

Head Start Community Assessment Final Report

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PREFACE

This assessment was prepared by the Association for the Study and Development of Community (ASDC) on behalf of the Community Action Agency of the Department of Health and Human Services for Montgomery County, Maryland (Contract #3641502063AA). The ASDC Community Assessment Team consisted of David Chavis, Project Director; Marjorie Nemes, Project Coordinator; Kien Lee, Senior Associate; D.J. Ervin, Senior Associate; Inga James, Associate; and Louisa Conroy, Project Assistant. ASDC staff members Larry Contratti and Varsha Venugopal assisted in some of the assessment tasks. The Community Assessment Team would like to recognize Patsy Evans of the Community Action Agency for her leadership, guidance, and patience. We would also like to thank our advisors for this project for their help and guidance including: Deborah Shepard, Beth Molesworth, and Becky Topham with the Department of Health and Human Services; and Claudia Nash-Simmons with the Montgomery County Public School System and her staff for their assistance that went above and beyond what we could have hoped. We would like to offer our deepest appreciation to the community organizations that assisted us in reaching Head Start-eligible families. They are: Ed Bohrer Parent Resource Center; Iman Learning Center; Lutheran Social Services of the National Capital Area; Long Branch Public Library; and St. Martin of Tours Catholic Church

EXECUTIVE SUMMARY

INTRODUCTION

The Association for the Study and Development of Community (ASDC) conducted a community assessment that examined how Head Start-eligible children are cared for while their parents work and/or go to school, the parents' view of their children's educational and social service needs, and the feasibility of service delivery strategies that are currently under consideration to assist Montgomery County Department of Health and Human Services (DHHS) in their commitment to continually deliver high quality services. Several methods were used for this assessment including: demographic information analysis, focus groups with caregivers, survey of parents and other caregivers, interviews, and a series of discussions with a group of child care providers. A summary of the methods is presented later in this report. This report presents the results of the community assessment.

This community assessment was designed to answer the following questions:

- How many children are eligible for Head Start in Montgomery County?
- What are the characteristics of their families and households?
- Where are the eligible children living?
- How accessible are Head Start services?
- How close are eligible children to current Head Start sites?
- How can eligible children be transported?
- How do caregivers learn about Head Start?
- How can awareness of Head Start be improved?
- What are the service needs of families and what are the barriers they face in receiving these services?
- What developmental challenges are these children facing?
- What are the health and human service needs of these families and how are they being met?
- What are the transportation needs to obtain services?
- How comfortable are they with services they receive?
- Who is caring for these children?
- What are the best locations for Head Start programs, including time and distance traveled?
- What are the financial costs and assistance needed regarding child care?
- What are the program components parents would like Head Start to offer?
- What do parents think about the Head Start program?
- What are the desired schedules and models for Head Start?
- What are the barriers to participating in Head Start for caregivers?
- What is the feasibility of expanding Head Start into community-based organizations?

This report is organized according to these questions along with some brief recommendations for further consideration, a summary of findings, and lessons learned about conducting such an assessment.

SUMMARY OF FINDINGS

Number of eligible children. According to the estimates conducted for the community assessment, there are currently an estimated 767 four year olds eligible for Head Start, and the “pipeline” (one and two year olds) appears to have larger numbers of Head Start-eligible children. However, it is probable that the number of eligible four-year-olds in Montgomery County is significantly greater than stated in the Census that was used to estimate the current population.

Location of eligible children. While there is a pocket of children under four years old living in poverty in the Damascus area and some in the Poolesville area, the bulk of the children living in poverty are in the central corridor running along M-355 from Germantown, through Gaithersburg and Rockville and continuing to Silver Spring.

Access to Head Start. The majority of parents questioned preferred a school bus for transportation of their children to a Head Start site. They indicated travel time should be less than 30 minutes, preferably less than 20 minutes. If a school bus is not available, the participants’ second option was walking their child to the program, as long as the program is close to their home. 752 eligible children (18.5%) reside within one-half mile of a Head Start site, and over half reside within one mile of a Head Start site. Only a handful of the parents mentioned they have access to a vehicle.

Service needs. Health insurance was the most commonly mentioned health and human services need, followed by medical or dental care, food and nutrition assistance, and income assistance. Respondents were also asked to indicate whether they had transportation to access the needed services. While most are able to access transportation, getting to services is a barrier for some. Finding jobs, getting transportation to work and child care, affordable housing, and legal services were among the biggest service gaps. Most respondents felt comfortable with the help they received from most services. However, nearly half of the respondents felt uncomfortable with legal assistance and mental health services. The findings suggest that Head Start families might have better access to health related services than similar income families not enrolled in the program.

Preferred Head Start program components. Parents recognized their children should have basic cognitive and social skills, and immigrant parents were concerned with their children’s ability to develop English language skills. The majority of the parents, regardless of their racial and ethnic background, want a culturally diverse setting with culturally aware and sensitive teachers for their children. Parents who stay home to take care of their own children expressed a desire to become actively involved in their children’s learning through the program. Immigrant parents would like more support for themselves to learn about cultural values associated with being American.

Desired schedule. Almost all the parents would like a combined child care-Head Start program that operates through the summer. Results from the survey, focus groups, small group interviews, and individual interviews revealed that on average parents would like the program to operate approximately 7.5 hours a day. The parents’ greatest concern with respects to hours of

operation is that they would like to have flexibility in terms of the duration and time of the day, depending on their work shifts.

Barriers to participation in Head Start. Parents that participated in focus groups, small group, and individual interviews reported factors that would make it difficult for their child to participate in a program like Head Start. Transportation was a concern for parents and they expressed that if school buses were not available and the program is not within walking distance, some of the parents would face transportation problems because they do not live on a public transportation route. Translation of information into their native language and effective distribution of the information would be necessary for them to learn about the resources the program has to offer and to remain abreast of what their child is exposed to in the program. Because parents did not distinguish between child care and programs like Head Start parents that work non-standard work hours explained that hours of operation would have to be more flexible for their child to be able to participate.

Feasibility for Head Start programming through community-based organizations. Among Working Group members the following advantages to providing Head Start services were found:

- Being able to serve more children;
- Having the children in one location all day for both classroom time and wrap-around child care; and
- Alleviating bus time for children, since they would not have to be transported to separate child care centers after Head Start.

Working Group members also liked the idea of mixing Head Start students with other students in their centers, believing it would provide for a diversity-rich environment. Child care providers expressed enthusiasm about providing their students with the supportive services offered by Head Start and the possibility of identifying concerns in the younger siblings of Head Start students to link them with resources early. Providers also were interested in providing well-rounded services to the parents of Head Start students.

Disadvantages to providing Head Start services included:

- Possible difficulty integrating Head Start children with non-Head Start children;
- Great competition for eligible children;
- Dispelling preconceived negative beliefs by tuition-paying parents about Head Start families;
- The ability to provide quality services to special needs children, lack of adequate space for supply storage required for a new classroom;
- Difficulty implementing all of the supportive services provided by Head Start;
- Concerns about salary disparities; and
- Being at the “receiving end of a bureaucracy.”

Working Group members expressed a need for closer collaboration and inclusion in the educational system in Montgomery County.

Recommendations:

- Improve how to determine the number of eligible children within the county;
- Locate programs close to eligible children;
- Improve outreach;
- Expand the cultural, linguistic, and technological component ;
- Flexible year-round schedules for Head Start and child care;
- Provide transportation;
- Build community-based organizations' capacity for Head Start; and
- Develop partnerships with community-based organizations.

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APPENDIX A: Community Assessment Methods

1. INTRODUCTION

The Association for the Study and Development of Community (ASDC) conducted a community assessment that examined how Head Start-eligible children are cared for while their parents work and/or go to school, the parents' view of their children's educational and social service needs, and the feasibility of service delivery strategies that are currently under consideration to assist Montgomery County Department of Health and Human Services (DHHS) in their commitment to continually deliver high quality services. Several methods were used for this assessment including: demographic information analysis, focus groups with caregivers, survey of parents and other caregivers, interviews, and a series of discussions with a group of child care providers. A summary of the methods is presented later in this report. This report presents the results of the community assessment.

1.1 Purpose

The purpose of this report is to assist DHHS, the Montgomery County Public Schools (MCPS), and other collaborating agencies and organizations to continue to deliver high quality services to meet the changing needs of the County's low-income children and their families. In addition, the Federal Performance Standards for Head Start require detailed planning data.

