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ABSTRACT

In 1995, the North Dakota Head Start-State Collaboration Project (HSSCP) was initiated to create a statewide early childhood system to increase access to comprehensive services and support for all low-income children. This report details the project's accomplishments over its initial 5-year period, emphasizing accomplishments of the final year. Both quantitative and qualitative data were gathered to assess how effectively the project is achieving its objectives. A survey regarding effectiveness of and satisfaction with HSSCP activities was distributed to individuals having contact with or knowledge of HSSCP, Head Start/Early Head Start program staff or parents, and state agency personnel. Findings indicated that 80 percent of respondents thought that HSSCP effectively collaborated with existing public and private agencies and organizations. The report notes that the focus of transition mentorships changed from an emphasis on mentors for parents and families toward developing mentors for new administrators or staff in early care and education. About three-quarters of respondents agreed that HSSCP effectively promoted and supported accessible, high-quality care and education services for Head Start/Early Head Start (HS/EHS) children. Further, 73 percent agreed that HSSCP effectively promoted access to health-care services for HS/EHS children. About half the respondents agreed that the HSSCP has evaluated policies/procedures and has assisted in developing barrier-free policies for families. About 80 percent agreed that the HSSCP has helped improve long-term outcomes for low-income children and their families. Satisfaction levels with HSSCP ranged from 66 percent satisfied or very satisfied with the quality/adequacy of child care to 78 percent with efforts in the education area. The report's three appendices contain the survey instrument used in the study, describe the survey methodology, and contain site maps. (KB)

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NORTH DAKOTA HEAD START- STATE COLLABORATION PROJECT

REPORT FOR YEARS 1996-2000

submitted to:
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April 26, 2001

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SUMMARY

Head Start Programs in North Dakota began in 1965; in 1995, the North Dakota Head Start-State Collaboration Project was established with funding from the federal Administration for Children and Families (ACF), Head Start Branch. Former-Governor Schaefer and the North Dakota Head Start Association (NDHSA) approved the grant proposal from the North Dakota Department of Human Services, Division of Children and Family Services (CFS), calling for \$100,000 per year for five years to establish and maintain a Head Start-State Collaboration Office, including the hiring of a Collaboration Administrator. In late 2000, the Collaboration Office, with the approval of Governor Hoeven and the NDHSA, applied for a second five-year grant.

The overall purpose of the North Dakota Head Start-State Collaboration project is to create a tightly woven blanket of support across the state, made up of programs serving children and families. In service of this goal, the project has created a partnership between Head Start/Early Head Start (HS/EHS) and the state of North Dakota, allowing Head Start to meet the increasingly complex, intertwined, and difficult challenge of improving long-term outcomes for low-income children and their families.

The three Federally-mandated target areas of the Collaboration Project are:

- ⇒ To help build early childhood systems, and access to comprehensive services and support, for all low-income children.
- ⇒ To encourage widespread collaboration between Head Start/Early Head Start and other appropriate programs, services, and initiatives; and to augment the capacity of HS/EHS to be a partner in State initiatives on behalf of children and their families.
- ⇒ To facilitate the involvement of HS/EHS in the development of State policies, plans, processes, and decisions affecting the HS/EHS target population or other low-income families.

Federal Priority Areas addressed by the project are:

1. Quality and Adequacy of Child Care;
2. Education;
3. Children with Disabilities;
4. Welfare (TANF);
5. Health Care (Healthy Steps);
6. Family Literacy.

Purpose of the Evaluation

The purpose of this evaluation is to provide information to the HS/EHS Programs, NDHSA, other collaborating agencies and organizations, State officials, and ACF on the accomplishments of the Project over the initial five-year grant period, with emphasis on the final year. The evaluation is, itself, an accomplishment of the first five years and the last year in particular; no such evaluations were performed during the first four years, although the initial grant application had specified such an assessment.

Evaluation Methodology

Both quantitative and qualitative data were gathered in order to assess not only *whether* objectives were being met, but also *how effectively* the Project is achieving them; steps included:

- ✍ Review of all available print materials, especially reports from meetings of the partners.
- ✍ Creation of a series of charts presenting activities in 2000 as they relate to the Project goals and objectives
- ✍ A Survey distributed to HS/EHS parents, staff, and administrators, and also to state officials and community partners.

The framework for reporting the successes of, and challenges faced by, the Collaboration Project comes from an April 1993 publication authored jointly by the U.S. Department of Education and the U.S. Department of Health and Human Services, titled “**Together We Can: A Guide for Crafting a Pro-family System of Education and Human Services**”. The model presented in this document outlines a five-stage process for creating a collaborative.

Presentation of Results

Results are presented in two sections: Section I lists Project activities in 2000 to show, for each goal and related objectives, where the project was along the five-stage framework described earlier; Section II consists of data obtained from the Survey.

Summary of Results:

An overview of the Survey results and a listing of activities that have been done for each objective.

Objective One: *Unite the existing programs into a working network of collaboration and support under the leadership of a Head Start-State Collaboration Administrator working out of the state capitol.*

In the survey (N = 70), the mean response to the item ‘the Head Start-State Collaboration

Project (HSSCP) has effectively collaborated with existing public and private agencies and organizations' was 5.96 on a scale of one (Strongly Disagree) to seven (Strongly Agree); 80% of respondents agreed or strongly agreed.

The Collaboration office has been reasonably diligent in disseminating information; 67% of respondents agree or strongly agree that the HSSCP has "...responded to requests for information in a timely manner", while 70% agree or strongly agree that the Project has "...provided quality responses to requests for information". Mean response was 5.7 for both timeliness and quality.

The Administrator has attended numerous conferences and meetings; she organized and hosted the North Dakota Early Care & Education Summit of all Tribal/Regional CSCCs, which everyone involved rated as an exceptionally valuable experience, and was involved in developing the Visioning Plan at this Summit.

Over 50 government entities and Tribal/Regional/Local agencies and programs have been brought into the collaboration network; each Human Service region now has HSA representation on the regional CSCC.

The Collaboration Administrator is involved with the CSCC and other groups whose involvements address the priority areas, and is the liaison between the NDHSA board and the state.

The Administrator played an active role in 1997 in the North Dakota Coordinating Council, which provides leadership in the development of a coordinated statewide interagency system of comprehensive early intervention services and prevention awareness, aimed at children with disabilities or otherwise at risk.

The Collaboration Office developed the ND Coalition on Early Childhood Training (ND CONECT), formerly known as the State Coordinating Council (a state version of the Regional Early Childhood Council, or RECC). ND CONECT provides leadership and facilitates the QUILT Project, a federal initiative to develop partnerships between the child care and Head Start communities.

Objective Two: Develop 'Transitioning Mentorships' in target communities to train parents to act as mentors to other parents as they move from HS into the elementary schools. Also, develop mentorships to support Native American families in need moving from reservations into community HS programs.

The thrust of this objective changed over the five years of the grant cycle; rather than mentors for parents and families, mentors for new administrators or staff in the early care and education community were emphasized.

The Collaboration Office developed this mentoring program, set up policies, procedures, and guidelines, and obtained an agreement from the regional Child Care Resource and Referral agencies to implement and manage the program.

In 1998, the Administrator participated, as a member of the ND Child Care Team, in developing the state's Child Care Plan.

The Administrator participated, in 1998, with the ND Child Care Team in an initiative to provide training to child care professionals.

Objective Three: *Promote and support accessible, high-quality care and education for all children, with and without disabilities, in State and Tribal HS/EHS programs and in child care and education agencies.*

78% of survey respondents agreed or strongly agreed with the statement "The HSSCP has effectively promoted and supported accessible, high-quality care and education services for children in HS/EHS programs and child care"; the mean response was 5.9 on the one-to seven scale described above.

The Administrator is a Co-facilitator, with Corinne Bennett, Administrator of Early Childhood Services, of the Professional Development Task Force, which has developed an action plan to provide training/educational opportunities to HS, EHS, and child care staff, and construct a career lattice for Early Care and Education staff.

There is now a statewide teaching credential for early childhood education, thanks to the information and support for a legislative bill in allowing the Education Standards and Practices Board to develop an Early Childhood Teaching Certification provided by the Administrator in 1997.

There are currently only five Early Head Start programs in the state, but seven grants for EHS start-up have been submitted and are under consideration in the past year alone; the Collaboration office has provided materials and technical assistance, and put prospective EHS grantees in touch with existing programs as 'mentors' to facilitate this expansion.

North Dakota has, in the 1999-2001 biennium, utilized TANF funds to allow for HS/EHS expansion to full-day/full-year service.

Objective Four: *Improve Access to health-care services for low-income families throughout the state.*

The mean response to the item "The HSSCP has effectively promoted access to health-care services for HS/EHS families" was 5.8 on the seven-point scale, with 73% of respondents agreeing or strongly agreeing.

The Administrator was a panel presenter addressing oral health/access issues for low-income families at the ND Dental Summit, and obtained a commitment to have low-cost dental services provided to low-income families.

Head Start is now privy to health-related data collected by PHS, WIC, ND Health Tracks, and Maternal and Child Health, and all HS/EHS sites now actively encourage use of PHS services. Several agencies now pool screening clinics, rather than each agency running their own.

Head Start/EHS sites have assisted the enrollment of families in Healthy Steps Health Insurance programs.

The Collaboration page on the ND website refers and links to the Healthy Steps web page.

The Collaboration Administrator has written letters of support for the ND Health Passport program.

In 1997, the Administrator collaborated with the North Dakota State System Development Initiative Coordinator to develop a universal intake/data form, which is still being piloted in two North Dakota counties.

***Objective Five:** Develop a public awareness campaign, which will inform public officials, business leaders, and general citizenry of the social, economic, and educational benefits of HS/EHS and quality care of children.*

68% of survey respondents agreed or strongly agreed with the statement “The HSSCP has informed the public (public officials, business leaders, general public) about the benefits of HS/EHS”, with a mean response of 5.8 on the seven-point scale.

The Collaboration Project has a page on the North Dakota state website, with links to many of the collaborating programs and agencies.

A Head Start informational/promotional video has been developed and distributed to: all HS/EHS Programs, Public Libraries, Colleges, and Universities across the State; the ND State Archival Library; The Library of Congress; The Washington DC National and Denver Regional Head Start Bureaus; Other collaboratives (e.g., Minnesota, Missouri); The North Dakota Department of Public Instruction; the Maternal Child Health Division, ND Department of Health; and County Social Services Offices (by request). The video was also showcased before the Regional Early Child Care Council. Copies are mailed at no cost to any person or organization requesting one.

Head Start has developed PSAs for TV, which list a toll-free information number. Early

Head Start and the Speakers' Bureau are specifically highlighted in all materials, and commitments have been obtained from speakers in the areas of early care and education.

An Annual Report, using input from all HS/EHS programs and from parents, is distributed to programs and policy councils/boards

A Traveling Display Board providing educational information for HS/EHS, has been developed and is used at the State Fair, ND Winter Show, Legislative sessions where legislation of interest to HS/EHS is being considered, etc.

Objective Six: *Evaluate procedures and policies for accessing health, employment, education, child care, and social services, and assist in promoting barrier-free policies for families.*

The mean response to the item "The HSSCP has evaluated policies/procedures and has assisted in developing barrier-free policies for families" was 5.4 on the 7-point scale, with only 54% agreeing or strongly agreeing.

Overall Goal: 79% of respondents agreed or strongly disagreed that "Overall, the HSSCP has helped improve long-term outcomes for low-income children and their families".

Priority Areas: Respondents were also asked to rate, on a scale of 1 (Very Dissatisfied) to 7 (Very Satisfied) their level of satisfaction with the efforts of the HSSCP in the Priority Areas; the responses are summarized in the table below:

Table 1. Satisfaction with HSSCP in the Priority Areas

Priority Area	% Satisfied/Very Satisfied	Mean Response
Quality/Adequacy of child care	66	5.7
Education	78	6.0
Children with Disabilities	69	5.8
Welfare (TANF)	67	5.7
Health Care (Healthy Steps)	72	5.8
Family Literacy	67	5.7

BACKGROUND

North Dakota is a frontier state with decreasing population; it is the only state of the 50 to have fewer residents today (an estimated 642,297) than in 1930 (when the ND population peaked at around 680,000). Further, 47 of the 53 counties in the state showed population losses during the 1990s, while counties containing the state's larger cities showed an increase; this migration to the state's urban areas has eroded the tax base, forced school consolidations, and strained the human service resources of the abandoned areas. As **Kids Count North Dakota 1999-2000** observed, "Children and families who face the greatest challenges live in communities where they are isolated from the connections needed to support their families." The state's population is aging—only on the reservations and among immigrant groups is the fertility rate at or above the US rate—so that resources that might be used for children's and family services are instead supporting services to the elderly. Accessing such services as do exist pose a transportation problem for parents in at least 30 counties; long distances over bad roads in horrific winter weather often deters families from seeking services.

The economic boom of the 1990s passed North Dakota by, as it did many of the rural, agriculturally-based economies of the plains states. Commodities prices are at near-record lows; meanwhile, higher fuel costs have raised farm production costs while failing to produce prosperity in the oil-producing Williston Basin. This decline in the fortunes of the state's two major industries has pushed many working poor toward profound poverty. Nor has alternative industry provided salvation; non-farm wages and salaries, and total jobs, decreased in farm counties from 1988 to 1997. Thus, even when both parents work (83% of children under age 6 lived with working parents in 1995, compared to the US rate of 63%; 70% of mothers with children under age 6 are in the work force), sometimes at more than one job (North Dakota ranks second in the US in the rate of multiple-job holders), families struggle to remain above the poverty line. Four counties in North Dakota are among the 50 poorest in the US; the poverty rate for the rural farm counties of the state is 50% higher than the rate for other North Dakota counties, constituting the second-highest rate among the plains states. Native American reservation areas are particularly hard hit, with poverty rates significantly higher than those of the poorest non-reservation counties.

Children bear the brunt of poverty in North Dakota; while only about a quarter of the population, they constitute over one-third of those in poverty. In 1995, *One in Six* of North Dakota's children was living in poverty; the rate was, of course, significantly higher among Native American children. At the same time, school consolidations force children in these regions to travel long distances to attend school, and isolate parents from input into their children's education. No single factor is more predictive of a broad range of developmental difficulties among children than poverty; concomitant with the fall in economic fortunes during the 1990s, special education enrollment rose 9% from 1992 to 1998, with a 61% increase in enrollment in special education for seriously emotionally disturbed children.

The services available to low-income families are often under-used because parents are

unaware of their availability, or of who to see to apply for them:

- Some 12,000 children of poor and working-poor families in the state have no health insurance.
- Only 11% of North Dakota children eligible for child care assistance funds actually received any, compared to 15% in the US as a whole.

North Dakota Head Start/Early Head Start and Other Programs:

Head Start in North Dakota began in 1965 with a single summer program ; today, the 14 Head Start and 5 Early Head Start programs serve 2,988 children, infants, toddlers, and pregnant women in 44 counties and four Native American reservations. HS/EHS provides comprehensive services to low income families despite a number of complications, including:

- Low salaries-- the mean salary for child-care workers in North Dakota is \$5.61 per hour, while preschool teachers average only \$7.36; by comparison, the mean for all ND workers is \$8.68
- Lack of classroom space--the rapid expansion of Head Start and, especially, early Head Start programs in North Dakota over the past 8 years has exposed a shortage of suitable space, especially given the stringent (and necessarily so) regulations on what constitutes an appropriate building for HS/EHS use.

