

Needs Assessment Report

Tennessee Head Start State Collaboration Office

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INTRODUCTION

In December 2007, the Head Start Act (P. L. 110-134; Administration for Children and Families, n.d.) required Head Start State Collaboration Offices (HSSCOs) to conduct a statewide needs assessment in order to support and improve collaboration among Head Start grantees and other early childhood agencies. Needs assessment data would then be used to develop a state strategic plan. The assessment studied needs of Head Start agencies in their collaborations with other agencies to align services, curricula, and assessments. Eight national priority areas were identified and a survey instrument was developed to identify current collaboration efforts and challenges. The eight national priority areas addressed in the survey included:

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. Public Education

This report describes the needs assessment process conducted with all of the 29 Head Start grantees in Tennessee, presents the results of the survey instrument completed by administrators in the agencies, and discusses the implications of the findings for future promotion of Head Start collaborations in Tennessee.

Head Start in Tennessee

Data from the 2007–2008 Program Information Report, State Level Summary (J. Coscarelli, personal communication, March 17, 2009), found that Tennessee's 29 Head Start grantees enrolled a total of 20,290 children and served 18,743 families. Grantees operated 27 Head Start preschool programs, 12 Early Head Starts, and one Migrant Head Start. Tennessee Head Start programs operate 964 classrooms and serve children and families in every county of the state. Figure 1 displays the county service areas by agency in the state.

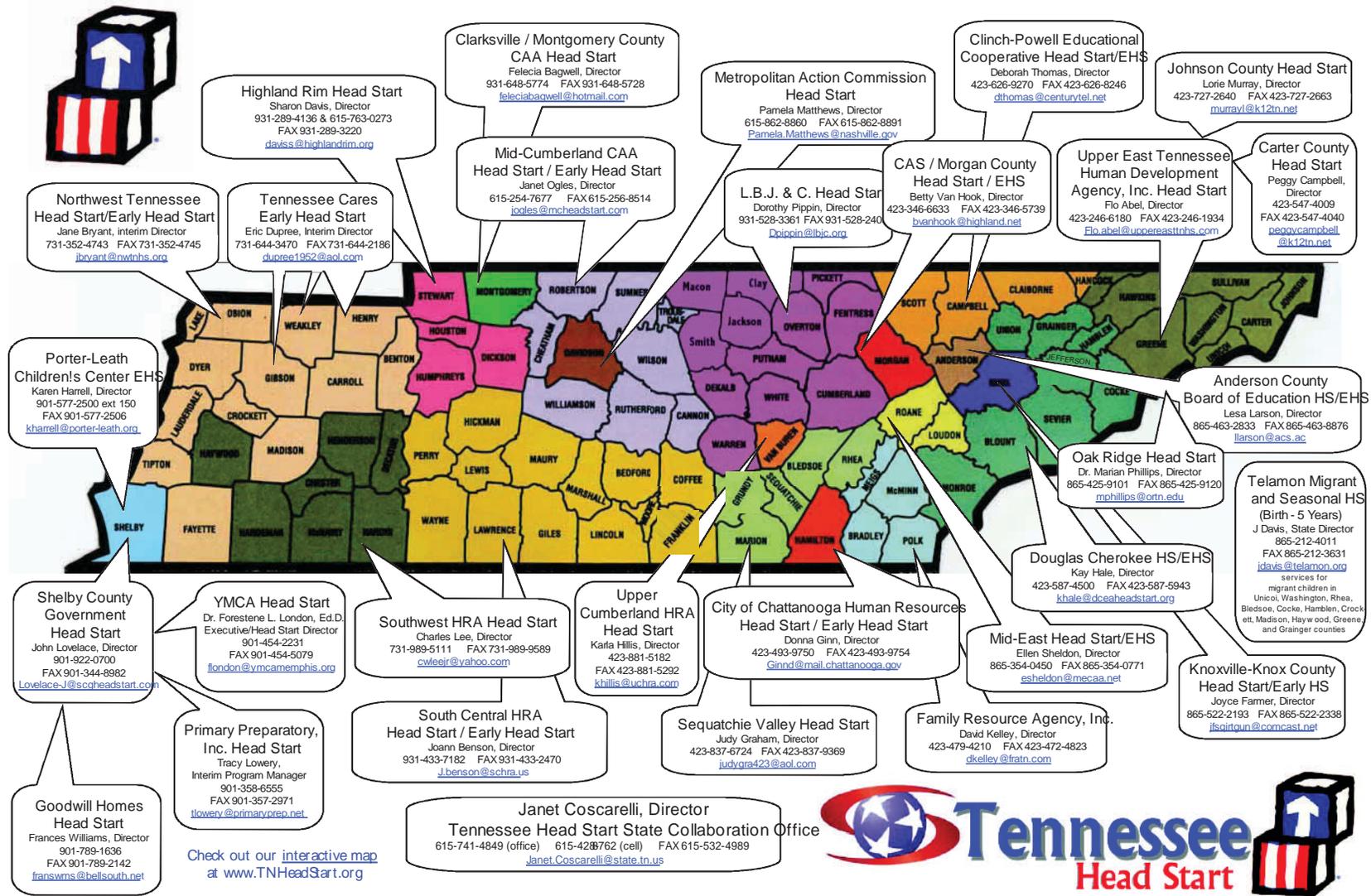


Figure 1. Head Start Programs Map

Most children in Tennessee Head Start programs attend full day, 5 days per week. Figure 2 indicates the composition of enrollments by program type. Of the 18,743 families served during the 2007–2008 program year, 36% were two-parent families and 64% were single-parent families. Within two-parent families, 62% had one parent employed. Both parents were employed in 22% of families served and 16% had neither parent working. Of the single-parent families, 55% were employed and the remaining 45% were not working. A total of 303 homeless families were served during 2007–2008, but by the end of the program year, 140 (46%) had obtained housing.

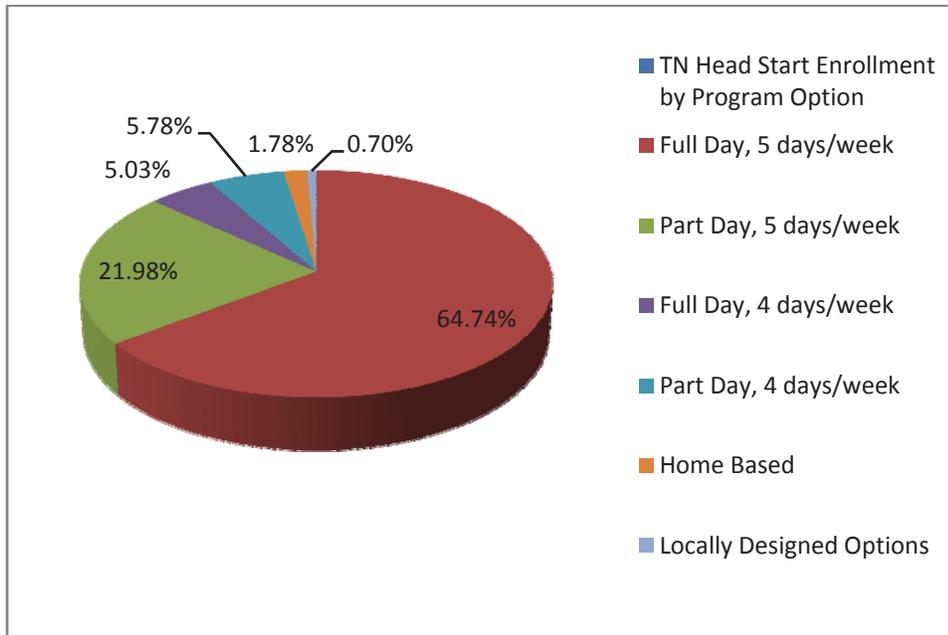


Figure 2. Tennessee Head Start Enrollment by Program Option

Table 1 presents the education levels of parents of Head Start families served in 2007–2008.

Table 1. Parent Education Levels in Tennessee Head Start Families

2007–2008

Less Than High School	24.63%
High School or GED	53.32%
Some College, Vocational, or Associate	19.38%
Bachelors or Advanced Degree	2.67%

Statewide compositions of Head Start enrollment by child age and race are presented in Figure 3 and Figure 4.

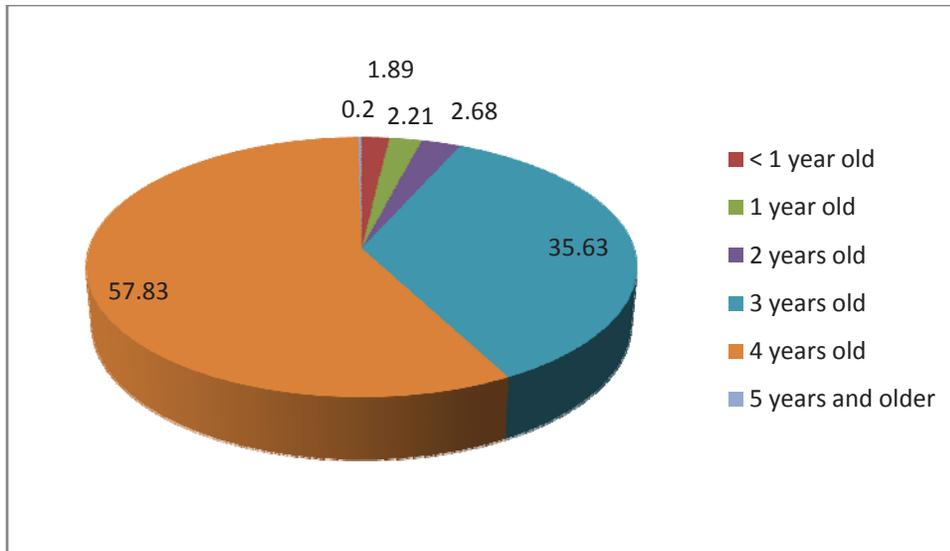


Figure 3. Tennessee Head Start Enrollment by Age

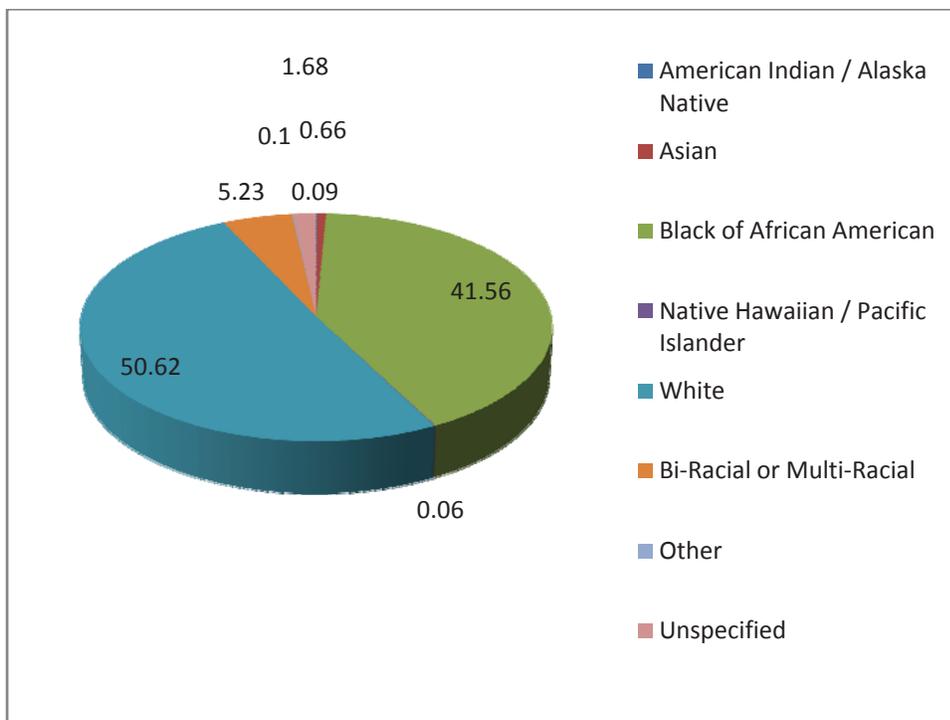


Figure 4. Tennessee Head Start Enrollment by Race

State Service Area Information

Head Start serves families and children in all of the 95 counties in Tennessee. The following information on population statistics was obtained from the 2005–2007 American Community Survey 3-Year Estimates (U. S. Census Bureau, 2007). The majority of the population in the state lives in urban areas. About 62% of the population lives in urban areas compared to 38% in rural areas. According to Census Bureau data from the 2005–2007 three-year estimate, there were 110,862 married families in Tennessee who had children under 6 years old. Female-headed single parents with children under 6 were estimated to be at 40,860 and male-headed single parent households were estimated at 15,274. Poverty data from the same period indicate that Tennessee had an estimated 32,499 married-couple families with children under 5 were living below the poverty line. In addition, 63,230 female single parent families and 9,482 male single parent families were living below the poverty line. Per capita income for individuals in Tennessee (adjusted for 2007 inflation) was \$22,937 annually. Nationally, this figure was \$26,178. Median household income (adjusted for 2007 inflation) in Tennessee was \$41,821 compared to the national median income of \$50,007.

Eight National Priority Areas

The eight national priority areas, plus an additional section on Professional Development, are addressed within the needs assessment survey under 10 different subsections. The subsections of each area are briefly described.

Health Services

The first survey content section addresses Head Start collaborations with child and family health care services. The main goal of the Head Start collaborations in this area is to aid families in getting medical, dental, mental health, and nutrition services for all children enrolled in the program. This includes securing a medical and dental home for children where they have access to a source of continuous, ongoing care. Local programs may achieve this collaboration through work with agencies such as the State Health Departments, State Medicaid, Migrant and Community Health Centers. The needs assessment survey asks directors to respond to a set of questions about their agencies' collaboration with health care providers, community health services and programs, public health insurance programs, and the processes in place that link families to needed health services.

Services for Children Experiencing Homelessness

Because Head Start offers comprehensive family and child services, it provides not only direct services to the family and child, but also case management so that the family can more readily access other services in the community. Thus, community partnerships between agencies serving homeless families can benefit clients in multiple ways. Head Start grantees are encouraged to serve children from homeless families by prioritizing enrollment spots in their programs. Also, grantees are encouraged to modify their programs to suit the unique needs of homeless families who enter the program. For instance, homeless families may present unique needs in several areas, including mental health, medical care, promoting children's development, and transportation. Head Start grantees are encouraged to collaborate, in particular, with local housing authorities to address housing needs of families already in the program, and also to help recruit other families who qualify for and need Head Start services.

Welfare/Child Welfare

Head Start programs can help support families to become more economically self-sufficient and thus better equipped to support their children's early development. Head start has a history of including parent training, education, and support within local programs. This section of the study investigates the Tennessee grantees' experiences working with community partners to help parents gain access to employment and training opportunities. Examples of partnerships include Head Start collaboration with Child Development Associates (CDA) to make training more available to parents, with educational institutions to encourage staff in obtaining other professional degrees, and with local businesses and organizations to help Head Start parents connect with employment training and job openings.

Child Care

State and local collaboration efforts between Head Start and other early care providers must address the needs of working families. Daily, full-time care is often necessary to support parents who work outside the home. Since many low-income mothers with preschool children must participate in training and employment in order to continue receiving assistance through the Families First welfare program, child care beyond the Head Start program is often needed. Parents must fulfill obligations based on a Personal Responsibility Plan, which includes participation in work or job training. Head Start is committed to supporting families who are working toward economic well-being. Partnerships with other local providers can help provide access to and availability of appropriate child care to meet families' child care needs. Collaborative efforts include partnerships to provide full day care, long-range planning at the local and state levels, assistance and referral to parents for child care resources, training of child care providers in the community, and development support for local providers of extended care for school-age children.

Family Literacy

As one of the priority areas for state collaborations, family literacy services address the literacy development of both adults and children. Head Start family literacy programs aim to promote a love of reading in the family and seek to support early literacy development in Head Start children by encouraging parental literacy development. Family literacy efforts also seek to improve family well-being by providing literacy skills that support community involvement, work-related development, children's early learning and development, and economic self-sufficiency. Parents are considered to be the "first teachers" of the children in Head Start. Support for family literacy development can occur within many different program activities, such as parent education, parent involvement within classrooms and curricula, family assessment, and provision of literacy resources directly to the family or through the community. Head Start agencies encourage family literacy not only directly, within their existing programs, but also indirectly, by seeking community partnerships to involve volunteers, service providers, and other agencies to promote literacy within families as well. Many of the survey items included in this assessment tool investigate the various community-based programs with which programs may partner, such as public libraries and schools, Even Start, adult General Education Development (GED), and Title I programs.