ASDC responded to the County RFP#3641502063 and then revised our response to provide the best assessment possible within the resource and time constraints. ASDC's Community Assessment Team ("the Assessment Team") met regularly with representatives of DHHS and MCPS to refine the scope, assessment instruments, and analysis. This community assessment was designed to answer the following questions:

- How many children are eligible for Head Start in Montgomery County?
- What are the characteristics of their families and households?
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- What is the feasibility of expanding Head Start into community-based organizations?

This report is organized according to these questions along with some brief recommendations for further consideration, a summary of findings, and lessons learned about conducting such an assessment.

1.2 Summary of Methods

Several research methods were used to determine the fullest picture of needs and opportunities of children and families eligible for Head Start. The design, questions, and analysis were guided by suggestions from the Head Start Community Assessment Advisory Group made up of representatives of the Montgomery County Community Action Agency, Montgomery County Health and Human Services, and the Montgomery County Public Schools. A more detailed description of the community assessment methodology is included in Appendix A.

Demographic analysis. The approach to develop the population estimates for July 1, 2003, involved using official census population estimates for July 1, 2000, 2001, and 2002. Beginning with the estimates, by five year-old age group, sex, as well as race and ethnicity, the following steps were followed:

- Five-year old age groups were disaggregated into single years through the use of Sprague multipliers;
- The single-year estimates for 2002 were aged by one year;
- Migration estimates for each age-, sex-, race-, and ethnic- specific group were computed and applied to each group (this also handles mortality);
- Child-woman ratios were computed for each specific group for the period 2000-2002 and then used to compute new babies (age = 0) for 2003; and
- The specific groups were then aggregated to form the groups reported in the attached tables.

The demographic approach used in the current analysis provides estimates that deviate slightly from official Census estimates for 2003. Official estimates are based on a full range of information on driver's licenses, Social Security records, school enrollments, vital records and so forth. The methodology used is the best possible approach for current purposes because of resource and time constraints of the process. As such, the population numbers developed are appropriately used for Head Start planning, but should not be interpreted as official estimates for other purposes.

Parent survey. Between October 24, 2003, and November 13, 2003, surveys were administered to three groups of low-income families in Montgomery County: Head Start-enrolled families; Head Start-wait-listed families; and families unfamiliar with Head Start (neither enrolled nor wait listed) or MCPS Pre-kindergarten programs. All respondents had at

least one child under the age of five years and had incomes below the federal poverty level, therefore eligible for Head Start.

Two versions of the survey questionnaire were developed. Although much of the two versions were identical, one asked families enrolled in the Head Start program questions about their satisfaction with services, the other version asked families to indicate their likelihood in enrolling in Head Start given certain conditions.

The overall goals of the survey were: (1) to identify the health, social, and other family-support service needs of low-income and Head Start-eligible families and their preferred patterns for using these services; (2) to determine the availability of needed services; (3) to discover barriers to accessing and receiving these services; and (4) to learn of any unmet family needs. The content of the questionnaire was based on needs identified by the Head Start Community Assessment Advisory Group, the Head Start Family and Child Experience Survey (FACES)¹, the National League of Cities' Early Childhood Needs and Resources Community Assessment Tool², and community assessment questionnaires previously developed by ASDC. The questionnaires were customized to fit the cultural and programmatic needs of Montgomery County. They were made available to respondents in four languages (English, Spanish, French, and Korean).

There were three ways in which the questionnaires were administered:

- (1) Families currently enrolled in Head Start services were either given the questionnaire to complete on their own or were administered the questionnaire in telephone interviews conducted by MCPS Head Start Family Service Workers;
- (2) Participants in the focus groups and group interviews, who were not enrolled in Head Start, were given questionnaires to complete at the end of the group discussion; and
- (3) Head Start wait-listed families were administered the questionnaire in telephone interviews conducted by ASDC's Assessment Team.

Participants in the first group received a \$10 grocery store gift certificate in exchange for their time. Participants in the other two groups received \$20 because of the additional time needed to respond to questions included in the focus group protocol.

Focus groups and interviews. The purpose of the focus groups and more in-depth interviews was to explore the kinds of child care services needed and challenges faced by Head Start-eligible families throughout the county. This method of data collection allowed more detailed and contextual information to be gathered. Participants were also asked to complete the Head Start assessment questionnaire at the end of the discussion. The Assessment Team worked with staff of several community organizations to recruit participants

The Assessment Team conducted five focus groups (average number of participants per group was five), three small group interviews (two parents in each group), and 22 individual interviews. The total number of individuals who participated in the focus groups and interviews

¹ Head Start (Spring 1999). *Head Start family and child experiences survey*. Washington, DC.

² National League of Cities. *Early childhood needs and resources community assessment tool*. Washington, DC.

was 54.³ The race, ethnicity, and nationality of the parents interviewed included African- and European-American as well as immigrants from Africa, South and Central America, and Asia.

The focus groups and small group interviews were conducted in community settings familiar to the participants (e.g., church, refugee service center, parent resource center). Individual interviews were conducted by telephone. The data were coded and analyzed according to the research questions. All the focus group and small group interview participants received a \$20 cash incentive. Participants who responded by telephone received a \$20 grocery store gift certificate in the mail.

2. WHO IS ELIGIBLE FOR HEAD START IN MONTGOMERY COUNTY?

2.1 How many children are eligible?

Table 1 provides estimates, as of July 1, 2003, of the number of children by race and age in each of four categories for pre-kindergarten service in Montgomery County. A total of 4,072 children are less than five years old, and of that number, there are an estimated 767 four year olds eligible for Head Start. However the “pipeline” (one-, two-, and three-year-olds) appears to have larger numbers of Head Start-eligible children. This and all other demographic tables are organized according to MCPS Pre-K income eligibility levels. Each table is broken down into the following four categories:

- The first category, titled “Head Start-eligible,” includes individuals/households whose income is below the federal poverty level making their child eligible for Head Start;
- The second and third categories, titled “Tier IA” and “Tier IB,” include individuals/households whose income, according to Free and Reduced Meals (FARMS) guidelines, qualifies their child(ren) for free or reduced meals and receive priority for placement into a pre-kindergarten program; and
- The fourth category, titled “Tier II,” includes individuals/households whose income is ten percent higher than individuals/households categorized as “Tier IB”. The child(ren) placed in this category are also considered for placement in a pre-kindergarten program.

The fifth column, titled “Total County,” represents the entire County’s population and has only been included for comparison purposes.

As can be seen in Table 1, Census data estimates indicate that 767 poverty level four-year-old children (thus Head Start-eligible) live in Montgomery County. It appears that Head Start has enrolled or wait-listed nearly all the eligible children; however this figure is likely an

³ There were 24 parents of children not eligible for Head Start who attended three of the five focus groups. They came because the recruiter at the community organization was not clear about the criteria; they were asked to accompany friends who were eligible; or they simply ignored the instructions because they wanted their views to be heard. If they did not leave voluntarily after being told that they were not eligible to participate, the facilitator allowed them to stay because of the time and effort they had taken to travel to the site; however, their responses were not included in the analysis.

undercount of the total number of eligible children in the county. It is probable the number of eligible four-year-olds in Montgomery County is significantly greater than stated here.

Table 1: Race and Age of Children as of July 2003

Age	Head Start-Eligible (Below Poverty Level)					
	0	1	2	3	4	Total
White	348	353	343	339	340	1,723
Black	289	355	320	295	278	1,537
Asian	81	76	75	74	74	380
Other	88	99	89	81	75	432
Latino*	327	332	309	293	282	1,543
White Non-Latino*	183	188	184	184	185	924
Total	806	883	827	789	767	4,072
Age	Tier I A (Free Lunch-Eligible)					
	0	1	2	3	4	Total
White	196	198	193	191	192	970
Black	170	208	187	173	163	901
Asian	49	46	45	45	45	230
Other	61	69	62	56	52	300
Latino*	232	235	219	208	200	1,094
White Non-Latino*	93	95	93	93	94	468
Total	476	521	487	465	452	2,401
Age	Tier I B (Reduced Lunch-Eligible)					
	0	1	2	3	4	Total
White	345	354	344	339	338	1,720
Black	232	288	259	238	224	1,241
Asian	123	117	114	113	113	580
Other	111	127	114	103	95	550
Latino*	347	359	332	313	301	1,652
White Non-Latino*	185	193	189	187	188	942
Total	811	886	831	793	770	4,091
Age	Tier II					
	0	1	2	3	4	Total
White	131	136	131	129	128	655
Black	69	87	78	71	67	372
Asian	47	45	44	43	43	222
Other	36	42	37	33	31	179
Latino*	127	133	122	115	110	607
White Non-Latino*	83	87	85	84	84	423
Total	283	310	290	276	269	1,428

*Included in race categories above.

Total County Population section continues on the next page.