The State Children's Services Coordinating Committee (CSCC) has been chaired by the Lieutenant Governor and is comprised of the Directors of the Department of Corrections and Vocational Education, the Executive Directors of the Department of Human Services (DHS) and the Indian Affairs Commission, the State Health Officer, and the Superintendent of the state Department of Public Instruction. Its purpose is to develop and implement a comprehensive, coordinated children's service plan. Each of the state's eight Human Service Regions and Native American reservations or service areas established a Regional or Tribal CSCC, consisting of representatives of private, non-profit boards, to develop and update a 5-year plan to address the needs of, and available services to, children and families in that region or tribal area. The Regional/Tribal CSCCs were also charged with working with the State Committee and DHS in developing the comprehensive plan.

The Head Start-State Collaboration Office was established in 1996 as a result of the original five-year grant from DHHS/ACF, and situated in the DHS Children and Family Services Division. The Collaboration Administrator was charged with the responsibility of creating partnerships between Head Start and the child care and education agencies and programs across the state, in order to create a seamless tapestry of services for children and families. In North Dakota, with its scarce resources and isolated rural population, it was deemed especially important to eliminate duplication of services and serve the maximum number of children and families in the most efficient and cost-effective way. The Lieutenant Governor has been instrumental in lending the authority and prestige of the office to the collaboration efforts.

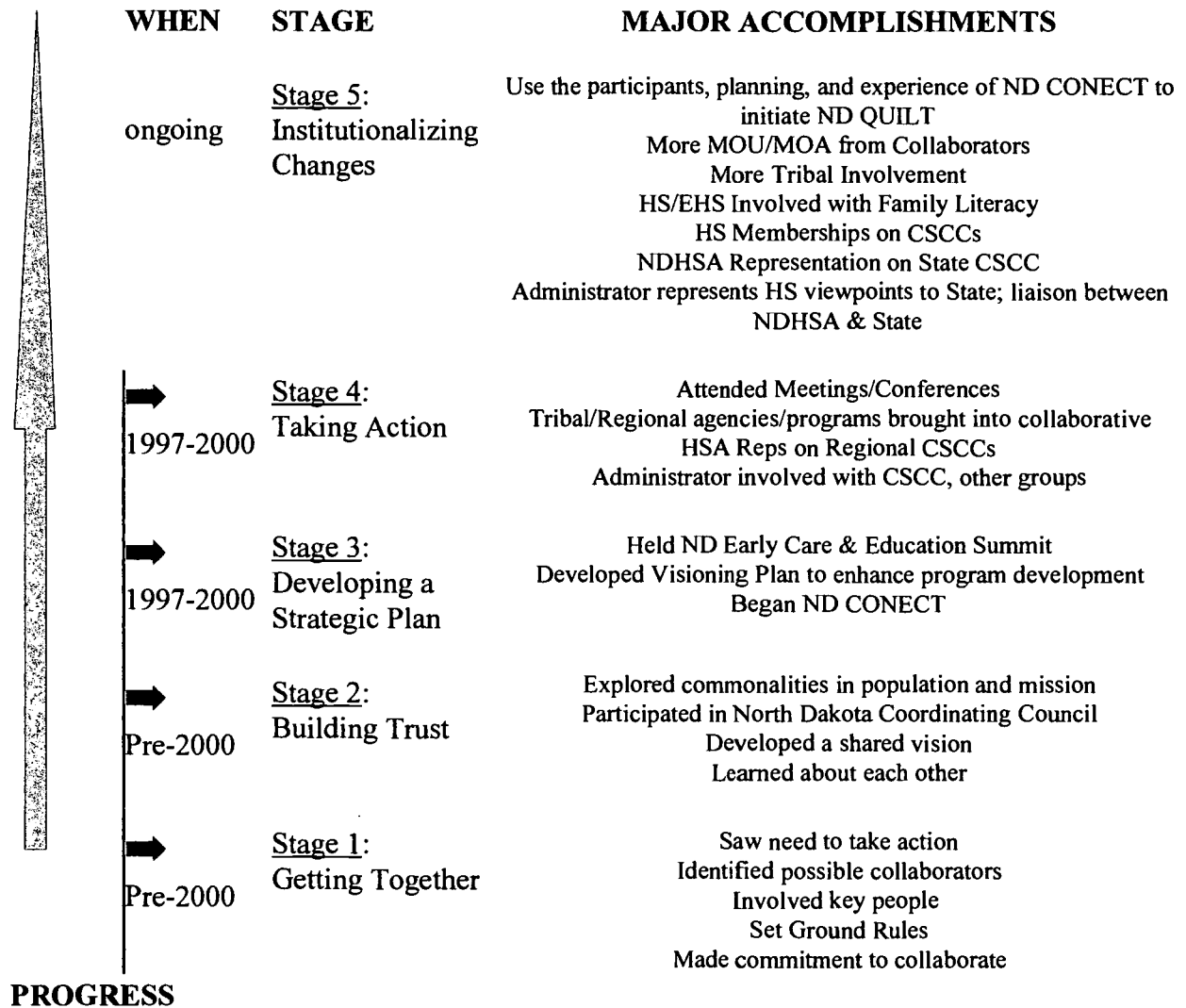
SECTION ONE: PROGRESS TOWARD OBJECTIVES

The assessment of progress is based on the Five-Stage model from “**Together We Can: A Guide for Crafting a Pro-family System of Education and Human Services**” referenced earlier. The five stages are:

- § **STAGE ONE: Getting Together.** Groups come together to explore how to improve services for children and their families. They identify others whose mandates or clientele overlap with theirs, and make a commitment to collaborate, setting ground rules for working together, and securing initial support.
- § **STAGE TWO: Building Trust and Ownership.** Partners establish common ground by sharing information about their programs and the needs of children and families in their communities; they use this information to create a shared vision of the ideal service-delivery system, and develop a set of goals to guide their future actions toward achieving this vision.
- § **STAGE THREE: Developing a Strategic Plan.** Partners explore plans for action to achieve a service-delivery system that matches their shared vision, and develop the technical tools and interagency agreements needed to implement their plans. At this point, the group may incorporate new partners, and revert to stages one and two to bring them into the fold.
- § **STAGE FOUR: Taking Action.** Partners design and utilize an ongoing evaluation strategy that helps them identify needed changes in specific systems, make adjustments, and measure the results; armed with this self-correcting tool, partners begin to implement their plans.
- § **STAGE FIVE: Institutionalizing Changes.** Partners take steps to ensure that the collaborations and systems changes built in the previous four changes will become the new norm, and would continue even if the Collaboration Project were to end.

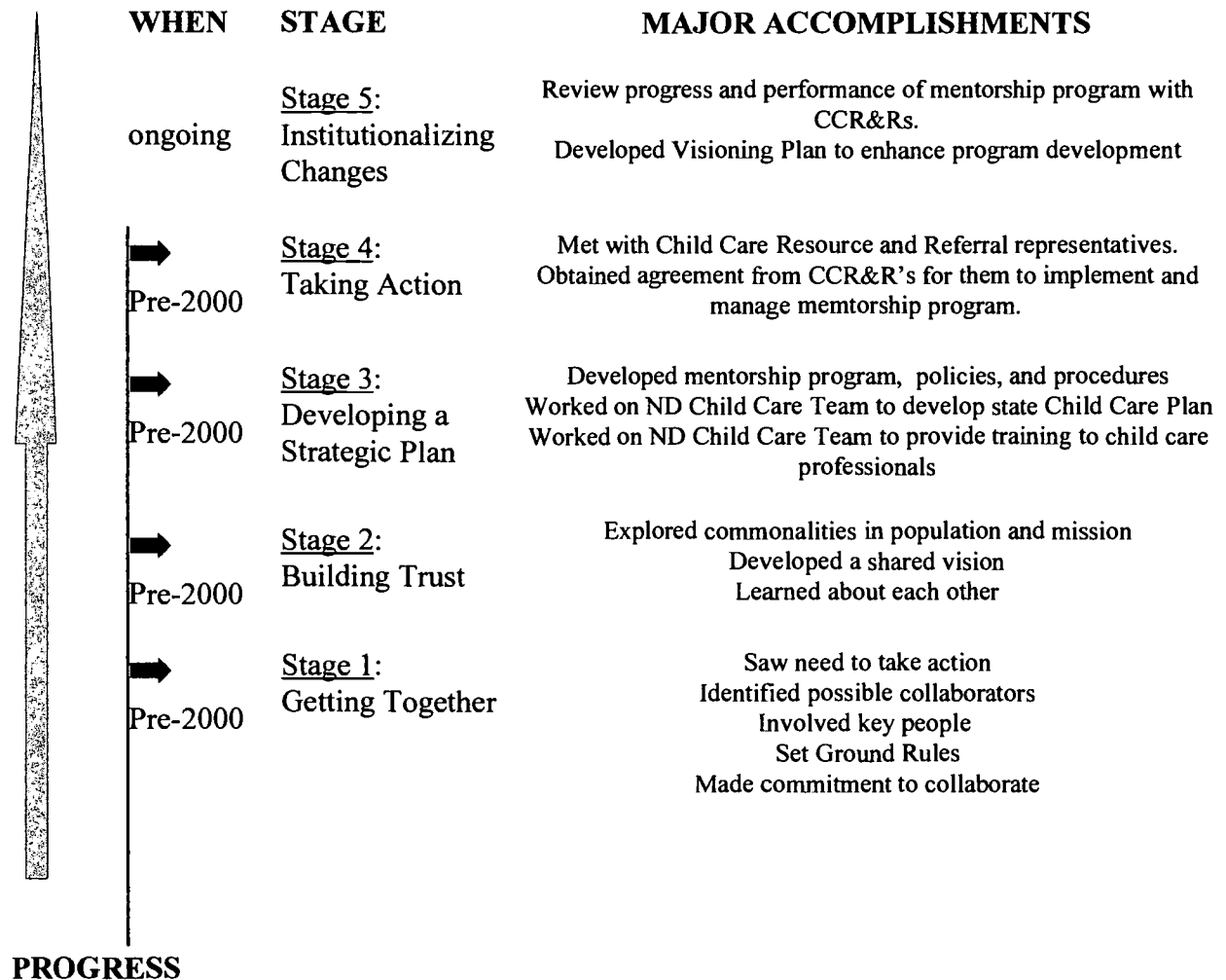
Objective One: Unite the existing programs into a working network of collaboration and support under the leadership of a Head Start-State Collaboration Administrator working out of the state capitol.

Begin
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Stage
One

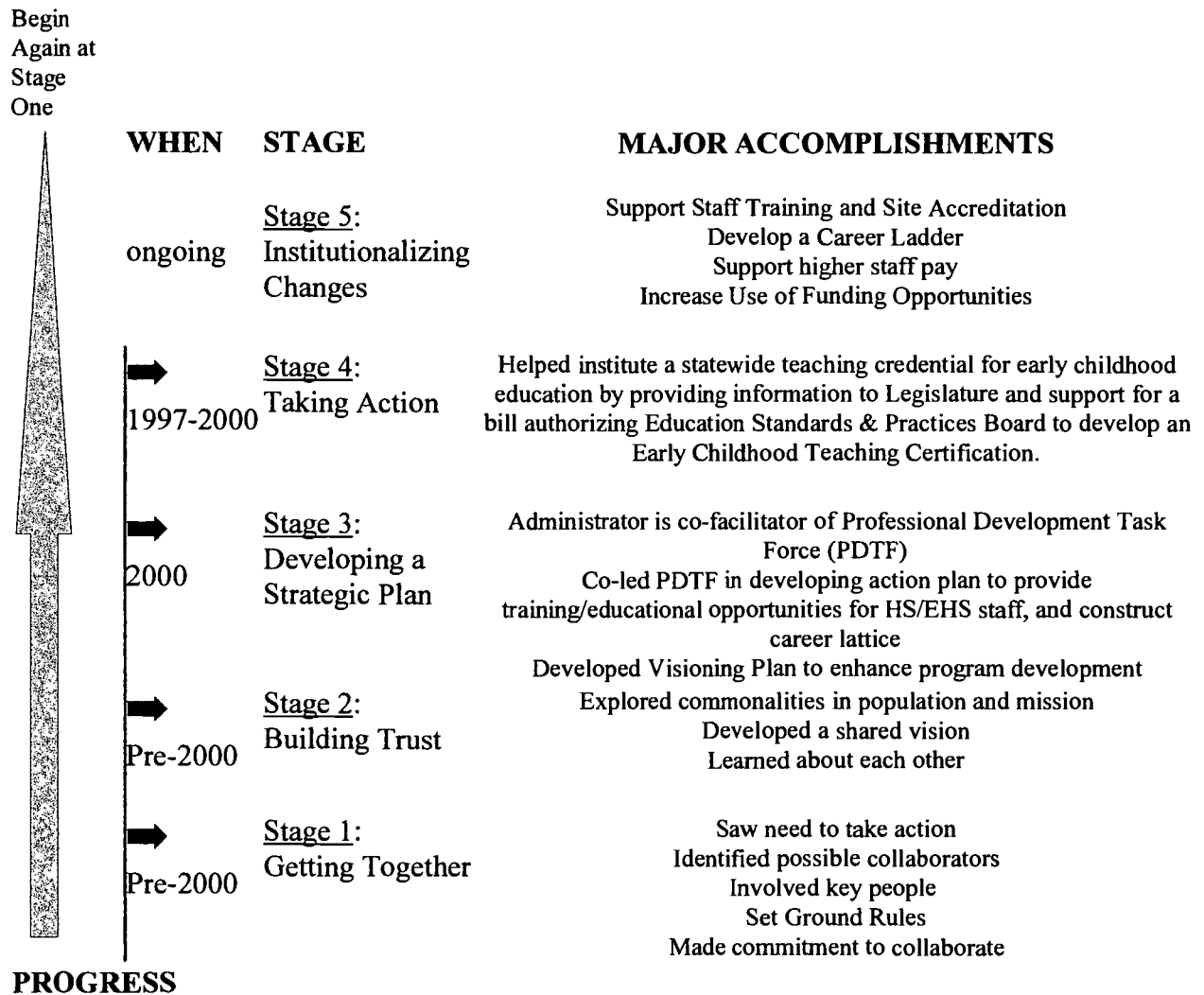


Objective Two: Develop ‘Transitioning Mentorships’ in target communities which will train parents to act as mentors to other parents as they move from HS into the elementary schools. Also, develop mentorships to support Native American families in need who are moving from reservations into community HS programs.

