Warm Springs Head Start/Early Head Start
Community Assessment Survey 2016-2017

From the data collected the Warm Springs Tribal Head Start Program will establish:

1. Program philosophy, the short and long-range objectives with a strategic plan to accomplish them.
2. Determine the child service needs as illustrated by families and relevant waiting lists.
3. Determine the component services needed and the program options to be implemented.
4. Establish a recruitment and selection plan that shows the program priorities for selecting children and families.
5. The data obtained will identify the greatest needs for EHS/HS Services.
6. Show the demographic make-up of Head Start eligible children and families.
7. Identify other programs that serve Head Start eligible children and families.
8. Community data that identifies the needs of children.

THANK YOU FOR HELPING THE WARM SPRINGS HEAD START/EARLY HEAD START PROGRAMS IDENTIFY THE APPROPRIATE DATA TO MAINTAIN THE PRESENT GRANT AND WORK TOWARDS PROVIDING THE APPROPRIATE NEEDS OF OUR HEAD START CHILDREN AND FAMILIES**. UPON COMPLETION PLEASE RETURN TO YOUR CHILDS CLASSROOM.**

1. What is the composition of your household:

a) Marital Status: (check one)
Married_____ Single_____ Divorced_____ Widowed_____ In a Relationship_____

b) Your gender: (circle one) Male_____ Female_____

c) Number of children under four years old in your household: _____ *(If 0, please skip to question g)*

d) Do the children attend any early childhood program? Yes / No
If yes, which one?_____

e) Check if you are you a parent _____, guardian_____ or relative_____ raising a child.

f) Are you planning for your children to attend Head Start? Yes / No

g) What is your family size? _____

h) What is your main source of income (check those that apply)?

Job_____ TANF/ Temporary Assistance To Needy Families_____ GA/General Assistance_____
Per Capita_____ Self Employment_____ I have no income_____
Other:_____

i) What is your gross yearly income (total money your family makes before taxes):

k) Do you use commodities/food stamps/public assistance? Yes / No

l) What is the primary language spoken in the home?
___English
___Native Language (Ichiskin/Wasqu/Numu/other)
___Spanish
Other, please indicate which language_____

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2. Do you have a child(ren) enrolled in the Warm Springs Head Start or Early Head Start programs? Yes / No

If you answered yes on question 2, please continue with this question. If you answered no, please skip this question. What would your preference of Head Start Hours be:

Full Day – Hours 8:00am-2:00pm; **five days per week**. Yes / No
Check: 12 months a year___ or 10 months a year ___

Full Day- **4 days per week** 8:00am-3:00pm Yes / No
Check: 12 months a year___ or 10 months a year___

Do you prefer following the 509-J School Calendar? Yes / No

The Early Head Start prenatal to age three is home based. There are 1.5 hour home visits per child, per week. Does this meet your family's needs? Yes / No

Would you prefer a Center Based Early Head Start Program Yes / No
(**Center-Based services** provide early learning, care and enrichment experiences to children in an early care in an education setting (this would be at ECE.) Staff members would also visit family homes at least twice per year.

Are you aware that Early Head **Start provides services to pregnant women**? Yes / No

3. Do you have a child(ren) (up to age 5) identified with a disability? Yes / No
If you answered yes:

a.) Check Type: □
Speech Impairment_____ □ Hearing Impairment_____ Visual Impairment_____
□Emotional/Behavioral____ □ Traumatic Brain Injury_____ Autism_____
Other Health Impairment_____□ Developmental Delay_____□Learning_____
□Other:_____

b.) Check program(s) you receive services from: □
Early Intervention/ECSE_____ Community Counseling_____ Indian Health Service_____
□Other_____

4. How many members of your household have:

A High School Diploma _____
Attended Some College_____
A Certification_____
An Associate's Degree_____
A Bachelor's Degree _____
A Master's/Doctorate Degree _____

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5. **Does anyone in your household have any special health or nutrition needs?** Yes / No
If you answered yes, continue with this question. Check the type:

a) □Anemia___ □Asthma___ □Overweight___ Diabetes___□Allergies___ Hearing___
□Vision Problems___□Other _____

b) Check program(s) you receive services from: □
Indian Health Service _____ Diabetes Program_____ Nutritionist_____ Community Health(WIC)_____□Other _____

6. **Are you employed?** Yes / No
a.) **If yes,** □Part-Time or □Full-Time (circle one)
b.) **If you are not employed**, check the reason.
Stay at home parent___ Cannot find employment___ full time student___
Disability___ Choose not to work___ Other:_____
When looking for employment, what resources do you use?_____

c.) Are you interested in Job Training? Yes / No

7. **Are there environmental issues that affect your health?** Yes / No
If yes check all that apply: □
Water Quality_____ Lead Paint_____ Mold/Mildew_____ Weatherization _____
Abandoned/old vehicles____□Other:___