Source: Census Bureau Population estimates for 2000, 2001, and 2002

Table 1: Race and Age of Children as of July 2003 (Continued)

Age	Total County Population					
	0	1	2	3	4	Total
White	8,301	8,794	8,393	8,150	8,040	41,678
Black	2,129	2,733	2,412	2,184	2,032	11,490
Asian	1,628	1,594	1,536	1,497	1,475	7,730
Other	819	964	848	758	691	4,080
Latino	2,296	2,442	2,226	2,070	1,964	10,998
White non-Latino	6,295	6,760	6,503	6,364	6,325	32,247
Total	12,871	14,085	13,189	12,589	12,238	64,978

***Included in race categories above.**

Source: Census Bureau Population estimates for 2000, 2001, and 2002

One possible explanation for this discrepancy is the different ways in which families characterize their household incomes. When completing Census data forms, families may be more likely to include incomes from all working household members⁴, whereas, when seeking services dependent on being financially in-need, they may use only the incomes of the parents of the child or other ways to ensure eligibility. A second explanation may be the neediest children are not being counted at all by the Census. Children who are homeless or who move from household to household, but have no stable housing, may never be identified in the Census count, yet would still be eligible for Head Start services. No matter the reason, it does not appear the US Census data provide a fully accurate portrait of the Head Start-eligible families in Montgomery County. There is a high likelihood of undercounting some immigrant and low-income families.

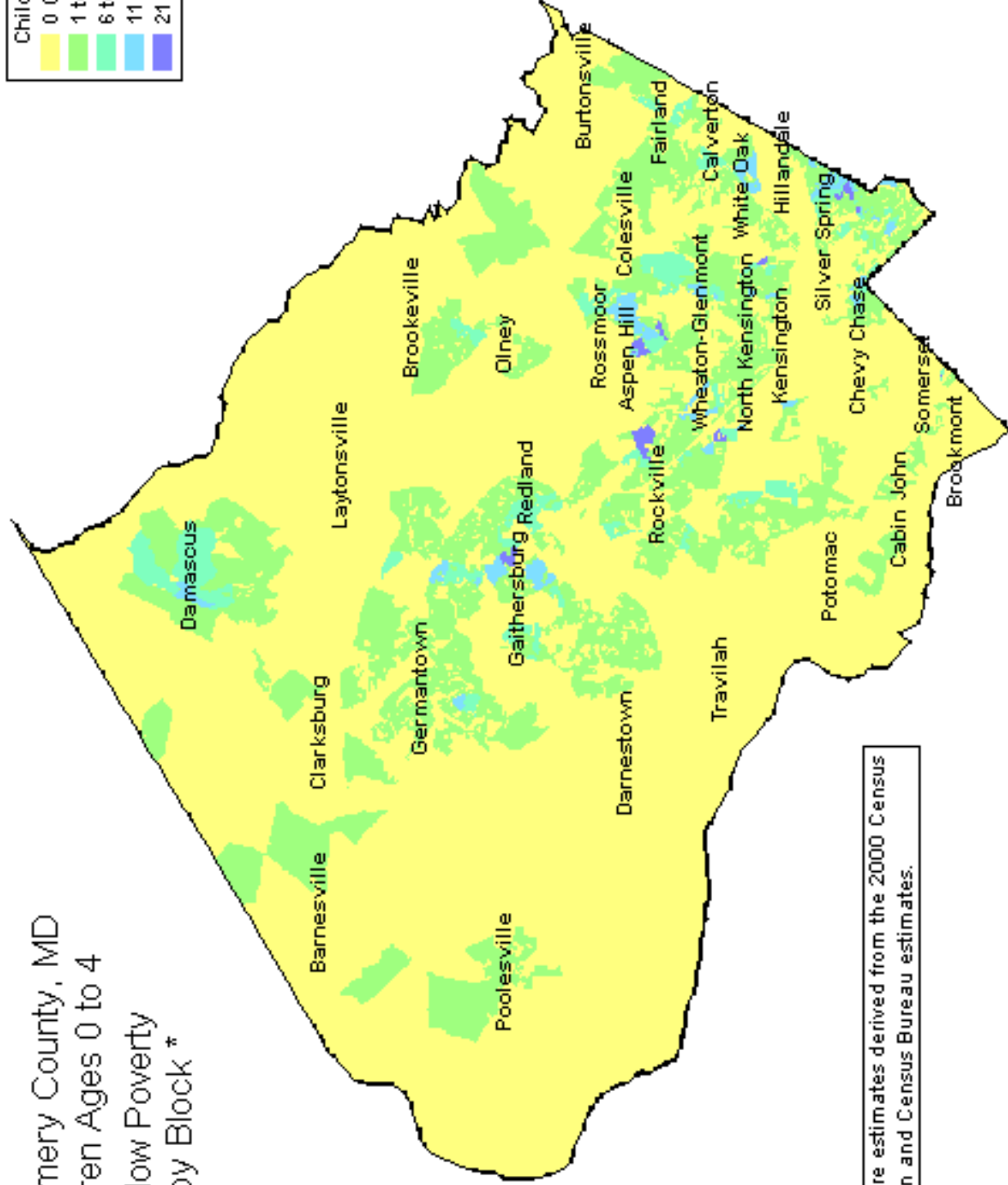
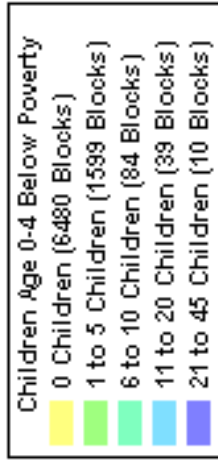
Map 1 illustrates the estimated distribution of children under four years old living below the poverty level. Maps 2 through Map 5 present respectively the geographic distribution of Black⁵, Asian, Latino, and non-Latino White children who are income-eligible for Head Start in Montgomery County. Along the MD-355/I-270 corridor the composition changes, as can be seen in Maps 2 through 5. Black children living in poverty tend to live in Damascus (predominantly children who are descendants of African slaves) and in the area from Wheaton-Glenmont to Silver Spring (a mix of descendants of African slaves and recent immigrants from Africa and the Caribbean). Children of Asian descent tend to live in Rockville and Germantown, as well as Calverton. Non-Latino White children are clustered in the Up-County area. Latino children are concentrated in the Gaithersburg and Silver Spring areas, with the former being predominantly Salvadoran and the latter Mexican in origin.

The distribution of race and ethnicity throughout Montgomery County is related to access to transportation. Though dispersed throughout the county, there is the tendency for the children living in poverty to reside predominantly along the M-355/I-270 corridor in distinct racial and ethnic neighborhoods.

⁴ Nearly half (40.2%; n = 76) of those surveyed for this assessment indicate they live in households with more than two adults.

