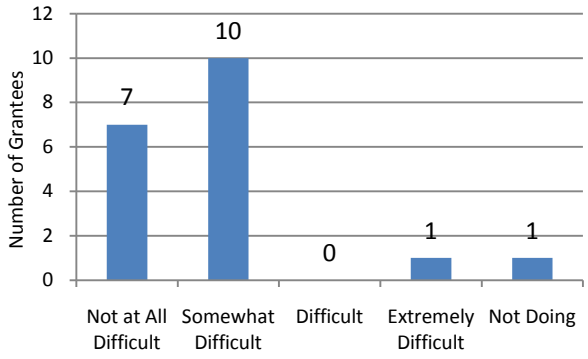


School Districts/Preschool (Activities)

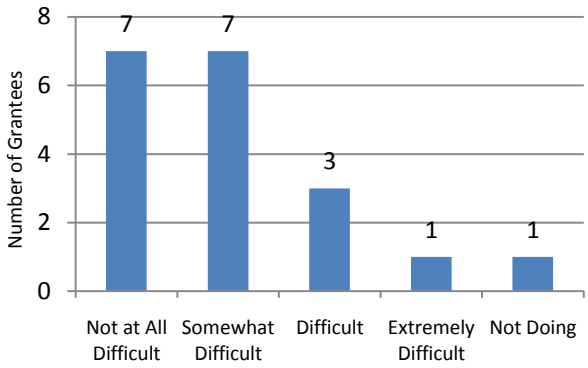


School Districts/Preschool (Activities) - Continued

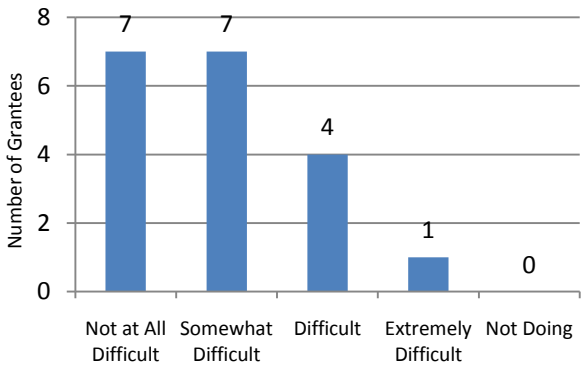
Conducting joint outreach with LEAs to parents to discuss needs of children entering kindergarten to ensure smooth transitions



Helping parents of "dual language learners" to understand instructional and other information and services provided by the receiving school

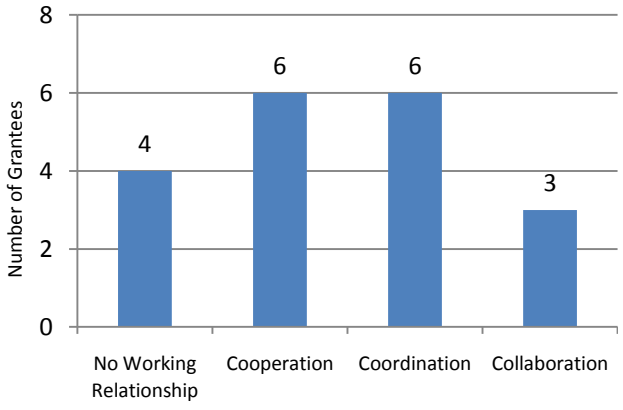


Organizing and participating in joint training with school staff

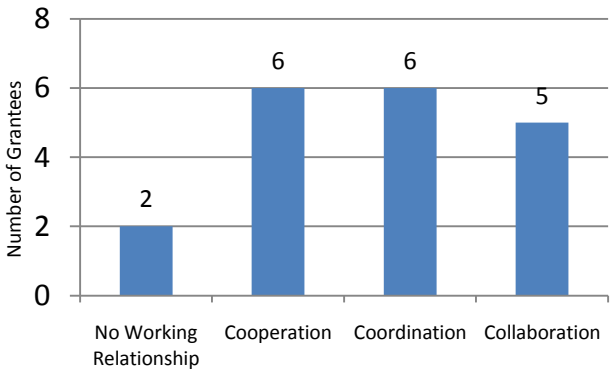


Professional Development (Partners)