Services for Children with Disabilities

Head Start policy and provisions of the Individuals with Disabilities Education Act (IDEA) both encourage partnerships to enhance services for young children with disabilities. Head Start programs provide an opportunity to integrate children with disabilities into quality early education settings. Head Start programs must allow for enrollment of children with disabilities in at least 10% of available slots. In Tennessee, 12.76% of children enrolled in Head Start and 13.75% of children in Early Head Start have a reported disability. Examples of collaboration actions that serve children with disabilities include facilitating inclusion, working with the State Interagency Coordinating Council, providing training and technical assistance, initiating child find efforts, and coordinating referral, evaluation, and transition procedures.

Community Services

This priority area focuses on partnerships between Head Start agencies and various local community service agencies that serve families and young children. Community service agencies can include law enforcement, schools, community-based organizations, substance abuse and mental health agencies, and any other service organizations that work to enhance children's development and family well-being. Other examples of agencies included in the needs assessment items include domestic violence prevention/treatment facilities, private foundations, shelters, faith-based resources targeting prevention and intervention, and emergency services (e.g., Red Cross). Primarily, partnerships are aimed toward making sure that Head Start programs can refer families to community services so they can gain access to the specific family supports they need.

Public Education

Partnerships with Local Education Agencies (LEAs)

Head Start recognizes that there are diverse educational needs in different communities and thus collaboration among early childhood programs must occur on a local scale. HSSCOs are asked to help local Head Starts form partnerships with LEAs to promote quality early education experiences, align curricula and assessments, and aid with the transition of toddlers into preschool and preschoolers into Kindergarten. State Pre-K and Head Start partnerships may also provide means to serve more children that are income-eligible for Head Start preschool services. Combining funding sources, utilizing existing infrastructure, and maximizing local resources are some ways that partnerships can serve more children. Making partnerships operate well presents challenges, however, that may arise from differences in program regulations and standards in particular. Section 642(e)(5)(A) of the Head Start Act requires grantees to enter into a Memorandum of Understanding (MOU) with the LEA in their service area by December of 2008 (Administration for Children and Families, 2008). Although this report assessed grantees' collaborations during the 2007–2008 Head Start program year, there also has been considerable effort since that time in furthering the formal agreements between Tennessee Head Start programs and the LEAs, in large part due to the requirement to revise or develop MOUs by December 2008. Data from these needs assessment items should be interpreted with this in mind. MOUs must specify how Head Starts and LEAs will coordinate in the following 10 areas:

1. Educational activities, curricular objectives, and instruction
2. Public information dissemination and access to programs for families contacting the Head Start Program or any of the preschool programs
3. Selection priorities for eligible children to be served
4. Staff training
5. Program technical assistance
6. Additional services to meet the needs of working parents
7. Service areas
8. Communications and parent outreach for transitions to Kindergarten
9. Provision and use of facilities, transportation, and other program elements
10. Other elements mutually agreed to by the parties

Head Start Transition and Alignment with K-12

The Head Start Act also requires grantees to coordinate with LEAs to promote continuity and transitions for children moving from Head Start programs (or those operated by a partnering LEA) to elementary school. Coordination activities should address the transfer of records, communication systems between agencies, alignment of curriculum goals, training efforts, policies and procedures for transition, parent and teacher engagement with transition processes, needs of children and families with limited English proficiency, and family outreach and support.

Professional Development

In addition to the eight national priority areas, a section of the needs assessment also inquires about state collaborations for professional development for Head Start staff. At the state level, Head Start State Collaboration Offices must work to develop systems for professional development that meet the needs of service providers and programs. These efforts may include building collaborations with colleges, universities, and credential-granting institutions. It is important for Head Start staff that these institutions have the capability and willingness to transfer credits. Programs advocate for staff and assist with coordination of higher education so that the professional development activities will build credit hours and will allow for staff to obtain higher degrees over time. Also, systems-building efforts can help ensure that the needs of program staff are being addressed by the opportunities available for pursuing further education. The survey asks grantees to characterize their relationships with higher education institutions and training and technical assistance agencies. They are also asked to evaluate the ease of working on specific issues to make professional development viable for program staff on the local level.

METHODS

Survey Instrument

The survey instrument was developed by a committee of the Head Start State Collaboration directors to cover the eight national priority areas with the addition of a section on professional development. After the survey instrument was developed and finalized, it was sent to each of the HSSCO directors who then customized specific terminology to coincide with state-level programs. For instance, in Tennessee, low income families can qualify for health care under the TennCare and CoverKids programs, so these examples were named in the health care survey section items. Another example of specific changes made to the Tennessee needs assessment survey is the insertion of the program title for the Tennessee Early Intervention System, or TEIS, which provides early intervention services for children aged birth to 3. .

Within each section of the survey, grantees were asked to rate their level of involvement with various agencies, organizations, and programs. Responses were measured using a 4-point Likert-type scale. The response options for the level of involvement were defined in the introduction of the survey. The definitions were as follows:

No working relationship. You have **little or no contact with each other** (i.e., **you do not:** make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You **exchange information.** This includes making and receiving referrals, even when you serve the same families.

Coordination. You **work together on projects or activities.** Examples: parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You **share resources and/or have formal, written agreements.** Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.

Next, grantees were asked to rate their level of difficulty with specific collaboration activities within the priority topic areas. Again, responses were measured using a 4-point scale of difficulty. The scale ranged from "No Difficulty" to "Extreme Difficulty." The questions about collaboration and difficulties were then followed by 3 open-response prompts. First grantees were asked to report any additional information that differed from their general experience as rated in their previous responses. The next prompt asked for any additional comments not addressed by the survey regarding the particular priority topic area. The third prompt asked grantees to comment on things that were working well in their efforts to collaborate and that they thought might be helpful to other programs.

Data Collection

All 29 of the Head Start grantees participated in completing the needs assessment survey. Directors and other administrators completed the online survey between December 22, 2008 and January 22, 2009. Online surveys were administered using SurveyMonkey.com online software. This platform allows respondents to access the survey via any web browser. Directors were instructed to complete the online survey and were given instructions on how to access the survey link via email communication. Detailed instructions, as well as the purpose, confidentiality, and planned use of the data were included in the survey introduction. Question formats and response options were also detailed in the introduction pages. Appendix A contains the full survey instrument.

Once directors began the process, they were able to view responses, but only their own responses, in real time. Surveys could be partially completed and respondents could return to the incomplete sections at a later time. Respondents were also given detailed navigation instructions throughout each step of the survey process. For example, any question marked with an asterisk required an answer before proceeding to the next item or page. Each page also provided an early “exit” button to allow respondents to stop the survey at any time. This option also allowed several staff members within an agency to contribute to the survey responses as desired.

Data Analysis

After the January 22, 2009, deadline for completion of all survey responses, the research team downloaded survey results. Data from Likert-type items were analyzed and summarized. These data are presented in the Survey Findings section of this report. Open response items were analyzed for thematic elements and synthesized. The qualitative analysis is presented immediately following the summary of the numerical data within each section, or priority topic area, of the needs assessment results.

SURVEY FINDINGS

The following sections present the Tennessee Head Start grantees' responses to all of the items in the needs assessment survey.

Partnering to Meet Children's Health Care Needs

Quantitative Responses: Health Care

Involvement with Other Service Providers and Organizations in Health Care

Directors responded to 13 questions about the level of involvement with health care agencies and programs. All of the 29 directors answered all the questions in this set. Table 2 lists all responses for this set of questions. Some directors (5 of 29) reported relationships at the coordination level with Medical Home Providers. Likewise, coordination was also the highest reported description of grantees' relationships with Dental Home Providers (12 of 29). For mental health services, 16 directors reported a high level of involvement at the collaboration level with local agencies and services, but less involvement with state-level mental health screening and prevention services (only 5 directors reported collaboration, whereas 12 reported having cooperative relationships).

Twelve agencies reported collaboration with nutrition services, whereas the same proportion (12 agencies) described having just a cooperative exchange relationship with WIC (Women, Infants & Children) programs. Most agencies reported a coordination level of relationship with children's and parent's health education providers (11 and 14, respectively). Thirteen programs, nearly half of the grantees in the state, reported having no working relationship with home-visiting providers. Most agencies reported having coordination or collaboration levels with public health services, and over half worked on the coordination level with physical fitness and obesity prevention.

Table 2. Level of Involvement with Service Providers and Organizations in Health Care

Health Care

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Medical home providers (comprehensive coordinated care and not just access to a doctor, particularly for one-time exams)	0	5	15	9	29
B. Dental home providers for treatment and care (comprehensive coordinated care and not just access to a doctor, particularly for one-time exams)	0	9	12	8	29
C. State agency(ies) providing mental health prevention and treatment services	7	12	5	5	29
D. Local agencies providing mental health prevention and treatment	1	8	4	16	29
E. Agencies/programs that conduct mental health screenings	2	7	7	13	29
F. WIC (Women, Infants Children)	0	12	11	5	28
G. Other nutrition services (e.g., cooperative extension programs,	1	6	10	12	29

Health Care

university projects on nutrition, etc.)					
H. Children's health education providers (e.g., Child Care R&R, community-based training)	1	9	11	8	29
I. Parent health education providers	1	7	14	7	29
J. Home-visiting providers	13	9	2	4	28
K. Community Health Centers	2	13	4	10	29
L. Public health services	0	5	12	12	29
M. Programs/services related to children's physical fitness and obesity prevention	3	8	15	3	29

Difficulties with Collaborations in Health Care

The next set of questions inquired about the levels of difficulties experienced in working with other programs and agencies in the area of health services. Responses are listed in Table 3. Seventeen of the 29 agencies reported having no difficulty with helping secure a medical home for children. The remaining 12 agencies reported having somewhat difficult experiences with medical homes, but no agencies reported difficult or extremely difficult levels on this item. Similarly, the majority of agencies reported having little trouble partnering with medical professionals (19 reported no difficulty, 9 had somewhat difficult, and 1 had difficult experiences). Directors also reported having little difficulty with getting representation on Health Advisory Committees. Sharing information and data on children and families with other agencies was also reported as being predominantly not difficult at all or only somewhat difficult.

Table 3. Difficulties with Collaborations in Health Care

Health Care

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Linking children to medical homes	17	12	0	0	29
B. Partnering with medical professional on health-related issues (e.g., screening, safety, hygiene, etc.)	19	9	1	0	29
C. Linking children to dental homes that serve young children	9	9	9	2	29
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	15	6	6	2	29
E. Getting children enrolled in TennCare, CHIP or CoverKids	13	14	2	0	29
F. Arranging coordinated services for children with special health care needs	11	15	1	1	28
G. Assisting parents to communicate effectively with medical/dental providers	3	21	2	3	29
H. Assisting families to get transportation to appointments	11	11	3	4	29
I. Getting full representation and active commitment on your Health Advisory Committee	22	5	2	0	29

Health Care

J. Sharing data/information on children/families served jointly by Head Start and other agencies re: Health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	14	11	4	0	29
K. Exchanging information on roles and resources with medical, dental and other providers/organizations regarding health care	12	15	2	0	29

Responses were more evenly distributed along the continuum for partnerships in oral health and dental homes. While some Head Starts experienced no difficulty in this area, just as many had somewhat, difficult, or extreme levels of difficulty working to secure dental homes and partnering with oral health providers (items C and D in Table 3). Agencies appear to have had only some or no difficulty getting children enrolled in public health care programs or in arranging services for children with health care needs. Most agencies (21) reported having a somewhat difficult time helping parents communicate with health care providers. Two and 3 agencies, respectively, reported having difficult or extremely difficult experiences with this same effort, while 3 agencies reported having no difficulty. While most agencies (11 reporting no difficulty, 11 reporting some difficulty) can provide transportation for families to health appointments, 7 of the agencies reported having difficulty and extreme difficulty with transportation.

Responses to Open-Ended Questions about Health Care

Head Start directors were also asked to respond to three open-ended questions regarding any health care information not reflected in the survey questions, difference across counties, or what efforts are working well and would be recommended for other programs. In the health care open response questions, 15 responses were submitted for the first question about different counties and 23 responses were submitted for each of the next two questions on additional information and what worked well.

Directors' responses, in many cases, echoed the same challenges reported in the quantitative data on health care. Not surprisingly, family-level resources in terms of health benefits, finances to pay for medical fees, and transportation options were issues in several programs. Five of the directors cited transportation to services as a barrier for programs and families in accessing adequate health care.

Community-level resources also present challenges, as some areas simply do not have the availability of providers. Lack of providers in a community thus requires transportation to other counties. In particular, dental services are scarce in some areas. Six directors wrote about the lack of dental providers for children and families. One director stated:

“Individuals travel to fairly distant counties to get glasses and teeth pulled. We feel this is a pretty sad state for a county that should have good medical and dental care for all.”

Another director expressed the problem in this way:

“The program does not have access to a pediatric dentist in the four counties served. When a child is referred to a pediatric dentist by a local dentist, the family must travel between 50–75 miles. If the [the dentist] refers the child for oral surgery at a hospital, it requires an additional trip of that same distance.”

Other family-level characteristics addressed in the directors' comments included:

- ◆ Families failing to follow through with health care appointments
- ◆ Lack of a sense of “empowerment” when seeking preventive health care
- ◆ Inability to ask questions during appointments with health care providers

Five directors mentioned attitudes, perceptions, or empowerment of families as a challenge to meeting the health care needs of the children in the programs.

Some directors also mentioned problems with interagency coordination in the areas of information sharing and of providing needed services. For instance, one director noted the difficulty of determining eligibility for TennCare and CoverKids health coverage, saying that the “family gets the runaround...” Also mentioned were HIPPA regulations and medical offices’ hesitation to provide information to the Head Start or school system programs. Also noted were differences in immunization requirements across early childhood programs, and differences in services provided at doctors’ offices. For example, some doctors provide lead screening and some do not. Four directors mentioned particular problems faced by immigrant families across agencies, including eligibility criteria for coverage, language barriers with providers, and high levels of need for dental care.

Twenty-three responses were submitted regarding things that were working well in health care partnerships. Seven directors stated that good case management for individual families is a very helpful practice. Programs also found it successful to support families by hosting Health Fairs (3 programs mentioned these) during which children could obtain screenings and physical all in one place. Likewise, 8 programs found that on-site provision of screenings, physicals, or dental care, including mobile unit services, were very helpful. Three programs also mentioned receiving in-kind services for screenings and one director cited the importance of getting the screenings completed early in order to coordinate services for the child’s health care needs. Four programs mentioned having positive working relationships with their local Health Department. Four directors indicated that their community has multiple providers available. Two comments indicated the usefulness of having a Health Services Advisory Committee, representing providers from various health care fields. One director stated, “The diversity provided on [our program’s] Early Head Start Health Services Advisory Committee has been invaluable to ensure that concerns regarding children’s health care have been met.” This director also mentioned that providers offer parent education to Head Start families.

Services for Children Experiencing Homelessness

Quantitative Responses: Homelessness

Involvement with Other Service Providers and Organizations for Homelessness

Most Head Start agencies responded that they did not have collaborative relationships with other programs or agencies serving the homeless populations in their communities. See Table 4 for all responses to questions about collaboration with local agencies regarding families who are homeless. Thirteen of the 29 grantees responded that they have no working relationship with the local McKinney-Vento liaison. Only two Head Starts reported having a collaborative level of partnership with McKinney-Vento liaisons. Similarly, 14 grantees reported that they had no working relationship with the local Title 1 director. Fifteen Head Starts reported at least a cooperative relationship with local agencies serving homeless families or housing agencies.

Table 4. Involvement with Other Service Providers and Organizations for Homelessness

Services for Children
Experiencing
Homelessness

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Local McKinney-Vento liaison (services for the homeless)	13	9	5	2	29
B. Local agencies serving families experiencing homelessness	6	15	7	1	29
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	9	15	4	1	29
D. Title 1 director, when funds are being used to support early care and education programs for children experiencing homelessness. (Title 1 funded preschool programs must follow the Head Start Performance Standards.)	14	2	7	4	27

Difficulties with Collaborations for Homelessness

Overall, the Head Start grantees did not report having high degrees of difficulty working with agencies to meet the needs of children and families who are homeless. See Table 5 for total responses to each item. The large majority of programs reported no difficulty with the first three items regarding aligning definitions of homeless with the McKinney-Vento Act, identifying and prioritizing the enrollment of homeless children, and serving families in a timely way. Most of the remaining agencies reported having “somewhat difficult” experiences with these items. Only 1 agency reported having an extremely difficult time, in particular, with aligning the definitions of Head Start and federal definitions of homelessness. The majority of Head Start grantees (18 out of 26 who responded) also expressed having no difficulty entering into an MOU with the local public preschool entity. One program did, however, report having an extremely difficult time with this activity. About one third of the grantees reported having no difficulty with assessing community needs related to homelessness, and another third reported having some difficulty. Head Starts reported that it was difficult for them to get the information needed on community needs, and no programs reported having an extremely difficult time. About half (14 of the 29 reporting) of the grantees reported no difficulty on the last item in this section, coordinating with LEAs for family outreach and support and transition planning for homeless children and families. Again, 1 agency reported having extreme difficulty coordinating with the LEA. All other programs reported either somewhat difficult (10) or difficult (4) experiences. Overall, it appears that most programs experienced success with local partnerships in serving their homeless population, and very few agencies reported having extreme difficulty with these efforts.