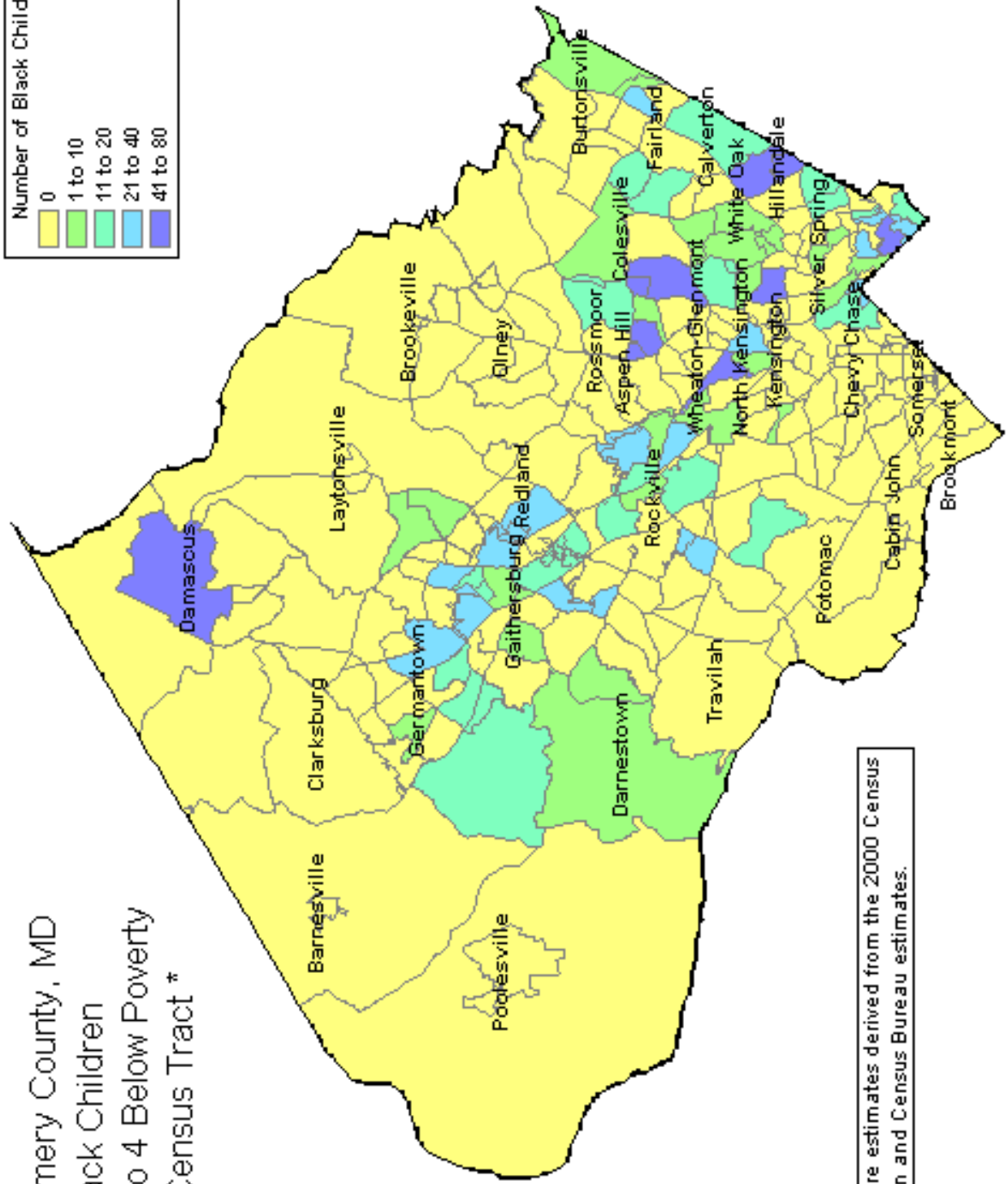
⁵ The term “Black” is used to remain consistent with its use by the US Census Bureau. It includes individuals who are both descendants of African slaves brought to the US and recently arrived immigrants from Africa and the Caribbean.

Montgomery County, MD Children Ages 0 to 4 Below Poverty by Block *



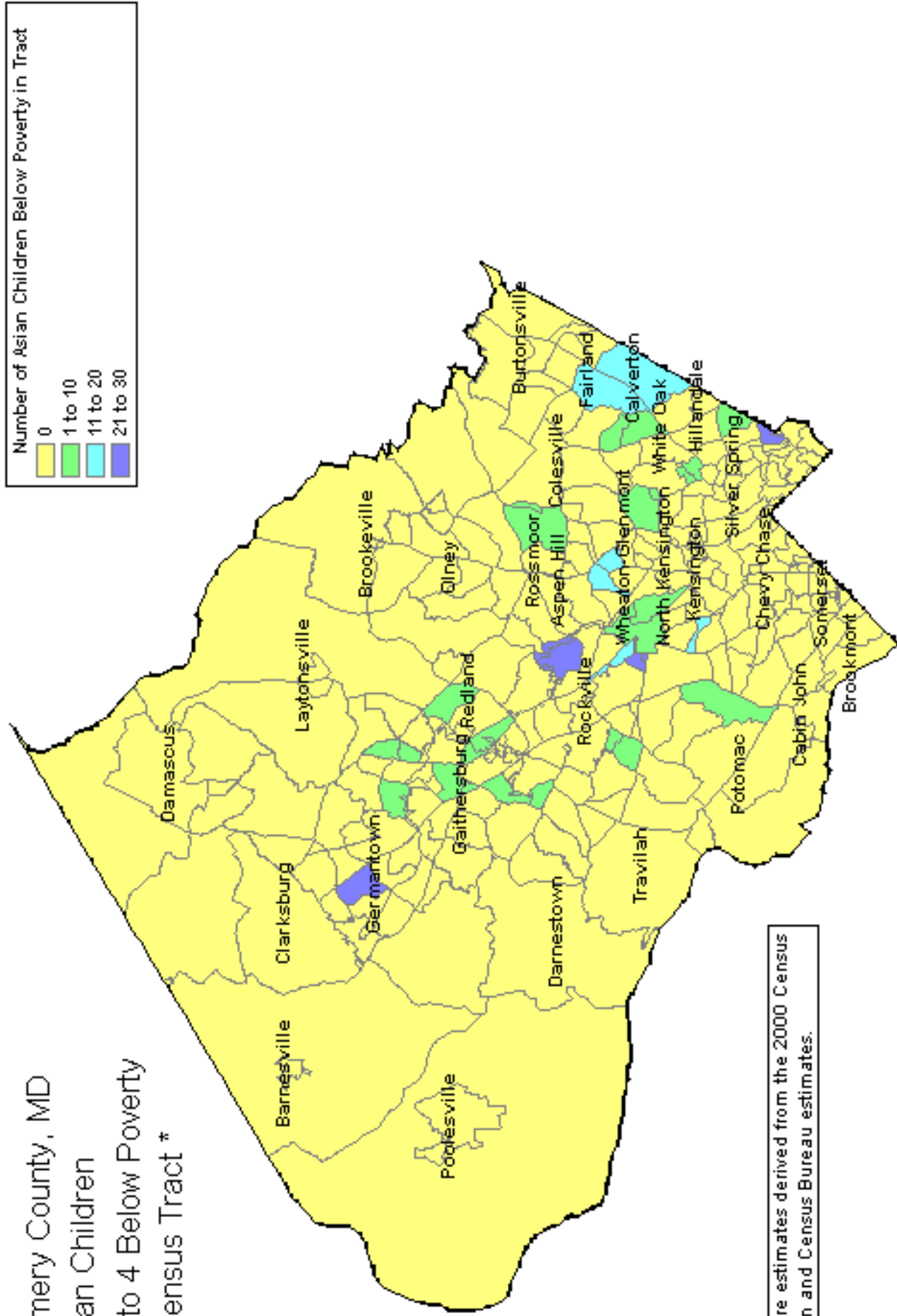
* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Montgomery County, MD
 Black Children
 Ages 0 to 4 Below Poverty
 by Census Tract *



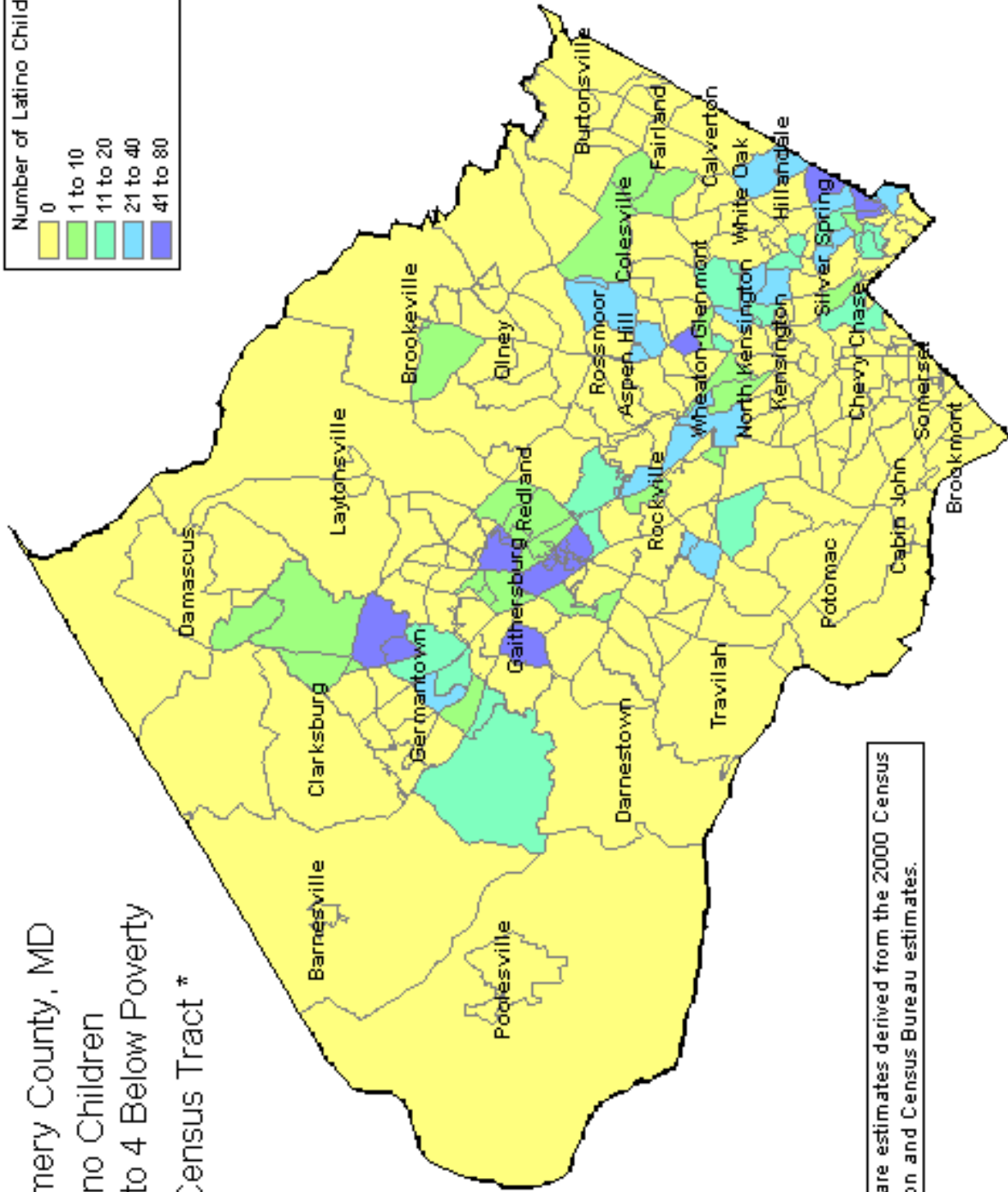
* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Montgomery County, MD
 Asian Children
 Ages 0 to 4 Below Poverty
 by Census Tract *