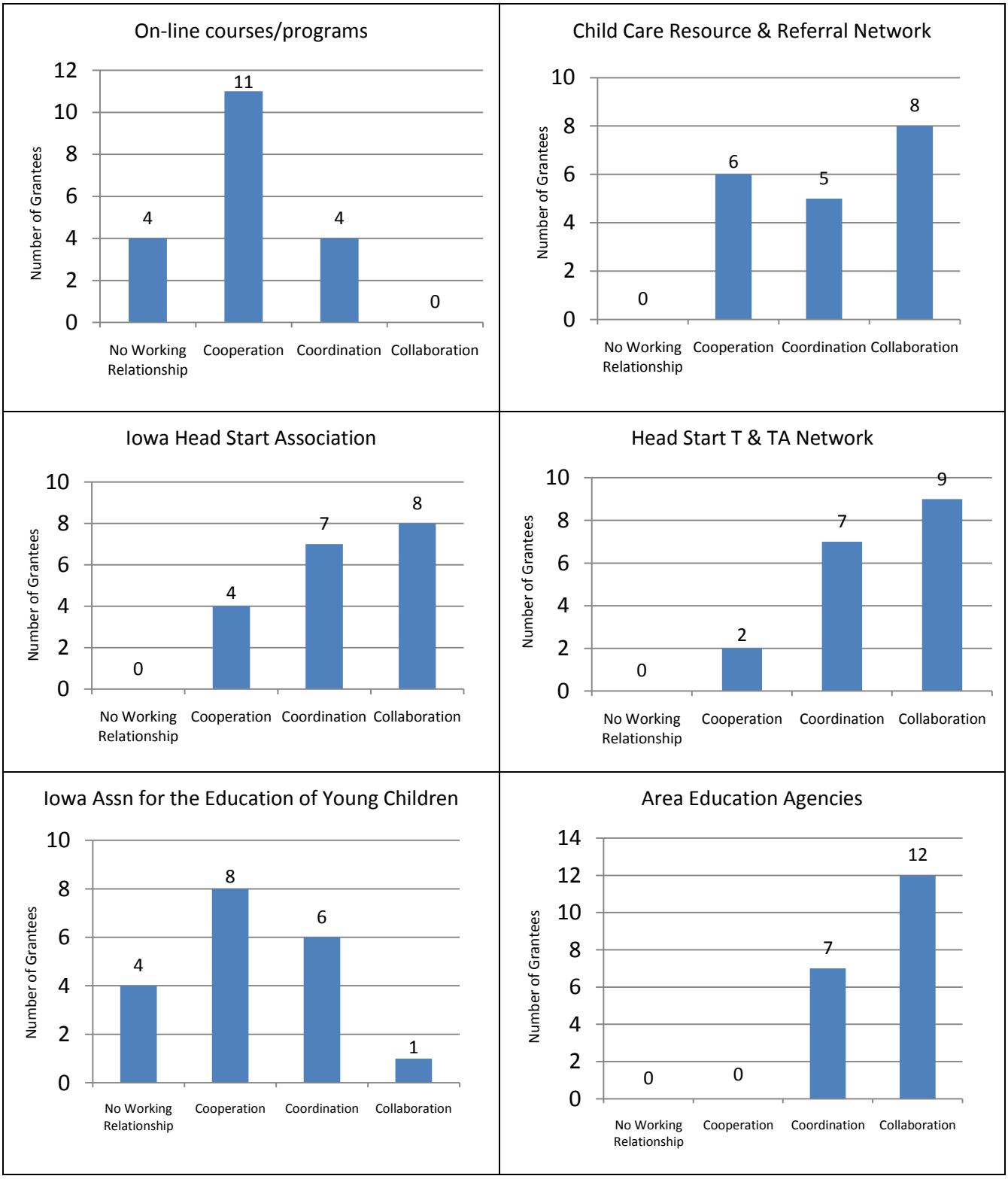
Institutions of Higher Education (4 year)



Institutions of Higher Education (less than 4 year) (e.g., community colleges)