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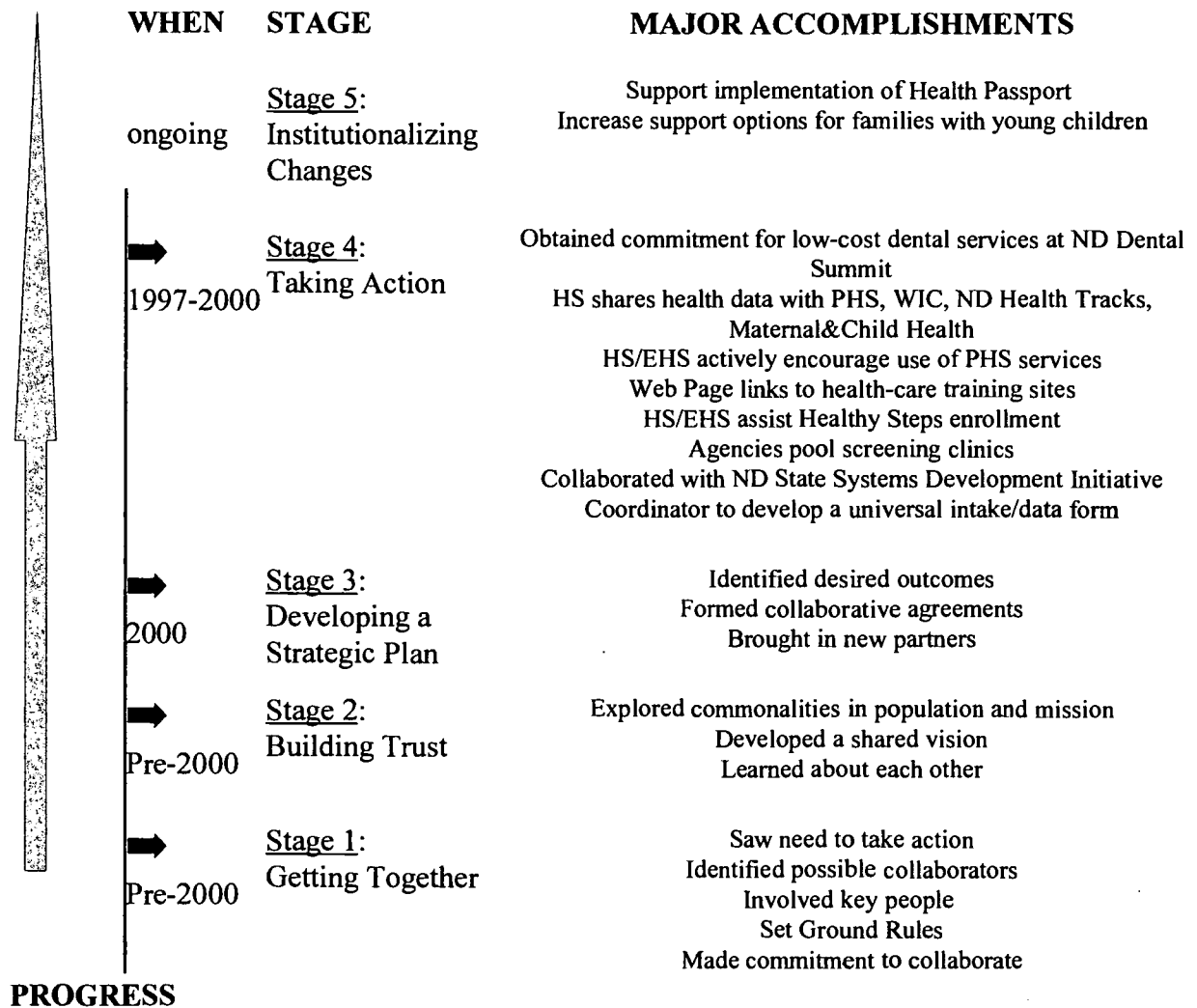


Objective Three Promote and support accessible, high-quality care and education for all children, with and without disabilities, in State and Tribal HS/EHS programs and in child care and education agencies.

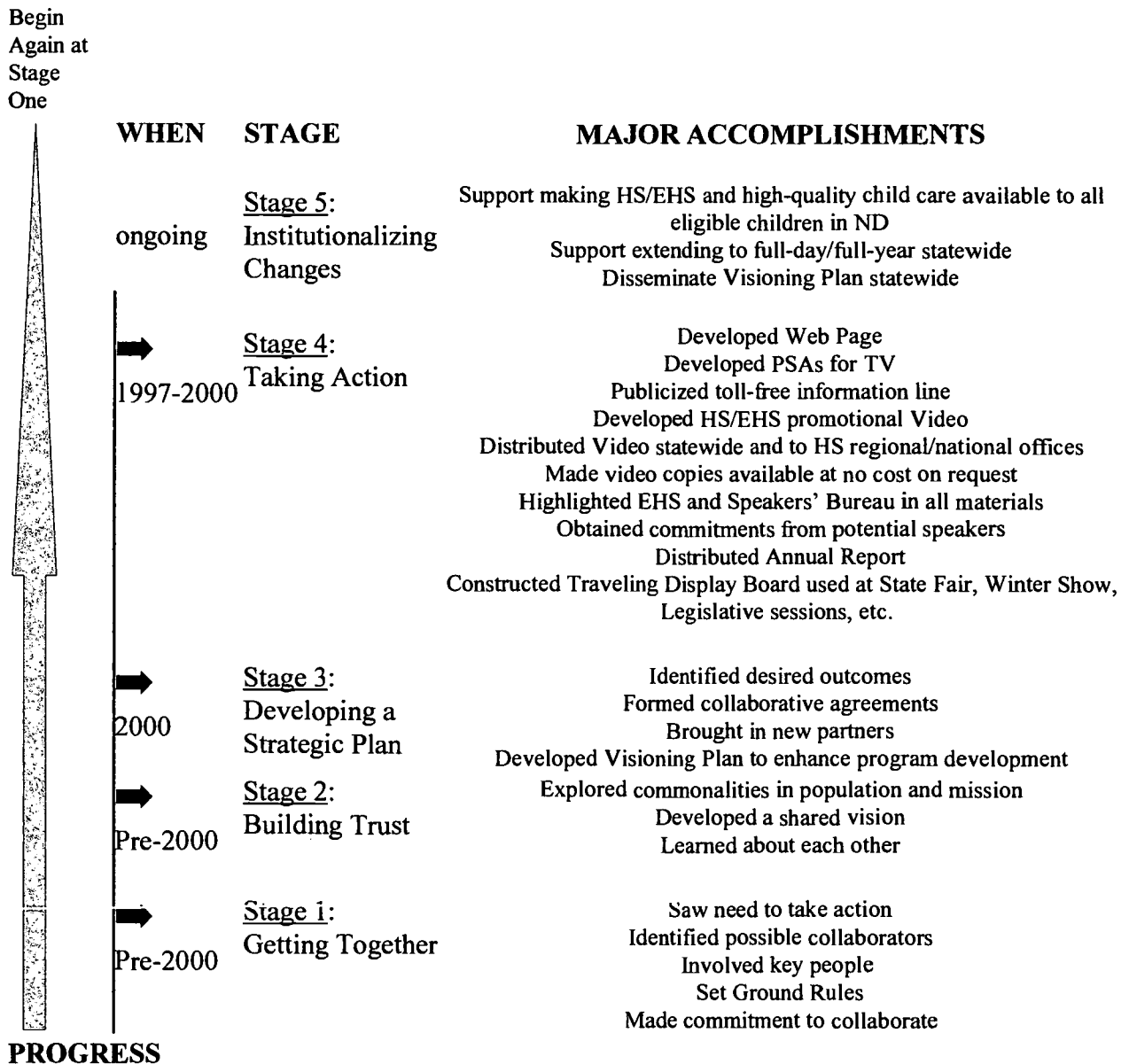


Objective Four: Improve Access to health- care services for low-income families throughout the state.

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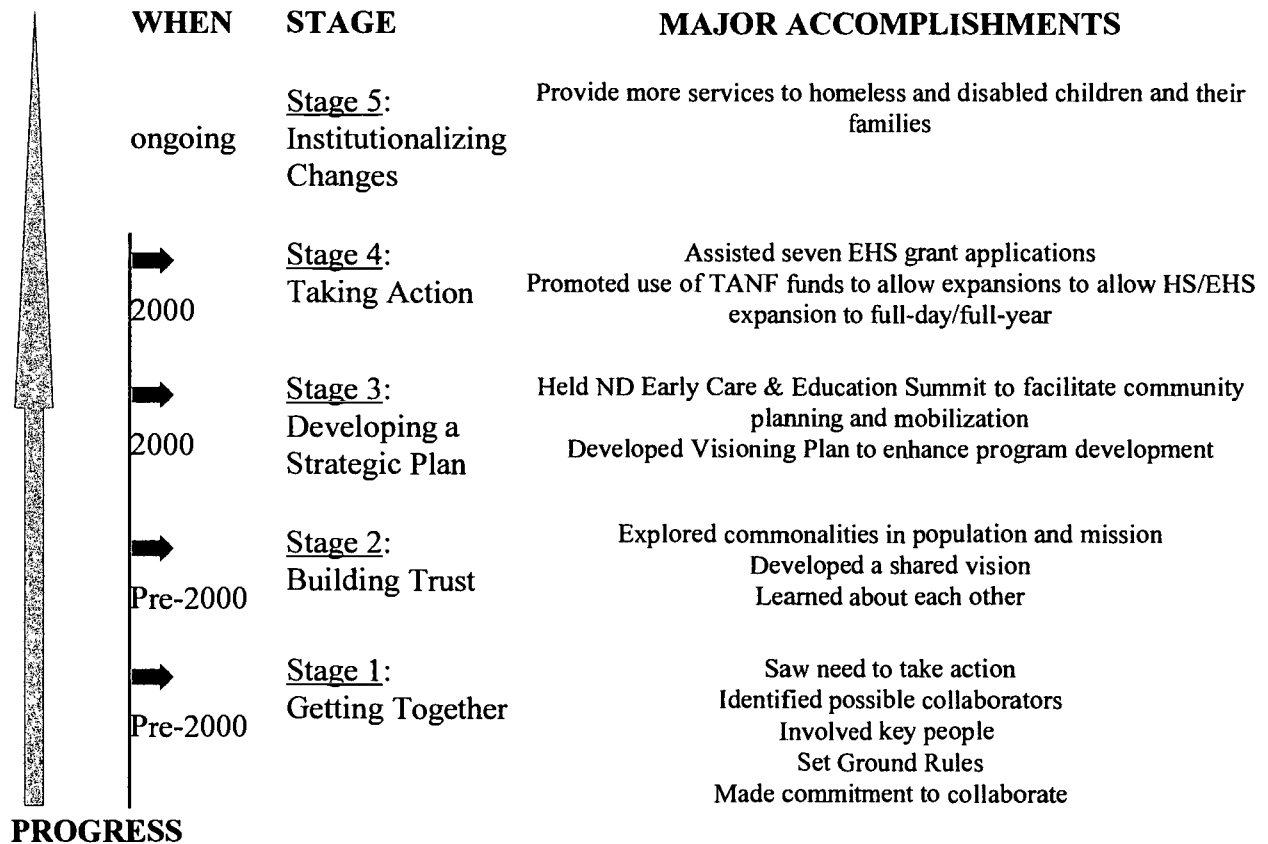


Objective Five: Develop a public awareness campaign, which will inform public officials, business leaders, and general citizenry of the social, economic, and educational benefits of HS/EHS and quality care of children.



Objective Six: Evaluate procedures for accessing health, employment, education, child care, and social services, and assist in building Early Care and Education systems and access to comprehensive services and support.

Begin
Again at
Stage
One



**SECTION TWO:
RESULTS FROM THE SURVEY**

COLLABORATION PROJECT SURVEY

A survey was developed and distributed to the Director, Executive Director, Grantee Board Representative, Policy Council Representative, one Parent, and one Staff from each of the 19 North Dakota Head Start and Early Head Start programs; the survey was also sent to people in collaborating agencies at the State level. The target population totaled 150 people with 58 (39%) returned. The primary purpose of the survey was to elicit feedback about how the Project has done, and is doing, in meeting its goal and objectives.

A follow-up survey (see Appendix 2), which produced data from 32 additional people, indicated that, of the non-responses, an estimated 80.7% did not feel like they had enough knowledge about the collaboration to send in the surveys; 19.3% reported not receiving (or having lost) the surveys. From this we were able to estimate that 63 people actually received the survey and felt sufficiently knowledgeable to answer it; the return of 58 surveys, therefore, represents a 92% return rate out of this group, and suggests that the results below are a good indication of the opinions and characteristics of the respondents.

In Part A of the survey, respondents were asked their Position relative to HS/EHS (community partners and collaborating agencies were categorized as 'Other'), whether the program they were associated with was HS, EHS, or both (another category of "other" was created from the responses), whether it was a Native American program, and how long they had worked with HS/EHS and their current program. Parents were asked the ages of their children in HS/EHS, and how long they had had a child in the current program or any program.

Part B dealt with the effectiveness of the Collaboration Project in working toward its objectives and overall goal, while Part C asked respondents to rate their level of satisfaction with the Project's efforts in each of the Priority Areas.

Since not every respondent addressed every item, the number of valid responses (N) is indicated in each chart.

Part A

The following pages present a profile of the respondents. Since we are drawing conclusions for a total population of approximately 150 using survey information from 70 respondents, it is crucial that the respondent group matches the population as closely as possible. If, for example, our survey group contained a much larger percentage of Directors than the population, the responses might be skewed toward the Directors' view of the HSSCP. For each of the following sub-headings, a comparison is made to the corresponding population percentage. On the whole, the 70 respondents seem to be a representative subset of the population.

- ☒ **The sites are proportionally represented; i.e., the percentage of respondents listing each type of site matched the actual prevalence of that type of site almost exactly.** The HS/EHS programs are made up of 15 sites, four are both EHS and HS, one is EHS-only and ten are HS-only sites. Fifty-eight of the 72 respondents worked with HS/EHS programs and responded to this portion of the survey; 1 person said they worked with an EHS-only program, 37 respondents indicated HS-only, and 20 people marked both EHS and HS (Table 2).

Table 2. Comparison of distribution of type of programs to responses.

ACTUAL DISTRIBUTION		DISTRIBUTION FROM SURVEY		
Type of HS Program	Percentage of sites	Distribution of EHS/HS Respondents	Distribution of EHS/HS Staff	Distribution of EHS/HS Parents
EHS and HS	26.7%	34.5%	0.0%	30%
HS only	66.6%	63.8%	88.7%	70%
EHS only	6.7%	1.7%	11.3%	0.0%
Total Number	15	58	18	10

- ✓ The different type of sites are represented in approximately correct proportions by the respondents (Table 2).
- ✓ Staff appear to come heavily from the HS only sites, but this may only reflect that staff typically work at a HS program or an EHS program and not both and so that is how the staff member identifies the site (Figure 1 and Table 2).
- ✓ No parents responded from the one EHS only site, but the other type of sites were proportionally represented by the parents (Table 2).