Table 5. Difficulties with Collaborations for Homelessness

Services for Children
Experiencing
Homelessness

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	23	4	1	1	29
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	23	6	0	0	29
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	24	4	1	0	29
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	10	11	7	0	28
E. Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross training and planning activities	11	11	4	2	28

Services for Children
Experiencing
Homelessness

<p>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</p>	<p>18</p>	<p>6</p>	<p>1</p>	<p>1</p>	<p>26</p>
<p>G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness</p>	<p>14</p>	<p>10</p>	<p>4</p>	<p>1</p>	<p>29</p>

Responses to Open-Ended Questions about Homelessness

In response to the open-ended questions about services for families experiencing homelessness, directors added comments to supplement their quantitative responses. Sixteen grantees expressed additional issues and 13 responded with comments about what was working well in this focus area. Several responses to the first two questions raised topics about challenges to serving the homeless population. First, 6 agencies explained that they have difficulty at times working with the definitions of homelessness to determine who qualifies for prioritized enrollment for child care. Two grantees mentioned that families are sometimes reluctant to self-identify as homeless, especially if they are staying in someone else's residence at the time. Also, four grantees mentioned the problem with matching the definitions established by their program with the McKinney-Vento federal definitions. This presented a barrier to determining family eligibility.

Twelve of the responses referenced lack of resources as an issue for serving families. In some cases, the communities do not have adequate facilities to shelter families to when they are homeless, but directors also identified availability of affordable housing options and lack of housing assistance as problems. Transportation is also another of the resource issues related to serving families who are homeless. This not only impacts Head Start program needs, but also impacts the family's ability to get and maintain employment.

Grantees also mentioned challenges in the process of case management for families who are homeless. The mobility of the families make communication with them difficult to maintain. Programs must make decisions about whether to transfer children to different centers when the families move. This can also make it difficult to ensure that children receive all of the services they may need. As one of the program directors stated: "Meeting needs when families are extremely mobile and move from area to area, county to county, etc., creates some issues with alignment with service providers and follow-up appointments (especially medical/dental)."

Grantees also commented on efforts that are working well in their local partnerships. One agency named the availability of a day shelter for families as a useful form of service. Two grantees referred to the structure of their Head Start programs as beneficial to serving families who are homeless; 1 mentioned that being part of a community action agency made it easier to work with housing authorities and families; the other grantee stated that having multiple Head Start sites within one county made transferring children to other centers feasible. Four grantees mentioned that they had good experiences collaborating with other programs and agencies in order to obtain referrals for services and other information to help families. In addition, two grantees named professional development (for staff to learn about issues related to homelessness) and resources provided by community churches as two kinds of partnerships that worked well.

Welfare/Child Welfare

Quantitative Responses: Welfare/Child Welfare

Involvement with Other Service Providers and Organizations for Welfare/Child Welfare

In rating their levels of involvement with agencies in the area of Child Welfare, most Head Starts reported that they achieve either cooperation or coordination levels. See Table 6 for all responses to survey items in this section. More than a third of the programs reported having relationships at the coordination level with DHS/TANF, DCS, and foster and adoptive services. On items related to employment training, development councils, and Children's Trust, the same proportion (a little more than a third) of Head Starts reported having cooperative relationships with other agencies. All agencies reported at least a cooperative relationship with DHS/TANF and with Children's Trust. No agencies responded that they had no working relationship at all. Eight agencies reported having a collaborative partnership with DHS/TANF.

Table 6. Involvement with Other Service Providers and Organizations for Welfare/Child Welfare

Welfare/Child Welfare

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. TANF agency (Department of Human Services)	0	10	11	8	29
B. Employment & Training and Labor services agencies	3	12	8	6	29
C. Economic and Community Development councils	7	11	7	4	29
D. Child Welfare agency (Department of Children's Services)	0	11	11	7	29
E. Children's Trust agency (DCS-Strengthening Families, etc.)	8	9	6	6	29
F. Services and networks supporting foster and adoptive families (DCS)	4	8	12	5	29

Difficulties with Collaborations for Welfare/Child Welfare

Overall, Head Start grantees reported having little or no difficulty partnering with agencies to meet the needs of children in the Child Welfare system. Table 7 presents all response totals for this section of the survey. All but one program reported no difficulty prioritizing Child Welfare recipients. Twenty-three reported no difficulty with establishing local interagency agreements. For these, and all other items in this section on Child Welfare, the majority of responses were within the “No Difficulty” category. Five agencies did, however, report having difficulty, and 10 reported some difficulty getting involved at the state level. Eleven agencies reported having some degree of difficulty (3—Difficult, 8—Somewhat Difficult) obtaining useful data for assessing needs and planning on a local level.

Table 7. Difficulties with Collaborations for Welfare/Child Welfare

Welfare / Child Welfare

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Obtaining information and data for community assessment and planning	17	8	3	0	28
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	19	8	2	0	29
C. Implementing policies and procedures to ensure that children in the Child Welfare system are prioritized for enrollment	28	1	0	0	29
D. Establishing and implementing local interagency partnerships agreements	23	6	0	0	29
E. Facilitating shared training and technical assistance opportunities	19	8	1	1	29
F. Getting involved in state level planning and policy development	13	10	5	0	28
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	18	9	1	0	28

Responses to Open-Ended Questions about Welfare/Child Welfare

Twelve grantees responded to the open-ended questions about Child Welfare with a variety of issues and topics. Many of the comments on issues they encountered when trying to partner with other agencies addressed some of the types of barriers families encounter when trying to access needed services. Two of the comments described difficulty with determining eligibility for families due to inconsistencies across counties and information that doesn't "trickle down" to the county level from regional or state levels. Another problem for families was loss of services due to the time frame limitations with subsidies or due to the family's inability to follow through with program obligations. Additional barriers cited by the grantees pointed to the problems families have trying to access TANF workers and making DHS appointments.

Information sharing was another topic in the comments on issues in Child Welfare. Head Start administrators mentioned the challenges of informing parents about EHS and HS programs, as well as the difficulties involved with sharing information across agencies. Confidentiality issues were mentioned as a reason for difficulty sharing across agencies. Another theme in several of the remaining comments related to scarcity of resources. Specifically, four types of resources were mentioned, two impacting families directly, and two more closely linked to agencies. Subsidy limits and lack of mental health services for preschoolers were problematic for families. Staff resources, including the abilities to maintain and retain a well-trained staff, and the inability to devote adequate time to work with other agencies were problems directly associated with agency functions.

In response to the question about what was working in collaborations to address Child Welfare needs, 18 of the grantees expressed positive experiences in relation to a range of different efforts. Information sharing was mentioned most often as an important tool for building collaboration. Training for staff and parents was mentioned by 5 grantees as an example of an effective way to disseminate information. The Head Starts reported collaborating with DCS and DHS to provide training to Head Start staff and families. Another grantee mentioned that having a comprehensive resource directory was helpful. Well-trained staff was mentioned by 1 agency, and 1 further explained that being well trained allows the Family Service Workers to "maneuver within state assistance programs."

Other ways to facilitate agency relations were also mentioned in five of the comments. Networking with other agencies, through director contact, participation in advisory boards, and having staff who are well-connected to local community services were named as aiding agency relationships. Three comments also mentioned the positive outcome of networking with other agencies. It was mentioned that other agencies can help get information out to parents, and can refer parents to Head Start.

Several comments addressed the ways in which programs could be responsive to family needs. Providing extended child care options for working families, effective case management to maintain communication with families, and the use of family needs assessments were mentioned as helpful activities. The following comment was offered regarding use of needs assessment information:

“Families complete a Needs Assessment/Survey for the purpose of identifying areas in which they would like to receive assistance. The Family Advocate reviews the survey, and begins to make contact with the agencies that may be able to provide such services or assistance. One example involves housing that a family was able to acquire through referrals that were provided to them by a Family Advocate.”

Finally, grantees described some of the efforts they feel are effective in responding to family needs. Four grantees reported that it is helpful when they can involve families by having them volunteer in the program, and this helps families meet their volunteer obligations. One comment explained,

“We encourage placement of families receiving TANF as volunteers with our program to fulfill their 20 hour service obligation.”

Another comment mentioned that it’s helpful, in general, to find ways to help families meet their obligations so services can be maintained. One grantee also reported that having the DCS and DHS offices in the same location as the Head Start program aided families in accessing resources.

Child Care

Quantitative Responses: Child Care

Involvement with Other Service Providers and Organizations in Child Care

Grantees were asked to rate five items in the survey section on collaboration with other child care agencies and programs. All 29 grantees responded to the first four items and 28 responded to the last item. See Table 8 for response totals for all items. Nearly half of the grantees (14 of 29) reported having the highest level of partnership with the state agency for child care in Tennessee, the Department of Human Services (DHS). Five reported a coordination level of involvement and 9 reported a cooperation level. Only 1 grantee reported having no working relationship with DHS. The majority of grantees rated their relationship with the Child Care Resource and Referral network (CCR&R) at either the coordination level (13 of 29) or the collaboration level (11 of 29), and the remaining 5 indicated a cooperation level with CCR&Rs. Most grantees reported only having a cooperative level of involvement with local child care programs (11 of 29), whereas others were spread across the other response categories. In both state and regional policy areas and higher education, the largest proportion (11 of 28) indicated a coordination level and about a third (9 of 28) indicated a collaborative relationship.

Table 8. Involvement with Other Service Providers and Organizations in Child Care

Child Care

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. State agency for Child Care (DHS)	1	9	5	14	29
B. Child Care Resource & Referral agencies (CCR&R)	0	5	13	11	29
C. Local child care programs for full-year, full-day services	4	11	8	6	29
D. State or regional policy/planning committees that address child care issues	3	9	10	7	29
E. Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)	3	5	11	9	28

Difficulties with Collaborations in Child Care

Next, grantees were asked to rate the level of difficulty they have experienced collaborating on child care, specifically on five items related to partnership activities with other agencies or programs.

Response totals for these items are presented in Table 9. The large majority of Head Starts reported having no difficulty with three of the items: establishing links with partners, sharing information about children served across programs, and exchanging other information about program service and roles to meet local needs. Nearly half the grantees indicated that they had no difficulty as well with assisting families with obtaining full-time care. While 11 grantees reported having no difficulty with aligning policy and practice with other providers, 10 reported some difficulty and 5 reported having a difficult experience with it. Further, 2 grantees reported having extreme difficulty in this area. Likewise, 2 grantees indicated having extreme difficulty with assisting families with obtaining full-time care while most others reported having only some or no difficulty in this area.

Table 9. Difficulties with Collaborations in Child Care

Child Care

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Establishing linkages/partnerships with child care providers	19	5	4	1	29
B. Assisting families to access full-day, full-year services	14	10	3	2	29
C. Aligning policies and practices with other service providers	11	10	5	2	28
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	22	5	2	0	29
E. Exchanging information on roles and resources with other providers/organizations regarding child care and community needs assessment	23	5	1	0	29

Responses to Open-Ended Questions about Children in Child Care

In the first two open-response questions, Head Start directors provided comments on additional issues not reflected in their ratings on child care partnerships or raised issues that were not addressed in the survey. For child care, 3 grantees provided comments in response to the first question, and 12 provided comments in response to the second question. The themes and issues across the two questions were similar. Out of the 15 comments provided, eight addressed the lack of available child care or extended care options in the community.

“Other than the school system, child care does not exist within the community we serve.”

“There is not enough infant/toddler child care in either county. We currently have a waiting list that is three times longer than the actual number of slots that we have available. . . What is available is not affordable for our families.”

Seven of the comments also expressed a problem with the costs of child care. Two of these comments also made mention of families who do not qualify for Families First and child care subsidy, but who cannot afford child care. Other issues raised in the comments included concerns about the quality of available child care and problematic experiences when transitioning 3 year olds between care settings. One positive comment was offered about the success of achieving collaboration with child care providers to meet full-day care needs.

Grantees provided 13 comments about what has worked in their programs to support working families through child care. Two grantees mentioned that transportation was going well. Six of the comments mentioned the success of wrap-around, full day, and extended day child care programs or partnerships. The remaining comments addressed the importance of sharing information with families, other agencies, and programs.

Family Literacy

Quantitative Responses: Family Literacy

Involvement with Other Service Providers and Organizations for Family Literacy

Grantees reported highly varied relationships with other Family Literacy Services programs. The highest number of Head Starts reporting a collaboration level of partnership (20 of 29) was with services that provide free books or funding for books. The remaining 9 grantees also reported having, by and large, relationships at the coordination level for this type of service. About one third of the grantees also reported having collaboration partnerships with programs and services in the following categories: Department of Education Title I family literacy, employment and training, adult education, public libraries, higher education, and ELL providers. It also appears that a majority of the grantees have successful partnerships with services focused on enhancing parent-child literacy interactions (11 of 29 reported collaboration levels, 9 of 29 reported coordination levels). Programs and services provided through museums, reading readiness type programs, higher education, and Even Start received substantial responses indicating no working relationships with Head Starts.

Table 10. Involvement with Other Service Providers and Organizations for Family Literacy

Family Literacy Services

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Department of Education Title 1, Part A Family Literacy	3	10	8	8	29
B. Employment and Training programs	4	12	5	8	29
C. Adult Education	2	7	12	8	29
D. English Language Learner programs and services	3	14	5	7	29
E. Services to promote parent/child literacy interactions	1	6	9	11	27
F. Parent education programs/services	0	8	14	7	29
G. Public libraries	0	4	16	9	29
H. School libraries	6	7	10	5	28
I. Public/private sources that provide book donations or funding for books (e.g., Imagination Library, Governor's Books from Birth, Reading Is Fundamental (RIF), etc.)	0	1	8	20	29
J. Museums	8	10	7	4	29
K. Reading Readiness programs (e.g., Early Reading, etc.)	8	5	9	7	29

Family Literacy Services

L. Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	7	7	7	8	29
M. Providers of services for children and families who are English language learners (ELL)	2	15	4	8	29
N. Even Start	13	8	4	4	29

Difficulties with Collaborations for Family Literacy

The large majority of grantees expressed having no difficulty with several family literacy efforts. Establishing partnerships with key literacy providers and with local programs and efforts to integrate family literacy into the Head Start programs all appear to be unproblematic for most of the grantees. To a lesser degree, efforts to recruit families to literacy education services and to communicate with families about the importance of literacy were reported to present either no difficulty or only some difficulty to the programs. Only 1 grantee reported having extreme difficulty with any of the items, and this was in the area of family recruitment.

Table 11. Difficulties with Collaborations for Family Literacy

Family Literacy Services

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Recruiting families to Family Literacy Services	12	14	2	1	29
B. Educating others (e.g., parents, the community) about the importance of family literacy	17	11	1	0	29
C. Establishing linkages/partnerships with key literacy providers	22	6	1	0	29
D. Establishing linkages/partnerships with key local level organizations/ programs (other than libraries)	22	6	1	0	29
E. Incorporating family literacy into your program policies and practices	26	3	0	0	29
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	23	5	1	0	29

Responses to Open-Ended Questions about Family Literacy

Eight grantees commented on issues that arose with family literacy partnership efforts. Predominantly, parents and families were a focus of the comments. Five out of the eight responses referred to motivating parents, building interest in literacy within families, and helping families make literacy a priority. In fact, each comment that mentioned parents or families was focused on this theme. In particular, the issues raised did not state that raising awareness and interest was impossible, but rather that it was “hard to get families to come” to workshops and activities, with “little turn out” despite multiple incentives. Also one comment stated that “[f]amilies don’t typically view family literacy as a priority, which is discouraging.” Another comment acknowledged that it takes “continued efforts to educate parents on the importance of family literacy and the services available.”