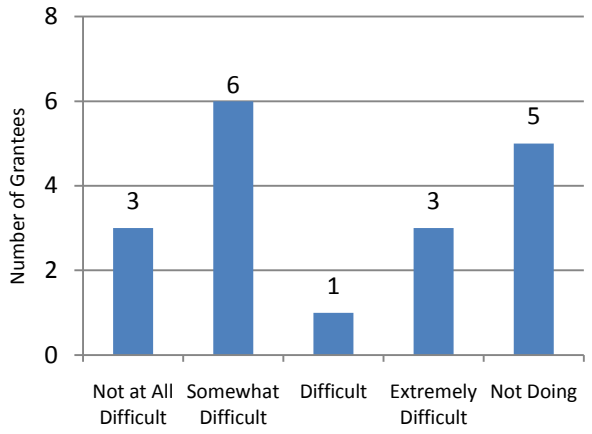


Professional Development (Partners) - Continued

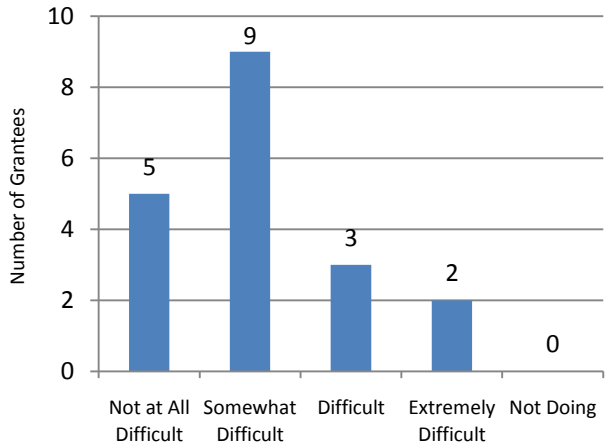


Professional Development (Activities)

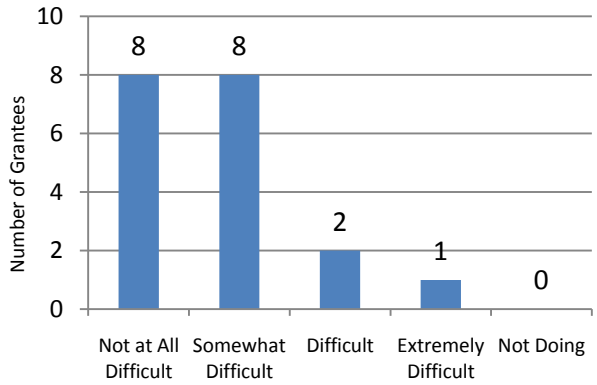
Transferring credits between public institutions of learning



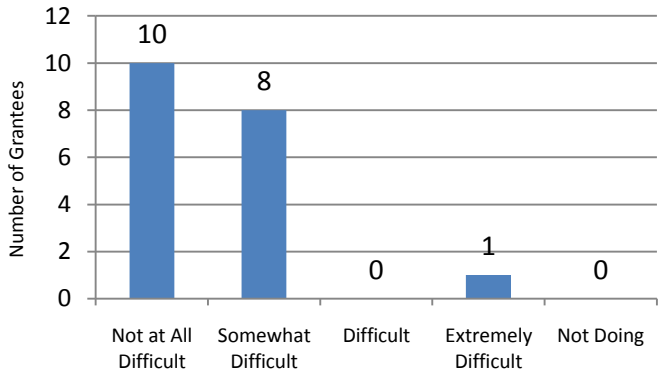
Accessing early childhood education degree programs in the community



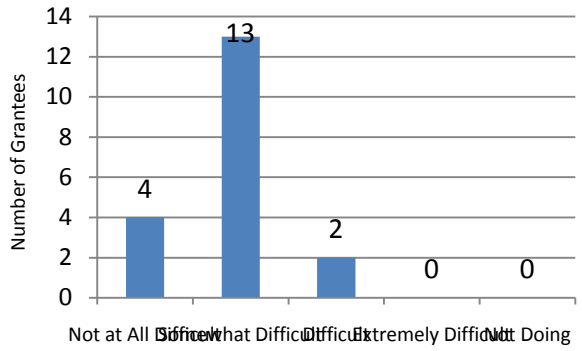
Accessing education toward CDA certificates in the community



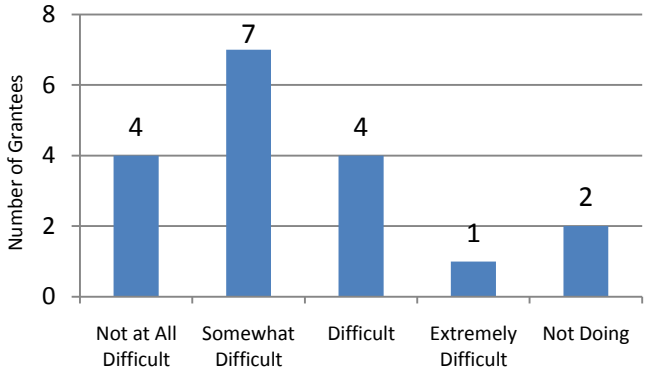
Accessing T & TA opportunities in the community (including cross-training)