8. **Do you have adequate housing?** Yes / No
Check Type: □Rent___□Own___□Multi-Family Household___□Homeless___

9. **How do you get to places you need to go?**
My own car___ Someone else's car___ I walk___ I use transit bus___ I ride a bike___
I can't get places I need to go___ Other_____

a.) If you can't get places, why? □Lack of money___ No transit service at your address___
□No Car___ No Driver's License___ Other_____
b.) What forms of public transit have you used? □
Transit_____□Taxi_____ Other_____

10. **Is there crime in your neighborhood?** Yes / No
a.)If yes, check any program(s) you have contacted:
□
WS Police Department___ Victims of Crime___ Warm Springs Tip Hotline___ None___

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11. Are you aware of the social service programs available in the area? Yes / No
If yes, check program(s) you received services from:
□Community Health Education Team_____ □Commodities_____
□Community Counseling (youth and adult)_____ □Vocational Rehabilitation_____
□Adult and Family Services (SNAP or TANF)_____ WIC_____
□Energy and Telephone Assistance_____ □Diabetes Program_____
□Language Program/Culture and Heritage_____ □OSU Extension_____
Tribal Youth Program_____ □Community Prevention Teams_____
Social Services Nurse_____ Maternal Child and Health_____

12. Please list four things you see as a need for Warm Springs. (Example: jobs, housing, transportation, etc.)
1)_____ 2)_____ 3)_____ 4)_____

13. Do community residents have the basics for everyday living? Yes / No
(For example: health care, food, housing.)

14. Is there a need for child development services? Yes / No
a.) If yes, check all that you suggest: □
Health Screenings_____ Prenatal Care_____ Speech/Language Development □
Social/Emotional Behavior_____ Parenting_____ Other:_____

15. What is your perception of "quality of life" in our Communities?
a) Is it Safe/Secure? Not at all___ Somewhat___ Average___ Good___ Excellent___
b) Is the quality of life: Very poor___ Poor___ Average___ Good___ Excellent___

16. Is access to certain services a concern to you? Yes / No
a.) Check all that apply:
Internet access___ Telephone access___ Recycling___ Carpentry/Utility Repairs___
Free Wifi Access___ Plumbing___ Sanitation___ Weatherization___ Transportation___
Police Services___ Emergency Services Medical___ Dental___ Child Care___ Legal___

17. Are the educational needs of the Reservation being met? Yes / No
a. If no, check areas that are NOT being met: □
Early Childhood (preschool)___ K-12___ GED/Adult Education___ Culture/Language___
College/Higher Education____
b.) Are you aware of the expectations for a child entering kindergarten? Yes / No
Please describe:_____
_____
c.) Are you aware of the high school diploma requirements? Yes / No
d.) Are you aware of the requirements to get into college? Yes / No
e.) Do you know how to apply for financial aid? Yes / No

18. Is economic development an issue for the reservation? Yes / No

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19. List three items the reservation could benefit from immediately:
1)_____ 2)_____3)_____

20. Is literacy/reading important in your household? Yes / No
a.) If yes, how often do you read? □Daily___ □Weekly___ □2-3x Month___
b.) How often with your child(ren)? □Daily___ □Weekly___ □2-3x Month___
c.) Do you have a Warm Springs Library card? Yes / No
d.) How often visit the library? □Weekly___ □Monthly___ □2-3x Year___

21. Do you or your family participate in physical activities? Yes / No
a.) If yes, check all that apply. □
Hunting___ Fishing___ Bowling___ Wood Cutting___ Pow-wow Dancing___ Modern Dance___
Running/Walking___ Basketball___ Volleyball___ Base/Softball___Rodeo/Horseback___
Bicycle Riding___ Soccer___ Other:_____

22. What are the best ways that you receive information? Check all that apply.
□Newspaper___ Mail___ Radio___ E-Mail___ Social Network___ Community Bulletin Boards___
□Telephone___ Other:_____

23. Culture and Heritage:
1. What is your understanding of Culture? _____
2. If you have children: What cultural areas would you like your child to learn more?
_____
3. What is the primary language spoken in your home?_____
4. Do you speak the native language in the home? Yes / No
If yes, what language(s)?_____

At what level of importance do you rate the following areas? Please circle a number between 1-5 with 5 being very important and 1 of little importance.

1. Native Language	1	2	3	4	5
2. Crafts	1	2	3	4	5
3. Respect/Others	1	2	3	4	5
4. Respect/Native Culture	1	2	3	4	5
5. Family	1	2	3	4	5
6. Hunting/Fishing/	1	2	3	4	5
7.Food Gathering	1	2	3	4	5
8. Animals	1	2	3	4	5
9. Sweat Lodge	1	2	3	4	5
10. Natural Resources/Land	1	2	3	4	5
11. Religion/Spirituality	1	2	3	4	5
12. Native Story Telling	1	2	3	4	5
13. Pow wow dancing	1	2	3	4	5

Comments to improve the culture program for the children:

_____

_____