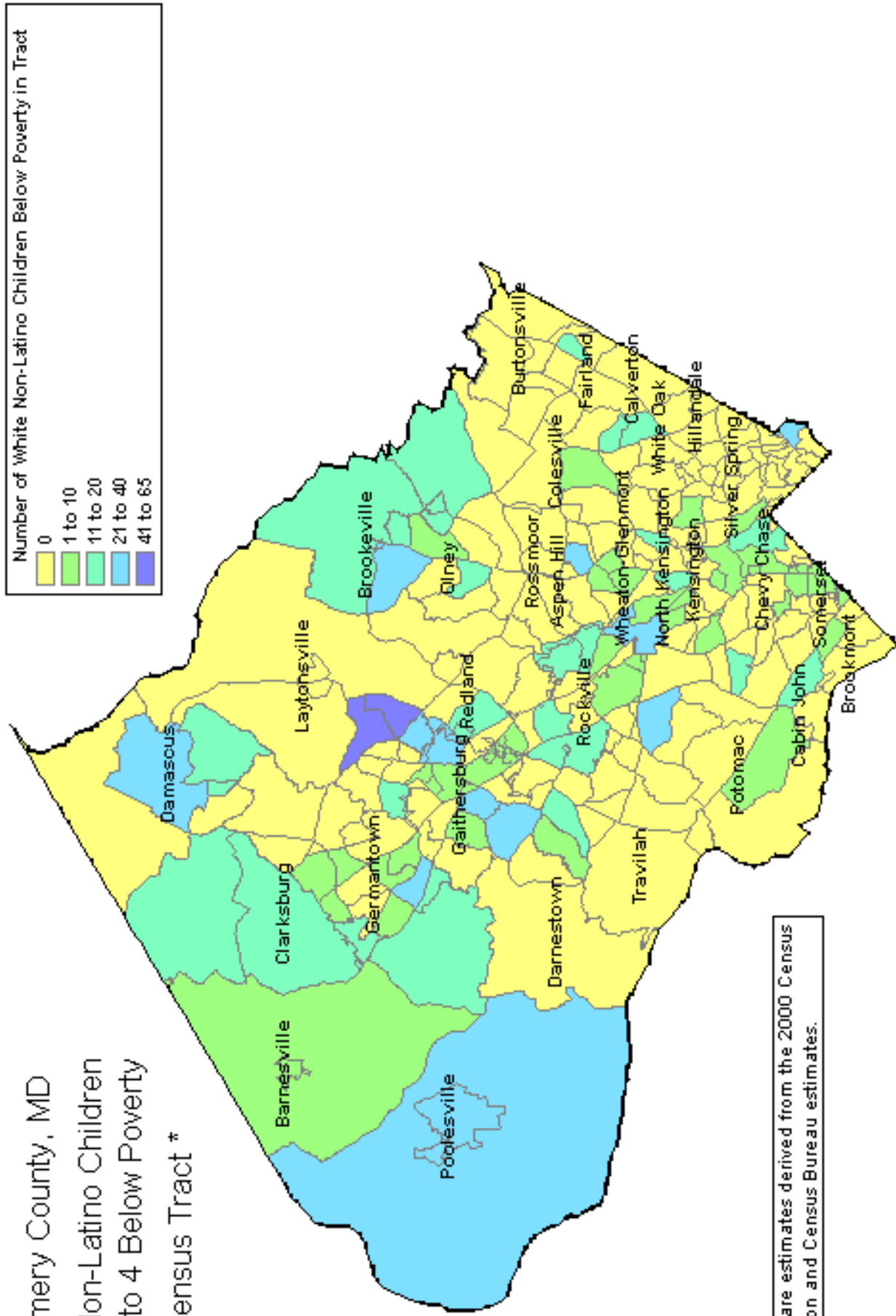
* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Montgomery County, MD
 Latino Children
 Ages 0 to 4 Below Poverty
 by Census Tract *



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Montgomery County, MD White Non-Latino Children Ages 0 to 4 Below Poverty by Census Tract *



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

2.2 What are the characteristics of their families and households?

It is important to know the number of eligible children, but it is also important to know the characteristics of their parents and families. The tables below describe the characteristics of the heads of household and their spouses or partners. These are individuals living in households that meet the federal criteria for being below poverty and have one or more children ages zero through four. They could be the parents of the eligible children, stepparents, or other responsible adults.

Occupation. The labor force in Montgomery County is predominantly white-collar, with 48.5% of heads of households and spouses/partners employed in managerial, professional, and technical occupations. Among the low-income, only 19.1% of the population is in those occupations. Less than one-third (28.6%) of heads of households and spouses/partners in the county are sales or service workers (e.g., hotel cleaners, restaurant workers), while 47.9% of the employed low-income are in these occupations. Apart from the lower income paid to sales and service workers, they are also faced with non-standard and irregular work hours, including a tendency to work evenings and nights. Further, in an unstable labor market, they are easily replaced or “downsized.” Table 2 illustrates the patterns of occupation.

Table 2: Occupation of Heads of Households and Spouses/ Partners

Occupation	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Sales and Service Workers	2,087 (47.9%)	1,091 (38.0%)	1,809 (38.5%)	643 (32.0%)	149,551 (28.6%)
Not in Labor Force	826 (19.0%)	355 (12.4%)	601 (12.8%)	318 (15.8%)	79,695 (15.3%)
Professional and Technical	509 (11.6%)	579 (20.1%)	732 (15.6%)	427 (21.3%)	159,661 (30.6%)
Managers	327 (7.5%)	131 (4.6%)	248 (5.3%)	259 (12.9%)	93,317 (17.9%)
Craft and Technician	289 (6.6%)	266 (9.3%)	618 (13.2%)	191 (9.5%)	12,761 (2.4%)
Installation and Repair	143 (3.3%)	163 (5.7%)	209 (4.4%)	52 (2.6%)	7,399 (1.4%)
Operators	106 (2.4%)	241 (8.4%)	340 (7.2%)	87 (4.3%)	11,532 (2.2%)
Semi-Skilled	70 (1.6%)	48 (1.7%)	140 (3.0%)	32 (1.6%)	7,688 (1.5%)
Total	4,357	2,874	4,697	2,009	521,604

Source: Census Bureau Population estimates for 2000, 2001, and 2002

Industry of employment. When considering the industry of employment, it is important to remember that most industries have a full range of occupations and salaries. Thus, it is not surprising that there are no major differences observed among the various income groups across industries. Table 3 illustrates the patterns related to the industry of employment.