Accessing training in specific areas where you need to hone staff skills and abilities

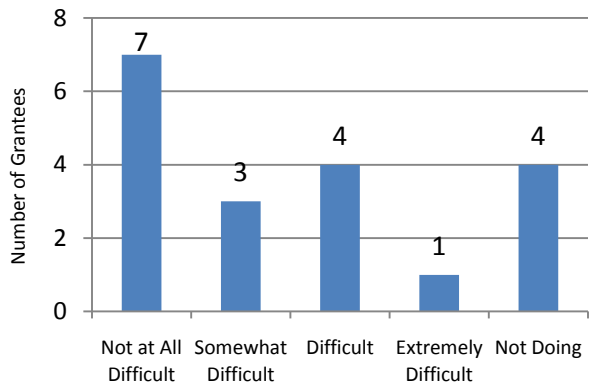


Accessing scholarships and other financial support for professional development (not T.E.A.C.H.)

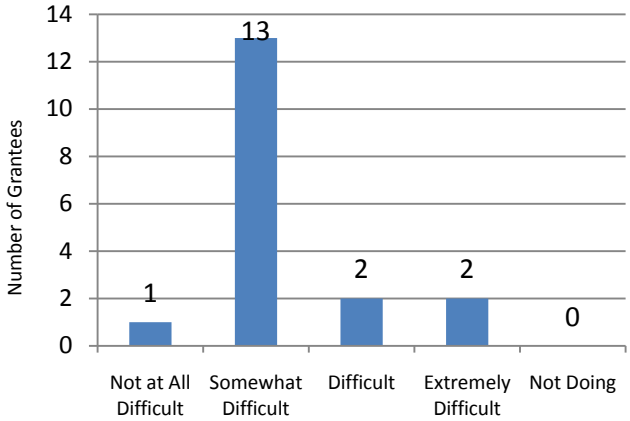


Professional Development (Activities) - Continued

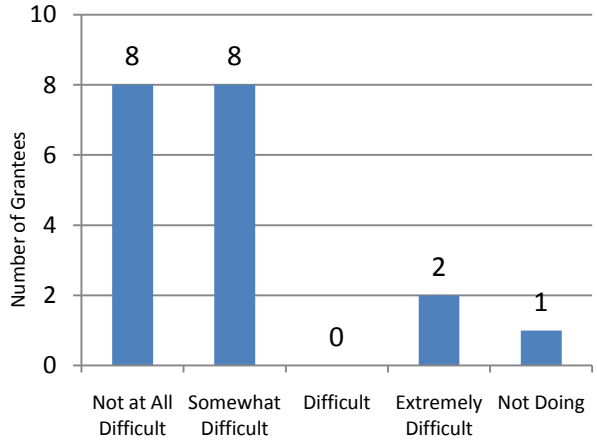
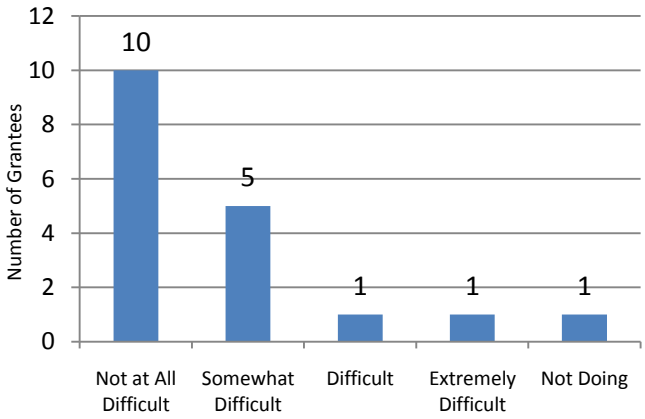
Accessing financial support for professional development programs/activities through T.E.A.C.H.



Securing staff release time to attend professional development activities



Accessing on-line professional development opportunities



Exchanging information on roles and resources with other providers/organizations regarding professional development