Table 3. Survey Respondents affiliated with Native American Programs and Non-Native American Programs in North Dakota (2001)

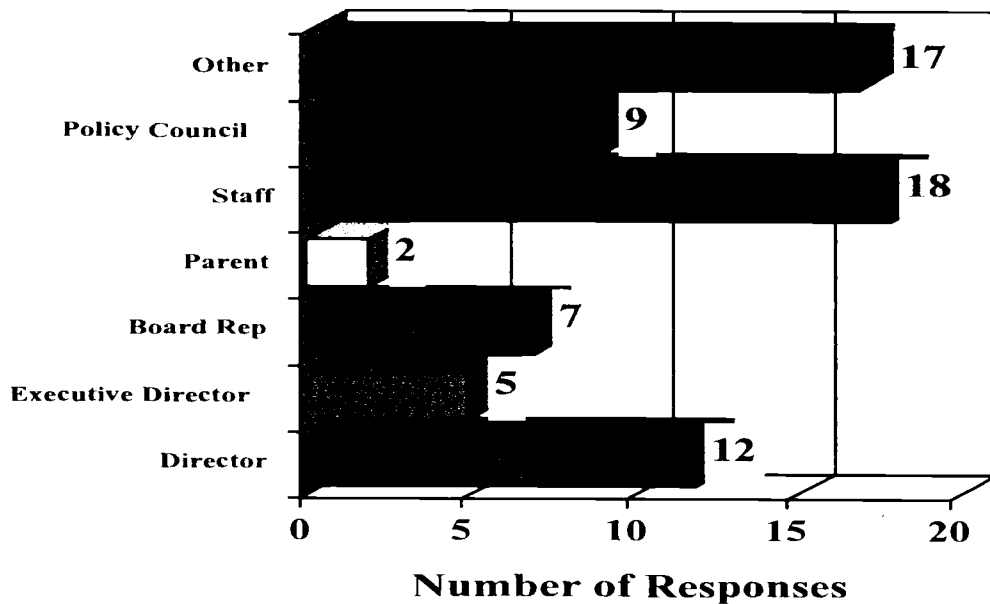
Program	Responses	Percent
Native American	7	11.3
Non-Native American	55	88.7
Total Valid	62	100.0
Total Missing	8	
Total	70	

- ✓ Respondents from State Offices either did not answer this question (the eight missing) or answered No.
- ✓ All Native American Programs were represented by at least one person.
- ✓ Relatively few responses were obtained from Native American programs 11% of the EHS/HS responses were from Native American programs (Table 3) and yet Native American sites make up 31.6% of the sites (2 EHS and 4 Both EHS and HS out of 19 programs). This low response is most likely because the involvement of the Native American programs in the collaboration is still a work in progress. The next 5-year grant makes a priority of more interaction with the Native American programs and ensuring the inclusion of the reservation residents in the primary target population. The low response makes it impossible to compare Native American programs to others, but still allows input from those programs to figure in the total data analysis.

- ☒ **Each type of position was adequately represented in the survey.** The initial survey plan was to receive responses from Staff Members, a Parent, Grantee Board Representative, Executive Director, Policy Council Representative, and Director from each of the 19 programs, and from State Agencies involved with the collaboration (Figure 1).

Figure 1. Survey Respondents' Positions at One of the Nineteen Head Start or Early Head Start Programs in North Dakota (2001).

Position	Responses	Percent
Director	12	17.1
Executive Director	5	7.1
Grantee Board Rep	7	10.0
Parent	2	2.9
Staff	18	25.7
Policy Council Rep	9	12.9
Other/Not HS	17	24.3
Total Valid	70	100.0



- ✓ Almost half the responses are from staff or “other.” Thirteen people in the other category are from state agencies (not HS or EHS). All others (57) are directly related to HS or EHS programs.
- ✓ Seven Policy Council Representatives and one staff are also parents, giving a total of ten parents responding to the survey.

The following points concern the representation of each type of position and refer to (Figure 1).

- ✓ The number of **Executive Directors** and **Grantee Board Representatives** was small (about 1/3 of the group) but the follow-up study indicated that the other 2/3 of this group of people did not turn in the survey because they did not know enough about the Collaboration Project to respond. At a February 2001 meeting, we were advised of this possibility by several Directors, who indicated that the areas of responsibility of these two groups did not always expose them to the workings of the Collaborative.
- ✓ Of the initial responses, 9 (25%) came from **State Agencies** (designated as 'other' on the Position question); on follow-up, 6 people turned in surveys, but responded to only a subset of the questions, giving a total of 15 (41.7%) return. The follow-up indicated that 90% of the people in the state agencies did not respond because of a lack of knowledge of the Collaboration Project. The upcoming five-year grant cycle lists continued efforts to inform State officials of the activities and benefits of the Collaboration Project as a specific goal. Four people who worked with, but not for, HS/EHS programs also designated themselves as 'other'.
- ✓ **Ten parents** (17% of the HS/EHS respondents) completed and returned the survey; 7 were Policy Council Representatives, one was a staff member and the other two were parents without any other designation. Since the goal was to get responses from at least 19 parents, this represents a 53% return rate from this group; the low rate is apt to be attributable to most parents not having direct contact with, or knowledge of, the Collaboration Project, except those on the Policy Council or working as staff, or on a lack of time. In upcoming reports, a way needs to be found to determine the effect of the Project on parents in some indirect manner.
- ✓ Twelve out of 19 **Directors** (63%) responded, including 2 directors from 6 Native American sites.
- ✓ The category of **Policy Council Representative** muddied the waters a little because these could be parents or staff and so people on the Policy Council may have categorized themselves as parent, staff, or other. Thus, any analysis attempting to separate out the responses of this group is of dubious significance. Future surveys will likely omit this response category.
- ✓ Eighteen **staff** members responded from the 19 sites (although in some cases more than one staff member from a site responded). Sixteen were with HS sites and 2 with EHS (there are 14 HS programs and 5 EHS in the state); none marked 'both' (HS and EHS program), probably because they work either for one or the other and not both, even at sites that have both. It appears at first glance that HS programs are disproportionately represented among staff (Table 2), nor did the follow-ups clarify why so few EHS staff

responded. Further analysis, however, revealed that only one Native American program staff member responded, and that person worked for a HS program; therefore, 2 EHS sites were represented, and 2 of the other 3 were Native American sites, where the overall response rates were low for reasons already suggested.

- ☒ **The vast majority of program respondents have worked for HS/EHS, and for their current program, for at least a year, and so should have a good knowledge of the Collaboration Project (Tables 4 and 5).**
- ☒ **The survey indicates that all program types are appropriately represented by parents** The parents are primarily (70%) in the HS programs, secondarily (30%) from programs with both HS and EHS. This is consistent with the distribution (Table 2) of sites in the state. Eighty percent of the parents have had children in the program for more than 12 months and twenty percent for 3-12 months so they should know something about the program (Tables 6 and 7). Their children fall mostly in the 3-5 year old range, with one less than 1 year old, but none in the 1-2 age range (Tables 8 - 11).

Table 4. How long North Dakota respondents have worked for/with HS/EHS (2001)

How Long Responses		Percent
< 3 mo.	0	0.00
3-12 mo	4	8.70
> 12 mo	42	91.30
Total Valid	46	100.00
Total Missing	24	
Total	70	

Table 5. How long North Dakota respondents have worked for/with their current HS/EHS program (2001)

How Long Responses		Percent
< 3 mo.	0	0.00
3-12 mo	4	8.70
> 12 mo	42	91.30
Total Valid	46	100.00
Total Missing	24	
Total	70	

Tables 6-11 give information on the children in HS/EHS of the parents who responded

Table 6. Time Children have been in a HS/EHS program, as reported by North Dakota Parents (2001)

How Long	Responses	Percent
< 3 mo.	0	0.00
3-12 mo	2	20.00
> 12 mo	8	80.00
Total Valid	10	100.00
Total Missing	60	
Total	70	

Table 7. Time Children have been in their current HS/EHS program, as reported by North Dakota Parents (2001)

How Long	Responses	Percent
< 3 mo.	0	0.00
3-12 mo	2	18.18
> 12 mo	9	81.82
Total Valid	11	100.00
Total Missing	59	
Total	70	

Table 8. Number of children under 1 year old in EHS programs, as reported by North Dakota Parents (2001)

Number	Responses	Percent
None	7	87.5
One	1	12.5
Two	0	0.0
Three or More	0	0.0
Total Valid	8	100.0
Total Missing	62	
Total	70	

Table 9. Number of children 1-2 years old in EHS programs, as reported by North Dakota Parents (2001)

Number	Responses	Percent
None	8	100.0
One	0	0.0
Two	0	0.0
Three or More	0	0.0
Total Valid	8	100.0
Total Missing	62	
Total	70	

Table 10. Number of children 3-4 years old in EHS programs, as reported by North Dakota Parents (2001)

	Number Responses	Percent
None	3	37.5
One	4	50.0
Two	1	12.5
Three or More	0	0.0
Total Valid	8	100.0
Total Missing	62	
Total	70	

Table 11. Number of children 5 years old in EHS programs, as reported by North Dakota Parents (2001)

	Number Responses	Percent
None	3	30.00
One	6	60.00
Two	0	0.00
Three or More	1	10.00
Total Valid	10	100.00
Total Missing	60	
Total	70	

Part B

The figures on the following pages present the responses to the items dealing with the effectiveness of the Project in working toward its **objectives and overall goals**. The Project received generally high marks on all items (Figure 2).

- ☒ Respondents rated whether the Project had met eight goals (or objectives):
 - Collaboration (Figure 3)
 - Early Care and Education (Figure 4)
 - Access to Health Care Services (Figure 5)
 - Information on Benefits of HS/EHS (Figure 6)
 - Barrier-Free Policies (Figure 7)
 - Timely Responses (Figure 8)
 - Response Quality (Figure 9)
 - Long-Term Outcomes (Figure 10)

- ☒ The distribution of responses (Strongly Disagree, Disagree, Neutral, Somewhat Agree, Agree, Strongly Agree) was similar for all 8 goals in this section (Figures 2 - 10).

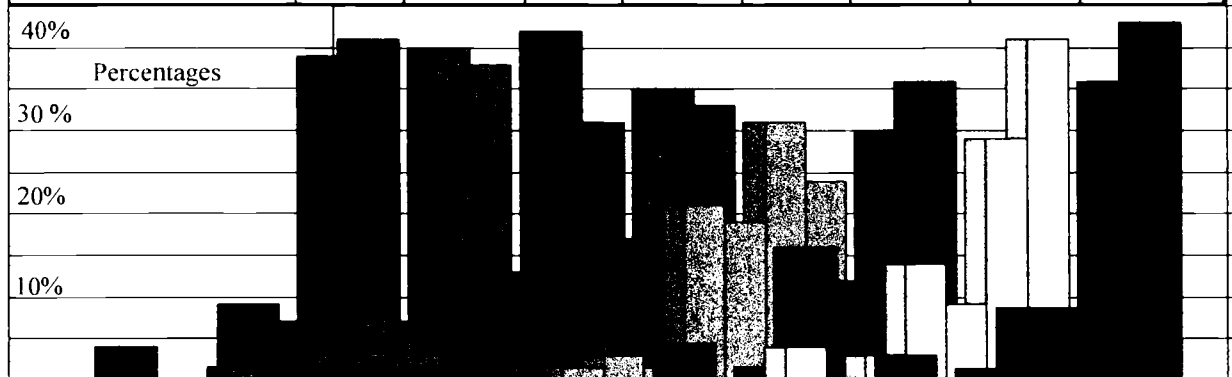
- ☒ On the items in this section, the percentage of respondents who indicated some level of agreement (Somewhat Agree, Agree, or Strongly Agree) ranged from 73% to 87% (Figures 2 - 10).

- ☒ The **modal** (most common) response was Strongly Agree on 4 of the 8 items; on 2 others, Strongly Agree and Agree were in a virtual tie, and in the remaining 2 cases Agree was the modal response (Figure 2).

- ☒ The item with the lowest percentage of agreement (73%) was “ The HSSCP has evaluated policies/procedures and has assisted in developing barrier-free policies for families” (Figures 2 and 7); this item also had by far the highest Neutral response rate (20.6%). This most likely reflects either an uncertainty or practicality regarding the phrase ‘barrier-free policies’; it was clear in some comments that some respondents were unsure exactly what ‘barrier-free’ meant, while others noted that no system can be totally barrier-free Accordingly (see Objective 6 in Section 1), the phrasing of this objective was first edited to read “Evaluate procedures for accessing health, employment, education, child care, and social services, and assist in building Early Care and Education systems and access to comprehensive services and support.”; later, in the application for the second 5-year funding cycle, this objective was incorporated into objective 3. Future surveys will not contain this item.

Figure 2. Have the Goals Been Met?

Opinion and Value	Fig 3	Fig 4	Fig 5	Fig 6	Fig 7	Fig 8	Fig 9	Fig 10
Strongly Disagree 1	4.3%	1.5%	1.5%	1.5%	1.5%	4.4%	4.4%	2.9%
Disagree 2	0.0%	0.0%	1.5%	1.5%	2.9%	0.0%	0.0%	0.0%
Somewhat Disagree 3	0.0%	2.9%	0.0%	0.0%	1.5%	1.5%	2.9%	1.4%
Neutral 4	8.6%	10.3%	10.5%	11.6%	20.6%	15.9%	14.5%	8.6%
Somewhat Agree 5	7.1%	7.4%	13.4%	17.4%	19.1%	11.6%	8.7%	8.6%
Agree 6	38.6%	39.7%	41.8%	34.8%	30.9%	30.4%	29.0%	35.7%
Strongly Agree 7	41.4%	38.2%	31.3%	33.3%	23.5%	36.2%	40.6%	42.9%
Number Responding	70	68	67	69	68	69	69	70
Average response	5.96	5.94	5.84	5.80	5.40	5.67	5.72	5.99
No Response	0	2	3	1	2	1	1	0
	Collaboration	Early Care & Education	Access to Health Care	Child Care	Barrier-Free Policies	Timely Responses	Health Care	Long-Term Outcomes

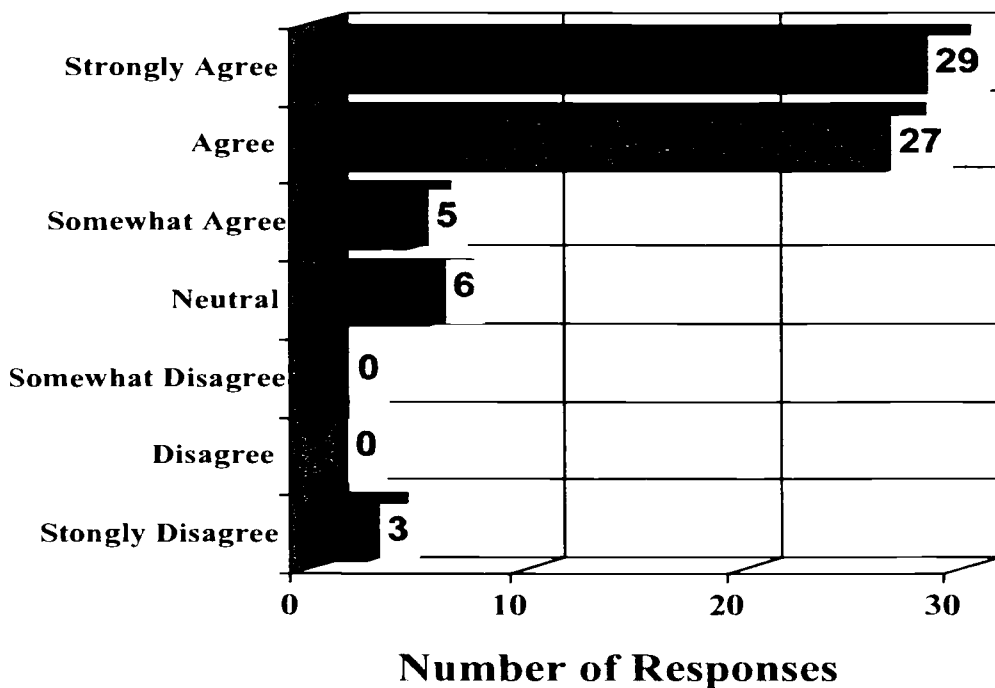


- ✓ The majority of responses (54-78%) were agree or strongly agree for every question
- ✓ Less than 7.5% of respondents gave a negative response to any question
- ✓ Neutral responses accounted for 9 - 21% of the responses with few “no responses”
- ✓ Average responses clustered closely around 5.80 (where 5 is “somewhat agree” and 6 is “agree”)
- ✓ The highest agreement (average = 5.99) was for the “improve long-term outcome” question and the lowest agreement (average = 5.40) was for the “barrier-free policies” question.