A second theme was also evident from responses to this question about issues in family literacy partnerships. The grantees referred to many different types of resources that were needed to promote family literacy. Transportation services to aid with parent participation (two of the eight comments), child care to encourage participation (three of the eight comments), library and technology access (one comment), time for active involvement (two comments), and program budget to support family literacy (one comment) were the resources that were mentioned.

Notably, the two main themes raised in this section, parents’ perceptions and resources, addressed needs related to direct service provision rather than interagency collaboration or community-level partnerships. In describing what was working well with family literacy in the next survey question, the majority of comments mentioned components of the Early Head Start or Head Start program, so it is clear that encouraging family literacy is a priority in the programs. Ten grantees responded about things that were working well in their Head Start programs. Broadly, the remarks indicated three areas: family literacy programs that were working within the Head Start program, partnerships with other agencies, and direct provision of resources to support families.

Many family literacy and parent involvement programs were mentioned by the grantees. Within the 10 comments submitted, eight of the comments gave examples of programs or curriculum resources that were offered in their programs. Some of those programs mentioned were *Readers are Leaders* (parents keep track of books read), *Parent Lending Libraries*, *Dr. Seuss’s Birthday Week*, book night programs, read-a-thons, and take-home literacy kits. These programs directly involve the parents with activities that occur within the classroom or attempt to bridge home and school literacy activities. The second main topic mentioned in these comments was success in partnering with other agencies that provide literacy services. Eight different examples within the 10 comments mentioned partnerships. Some of the examples mentioned in contexts of partnerships were *Reading is Fundamental*, *Success by Six*, the Memphis Literacy Council, adult basic education, general educational development, and university partners. Additionally, provision of resources to families was also cited as part of successful family literacy efforts. Grantees referred both to general “literacy resources,” but also specifically named free books (e.g., from *Imagination Library* or *Reading is Fundamental*), payment of fees (e.g., for GED, nursing tests), library cards, materials, and access to computers and software.

Children with Disabilities

Quantitative Responses: Children with Disabilities

Involvement with Other Service Providers and Organizations for Children with Disabilities

For most items in this section on collaboration with agencies serving children with disabilities, the grantees reported having the highest level of collaboration. Twelve of the 29 grantees indicated that they had a collaboration level relationship with the State Department of Education, which administers special education, Part B/619 services. Similarly, 10 grantees reported the highest collaboration response item for working with the State Department of Education on other disabilities services (e.g., Section 504). Seventeen of the 29 grantees indicated collaboration levels as well for work with LEAs, Part B/619 providers. Likewise, a large majority (19 of 29) reported the highest level of collaboration on the survey item for local Part C providers. Grantees who report having relationships at the “coordination”, “cooperation”, or “no working relationship” levels were varied across these categories. An exception was the item for local Part C services, to which none of the 29 grantees chose the “no working relationship” response. Twelve of the 29 reported collaboration level relationships with non-Head Start councils (e.g., Interagency Coordinating Council).

Grantees reported varying degrees of partnership with federally funded programs (other than Part B, Part C, and special education) for families of children with disabilities. The same was true for state level services. A majority of the grantees (11 of 29) did, however, respond that they have no working relationship with universities/community colleges.

Table 12. Involvement with Other Service Providers and Organizations for Children with Disabilities

Children with Disabilities

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. State Office of DOE Special Education (SEA), for Part B/619 (preschool)	4	10	3	12	29
B. LEA, Part B/619 providers	1	4	6	17	28
C. State Office of DOE-other programs/services (Section 504, special projects re: children with disabilities, etc.)	6	5	8	10	29
D. State Office of DOE for Part C (TEIS)	4	3	8	13	28
E. Local Part C providers (TEIS)	0	3	7	19	29
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	6	7	7	8	28
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	5	7	10	7	29

Children with Disabilities

H. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	11	5	5	8	29
I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State/Local Interagency Coordinating Council, preschool special education work/advisory group)	2	9	6	12	29

Difficulties with Collaborations for Children with Disabilities

For the most part, grantees reported having no difficulty partnering with other providers who serve children with disabilities. Obtaining timely evaluations was, however, more of a problem. Several grantees reported some level of difficulty (11 at the Somewhat Difficult level, 5 at the Difficult Level), with 4 grantees reporting that they had extreme difficulty getting timely evaluations.

Table 13. Difficulties with Collaborations for Children with Disabilities

Children with Disabilities

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Obtaining timely evaluations of children	9	11	5	4	29
B. Having staff attend IEP or IFSP meetings	18	10	1	0	29
C. Coordinating services with Part C providers	17	10	1	0	28
D. Coordinating services with Part B/619 providers	15	9	2	1	27
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	19	10	0	0	29
F. Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families	19	10	0	0	29

Responses to Open-Ended Questions about Children with Disabilities

Open-ended responses about working with other providers and agencies to meet the needs of children with disabilities raised several areas of concern. Twenty-three comments were submitted for the first two questions relating to issues or additional comments. Eight comments indicated that delays in the referral and evaluation processes were an issue. Below are examples of some of the comments addressing time delays.

“Timeframes for evaluations/processing of children and referrals is extremely long.”

“The school systems process some referrals within the 45 days, other times the referrals are ‘pending’ per the school system...”

“School systems have limited evaluations so evaluations do not occur timely.”

Although the prior survey responses indicated a high degree of interagency collaboration with Head Starts and LEAs, a few comments raised topics of concern. Communication was mentioned in three comments, citing experiences in scheduling meetings, in transitioning from TEIS to special education, and in the referral process. Grantees also indicated that the lack of therapists to provide services was a problem for LEAs and Head Starts. Parent issues were also mentioned in three comments that expressed concern for parents’ abilities to follow through with appointments and meetings, and in a broad comment about parents’ perceptions of disability “labels”:

“Most of the school forms are written at too high a literacy level, and parents do not want early ‘labels’ on children and may feel discouraged. If therapy is not at the center, parents may not have the means to get the child to therapy.”

Grantees responded with 17 comments on things that were working well in partnerships. Fourteen of the comments addressed relationships with the LEA. Many of these comments were positive (10 were clearly positive, four were either neutral or indicated a process of working with LEAs to build positive relations). A few examples of these are:

“Our program is fully integrated into the public school system. . . the full inclusion programs mean that all services are available for all kids. The funds are utilized efficiently to provide for the needs of all kids. Special ed services are onsite and inclusive of all exceptionalities. The local LEA is totally supportive.”

“...we have a collaborative inclusive preschool ...we share staff, facilities, transportation, meals, and special services.”

“The LEA places a speech therapist in the Head Start office to work directly with the Head Start Disability Coordinator to assess and plan services for Head Start children.”

Grantees also mentioned in five of the comments that it is helpful when LEAs can provide onsite services to Head Start children, making it easier for both families and Head Start staff. One grantee also mentioned having “good collaboration” with TEIS and noted having received training for staff on how to conduct developmental screenings.

Community Services

Quantitative Responses: Community Services

Involvement with Other Service Providers and Organizations in Community Services

Grantees responded to six items to indicate levels of involvement in their partnerships with different community service agencies. Responses to all items are presented in Table 14. Predominantly, they reported having coordination levels of partnerships; for each item, coordination was indicated by the highest number of grantees. For most other items, the next most frequent responses fell in the cooperation level. Ten grantees did, however, report having a collaboration level with child abuse prevention and treatment service, with only 1 grantee reporting no relationships in this area. The highest response (6 of 29) rate for “No Working Relationship” was in the area of substance abuse services.

Table 14. Involvement with Other Service Providers and Organizations in Community Services

Community Services

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Law Enforcement	1	6	18	4	29
B. Providers of substance abuse prevention/treatment services	6	9	10	4	29
C. Providers of child abuse prevention/treatment services	1	5	13	10	29
D. Providers of domestic violence prevention/treatment services	2	8	15	4	29
E. Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters, etc.)	5	8	12	4	29
F. Provider of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	4	8	14	3	29

Difficulties with Collaborations in Community Services

The large majority of grantees reported having no difficulty working with agencies in the community service areas on the survey. All response totals for the items in this question are presented in Table 15. Seldom did a Head Start report having extreme difficulty (only twice). The range of grantees who reported no difficulty was between 16 and 22 of the respondents. Between 5 and 11 of the responding grantees reported having some difficulty working with community service agencies. Few (between 1 and 3) grantees reported having difficult experiences trying to work with community service agencies.

Table 15. Difficulties with Collaborations in Community Services

Community Services

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Establishing linkages/partnerships with law enforcement agencies	22	5	1	0	28
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services	17	9	1	1	28
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	16	10	2	0	28
D. Partnering with service providers on outreach activities for eligible families	17	9	2	0	28
E. Obtaining in-kind community services for the children/families in your program	16	7	3	1	27
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	16	11	1	0	28

G. Exchanging information on roles and resources with other providers/organizations regarding community services	21	6	1	0	28
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Responses to Open-Ended Questions about Community Services

The first two questions about issues related to community services generated seven comments from grantees. From these, two topics were identified, lack of services/resources in the community and experiences with partnerships. Five comments made mention of a lack of service in the community. Specific examples included lack of services to deal with substance abuse, dental care, emergency food provision, and assistance with utility bills. Two of the responses attributed the scarcity of resources to the rural geographic location of the communities.

Eight grantees reported things that were working well in the area of community services. Five of the comments mentioned specific organizations or agencies that provide services and collaborate with Head Start. Local law enforcement and faith-based organizations were cited as providing direct assistance to programs and families in the form of parent education, food, clothing, holiday assistance, and training for staff. Grantees also mentioned several program activities that were working well for them. Interagency meetings, such as advisory boards or community councils, were mentioned as being very useful in keeping Head Start staff connected with the other agencies and updated on information. Five comments included these efforts and reported positive impact from them. Membership on councils was also described in one comment as a reciprocal exchange, with Head Start staff serving on other agencies' councils and vice versa. Another activity that was described in this section was the proactive sharing of resources from Head Start to the community:

“Sharing freely any assets we have, such as training or attendance at meetings, helps other groups that work with us. For example, another program is trying to start a shelter and we helped connect them with others . . .”

Partnerships with Local Education Agencies (LEAs)

Quantitative Responses: Partnerships with Local Education Agencies

Involvement with LEAs

The first question in the section on LEAs asked Head Start programs to report on their level of involvement with LEAs providing publicly-funded preschool. Specifically, this item refers to the involvement with LEAs in developing a Memorandum of Understanding (MOU). See Table 16 for responses. Twenty-seven of the 29 grantees responded with most (21 of the 27) reporting a collaboration level of involvement. Three reported having a coordination level of involvement, and three had no involvement or working relationship with LEAs.

Table 16. Involvement with LEAs

Partnerships with LEAs

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which included plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (1-X), and a review of each of the activities	3	0	3	21	27

Difficulties Collaborating with LEAs

The grantees were then asked to characterize the level of difficulty they have experienced in coordinating specific efforts with public Pre-Ks in their communities. Table 17 presents the responses for each item. On most items, the grantees reported having no difficulty coordinating with LEAs, and over half of the grantees selected the “Not at all Difficult” response. Twenty or more of the 28 grantees reported no difficulty in the areas of family access, eligibility determination, service areas, and kindergarten transitions. Grantees reported having some level of difficulty working with LEAs with much less frequency, but responses were varied. Notably, in the area of providing services to meet working parents’ needs, grantees’ responses were more distributed across the scale. Whereas few items received indications of extreme difficulty, 3 grantees reported extreme difficulty this area. Likewise, coordination of use of facilities and transportation received 4 responses in the “Extremely Difficult” level.

Table 17. Difficulties Collaborating with LEAs

Partnerships with LEAs

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Educational activities, curricular objectives, instruction	19	7	2	0	28
B. Information, dissemination and access for families contacting Head Start or other preschool program	22	5	1	0	28
C. Selection priorities for eligible children served	20	5	2	1	28
D. Service Areas	21	6	1	0	28
E. Staff training, including opportunities for joint staff training	16	6	4	1	27
F. Program technical assistance	17	5	5	1	28
G. Provision of services to meet needs of working parents, as applicable	12	12	1	3	28
H. Communications and parent outreach for transition to kindergarten	23	4	0	1	28
I. Provision and use of facilities, transportation, etc.	18	5	1	4	28
J. Other elements mutually agreed to by the parties to the MOU	20	6	1	0	27

MOUs

Within the section of the survey on Partnerships with LEAs, grantees were asked to report the number of LEAs with which they have MOUs. Tables 18 and 19 present the number of LEAs with which grantees had completed MOUs, and the number with which they were working on but had not completed. These data refer to the 2007–2008 program year.

Table 18. With How Many LEAs Do You Have Signed MOUs?

Answered Question	24
Skipped Question	5

Respondent Number	# of LEAs
1	1
2	1
3	1
4	11
5	1
6	1
7	5
8	3
9	3
10	2
11	10
12	5
13	2
14	4
15	4
16	1
17	0
18	7
19	5
20	12
21	1
22	6
23	1
24	2

Table 19. With How Many LEAs Are You Currently Working on MOUs but Have Not Completed?

Answered Question	21
Skipped Question	8

Respondent Number	# of LEAs
1	0
2	1
3	0
4	0
5	0
6	0
7	8
8	0
9	0
10	0
11	0
12	0
13	1
14	10
15	0
16	0
17	1
18	0
19	1
20	0
21	24

Responses to Open-Ended Questions about LEAs

In the open response section, agencies were asked to comment on issues that were not reflected in their categorical responses to the preceding questions about LEAs. In a few cases, the programs reported that they were part of the local school system, thereby allowing for ease of coordination with some areas. Two of the grantees provided very positive comments about their LEA relationships:

“We have marvelous, long-standing partnerships with 3 separate LEAs and continue to serve the children and families through collaborative classroom sites.”

“We are fortunate to have an excellent working relationship with our LEA. They have always been and continue to be very supportive of our efforts to educate the youngest citizens of [our] county.”

Three grantees provided comments to explain that the LEA relationships in their areas were varied, with a mixture of both positive and negative characterizations:

“In the four counties served, three are very receptive and support collaborative efforts. However, one county views Head Start as completely different from Pre-K and is resistant to collaborate.”

“Of the 17 LEAs we work with, we have 6 collaborations. Relationships with the other 11 vary according to the Pre-K directors generally; however, when the Head Start director serves on the LEA’s Advisory Committee, the relationships are different and usually much more cooperative.”

“There is considerable variation in the cooperation, and even with an LEA, different stakeholders may have different ideas about Head Start and its program...”

In addition to the positive and variable outcomes of work with LEAs, one grantee commented that “2 LEAs declined to sign the MOU.” Other problems raised by comments offered in this section were that it was difficult to schedule program trainings, assessments, and transitions due to the schedule differences between Head Start and Pre-K (2 grantees named scheduling issues). Another grantee stated that it was difficult to reach out to some parents due to language barriers and lack of bilingual staff in Pre-K. In terms of classroom-level implementation, 2 grantees reported having “blended” or “collaborative” classroom sites, but 1 grantee reported difficulty with having different sets of curricula within the LEAs.

When asked if there were any additional issues with LEAs, 10 grantees responded with comments. Three of these comments simply added that MOUs were in progress at some stage of revision, development, or approval. Another set of comments mentioned some difficulties they had experienced with the LEA relationships or MOU development. Within four comments, six issues were identified. One grantee talked about working with multiple LEAs:

“Other than the fact it is difficult to work with so many different groups...no major issues. Difficult to get superintendents involved.”

Another grantee mentioned expecting cuts in funding would pose a challenge. This grantee also mentioned that “Some districts feel superior to Head Start,” and that it is difficult to supervise teachers when positions are funded through different agencies. Lastly, two grantees mentioned that the process is “time consuming,” and that it takes “Time to make it happen when there are so many of them and they all have Pre-K classes.”

Head Start Transition and Alignment with K-12

Quantitative Responses: Partnerships with Local Education Agencies (LEAs) for Transitions from Head Start to Kindergarten

Involvement with LEAs for Transition

Grantees were asked to characterize their experiences working with LEAs on transitions from Head Start to Kindergarten. See Table 20 for all responses. Most of the grantees (17 of the 28 responding) reported

the highest level of involvement to be collaboration. One quarter of the remaining grantees (7 of 28) reported having a coordination level of involvement, and 4 grantees reported having a cooperation level. No grantees reported having no working relationships with LEAs on Head Start to Kindergarten transitions.