Table 3: Industry of Employment of Head of Households and Spouses/Partners

Industry	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Not in Labor Force	826 (19%)	355 (12.4%)	601 (12.8%)	318 (15.8%)	79,695 (15.3%)
Educational Health and Social Services	588 (13.5%)	654 (22.8%)	519 (11.0%)	477 (23.7%)	93,484 (17.9%)
Retail Trade	565 (13%)	298 (10.4%)	443 (9.4%)	217 (10.8%)	34,788 (6.7%)
Professional and Management Services	558 (12.8%)	403 (14.0%)	789 (16.8%)	118 (5.9%)	86,388 (16.6%)
Entertainment and Recreation	417 (10%)	178 (6.2%)	402 (8.6%)	148 (7.4%)	24,403 (4.7%)
Other Services	379 (8.7%)	167 (5.8%)	293 (6.2%)	62 (3.1%)	30,173 (5.8%)
Construction	235 (5.4%)	255 (8.9%)	672 (14.3%)	214 (10.7%)	21,345 (4.1%)
Public Administration	171 (4%)	21 (.7%)	161 (3.4%)	71 (3.5%)	47,167 (9.0%)
Finance, Insurance, and Real Estate	138 (3.2%)	101 (3.5%)	198 (4.2%)	68 (3.4%)	37,729 (7.2%)
Transportation and Utilities	105 (2.4%)	218 (7.6%)	236 (5.0%)	66 (3.3%)	11,010 (2.1%)
Wholesale Trade	98 (2.2%)	75 (2.6%)	71 (1.5%)	0 (0%)	7,192 (1.4%)
Manufacturing	96 (2.2%)	87 (3.0%)	113 (2.4%)	118 (5.9%)	19,563 (3.8%)
Information	92 (2.1%)	27 (.9%)	178 (3.8%)	113 (5.6%)	25,065 (4.8%)
Military	65 (1.5%)	35 (1.2%)	21 (.4%)	19 (.9%)	2,612 (.5%)
Agriculture	24 (.6%)	0 (0%)	0 (0%)	0 (0%)	990 (.2%)
Total	4,357	2,874	4,697	2,009	521,604

Source: Census Bureau Population estimates for 2000, 2001, and 2002

Marital status of heads of household. The percentage of people under the poverty level who are married (57.9%) is lower than the percentage for the overall county (71.3%). Maps 4, 5, and 6 illustrate the geographic distribution of these heads of household according to married couples and single parent households, respectively.

Table 4: Marital Status of Heads of Household and Spouses/Partners

Marital Status	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Married	2,521 (57.9%)	2,187 (76.1%)	3,787 (80.6%)	1,665 (82.9%)	372,121 (71.3%)
Other	1,836 (42.1%)	687 (23.9%)	910 (19.4%)	344 (17.1%)	149,483 (28.7%)
Total	4,357	2,874	4,697	2,009	521,604

Source: Census Bureau Population estimates for 2000, 2001, and 2002

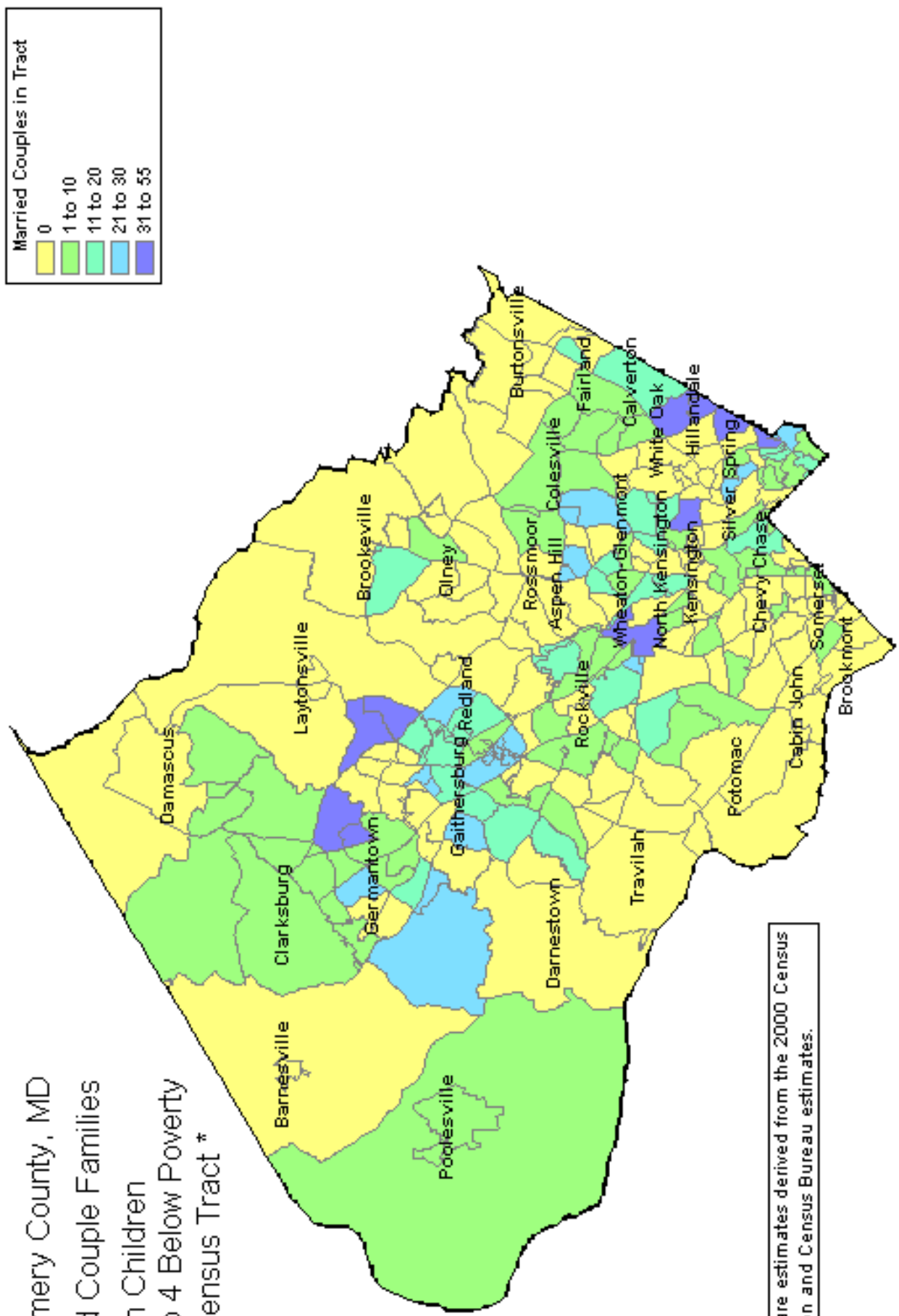
Current school enrollment. Of the total population age 18 and over, 6.5% are currently enrolled in school, usually college. Among the low-income heads of household, 7.3% are enrolled in school (see Table 5).

Table 5: Current School Enrollment of Heads of Household and Spouses/Partners

School Enrollment	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Currently Enrolled	320 (7.3%)	304 (10.6%)	339 (7.2%)	291 (14.5%)	33,792 (6.5%)
Not Enrolled	4,037 (92.7%)	2,570 (89.4%)	4,358 (92.8%)	1,718 (85.5%)	48,7812 (93.5%)

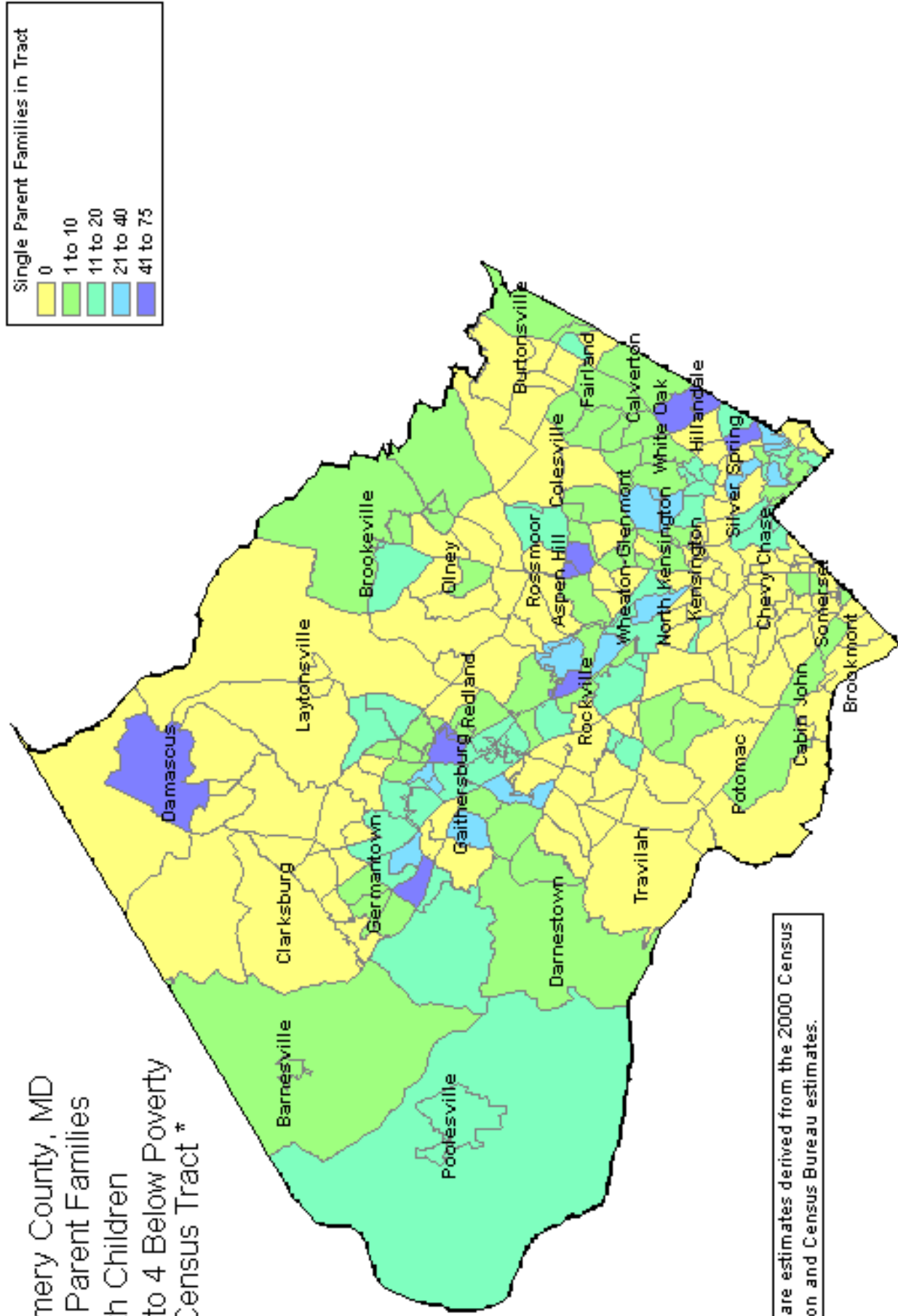
Source: Census Bureau Population estimates for 2000, 2001, and 2002