Figure 3. Collaboration

The Head Start-State Collaboration Project has effectively collaborated with existing public and private agencies/organizations serving children and families

Opinion	Value	Responses	Percent
Strongly Disagree	1	3	4.29
Disagree	2	0	0.00
Somewhat Disagree	3	0	0.00
Neutral	4	6	8.57
Somewhat Agree	5	5	7.14
Agree	6	27	38.57
Strongly Agree	7	29	41.43
Total Valid		70	100.00
<i>Average Response</i>	<i>5.96</i>		

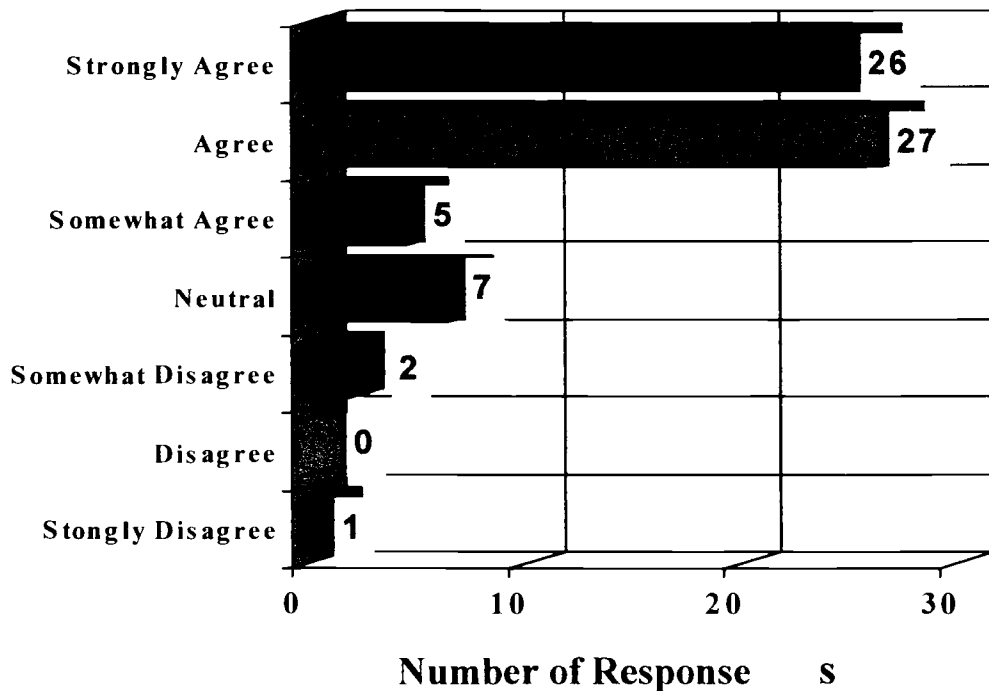


- ✓ 80% of the respondents strongly agreed or agreed that this goal is being met
- ✓ Less than 5% responded with any level of disagreement

Figure 4. Early Care and Education

The Head Start-State Collaboration Project has effectively promoted and supported accessible, high-quality early care and education services for children in HS programs and child care.

Label	Value	Responses	Percent
Strongly Disagree	1	1	1.47
Disagree	2	0	0.00
Somewhat Disagree	3	2	2.94
Neutral	4	7	10.29
Somewhat Agree	5	5	7.35
Agree	6	27	39.71
Strongly Agree	7	26	38.24
Total Valid		68	100.00
<i>Average Response</i>	5.94		
Total Missing		2	2.86
Total		70	

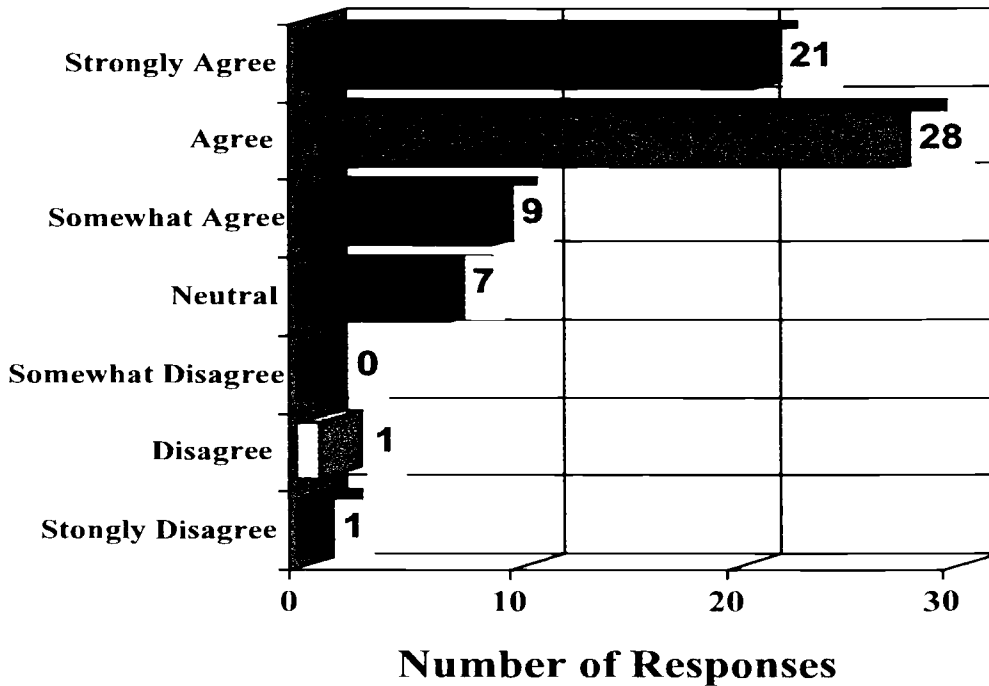


- ✓ 78% of the respondents strongly agreed or agreed that this goal is being met
- ✓ Less than 5% responded with any level of disagreement

Figure 5. Access to Health Care Services

The Head Start-State Collaboration Project has effectively promoted access to health care services for Head Start and Early Head Start Families

Opinion	Value	Responses	Percent
Strongly Disagree	1	1	1.49
Disagree	2	1	1.49
Somewhat Disagree	3	0	0.00
Neutral	4	7	10.45
Somewhat Agree	5	9	13.43
Agree	6	28	41.79
Strongly Agree	7	21	31.34
Total Valid		67	100.00
<i>Average Response</i>	5.84		
Total Missing		3	4.29
Total		70	

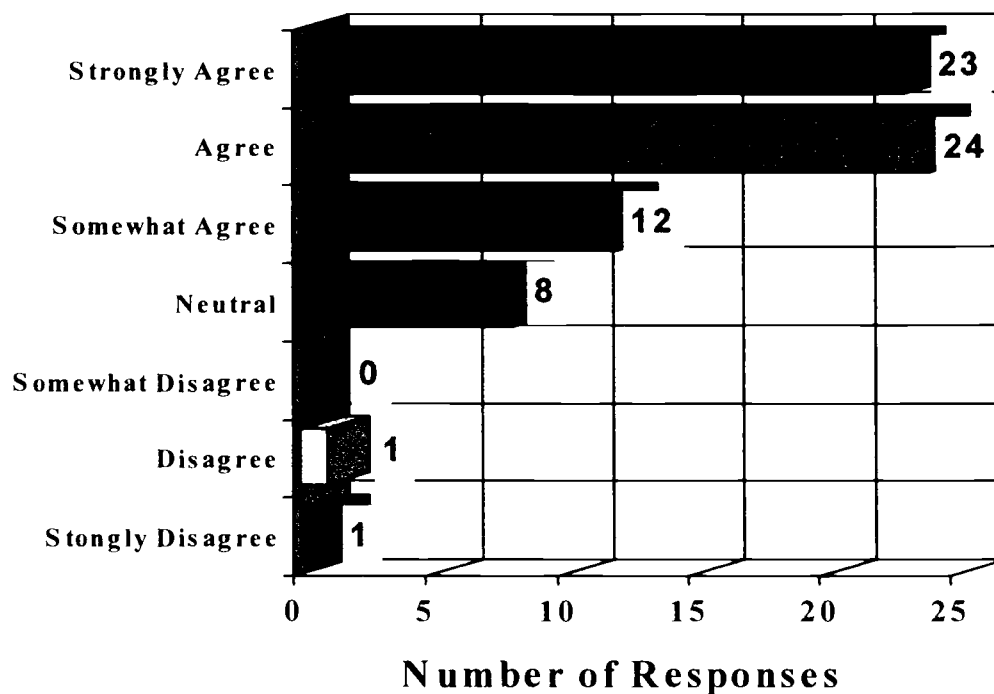


- ✓ 73% of Respondents strongly agreed or agreed that this goal is being met
- ✓ Less than 3% responded with any level of disagreement

Figure 6. Information on Benefits of HS/EHS

The Head Start-State Collaboration Project has informed the public (public officials, business leaders, general public) about the benefits of Head Start and Early Head Start.

Opinion	Value	Response	Percent
Strongly Disagree	1	1	1.45
Disagree	2	1	1.45
Somewhat Disagree	3	0	0.00
Neutral	4	8	11.59
Somewhat Agree	5	12	17.39
Agree	6	24	34.78
Strongly Agree	7	23	33.33
Total Valid		69	100.00
<i>Average Response</i>	<i>5.80</i>		
Total Missing		1	1.43
Total		70	

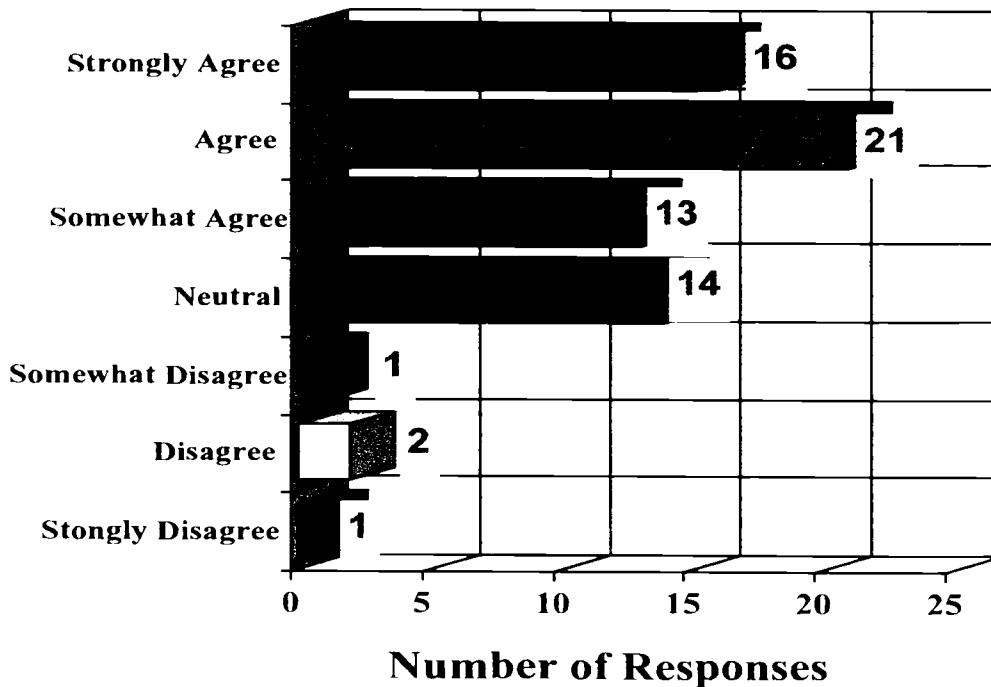


- ✓ 68% of Respondents strongly agreed or agreed that this goal is being met
- ✓ Less than 3% responded with any level of disagreement

Figure 7. Barrier-Free Policies

The Head Start-State Collaboration Project has evaluated procedures/policies and has assisted in developing barrier-free policies for families

Opinion	Value	Responses	Percent
Strongly Disagree	1	1	1.47
Disagree	2	2	2.94
Somewhat Disagree	3	1	1.47
Neutral	4	14	20.59
Somewhat Agree	5	13	19.12
Agree	6	21	30.88
Strongly Agree	7	16	23.53
Total Valid		68	100.00
<i>Average Response</i>	<i>5.40</i>		
Total Missing		2	2.86
Total		70	

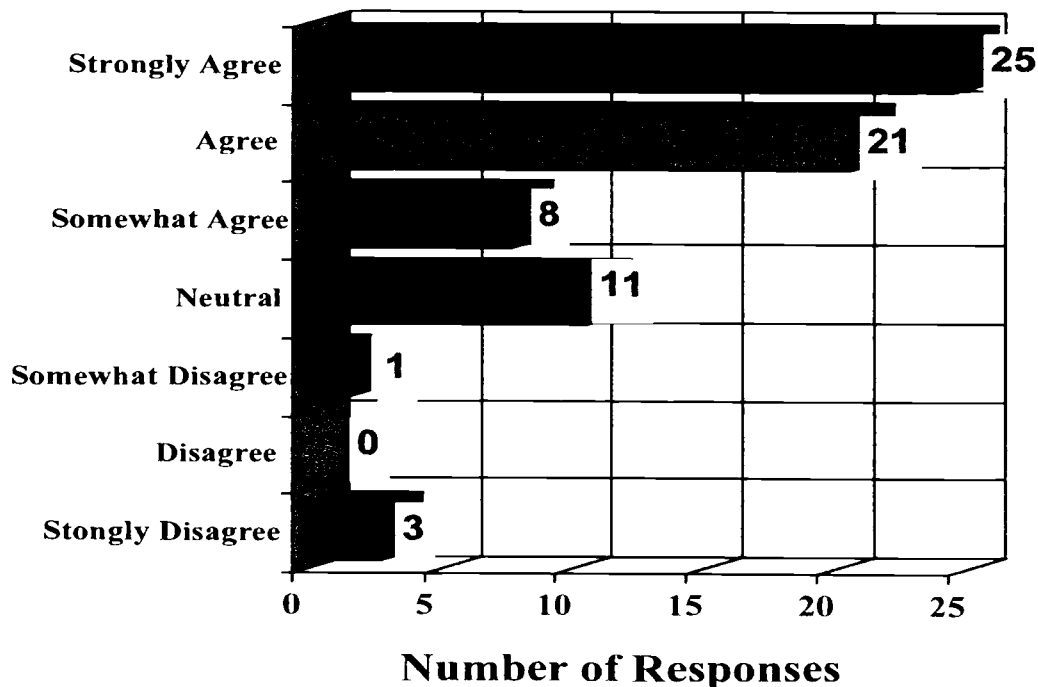


- ✓ 54% of Respondents strongly agreed or agreed that this goal is being met
- ✓ Less than 6% responded with any level of disagreement
- ✓ A large proportion (20.6%) of respondents gave a neutral response to this question