Table 20. Involvement with Other Service Providers and Organizations for Transition

Head Start Transition and Alignment with K-12

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	0	4	7	17	28

Difficulties Collaborating with LEAs for Transition

In the next question, grantees were asked to rate the level of difficulty they experienced in relation to 16 different areas within Head Start to Kindergarten transitions. Table 21 contains totals for each of the 16 areas. In each of the 16 areas, most grantees selected the “Not at all Difficult” level. In some cases, the response rate was very high. For instance, 25 of the 26 grantees who responded cited no difficulty with aligning Head Start curricula with state Early Learning Standards. Other areas involving curriculum that also received high responses in the “Not at all Difficult” category were, linking LEAs and Head State services to language, numeracy, and literacy, and aligning curricula and assessment. For the most part, grantees also reported having little or no difficulty with other areas of the program including coordinating among other services, establishing policies for transition, working with LEAs and parents during transition (e.g., portfolio reviews), outreach to parents and LEAs to determine children’s needs, and supporting children’s transitions with the LEA’s involvement.

Some areas within transition were more difficult, however. Coordination of facilities and transportation received responses in the “Extremely Difficult” level. A high number of grantees (17 of 27) reported no difficulty with aligning curricula and assessment practices; 4 of the grantees reported having extreme difficulty with this area.

Table 21. Difficulties with Collaborations for Transition

Head Start Transition & Alignment with K-12

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	19	7	1	0	27
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	17	8	2	0	27
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	18	9	0	0	27
D. Linking LEAs and Head Start services relating to language, numeracy and literacy	19	4	2	2	27
E. Aligning LEAs and Head Start curricula and assessments with Head Start Child Outcomes Framework	15	7	1	3	26
F. Aligning Head Start curricula with state Early Learning Standards	25	1	0	0	26
G. Partnering with LEAs and parents to assist individual children/families to transition to	21	6	0	0	27

Head Start Transition & Alignment with K-12

school, including review of portfolio/records					
H. Coordinating transportation with LEAs	10	6	4	5	25
I. Coordinating shared use of facilities with LEAs	16	6	2	2	26
J. Coordinating with LEAs regarding other support services for children and families	17	5	3	1	26
K. Conducting joint outreach to parents and LEAs to discuss needs of children entering kindergarten	18	7	2	0	27
L. Establish policies and procedures that support children transition to school that includes engagement with LEAs	23	3	1	0	27
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school	14	10	2	1	27
N. Exchanging information with LEAs on roles, resources and regulations	20	4	2	1	27
O. Aligning curricula and assessment practices with LEAs	17	6	0	4	27
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	16	7	3	1	27

Responses to Open-Ended Questions about Head Start Transition and Alignment with K-12

In the open response section on Head Start to Kindergarten transitions, grantees brought up several issues specific to their efforts to coordinate transitions with LEAs. Several grantees simply described some of the Head Start transition practices, as these appear to be well-established and built into the programs. Other comments pointed to concerns about the discord between Head Start practices and Pre-K systems. For instance, one comment addressed the pedagogical differences between Head Start and Pre-K:

“Our pedagogy differs from that of the LEA, in that we provide comprehensive services, developmentally appropriate practice, and emphasize respect and support for home language and culture.”

Another comment described the transition process within the Head Start program as an on-going effort:

“Transition plans, meetings with Kindergarten teachers, classroom visits, and schedules for pre-registration are provided. Parents are trained to be advocates as their children enter kindergarten. A portfolio is kept throughout the year on each child ...is given to the parent to present and discuss with the receiving teacher, however only a small percent of them reach their destination.”[sic]

Another grantee’s comment also acknowledged that the Head Start record is not used by the LEA as a transition tool:

“...the LEAs tend to not be very interested in the Head Start record, unless the child has a disability and there is good procedure for that.”

In another comment, the grantee cites information systems as a barrier to transitioning the Head Start records:

“Head Start families are mobile and move frequently. Head Start records are computerized but LEA does not have a computer system set up to receive the records.”

In addition to the differences in practice in terms of program approach and records, a few comments also addressed use of resources. Within four of the comments, grantees mentioned problems with lack of specific resources, including transportation, space (facilities), bilingual staff, meals, and time for training together.

Grantees also offered 12 comments on things that were working well for transitions to kindergarten. Two of the comments acknowledge that the kindergarten teachers were very helpful.

“Working with the kindergarten teachers in our local schools to help develop and plan our transition efforts of the children and families we serve.”

“The kindergarten teachers are willing to meet without Head Start parents...to talk about what’s expected in kindergarten and answer any questions the parents may have.”

Four of the comments mentioned positive relationship-building activities with LEAs as being important to the transition process. Communication between administrators, participation in advisory councils, and a history of collaboration were elements that were specifically described in these comments. Other things that grantees considered to be working in a positive way were dual enrollment processes and the role of family service workers in the school district.

Professional Development

Quantitative Responses: Professional Development

Involvement with Other Service Providers and Organizations for Professional Development

Grantees reported their levels of collaboration with different agencies and organizations that provide professional development and education for Head Start staff. Table 22 contains totals for all the items in this section. About one third (11 of 29) of the grantees reported having a coordination relationship with higher education institutions who provide 4-year degrees. Slightly more (13 of 29) reported having a coordination relationship with institutions that provide other degrees (e.g., community colleges). The responses varied across the scale, with some grantees reporting no working relationship. A number of grantees did, however, report having a collaboration level of involvement with higher education. The majority of grantees (19 of 29) reported having collaborative relationships with Head Start Training and Technical Assistance networks. Nearly all of the Head Starts reported having some level of relationship with other groups that provide training or technical assistance opportunities. Notably, however, 8 grantees (more than a fourth of the respondents) reported having no working relationship with programs providing on-line degrees.

Table 22. Involvement with Other Service Providers and Organizations for Professional Development

Professional Development

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response count
A. Institutions of Higher Education (4 year)	4	6	11	8	29
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	1	3	13	12	29
C. On-line courses/programs	8	4	11	6	29
D. Child Care Resource & Referral network	0	7	12	10	29
E. Head Start T & TA Network	1	3	6	19	29
F. Other T & TA networks (regional, state)	1	8	9	11	29
G. Service providers/organizations offering relevant training/TA cross-training opportunities	1	10	11	7	29

Difficulties with Collaborations for Professional Development

Grantees rated items on specific professional development activities in terms of the level of difficulty each had experienced. Table 23 presents the totals for all items in this section of the survey. Responses were fairly well distributed across the scale, but with few grantees reporting having extreme difficulty. One area of exception was that 4 grantees reported extreme difficulty managing release time for staff so they could participate in professional development. Nineteen of the remaining grantees also reported having some level of difficulty with this task, and only 5 reported having no difficulties. Most grantees (29 of 28) had no difficulty exchanging information with other groups on roles and responsibilities related to professional development. About two thirds (19 of 28) reported having no difficulty accessing early childhood education degree programs in the community.

Table 23. Difficulties for Collaborations for Professional Development

Professional Development

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response count
A. Transferring credits between public institutions of learning	11	11	4	0	26
B. Accessing early childhood education degree programs in the community	19	6	1	2	28
C. Accessing T & TA opportunities in the community (including cross-training)	16	10	2	0	28
D. Accessing scholarships and other financial support for professional development programs/activities	7	13	7	1	28
E. Staff release time to attend professional development activities	5	14	5	4	28
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	12	11	4	0	27
G. Exchanging information on roles and resources with other providers/organizations regarding professional development	20	8	0	0	28

Responses to Open-Ended Questions about Professional Development

In the open response portion of the Professional Development section of the survey, 4 grantees offered responses to the first question about issues that were different than their quantitative ratings indicated. Twelve grantees added comments for the second question, which asked for any additional issues or comments on the topic. These two sets of responses raised common issues. Broadly, the comments referred to either the availability of classes or the availability of resources to make professional development efforts possible. Four comments specifically addressed the availability of courses or higher education programs in their community. All of these identified their rural location or distance from higher education programs as a barrier to professional development. Four grantees also referred to location, and mentioned that it was good to have onsite trainings or courses within the county.

A couple of issues tied to resources were mentioned by grantees. One concern that was expressed in three of the comments was the lack of resources to provide release time for staff to attend professional development opportunities. In addition, costs and resources were identified as problematic by 4 of the grantees.

Twelve grantees offered comments about things that were working well in the area of professional development. Most often, the comments referred to collaborative efforts with agencies or institutions. The remaining comments indicated specific professional development activities or within-program systems that have worked well. Eight of the comments identified partnerships with higher education institutions or with other training resources (such as TECTA or the LEAs). Five of the comments specifically mentioned relationships with higher education programs, two identified local system partnerships, and one acknowledged having good partnerships with TECTA and the local CCR&R. Specific program features that have worked for these grantees include scholarship or financial aid resources, having a Head Start professional development coordinator, program commitments to enroll staff in CDA courses, and the use of a system that ties professional development to hourly pay.

“We have been fortunate in adding to the low initial education levels—we have used a ‘reward’ system to pay more hourly [wages] for each year of college training that applies to the job. We also have a specialist who works directly with most of the staff, in developing their individual plans and in coaching them as they start classes and the TECTA program.”

TRENDS AND IMPLICATIONS

Directors and staff who responded to the survey questions revealed that much work and attention were focused on partnerships and collaborations with other agencies and organizations during the 2007–2008 Head Start program year. The questions included in the survey address the eight national priority areas for the Head Start State Collaboration Offices. This report presented descriptive summaries of the number of grantees responding to each categorical level within two basic question formats. First, grantees reported on the level of involvement with other organizations and second, they reported on the level of difficulty experienced with collaboration activities. The survey also provided an opportunity for respondents to add comments about additional issues and about the collaboration activities that were working well in each area.

Overall Trends

Many of the grantees reported coordination and collaboration activities. Although it is expected that patterns could exist for collaboration activities due to a number of factors, the total counts per response item only indicate an overall summary view of grantees' responses across the state. Due to the sample size ($n=29$ grantees) and disparate agency factors (e.g., geographical location, demographics of populations served, agency administrative functions, and so forth) further analysis of response patterns was not possible. Qualitative responses did, however, reveal explanations from the administrators' perspectives for some of the issues. In some cases, these explanations provide indications of the causes of successes and difficulties experienced with collaborations.

Tennessee grantees reported, on the whole, that collaborative relationships have been established in many of the areas in which Head Start's priorities have long been identified. The focus on comprehensive services for children and families to support young children's development has taken shape in the grantees' efforts to maximize local and state resources in health care, family welfare, education for children and parents, basic family needs, disability services, and child care. In all areas, collaboration was evident from the agencies' responses on the survey. Indications of some degree of collaboration were evident for all the areas. In child care and child welfare, collaboration was noted along with few indications of difficulties or barriers. In the area of homelessness, a smaller number of agencies indicated existing strong collaborations and indicated in many cases an absence of working relationships with local agencies. In all the other areas, collaboration was noted, but with a mixed response about the presence of difficulties experienced in certain collaborative processes. These findings are summarized in more detail in the following text.

Collaboration in Child Care, Child Welfare, and Community Services

In the area of child care, half of the agencies indicated coordination and collaboration levels of involvement with local and state child care agencies. This was paired with few indications of difficulties and few Head Starts reported the lower levels of involvement on the scale. One limitation agencies identified in some cases, though, was the lack of affordable, available child care in their communities. In the area of child welfare, most agencies reported coordination or collaboration with other agencies. One

exception was that about one fourth of the agencies reported no working relationship with Economic and Community Development and with Children's Trust. The agencies by and large did not report having extreme difficulty in area of child welfare services. Similarly, for the area of community services, most agencies reported having coordination with other agencies overall, with some exceptions for substance abuse programs. Little difficulty was reported for working with other community service agencies.

Collaboration to Serve Families Experiencing Homelessness

Less collaboration was reported in the area of homelessness. Nearly half of the agencies reported having no existing relationship with the local McKinney-Vento liaison and the local Title I Director. Half of the agencies also reported only a cooperation level of involvement with local agencies providing services and housing to homeless families. Most agencies did, however, report having little difficulty working with agencies in order to serve children who are homeless. This could suggest that when resources and services are available, the agencies are able to collaborate, but the challenges may be due to lack of available services. Agencies' qualitative responses seem to support this interpretation.

Health Care, Family Literacy, Children with Disabilities, LEAs, Transitions and Professional Development

Whereas grantees reported collaboration efforts across all areas, some revealed a combination of success and challenges. In the remaining six areas, collaboration was reported, but the agencies also indicated some absent relationships and difficulties with specific collaboration efforts. Interpreting the areas where difficulties were encountered, or in which working relationships have not been established points to areas of need and improvement.

For instance, most grantees reported some degree of involvement and little difficulty partnering with existing health care providers in the local service areas. The existence of lack of collaboration revealed, not the lack of willingness to collaborate, but the apparent lack of availability of local service agencies able to meet health care needs. Specifically, dental care providers were reportedly scarce for several of the communities in the state. Responses were highly varied for the level of difficulty experienced with establishing dental homes for children. Evidently, some grantees have no difficulty, while others have substantial difficulty doing so. Further exploration of the specific communities in which pediatric dental care resources are limited due to a lack of providers would be needed to clarify the most effective collaboration strategies. Lack of providers was an issue in the Community Services Area as well.

Interrelated with the challenge of meeting children's health care needs due to a lack of providers, grantees reported that families have difficulty accessing care due to limited material resources such as transportation, fees, and health benefits. Head Start collaborations may help families become aware of health care needs, identify service providers, and other important coordination tasks, but further resources are clearly needed in order to attain services that meet child and family needs. Family support resources would be necessary to actualize many of the collaboration activities in the area of health care and others. The report of needed resources to help families access services was echoed in other areas as well. For homeless families, some communities appear to have limited options for affordable housing or interim housing.

In family literacy, most agencies had active involvement with other programs in most of the areas. Variable levels were evident, however, in a few areas. Almost half of the Head Starts had no working relationship with Even Start, and a third had no relationship with Reading Readiness, museums, or higher education. Recruiting families to participate in family literacy programs was also identified as an area of difficulty. Further analysis of the responses from specific programs may provide insight into whether the challenges relate to access and availability of services or collaboration issues. Clearly, some communities have more remote access to higher education and museums, so it is not unexpected that collaborations may be less attainable for some grantees.

Again, for the area of children with disabilities, most agencies reported involvement at the collaboration level. Some grantees did report, however, having no relationships with several entities, including the state DOE, other state-funded programs, some federally-funded programs, and university-based programs. Most grantees also reported having varying levels of difficulty with obtaining evaluations in a timely manner, indicating an area of need for more collaboration with LEAs. These difficulties were elaborated in the open responses items from grantees as well.

Relationships with LEAs were being actively pursued by the grantees. None reported having no working relationship with LEAs. While most reported having no difficulties with LEAs, almost half reported having difficulties trying to meet the needs of working families. In addition, many of the specific collaboration efforts were challenging for grantees, such as shared use of facilities, staff training, technical assistance, and eligibility. Related to these findings, some of the same barriers appear to be present for collaborations in the transition process, notably transportation, use of facilities, alignment of curricula and assessment, and other communication and policy issues.

For the area of professional development, the majority of grantees reported coordination and collaboration levels of involvement with other agencies and institutions. One third of the grantees, however, had no relationship with institutions providing on-line courses. Reported difficulties were highly variable for specific collaboration efforts. Notably, most grantees reported some level of difficulty with coordinating staff leave time to facilitate professional development opportunities. Access to on-line resources was identified as a challenging area. Grantees also reported having trouble accessing funds to support professional development costs.

What's Working with Collaborations

In the survey section on welfare, some grantees reported a proactive approach to helping families access the public resources available through other programs. Specifically, some programs created opportunities to allow parents to fulfill volunteer service obligations by having parents volunteer at the Head Start program. In this way, grantees capitalize on the resources Head Start does have (i.e., volunteer opportunities) in order to help families best utilize the resources Head Start does not control (TANF services). It is apparent, as well, that many of the grantees find it possible to coordinate with Family Service Workers in order to help families access services for which they qualify to the fullest extent.

Across several of the priority areas, grantees also identified that a well-trained and educated staff of community workers (e.g., family service workers, social workers, teachers, administrators) can be a very important resource in collaboration activities. Across several topics such as welfare and homelessness, comments were offered that identified the instrumental role that knowledgeable staff can play in building the coordination of services both within and outside of the Head Start program. This is an example of the way that Head Start programs may capitalize on many agencies' strengths because it is built into the infrastructure of Head Start (e.g., a history of accessing and creating staff development opportunities) to further the potential of collaborative efforts and maximize use of services offered by other organizations.