Montgomery County, MD
 Married Couple Families
 with Children
 Ages 0 to 4 Below Poverty
 by Census Tract *



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Montgomery County, MD
 Single Parent Families
 with Children
 Ages 0 to 4 Below Poverty
 by Census Tract *



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

English language ability. Montgomery County has become increasingly diverse, culturally and linguistically, over the last decade. Among all heads of households and spouses/partners, 72.2% speak English as their primary language. Among the heads of household with Head Start-eligible children, the percentage is only 54.6%. This means nearly half (45.4%) of the heads of household and spouses/partners in these families have a language other than English as their primary language. Among those who have non-English primary languages, 42.8% speak English ‘Not Well’ or ‘Not at All’ (see Table 6).

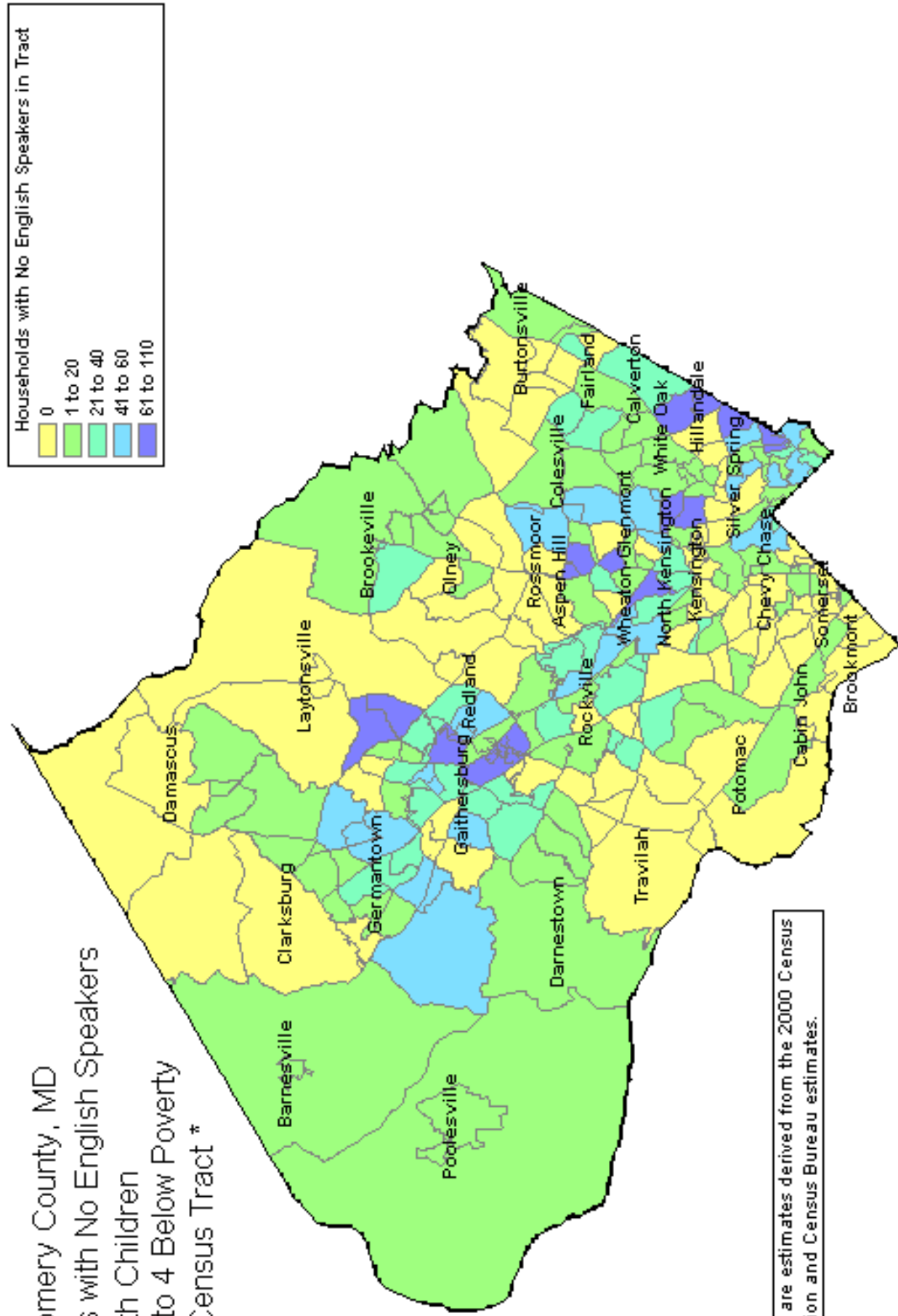
Map 8 illustrates the location of households with no English speakers in Montgomery County.

Table 6: English Language Ability of Heads of Household and Spouses/Partners

Non-English Language Speakers	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Persons whose primary language is not English	2,381	1,875	2,571	1,181	145,097
English Ability:					
Speaks English Very Well	709 (29.8%)	646 (34.4%)	766 (29.8%)	552 (46.7%)	83,576 (57.6%)
Speaks English Well	653 (27.4%)	715 (38.1%)	746 (29.0%)	378 (32.0%)	38,025 (26.2%)
Speaks English Not Well	730 (30.7%)	357 (19.0%)	975 (37.9%)	219 (18.5%)	20,214 (13.9%)
Speaks English Not at All	289 (12.1%)	157 (8.4%)	84 (3.3%)	32 (2.7%)	3,282 (2.3%)

Source: Census Bureau Population estimates for 2000, 2001, and 2002

Montgomery County, MD
 Households with No English Speakers
 with Children
 Ages 0 to 4 Below Poverty
 by Census Tract *



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Educational attainment. Over one-third (35.2%) of the Head Start-eligible heads of household and their spouses or partners have not completed high school or a General Equivalency Diploma (GED), compared to only 7.5% of all heads of households and spouses/partners in the county. Montgomery County has a large managerial, professional, and technical labor force, with 54.6% having at least a college degree and over half of those having a graduate degree. Only 16.6% of adults with Head Start-eligible children have a higher education degree, though an additional 25.6% have some college (see Table 7).

Table 7: Educational Attainment of Heads of Household and Spouses/Partners

Educational Attainment	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Less than High School	1,532 (35.2%)	794 (27.6%)	1,391 (29.6%)	277 (13.8%)	39,254 (7.5%)
HS Graduate or GED	987 (22.7%)	791 (27.5%)	1,309 (27.9%)	423 (21.1%)	69,505 (13.3%)
Some College	1,115 (25.6%)	679 (23.6%)	1,110 (23.6%)	560 (27.9%)	112,895 (21.6%)
College Graduate	516 (11.8%)	388 (13.5%)	349 (7.4%)	488 (24.2%)	145,077 (27.8%)
Graduate School	207 (4.8%)	222 (7.7%)	538 (11.5%)	261 (13.0%)	154,873 (29.7%)
Total	4,357	2,874	4,697	2,009	521,604

Source: Census Bureau Population estimates for 2000, 2001, and 2002

Language spoken. Table 8 demonstrates the linguistic diversity of the low-income population. Grouped into the ‘Other’ category are over 20 different languages. Spanish is the most common language in Head Start-eligible households (61.3%); followed by smaller percentages speaking French (6.8%), Chinese (6.1%), and Amharic (4.9%).