Figure 8. Timely Response

The Head Start-State Collaboration Project has responded in a timely manner to requests for information

Opinion	Value	Responses	Percent
Strongly Disagree	1	3	4.35
Disagree	2	0	0.00
Somewhat Disagree	3	1	1.45
Neutral	4	11	15.94
Somewhat Agree	5	8	11.59
Agree	6	21	30.43
Strongly Agree	7	25	36.23
Total Valid		69	100.00
<i>Average Response</i>	<i>5.67</i>		
Total Missing		1	1.42
Total		70	

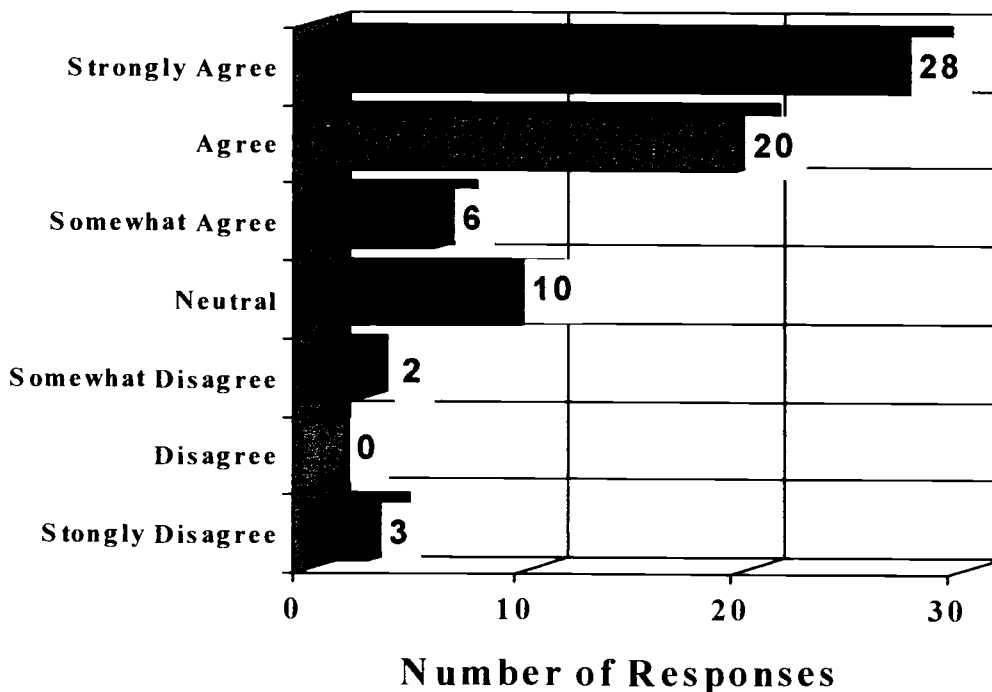


- ✓ 67% of Respondents strongly agreed or agreed that this goal is being met
- ✓ Less than 6% responded with any level of disagreement
- ✓ 16% gave a neutral response

Figure 9. Response Quality

The Head Start-State Collaboration Project has provided quality responses to requests for information.

Opinion	Value	Responses	Percent
Strongly Disagree	1	3	4.35
Disagree	2	0	0.00
Somewhat Disagree	3	2	2.90
Neutral	4	10	14.49
Somewhat Agree	5	6	8.70
Agree	6	20	28.99
Strongly Agree	7	28	40.58
Total Valid		69	100.00
<i>Average Response</i>	<i>5.67</i>		
Total Missing		1	1.43
Total		70	

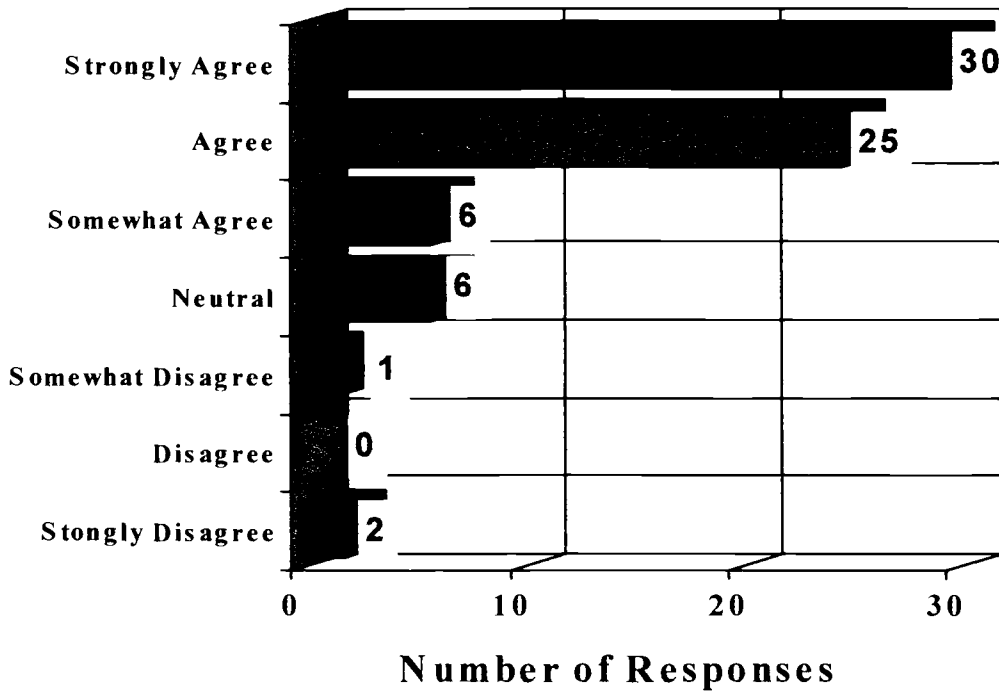


- ✓ 69% of the respondents agreed or strongly agreed that this goal is being met
- ✓ Less than 8% responded with any level of disagreement

Figure 10. Long-Term Outcomes

Overall, the Head Start-State Collaboration Project has helped improve long-term outcomes for low-income children and their families

Opinion	Value	Responses	Percent
Strongly Disagree	1	2	2.86
Disagree	2	0	0.00
Somewhat Disagree	3	1	1.43
Neutral	4	6	8.57
Somewhat Agree	5	6	8.57
Agree	6	25	35.71
Strongly Agree	7	30	42.86
Total Valid		70	100.00
<i>Average Response</i>	5.99		
Total Missing		0	0.00



- ✓ 78% of the respondents agreed or strongly agreed that this goal is being met
- ✓ Less than 5% responded with any level of disagreement
- ✓ All respondents answered this question and less than 9% were neutral.

Part C

The following pages present respondents' level of satisfaction (Very Dissatisfied, Dissatisfied, Somewhat Dissatisfied, Neutral, Somewhat Satisfied, Satisfied, Very Satisfied) with the efforts of the Collaboration Project in the **six Priority Areas**. The satisfaction level seems uniformly high in all areas (Figure 11).

- ☒ The six priority areas of the project were:
 - Quality and Adequacy of Child Care (Figure 12)
 - Education (Figure 13)
 - Children with Disabilities (Figure 14)
 - Welfare (TANF) (Figure 15)
 - Health Care (Healthy Steps) (Figure 16)
 - Family Literacy (Figure 17)

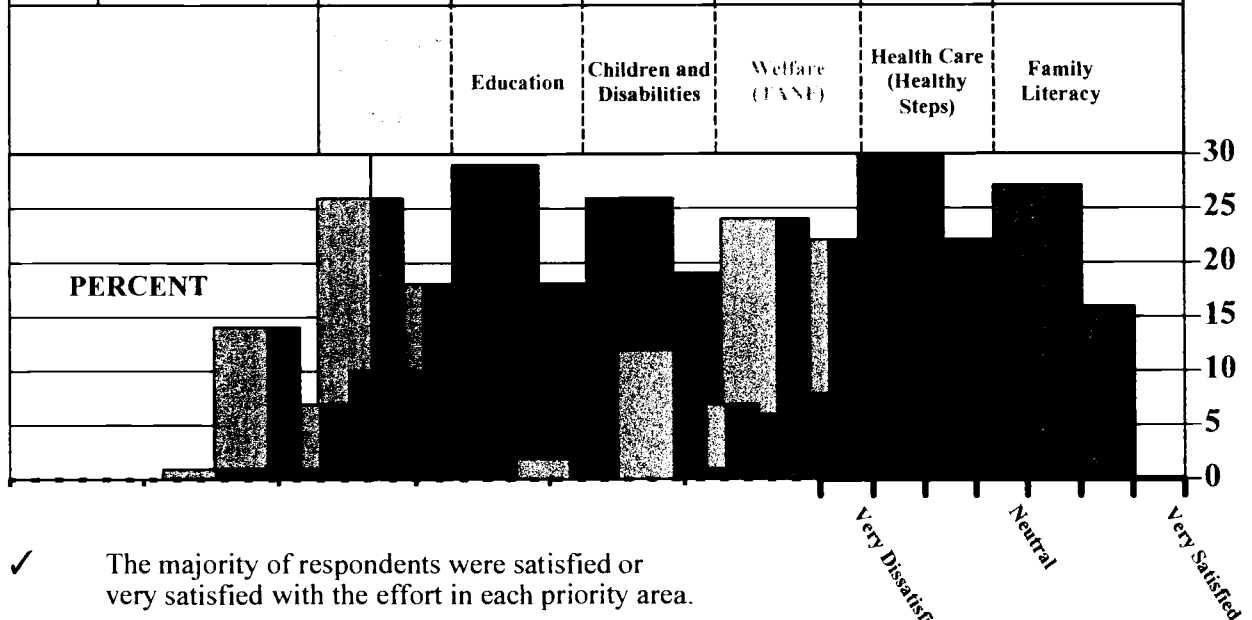
- ☒ The rate of no response or Neutral was higher on these six items than in Part B. This seems to reflect respondents not feeling sufficiently knowledgeable about the efforts of the HSSCP in some of the Priority areas to venture an opinion (using Neutral as a 'no opinion' response in many cases); follow-up interviews seemed to confirm this interpretation.

- ☒ The **modal** (most common) response was Satisfied on 5 of the 6 items; on the sixth, the area of 'Children with Disabilities', Satisfied and Very Satisfied were virtually tied.

- ☒ Despite the fact that the modal responses for these 6 items were generally one level lower than for those in Part B (where most of the modes were Strongly Agree, the highest level), the 6 item means were not significantly different from the Part B averages.

Figure 11. Have the Priority Areas Been Satisfied?

Opinion and Value	Fig 12	Fig 13	Fig 14	Fig 15	Fig 16	Fig 17
Very Dissatisfied 1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dissatisfied 2	1.5%	0.0%	3.0%	0.0%	1.5%	0.0%
Somewhat Dissatisfied 3	1.5%	1.5%	0.0%	3.0%	1.5%	1.5%
Neutral 4	13.9%	9.3%	17.9%	16.4%	15.4%	21.2%
Somewhat Satisfied 5	16.9%	11.9%	10.5%	13.4%	9.2%	10.6%
Satisfied 6	41.5%	44.8%	35.8%	38.8%	44.6%	39.4%
Very Satisfied 7	24.6%	32.8%	32.8%	28.3%	27.7%	27.3%
Number responding	65	67	67	67	65	66
Average response	5.96	5.69	5.75	5.73	5.77	5.70
No Response	5	3	3	3	5	4

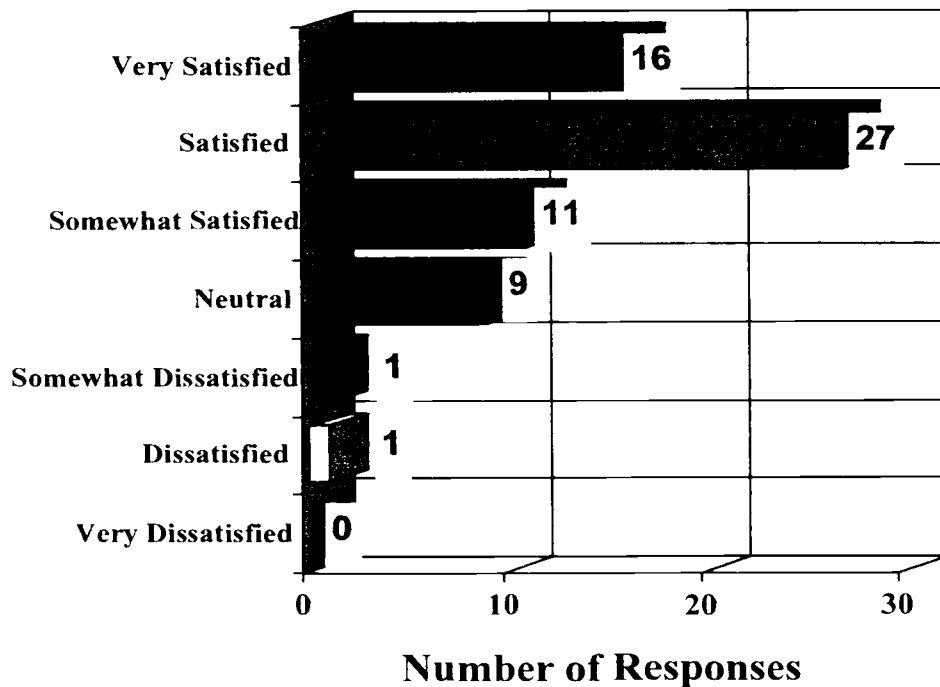


- ✓ The majority of respondents were satisfied or very satisfied with the effort in each priority area.
- ✓ Less than 3% of respondents gave a negative response to any question
- ✓ Neutral responses accounted for 9.3 - 21.2% of the responses
- ✓ Average responses clustered closely around 5.77 (where 5 is “somewhat satisfied” and 6 is “satisfied”)
- ✓ The highest satisfaction (average = 5.96) was for “Quality and Adequacy of Child Care” and the lowest satisfaction (average = 5.69) was for “Education”

Satisfaction with Head Start-State Collaboration Project

Figure 12. Quality and Adequacy of Child Care

Opinion	Value	Response	Percent
Very Dissatisfied	1	0	0.0
Dissatisfied	2	1	1.5
Somewhat Dissatisfied	3	1	1.5
Neutral	4	9	13.9
Somewhat Satisfied	5	11	16.9
Satisfied	6	27	41.5
Very Satisfied	7	16	24.6
Total Valid		65	100.0
<i>Average Response</i>	<i>5.96</i>		
Total Missing		5	7.1
Total		70	