In other areas, administrators reported various efforts to network with and partner with advisory councils, agency boards, and interagency committees. Indicators from both the quantitative and qualitative data reveal that having directors and other staff serve on councils is an attainable collaboration activity that leads to better information exchange and relationship building on a program administration level. Information flow to parents was also frequently cited in the qualitative responses as important components of collaboration activities. For instance, Head Starts often partnered with local agencies to provide training or education to parents. Whether it was through parent education sessions provided by health care providers, law enforcement, or public school staff, keeping parents informed appeared to be a worthwhile and frequent activity. In addition, several grantees mentioned hosting events that served as information fairs for parents, provided an array of developmental and health screenings for children, and brought multiple services "under one roof" for families to gain access to services.

Well-established program areas, those which have historically been a focus for Head Start, appear to be the areas in which grantees had the least amount of challenge and difficulty. Specifically, health care, services for children with disabilities, family welfare, homelessness, early childhood curriculum, and family literacy by and large appear to be areas in which little difficulty and much collaboration are evident. One exception to this pattern is child care, however, due to scarcity of quality child care options, cost to families, and lack of funding to support families' ability to afford fees. These challenges are widespread and represent larger challenges within systems of early care and education. It is notable that in areas in which Head Start has recently focused its energies, such as pre-K partnerships, in many areas of the state and transitions to elementary school, grantees reported varied experiences with both successful and unsuccessful efforts.

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APPENDIX A

FULL SURVEY INSTRUMENT

Tennessee Head Start State Needs Assessment Survey

Tennessee Head Start State Needs Assessment Survey 12/01/08

Introduction

Please complete this survey by **January 16, 2009** and submit it electronically. If you have any questions about this survey, please contact:

Janet Bockman at 865.974.8639 or jbockman@utk.edu.

Staff from the UT College of Social Work Office of Research and Public Service and Janet Coscarelli will aggregate the survey findings from all Head Start agencies in Tennessee and then compile a report that will be forwarded to the Office of Head Start, Regional Office, and made available to you and the general public. All information will be kept confidential; individual responses will not be reported.

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

Background

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.

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.

The purpose of gathering this information is to identify your needs in the specified areas and inform the activities of the annually revised strategic plan for the Head Start Collaboration Office in your state.

This needs assessment survey questionnaire is organized into nine sections (with two sections devoted to education) 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

Tennessee Head Start State Needs Assessment Survey

In addition, sections are included to cover the areas of Head Start Pre-K Partnership Development, Head Start Transition and Alignment with K-12 and Professional Development.

Tennessee Head Start State Needs Assessment Survey

Survey Instructions

The survey includes three parts for each of the content areas indicated above.

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

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

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

Part 2 asks you to indicate the general level of difficulty your program has had engaging in each of a variety of activities and partnerships, across all counties served by your program. 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 the delivery of quality education and comprehensive services to your children and families.

Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
----------------------	--------------------	-----------	---------------------

Part 3 includes three open-ended questions at the end of each section of the survey instrument. The first will give you an opportunity to explain differences among the counties you serve or the different LEAs you work with. The second question will give you the opportunity to document any remaining concerns that were not covered in the survey. The third question gives you the opportunity to document what is working well in your program, and to indicate if any of these successful strategies/activities may be helpful to other programs.

Tennessee Head Start State Needs Assessment Survey

Any question that includes an *asterisk* **MUST** be answered in order for you to progress to the next page of the survey.

When you are satisfied with your answers on a page, click the **NEXT** button to save those answers and open a new page of questions.

As you continue through the pages, you may also click on **PREV** to go back to an earlier page to review those answers. You may make changes or continue with the survey using the **NEXT** button.

When you have answered all the questions for a given section and clicked on the **NEXT** button, your answers are then saved to that point. If you should need to exit the survey, you may click on the '**Exit this Survey**' button at the top right of your screen. You may return to the survey later and come back at the same point to finish.

When you have completed the entire survey, please click once on the **DONE** button on the last page of the survey. That transmits your survey. There *may* be a time lag as your responses are saved to the database. Once your responses are saved, your last page will be a '*Thank You*' page.

After you choose **DONE**, you will not be allowed to come back into the survey to correct any entry or to submit another survey.

The names of all respondents should be listed in the first section of the survey. If one of your staff joins you to assist with a section, you can go to the beginning of the survey and add his or her name and title and then move back to the section you were working on using the **NEXT** button.

Tennessee Head Start State Needs Assessment Survey

Respondent and Agency Information

* Dates:

Date survey was completed: MM / DD / YYYY
 / /

Answers to cover 12-month time frame (9/1/07 - 8/31/08)

* Name and title of person(s) completing this survey:

1. Name	<input type="text"/>
1. Title	<input type="text"/>
2. Name	<input type="text"/>
2. Title	<input type="text"/>
3. Name	<input type="text"/>
3. Title	<input type="text"/>
4. Name	<input type="text"/>
4. Title	<input type="text"/>
5. Name	<input type="text"/>
5. Title	<input type="text"/>

* Head Start Agency Information: (use Central Office mailing address)

Director Name:	<input type="text"/>
Phone:	<input type="text"/>
Address1:	<input type="text"/>
Address2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

Counties Served

* Counties List

County1:

County2:

County3:

County4:

County5:

County6:

County7:

County8:

County9:

County10:

County11:

County12:

Additional Counties

County13:

County14:

County15:

County16:

County17:

County18:

County19:

County20:

County21:

County22:

County23:

County24:

* Contact information for person responsible for this survey:

Name:

Title:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

Tennessee Head Start State Needs Assessment Survey

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

1. HEALTH CARE

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Medical home providers (comprehensive coordinated care and not just access to a doctor, particularly for one-time exams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Dental home providers for treatment and care (comprehensive coordinated care and not just access to a doctor, particularly for one-time exams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. State agency(ies) providing mental health prevention and treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Local agencies providing mental health prevention and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Agencies/programs that conduct mental health screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. WIC (Women, Infants Children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Children's health education providers (e.g., Child Care R&R, community-based training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Parent health education providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Home-visiting providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Community Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Programs/services related to children's physical fitness and obesity prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

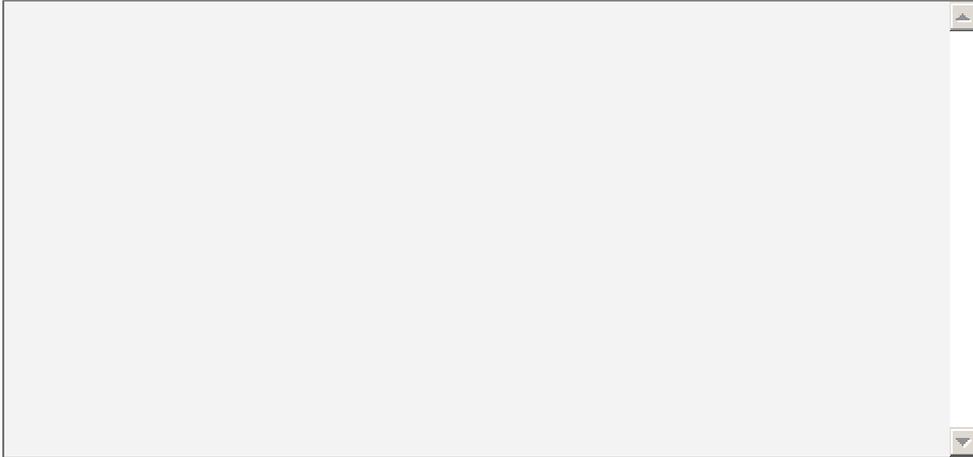
Area

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

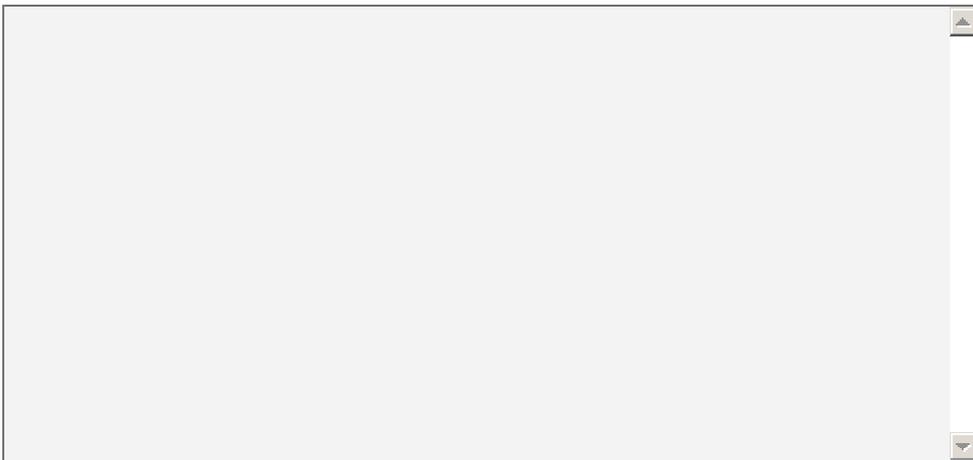
3. Please add information about counties or LEAs that differ from your general experience reflected above.

Tennessee Head Start State Needs Assessment Survey

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



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



When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

2. SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Local McKinney-Vento liaison (services for the homeless)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Local agencies serving families experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Title 1 Director, when funds are being used to support early care and education programs for children experiencing homelessness. (Title 1 funded preschool programs must follow the Head Start Performance Standards.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

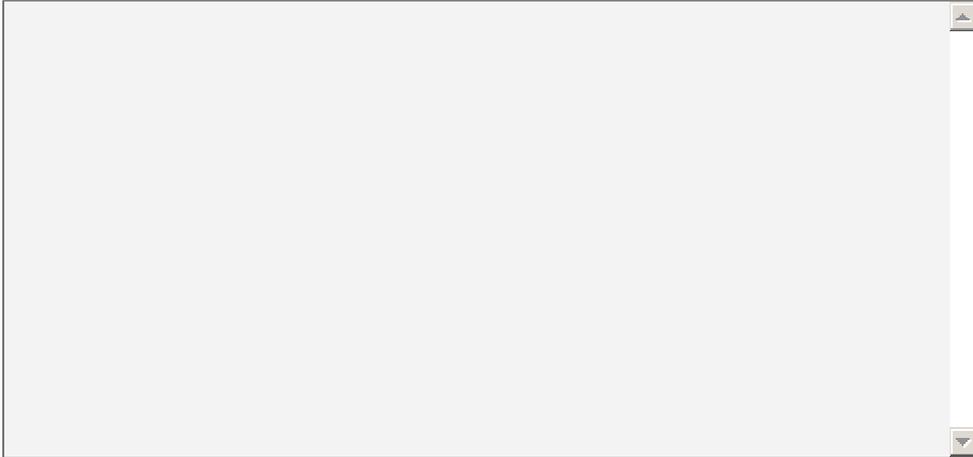
Area

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

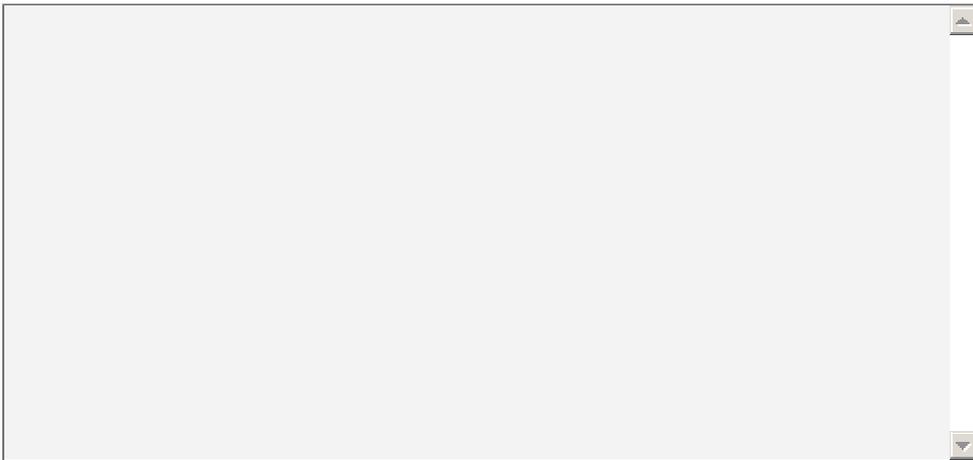
3. Please add information about counties or LEAs that differ from your general experience reflected above.

Tennessee Head Start State Needs Assessment Survey

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



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



When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

3. WELFARE/CHILD WELFARE

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. TANF agency (Department of Human Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Employment & Training and Labor services agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Economic and Community Development councils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Child Welfare agency (Department of Children's Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Children's Trust agency (DCS-Strengthening Families, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Services and networks supporting foster and adoptive families (DCS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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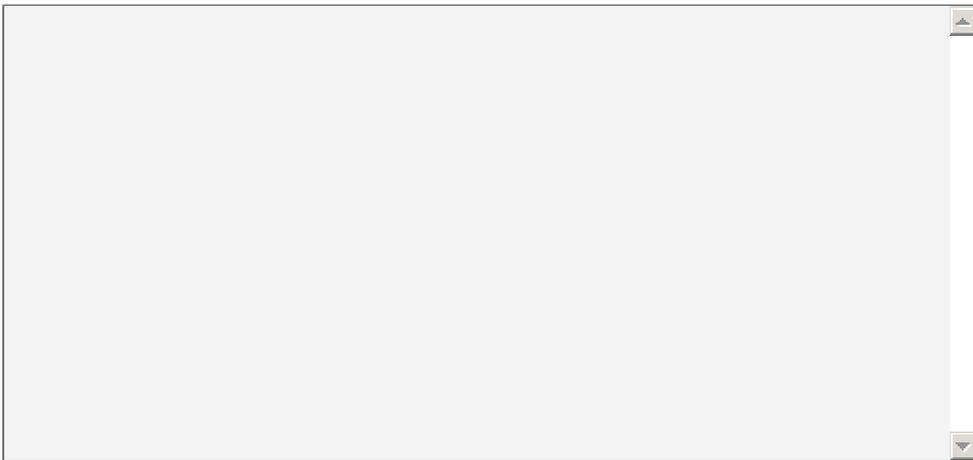
Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

Area

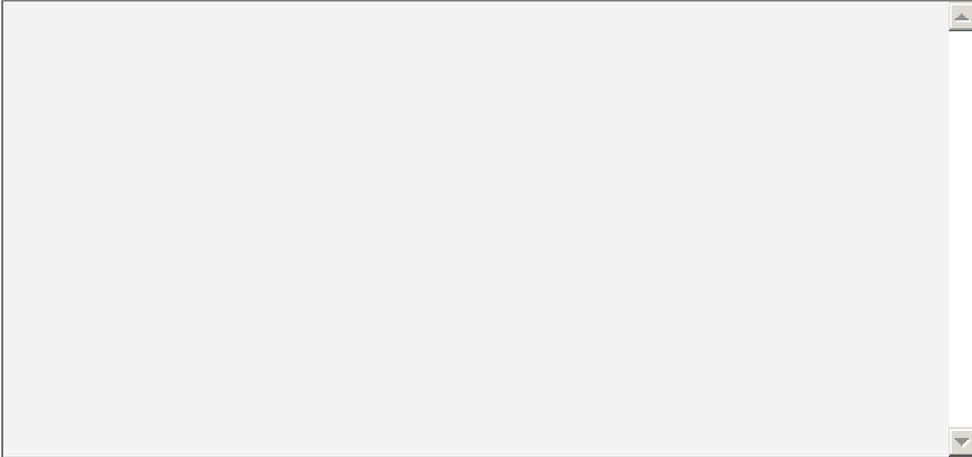
	Not at All difficult	Somewhat Difficult	Difficult	Extremely difficult
A. Obtaining information and data for community assessment and planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Working together to target recruitment to families receiving TANF, Employment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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

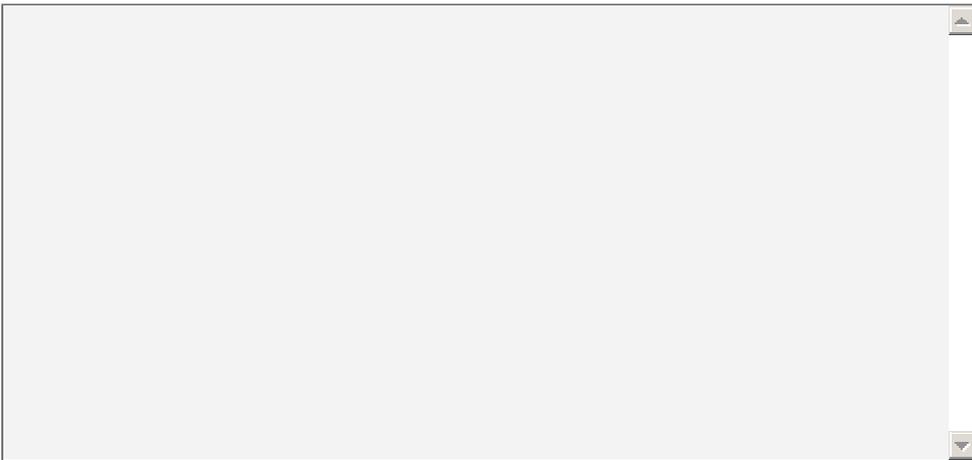


Tennessee Head Start State Needs Assessment Survey

4. 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.



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



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Tennessee Head Start State Needs Assessment Survey

4. CHILD CARE

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

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

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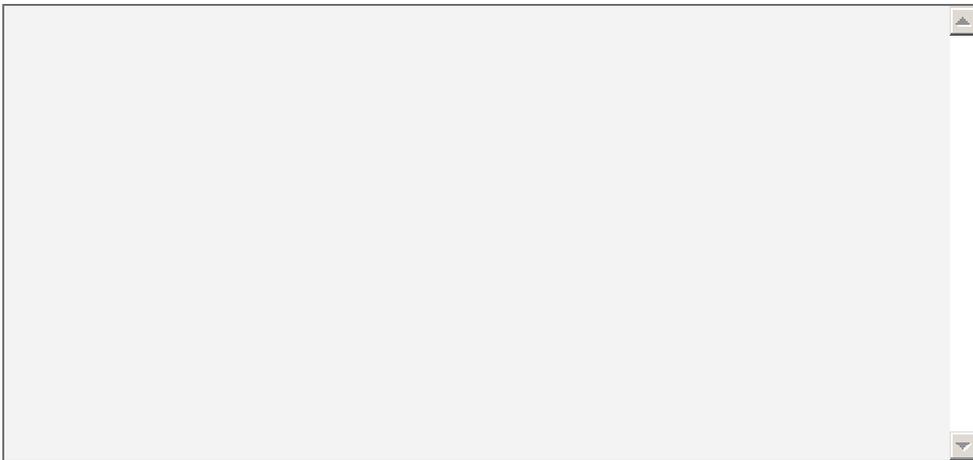
Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

Area

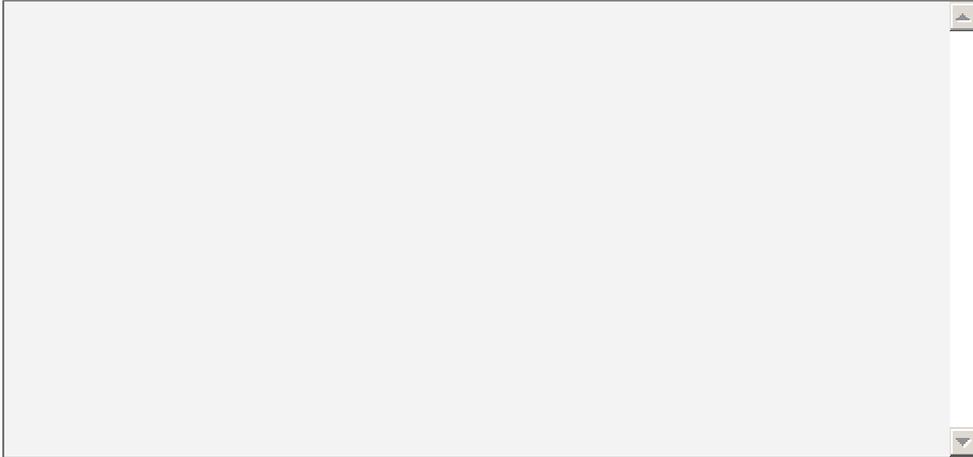
	Not at All difficult	Somewhat Difficult	Difficult	Extremely difficult
A. Establishing linkages/partnerships with child care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Assisting families to access full-day, full-year services	<input type="radio"/>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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

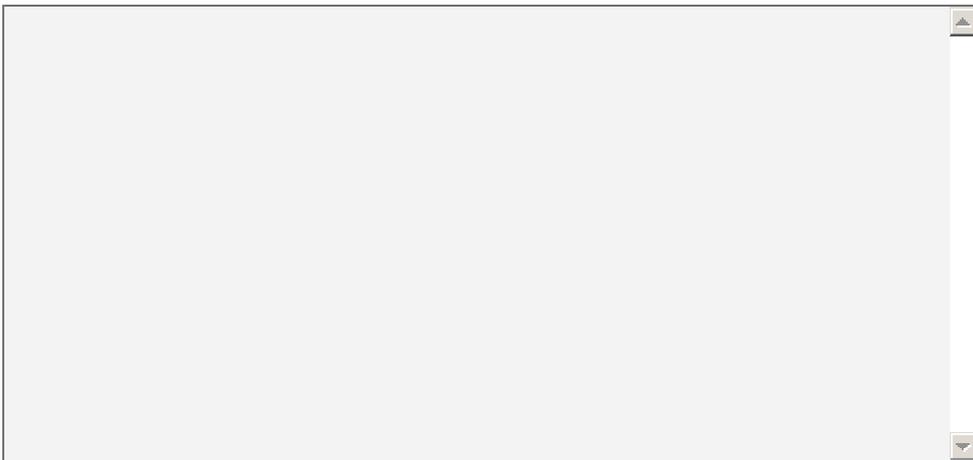


Tennessee Head Start State Needs Assessment Survey

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



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



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Tennessee Head Start State Needs Assessment Survey

5. FAMILY LITERACY SERVICES

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Department of Education Title 1, Part A Family Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Employment and Training programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Adult Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. English Language Learner programs and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Services to promote parent/child literacy interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Parent education programs/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Public libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. School libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Public/private sources that provide book donations or funding for books (e.g., Imagination Library, Governor's Books from Birth, Reading Is Fundamental (RIF), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Museums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Reading Readiness programs (e.g., Early Reading, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M/ Providers of services for children and families who are English language learners (ELL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Even Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

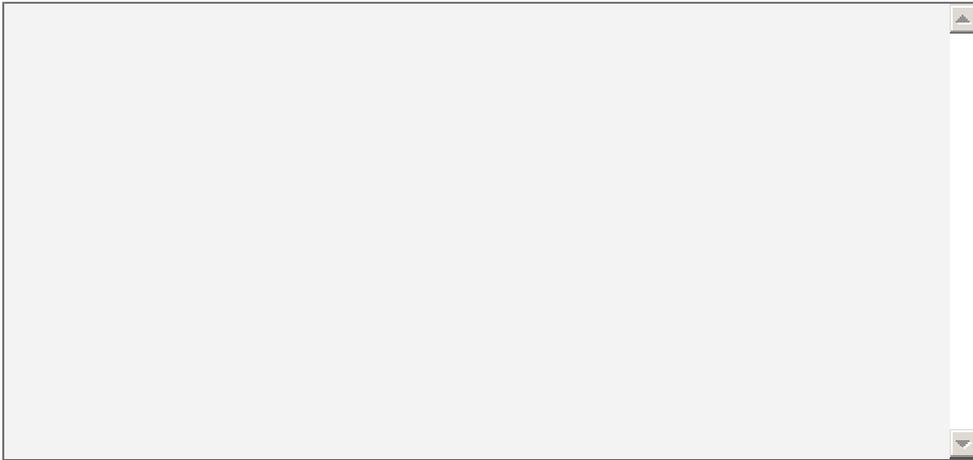
Area

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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

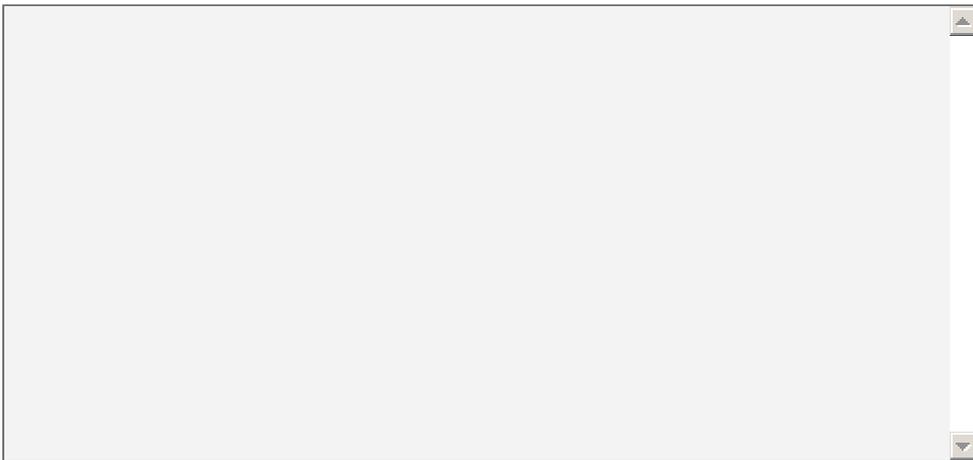
Tennessee Head Start State Needs Assessment Survey

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



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

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



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Tennessee Head Start State Needs Assessment Survey

6. SERVICES FOR CHILDREN WITH DISABILITIES

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

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

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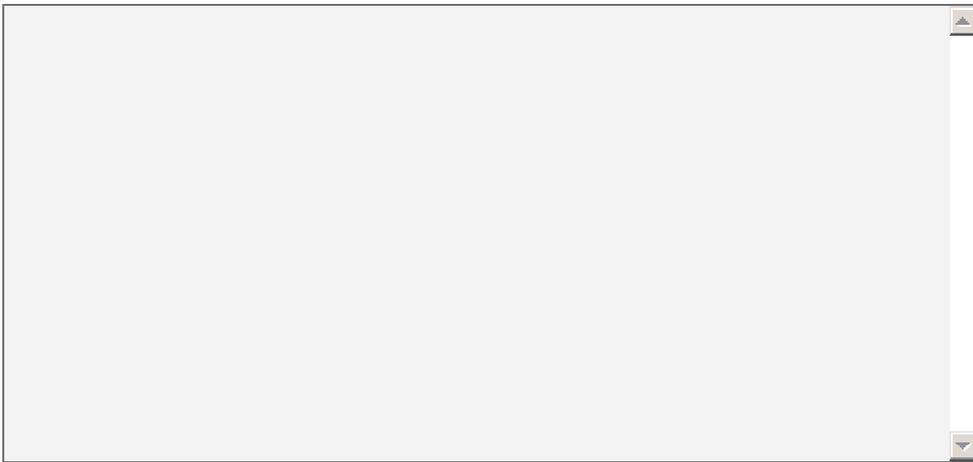
Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

Area

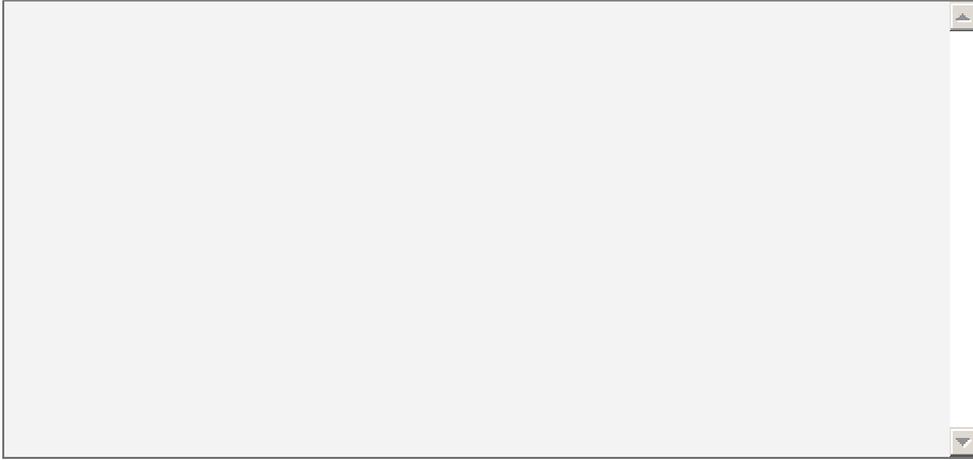
	Not at All difficult	Somewhat Difficult	Difficult	Extremely difficult
A. Obtaining timely evaluations of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Having staff attend IEP or IFSP meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

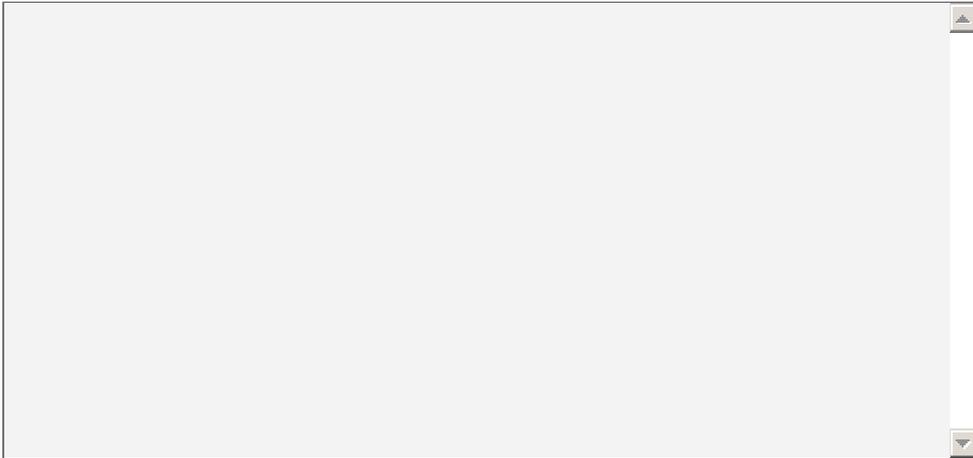


Tennessee Head Start State Needs Assessment Survey

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



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



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Tennessee Head Start State Needs Assessment Survey

7. COMMUNITY SERVICES

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

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

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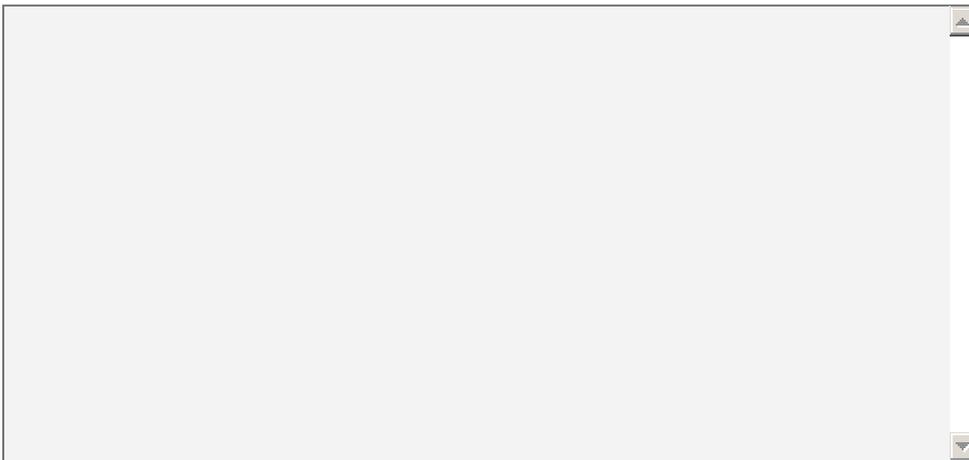
Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

Area

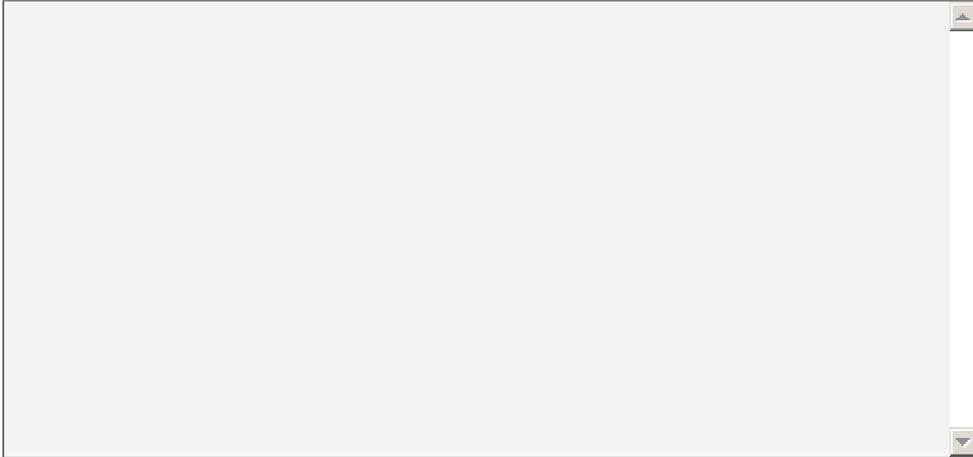
	Not at All difficult	Somewhat Difficult	Difficult	Extremely difficult
A. Establishing linkages/partnerships with law enforcement agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Establishing linkages/partnerships with public resources (state, county,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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