- ✓ 66% of respondents were very satisfied or satisfied
- ✓ Less than 3% responded with any level of disagreement

Satisfaction with Head Start-State Collaboration Project

Figure 13. Education

Opinion	Value	Responses	Percent
Very Dissatisfied	1	0	0.00
Dissatisfied	2	0	0.00
Somewhat Dissatisfied	3	1	1.49
Neutral	4	6	8.96
Somewhat Satisfied	5	8	11.94
Satisfied	6	30	44.78
Very Satisfied	7	22	32.84
Total Valid		67	100.00
<i>Average Response</i>	5.69		
Total Missing		3	4.29
Total		70	



- ✓ 77% of the respondents were very satisfied or satisfied
- ✓ Less than 2% responded with any level of disagreement

Satisfaction with Head Start-State Collaboration Project

Figure 14. Children with Disabilities

Opinion	Value	Responses	Percent
Very Dissatisfied	1	0	0.00
Dissatisfied	2	2	2.98
Somewhat Dissatisfied	3	0	0.00
Neutral	4	12	17.91
Somewhat Satisfied	5	7	10.45
Satisfied	6	24	35.82
Very Satisfied	7	22	32.84
Total Valid		67	100.00
<i>Average Response</i>	5.75		
Total Missing		3	4.29
Total		70	

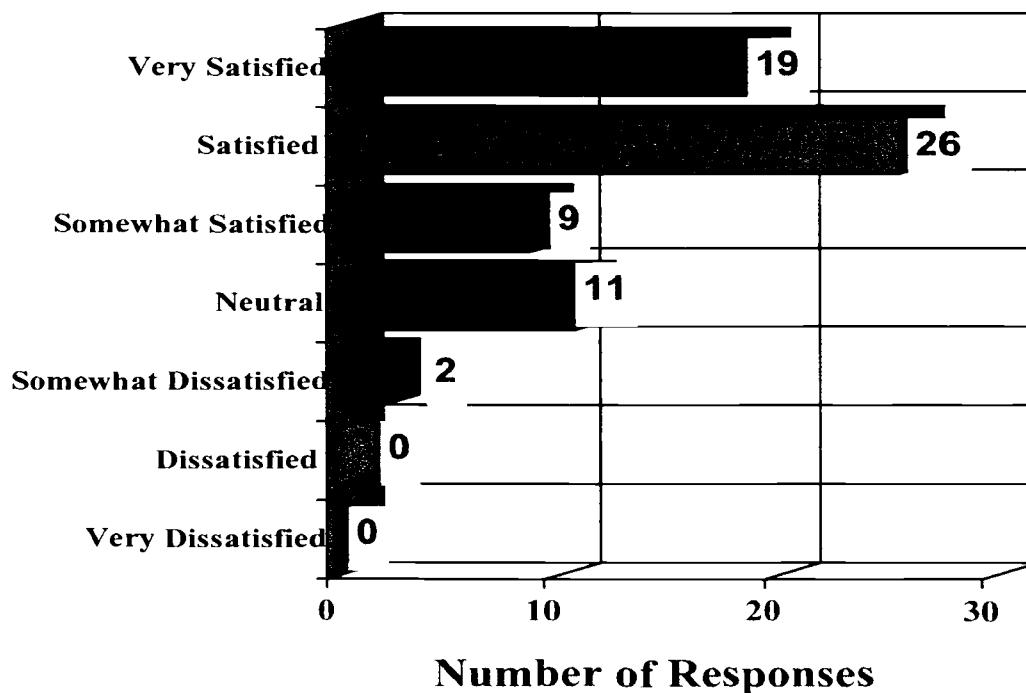


- ✓ 68% of the respondents were very satisfied or satisfied
- ✓ Less than 3% responded with any level of disagreement

Satisfaction with Head Start-State Collaboration Project

Figure 15. Welfare (TANF)

Opinion	Value	Responses	Percent
Very Dissatisfied	1	0	0.00
Dissatisfied	2	0	0.00
Somewhat Dissatisfied	3	2	2.99
Neutral	4	11	16.42
Somewhat Satisfied	5	9	13.43
Satisfied	6	26	38.81
Very Satisfied	7	19	28.36
Total Valid		67	100.00
<i>Average Response</i>	5.73		
Total Missing		3	
Total		70	

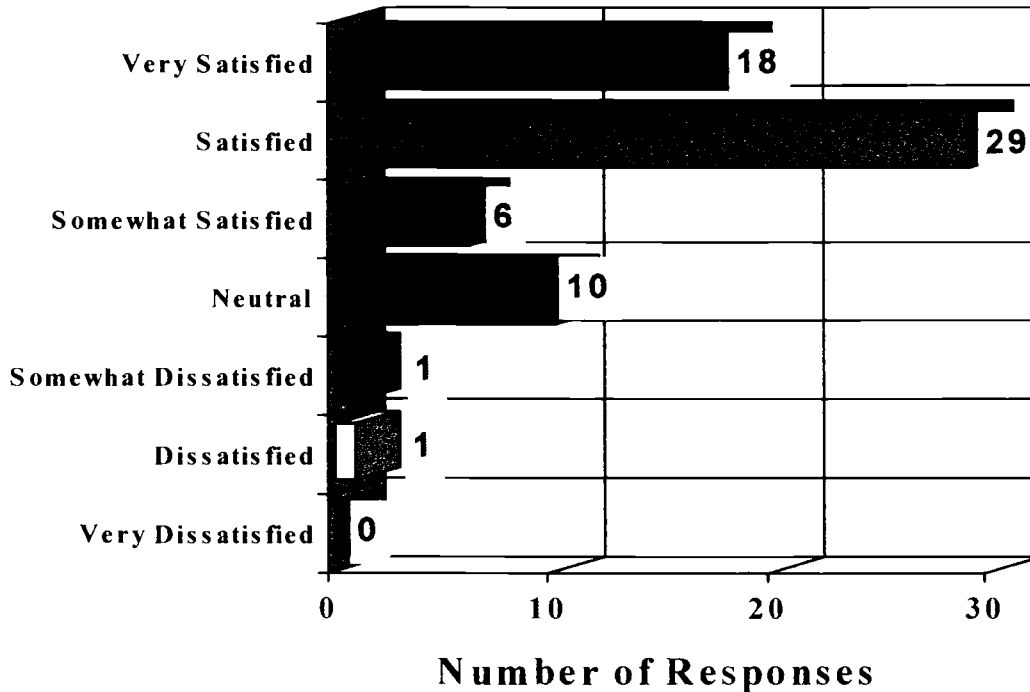


- ✓ 67% of the respondents were very satisfied or satisfied
- ✓ Less than 3% responded with any level of disagreement

Satisfaction with Head Start-State Collaboration Project

Figure 16. Health Care (Healthy Steps)

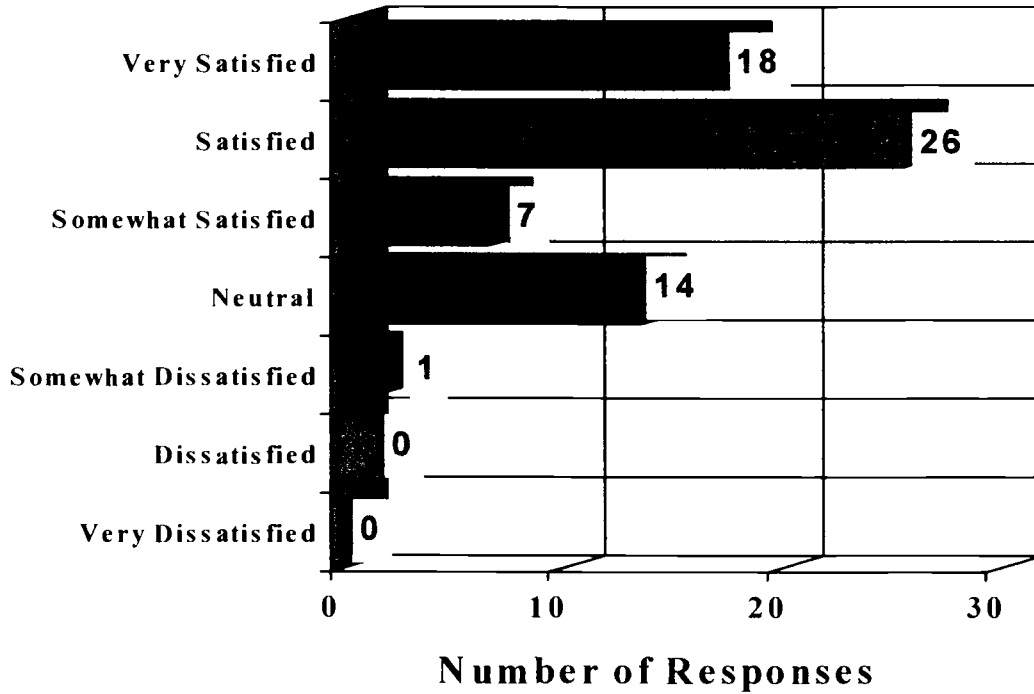
Opinion	Value	Responses	Percent
Very Dissatisfied	1	0	0.00
Dissatisfied	2	1	1.54
Somewhat Dissatisfied	3	1	1.54
Neutral	4	10	15.38
Somewhat Satisfied	5	6	9.23
Satisfied	6	29	44.62
Very Satisfied	7	18	27.69
Total Valid		65	100.00
<i>Average Response</i>	<i>5.77</i>		
Total Missing		5	7.14
Total		70	



- ✓ 72% of the respondents were very satisfied or satisfied
- ✓ Less than 3.1% responded with any level of disagreement

Figure 17. Family Literacy

Opinion	Value	Responses	Percent
Very Dissatisfied	1	0	0.00
Dissatisfied	2	0	0.00
Somewhat	3	1	1.52
Neutral	4	14	21.21
Somewhat Satisfied	5	7	10.61
Satisfied	6	26	39.39
Very Satisfied	7	18	27.27
Total Valid		66	100.00
<i>Average Response</i>	5.70		
Total Missing		4	5.71
Total		70	



- ✓ 66% of the respondents were very satisfied or satisfied
- ✓ Less than 1.5% responded with any level of disagreement

APPENDIX 1:
THE SURVEY INSTRUMENT

HEAD START - STATE COLLABORATION PROJECT EVALUATION SURVEY

Please completely fill in the circle corresponding to your response. EXAMPLE: ① ② ③ ④ ⑤ ⑥ ⑦

Please Note: Questions marked [Parents] are to be answered ONLY by Parents; those marked [Others] should be skipped by Parents. All other questions are to be answered by everyone.

1. What is your position relative to Head Start or Early Head Start? (1 = Director, 2 = Exec. Director, 3 = Grantee Board Rep., 4 = Parent, 5 = Staff, 6 = Policy Council Rep., 7 = other) ① ② ③ ④ ⑤ ⑥ ⑦
2. Is the HS/EHS program with which you are affiliated a Native American program? (1 = Yes, 2 = No) ① ②
3. What type of site are you affiliated with? (1 = Head Start, 2 = Early Head Start, 3 = Both) ① ② ③
4. **[Parents]** How many of your children in HS/EHS are: (3 = 3 or more) a) Under 1 yr old ① ② ③
b) 1 or 2 yrs old ① ② ③ c) 3 or 4 yrs old ① ② ③ d) 5 yrs old ① ② ③
5. **[Parents]** How long have you had a child in HS/EHS ? (1 = under 3mo., 2 = 3-12 mo, 3 = over 12 mo) ① ② ③
6. **[Parents]** How long have you had a child in your current HS/EHS program? (1 = under 3 mo., 2 = 3-12 mo, 3 = over 12 mo) ① ② ③
7. **[Others]** How long have you worked for HS/EHS ? (1 = under 3 mo., 2 = 3-12 mo, 3 = over 12 mo) ① ② ③
8. **[Others]** How long have you worked at your current HS/EHS ? (1 = under 3 mo., 2 = 3-12 mo, 3 = over 12 mo) ① ② ③

FOR QUESTIONS 9-16,

1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree, 4 = Neutral, 5 = Somewhat agree, 6 = Agree, 7 = Strongly Agree

9. The Head Start-State Collaboration Project (HSSCP) has effectively collaborated with existing public and private agencies/organizations serving children and families. ① ② ③ ④ ⑤ ⑥ ⑦
10. The HSSCP has effectively promoted and supported accessible, high-quality early care and education services for children in HS programs and child care. ① ② ③ ④ ⑤ ⑥ ⑦
11. The HSSCP has effectively promoted access to health care services for HS/EHS families. ① ② ③ ④ ⑤ ⑥ ⑦
12. The HSSCP has informed the public (public officials, business leaders, general public) about the benefits of HS/EHS. ① ② ③ ④ ⑤ ⑥ ⑦
13. The HSSCP has evaluated procedures/policies and has assisted in developing barrier-free policies for families. ① ② ③ ④ ⑤ ⑥ ⑦
14. The HSSCP has responded in a timely manner to requests for information. ① ② ③ ④ ⑤ ⑥ ⑦
15. The HSSCP has provided quality responses to requests for information. ① ② ③ ④ ⑤ ⑥ ⑦
16. Overall, the HSSCP has helped improve long-term outcomes for low-income children and their families. ① ② ③ ④ ⑤ ⑥ ⑦

FOR ITEMS 17-22, indicate your level of satisfaction with the efforts of the HSSCP in each of the following areas; 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Somewhat dissatisfied, 4 = Neutral, 5 = Somewhat satisfied, 6 = Satisfied, 7 = Very Satisfied

- | | |
|---|--|
| 17. Quality and Adequacy of Child Care ① ② ③ ④ ⑤ ⑥ ⑦ | 18. Education ① ② ③ ④ ⑤ ⑥ ⑦ |
| 19. Children with Disabilities ① ② ③ ④ ⑤ ⑥ ⑦ | 20. Welfare (TANF) ① ② ③ ④ ⑤ ⑥ ⑦ |
| 21. Health Care (Healthy Steps) ① ② ③ ④ ⑤ ⑥ ⑦ | 22. Family Literacy ① ② ③ ④ ⑤ ⑥ ⑦ |

USE THE BACK OF THIS SHEET, OR ATTACH ADDITIONAL SHEETS, TO ELABORATE ON YOUR RESPONSES TO ANY OF THE ABOVE QUESTIONS, AND TO RESPOND TO #23 BELOW

23. What areas do you see for improvement from the HSSCP?

APPENDIX 2:
SURVEY METHODOLOGY

SURVEY METHODOLOGY

In late February and early March of 2001, an initial non-random, confidential survey was given out to 150 people who had some contact with or knowledge of the Head Start-State Collaboration Project (HSSCP). One person from each of the following six positions at the 19 Head Start/Early Head Start Programs was given a survey, for a total of 114 surveys:

- ◆ Director
- ◆ Executive Director
- ◆ Grantee Board Representative
- ◆ Parent
- ◆ Staff
- ◆ Policy Council Representative

Another 36 people in state agencies associated with HSSC Office were also given surveys; a seventh position category called Other was included on the survey for these people. A few people from the HS/EHS programs also called themselves “Other”, perhaps because they fell into several of the above categories. For the next survey, these two groups of people need to be separated somehow (perhaps by giving people the opportunity to choose several categories, or by having a position category called State Agencies, and allowing the respondents to explain what their position is in relationship to HS/EHS).

The people who worked at the state were employed in one of the following agencies:

- ☞ North Dakota Health Department, Division of Maternal and Child Health
- ☞ North Dakota Department of Public Instruction
- ☞ Medicaid
- ☞ North Dakota Office of Economic Assistance
- ☞ North Dakota Department of Human Services, Division of Children and Family Services
- ☞ North Dakota Department of Human Services, Developmental Disabilities

Fifty-eight surveys were returned by the deadline (39% return rate). Due to the low return rate, a random follow-up survey of 25 people was planned (of which we were able to contact 23) to determine why the return rate was so low and also to elicit more responses. A random, stratified, adaptive sampling plan was used to select from the original population of 150 people. The population was stratified by the categories given above. For the HS/EHS positions, 2 people were randomly chosen from each group; for the state agencies, 13 people were randomly selected. When a director was contacted, additional data were solicited about who had and had not returned surveys; this is called *adaptive sampling* (Thompson, 1992 Chapter 23), and produced information on 9 additional people, for a total of 32.

Unbiased estimates were made using the adaptive estimator for a proportion (Thompson, 1992 page 307). The percentages below represent unbiased estimates of the percentages in the total population of 150 and give us an idea of why surveys were not returned.

The follow-up surveys were returned at a 36% rate (64% non-response rate) which is almost identical to the corresponding rate (39 % response and 61% non-response) for the original responses; this is one validation of our follow-up sampling plan. Of those non-responses, an estimated 80.7% did not feel like they had enough knowledge about the collaboration to send in the surveys; 19.3% reported not receiving (or having lost) the surveys.

Thus, the initial 39% rate is somewhat deceiving; the follow-up shows a high probability that a large percentage of the people who had knowledge of the programs did return the survey. From the follow-up the following estimates were made concerning the 150 people in our population. Approximately 28 people did not receive the survey or lost it in the flood of items coming across their desks, and of the remaining 122 people, only 63 felt like they had sufficient knowledge of the Collaboration Project to respond; the return rate in this last group was approximately 92% (58 of 63). Each of the people contacted in the follow-up who indicated that they did not receive the survey then completed and returned the instrument, either over the phone or by FAX; nine additional surveys were obtained in this way, and three more were garnered after chance meetings with program directors. Approximately 50% of those who had not felt sufficiently knowledgeable sent in surveys answering only those questions that they felt comfortable with; the others declined to answer any of the questions.

Information given in the body of this report uses responses from both the original survey and the follow-up survey. The conclusions drawn from this combined data set are applicable only to the population of 150 of which they are a subset; no claim is made for their validity in the larger population of **all** HS/EHS workers and state agency staff.

Reference

Thompson, Steven K. 1992. Sampling. John Wiley and Sons, Inc. New York.

APPENDIX 3:
SITE MAPS

NORTH DAKOTA HEAD START SITES, April 2001

Funded Enrollment: 2,756 Children, 4 Reservations, 45 Counties

○ Head Start sites
 ○ Reservations
 □ Unserved counties

Julie Quamme
 P.O. Box 1407
 Williston, ND 58802
 Phone: 701-572-2346
 Fax: 701-572-0494
 1 county served
 115 Head Start children

Sam Young Bird
 P.O. Box 687
 New Town, ND 58763
 Phone: 701-627-4820
 Fax: 701-627-4401
 1 reservation served
 163 Head Start children

Cheryl Ekblid
 P.O. Box 2001, Minot, ND 58702
 Phone: 701-857-4688
 Fax: 701-857-4517
 1 county served
 203 Head Start children
 E-mail: ekblid@sendit.nodak.edu

Jennifer Ramsey
 P.O. Box 900
 Belcourt, ND 58316
 Phone: 701-477-0260
 Fax: 701-477-8597
 1 reservation served
 365 Head Start children

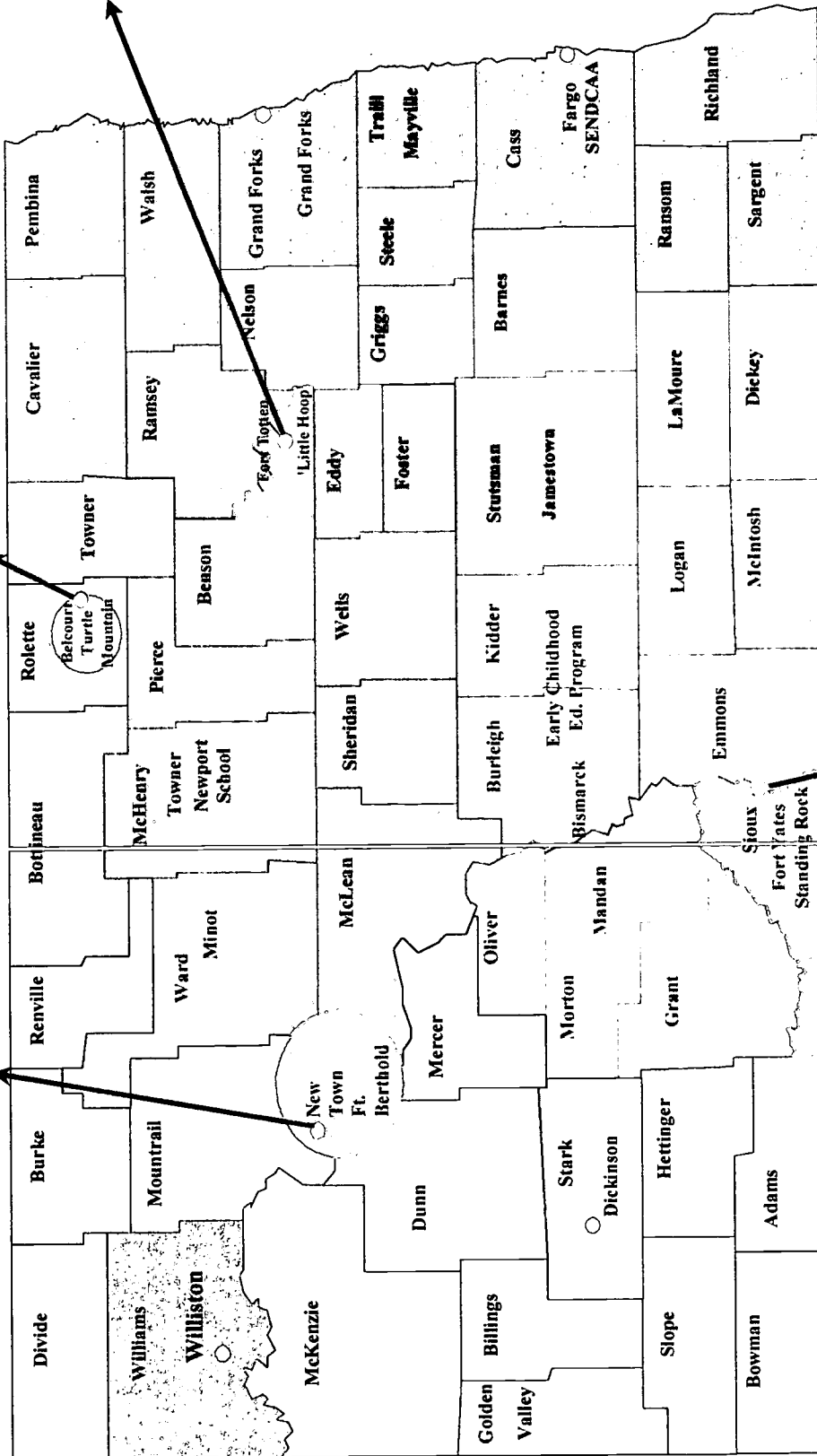
Allison Dybing
 P.O. Box 150
 Towner, ND 58788
 Phone: 701-537-5409
 Fax: 701-537-5312
 9 counties served
 216 Head Start children

Lenore White Lightening
 P.O. Box 89
 Fort Totten, ND 58335
 Phone: 701-766-4070
 Fax: 701-766-1557
 1 reservation served
 100 Head Start children

(Cookie) Priscilla Mitchell
 3600 6th Avenue N
 Grand Forks, ND 58203
 Phone: 701-746-2433
 Fax: 701-746-2450
 4 counties served
 313 Head Start children

Allison Johnson
 Child Development Center
 Mayville State University
 Mayville, ND 58257
 Phone: 701-786-4868
 Fax: 701-786-4781
 4 counties served
 65 Head Start children

Dawn Williams
 P.O. Box 2683
 Fargo, ND 58108
 Phone: 701-235-8931
 Fax: 701-298-7622
 4 counties served
 261 Head Start children



Sharon Hansen
 202 East Villard
 Dickinson, ND 58601
 Phone: 701-227-3010
 Fax: 701-225-1968
 8 counties served
 137 children served

JocAnn Brager
 5th 12th Ave NW
 Mandan, ND 58554
 Phone: 701-663-9507
 Fax: 701-663-9643
 3 counties served
 152 Head Start children

Rhonda White
 P.O. Box 473, Fort Yates, ND 58538
 Phone: 701-854-3457; Fax: 701-854-7221
 1 reservation served, 2 states
 257 Head Start children
 E-mail: rnyhammer@westrn.com

Mary Ann Anderson
 400 Avenue E East
 Bismarck, ND 58501
 Phone: 701-221-3490
 Fax: 701-221-3493
 5 counties served
 211 Head Start children

Peggy Manley
 P.O. Box 348
 Jamestown, ND 58402
 Phone: 701-251-2874
 Fax: 701-251-1417
 6 counties served
 198 Head Start children

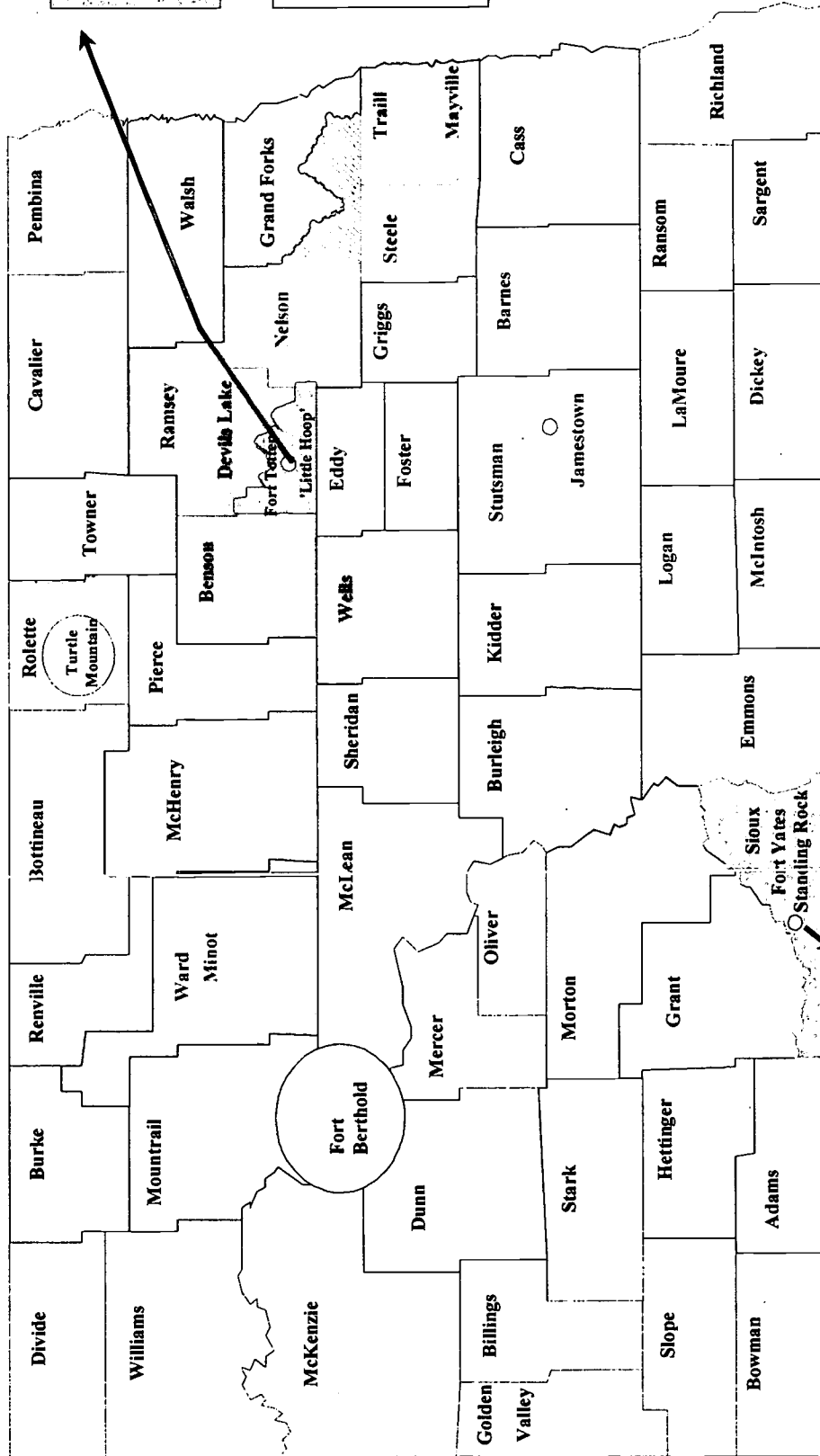
NORTH DAKOTA EARLY HEAD START SITES, February 2001

Funded Enrollment: 371 Infants, Toddlers, and Pregnant Women, 2 Reservations, 17 Counties

Early Head Start sites
 Reservations
 Unserved counties
 Rural Grand Forks (Emmerado, Larimore, Niagra, Northwood, Reynolds, Thompson)

Allison Dybing
 P.O. Box 1138
 Devils Lake, ND 58301
 Phone: 701-665-2880
 Fax: 701-665-2881
 3 counties served
 60 Early Head Start infants, toddlers, and pregnant women

Cheryl Ekblad
 P.O. Box 2001, Minot, ND 58702
 Phone: 701-857-4688
 Fax: 701-857-4517
 1 county served
 85 Early Head Start infants, toddlers, and pregnant women
 E-mail: ekblad@sendit.nodak.edu



Lenore White Lightening
 P.O. Box 89
 Fort Totten, ND 58335
 Phone: 701-766-4070
 Fax: 701-766-1357
 1 reservation served
 75 Early Head Start infants, toddlers, and pregnant women

Allison Johnson
 Child Development Center
 Mayville State University
 Mayville, ND 58257
 Phone: 701-786-4868
 Fax: 701-786-4781
 3 counties + Rural Grand Forks served
 40 Early Head Start infants, toddlers, and pregnant women

LaDeen Knutson
 P.O. Box 507
 Jamestown, ND 58402
 Phone: 701-252-1821
 Fax: 701-252-7108
 9 counties served
 36 Early Head Start infants, toddlers, and pregnant women

Connie White Bull
 P.O. Box 473, Fort Yates, ND 58538
 Phone: 701-854-3457, Fax: 701-854-7221
 1 reservation served, 2 states
 75 Early Head Start infants, toddlers, and pregnant women
 E-mail: myhammer@westriv.com



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