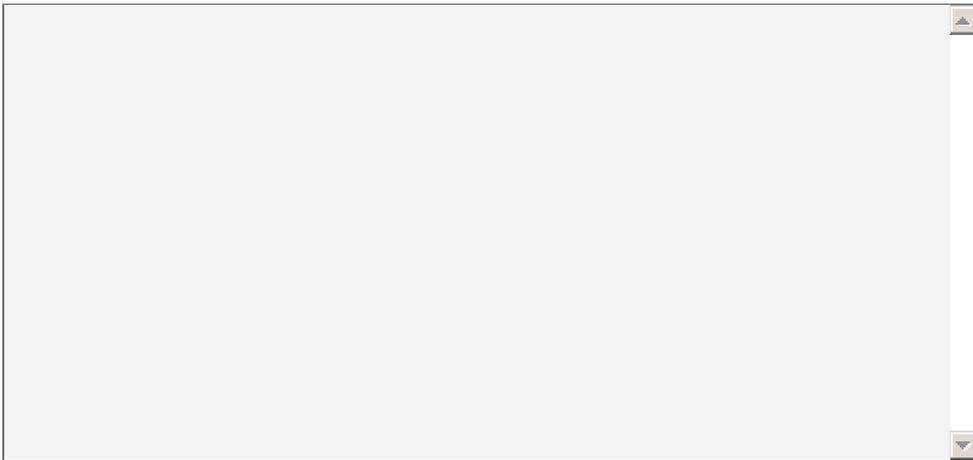


Tennessee Head Start State Needs Assessment Survey

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



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



When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

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Tennessee Head Start State Needs Assessment Survey

8A. PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which included plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (1-X), and a review of each of the activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Tennessee Head Start State Needs Assessment Survey

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

Area

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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

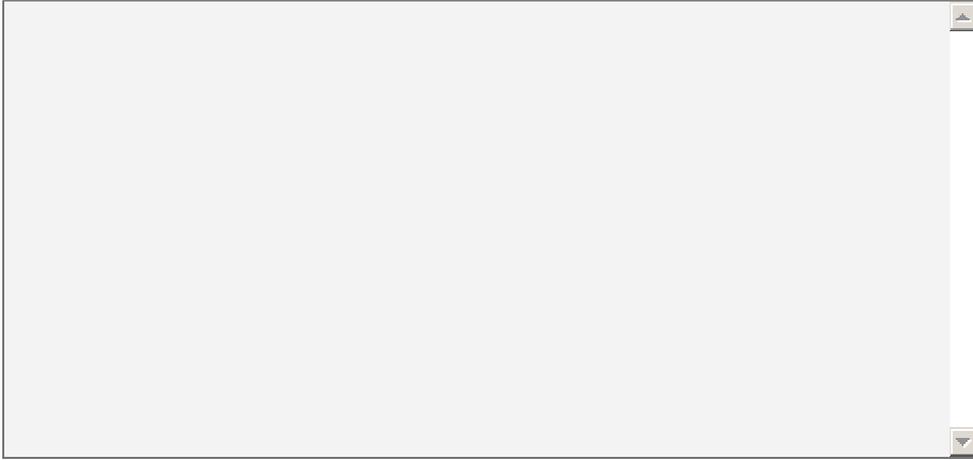
4. With how many LEAs do you have signed MOUs?

5. With how many LEAs are you currently working on MOUs but have not completed?

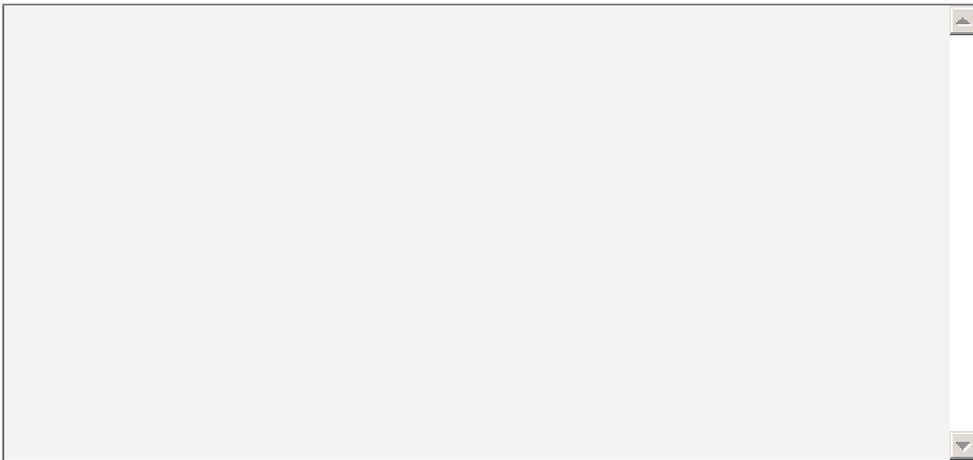
Please enter the number.

Tennessee Head Start State Needs Assessment Survey

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



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



When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

As you continue through the pages, you may also click on **PREV** to go back to an earlier page to review those answers. You may make changes or continue with the survey using the **NEXT** button.

When you have answered all the questions for a given section and clicked on the **NEXT** button, your answers are then saved to that point. If you should need to exit the survey, you may click on the '**Exit this Survey**' button at the top right of your screen. You may return to the survey later and come back at the same point to finish.

Tennessee Head Start State Needs Assessment Survey

8B. HEAD START TRANSITION AND ALIGNMENT WITH K-12

1. Using the definitions listed on page 2 and in the reference document that was sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

	No Working Relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

As you continue through the pages, you may also click on **PREV** to go back to an earlier page to review those answers. You may make changes or continue with the survey using the **NEXT** button.

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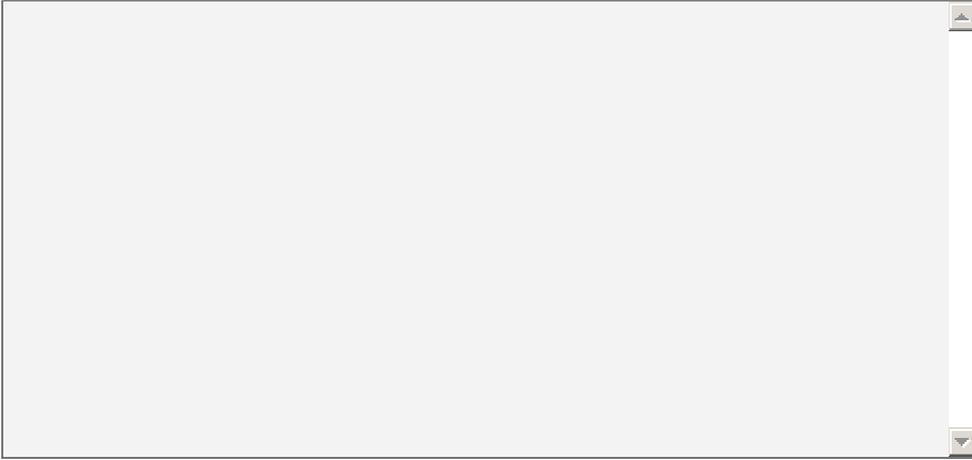
2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

Area

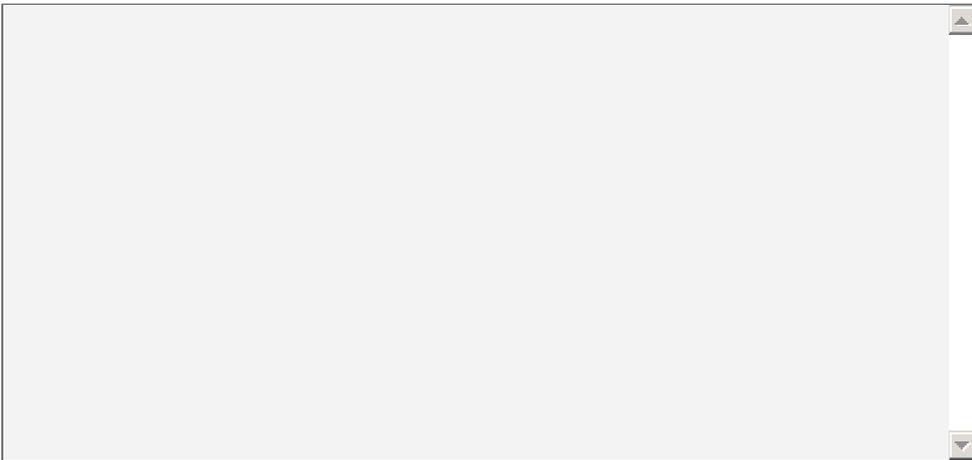
	Not at All difficult	Somewhat Difficult	Difficult	Extremely difficult
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Ongoing communication with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

Tennessee Head Start State Needs Assessment Survey

3. Please add information about counties or LEAs that differ from your general experience reflected above.

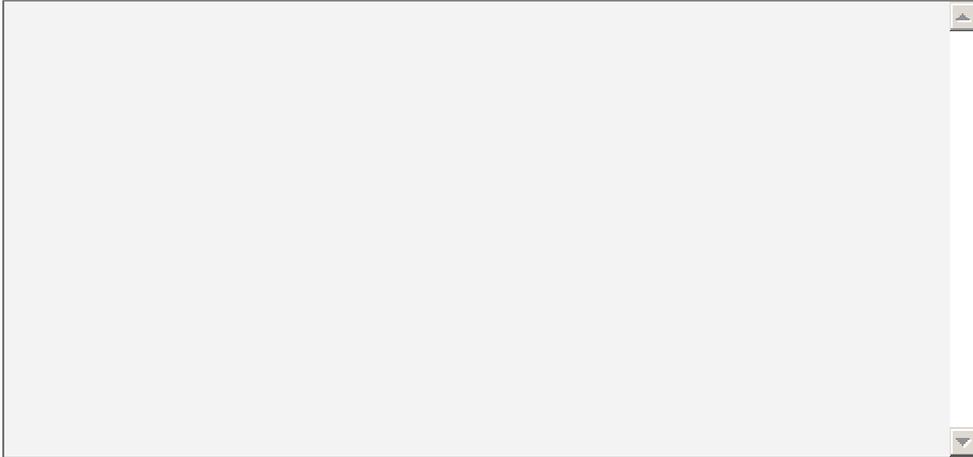


4. Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children/families in your program.



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



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9. PROFESSIONAL DEVELOPMENT

1. Using the definitions listed on page 2 and in the reference document sent to you with this survey link, please rate the **extent of your involvement** with each of the following service providers/organizations **between 9/1/07 and 8/31/08**. Check *one rating* for each.

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

Category

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

When you are satisfied with your answers on this page, click the **NEXT** button to save those answers and open a new page of questions.

As you continue through the pages, you may also click on **PREV** to go back to an earlier page to review those answers. You may make changes or continue with the survey using the **NEXT** button.

When you have answered all the questions for a given section and clicked on the **NEXT** button, your answers are then saved to that point. If you should need to exit the survey, you may click on the '**Exit this Survey**' button at the top right of your screen. You may return to the survey later and come back at the same point to finish.

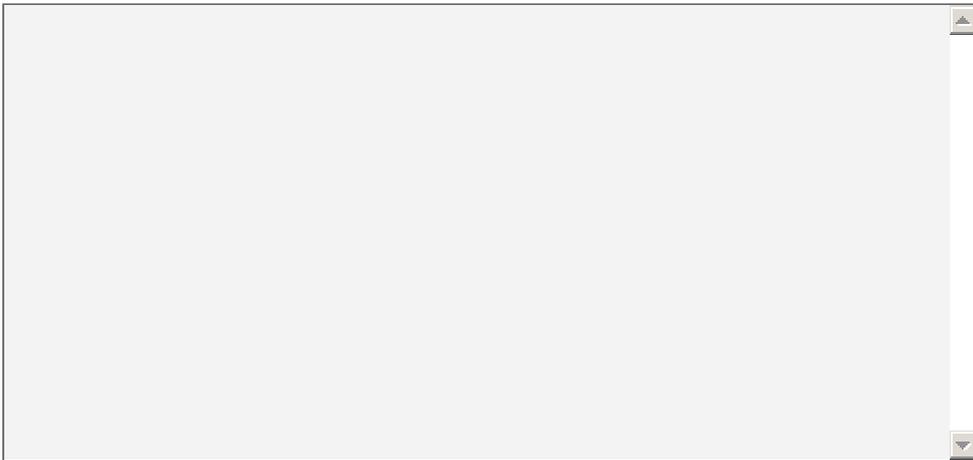
Tennessee Head Start State Needs Assessment Survey

2. Please indicate the **extent to which each of the following was difficult** between 9/1/07 and 8/31/08. Select *one rating* for each item.

Area

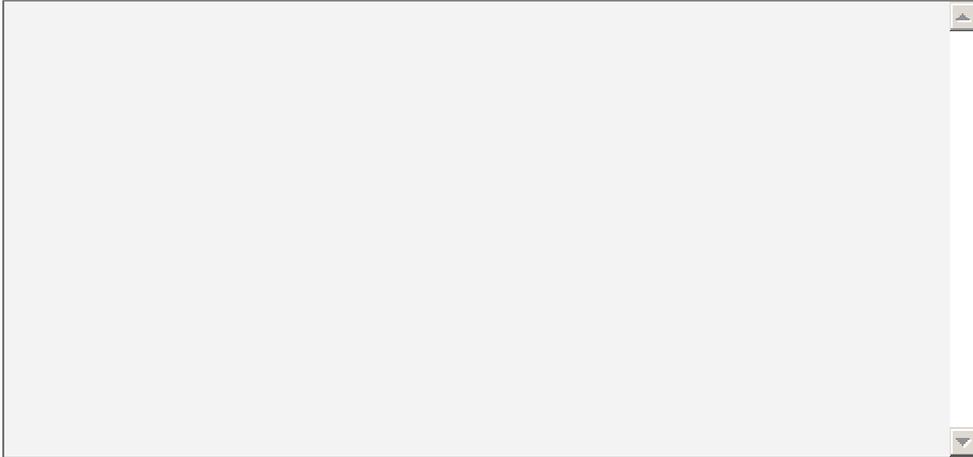
	Not at All difficult	Somewhat Difficult	Difficult	Extremely difficult
A. Transferring credits between public institutions of learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Accessing early childhood education degree programs in the community	<input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

3. Please add information about counties or LEAs that differ from your general experience reflected above.

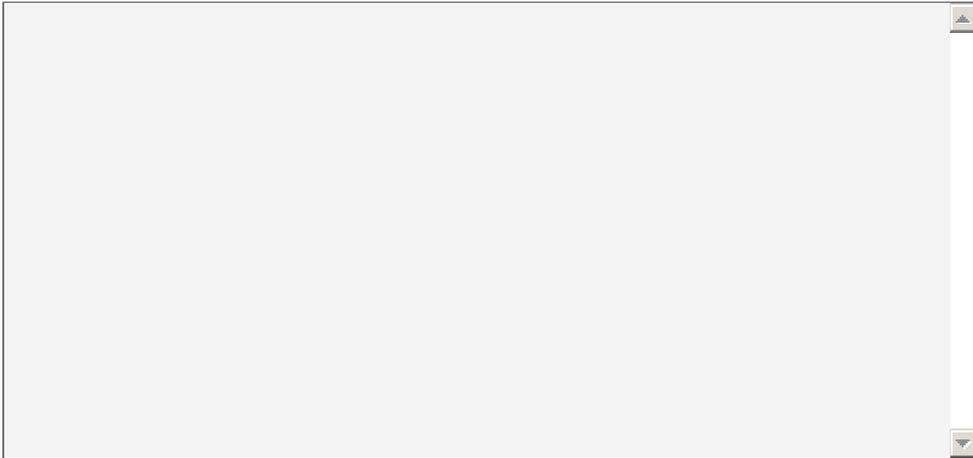


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4. Please describe any other issues you may have regarding professional development activities and resources.



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



When you have completed the entire survey, please click once on the **DONE** button below. That transmits your survey. There may be a time lag as your responses are saved to the database. Once your responses are saved, your last page will be a *'Thank You'* page.

After you choose **DONE**, you will not be allowed to come back into the survey to correct any entry or to submit another survey.

APPENDIX B

CONTACT INFORMATION

Contact Information

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