Table 8: Language of Heads of Households and Spouses/Partners

Primary Non-English Languages Spoken	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Spanish	1,460 (61.3%)	1,064 (56.7%)	1,734 (67.4%)	614 (51.6%)	44,093 (30.4%)
French	162 (6.8%)	240 (12.8%)	92 (3.6%)	118 (9.9%)	8,910 (6.1%)
Chinese	146 (6.1%)	59 (3.1%)	73 (2.8%)	27 (2.3%)	12,660 (8.7%)
Amharic	116 (4.9%)	98 (5.2%)	110 (4.3%)	38 (3.2%)	2,735 (1.9%)
Yoruba	75 (3.1%)	14 (.7%)	81 (3.2%)	64 (5.4%)	3,054 (2.1%)
Persian	33 (1.4%)	75 (4.0%)	38 (1.5%)	17 (1.4%)	5,108 (3.5%)
Other	389 (16.3%)	325 (17.3%)	443 (17.2%)	303 (25.6%)	68,537 (47.2%)
Total	2,381	1,875	2,571	1,181	145,097

Source: Census Bureau Population estimates for 2000, 2001, and 2002

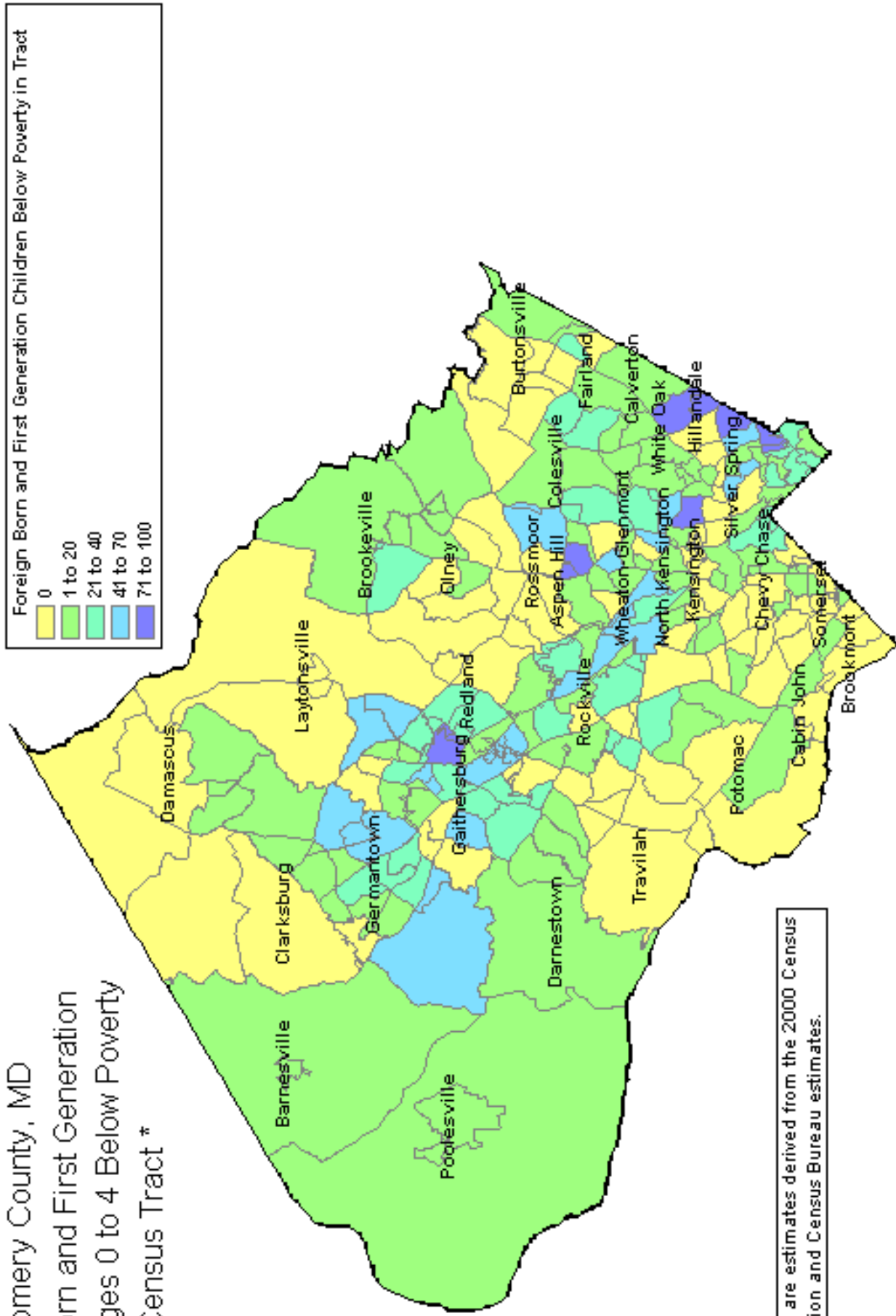
Citizenship. Among all heads of households and spouses/partners in Montgomery County, nearly three-quarters (71.3%) are native born. An additional 14.5% are naturalized, leaving 14.2% who are not U.S. citizens. Immigrants are 46.3% of the households with Head Start-eligible children (not U.S. citizens: 44.1%; naturalized citizens: 14.2%)(see Table 9). Map 9 presents the geographic distribution of foreign born and first generation immigrant children who are under five years old and living in poverty.

Table 9: Citizenship of Heads of Households and Spouses/Partners

Citizenship Status	Head Start-Eligible (Below Poverty Level)	Tier IA (Free Lunch-Eligible)	Tier IB (Reduced Lunch-Eligible)	Tier II	Total County
Citizen	1,819 (41.8%)	1,034 (36.0%)	1,809 (38.5%)	689 (39.3%)	371,851 (71.3%)
Naturalized	617 (14.2%)	535 (18.6%)	891 (19.0%)	450 (22.4%)	75,612 (14.5%)
Not a U.S. Citizen	1,921 (44.1%)	1,305 (45.4%)	1,997 (42.5%)	870 (43.3%)	74,141 (14.2%)
Total	4,357	2,874	4,697	2,009	521,604

Source: Census Bureau Population estimates for 2000, 2001, and 2002

Montgomery County, MD Foreign Born and First Generation Children Ages 0 to 4 Below Poverty by Census Tract *



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

3. WHERE ARE THE ELIGIBLE CHILDREN LIVING?

Map 1 shows the location of children, ages birth to four, from households below poverty. While there are pockets of poverty in the Damascus and Poolesville areas, the bulk of the children living in poverty are in the central corridor running along M-355 from Germantown, through Gaithersburg and Rockville and then continuing to Silver Spring.

4. HOW ACCESSIBLE ARE HEAD START SERVICES?

4.1 How close are eligible children to current Head Start sites?

Maps 10 and 11 show the location of Head Start and Pre-K sites, respectively. These maps indicate the greatest needs for Head Start sites in the Damascus and Poolesville areas. An analysis using Geographic Information System (GIS) was conducted to determine the number and percentage of Head Start-eligible children ages 0 to 4 who live within one-half mile or one mile of a Head Start and/or Pre-K site. Table 10 presents the results of the analysis.

Table 10. Children Ages 0 to 4 Below Poverty by Proximity to Sites

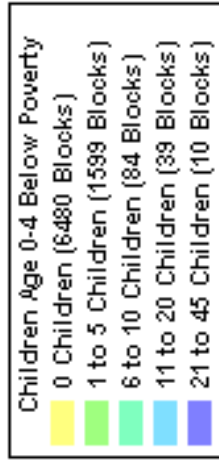
Type of Site	.5 Mile	%	1 Mile	%
A Head Start Site	752	18.5%	2,076	51%
A Pre-K Site	333	8.2%	1,477	36.3%
Either a Head Start OR a Pre-K site	1,072	26.3%	2,757	67.7%
A Head Start AND a Pre-K site	13	.3%	796	19.6%
Total Below Poverty	4,072			

* The percentage was calculated based on the total number of Head Start-eligible children ages 0 to 4 years (i.e., 4,072 children)

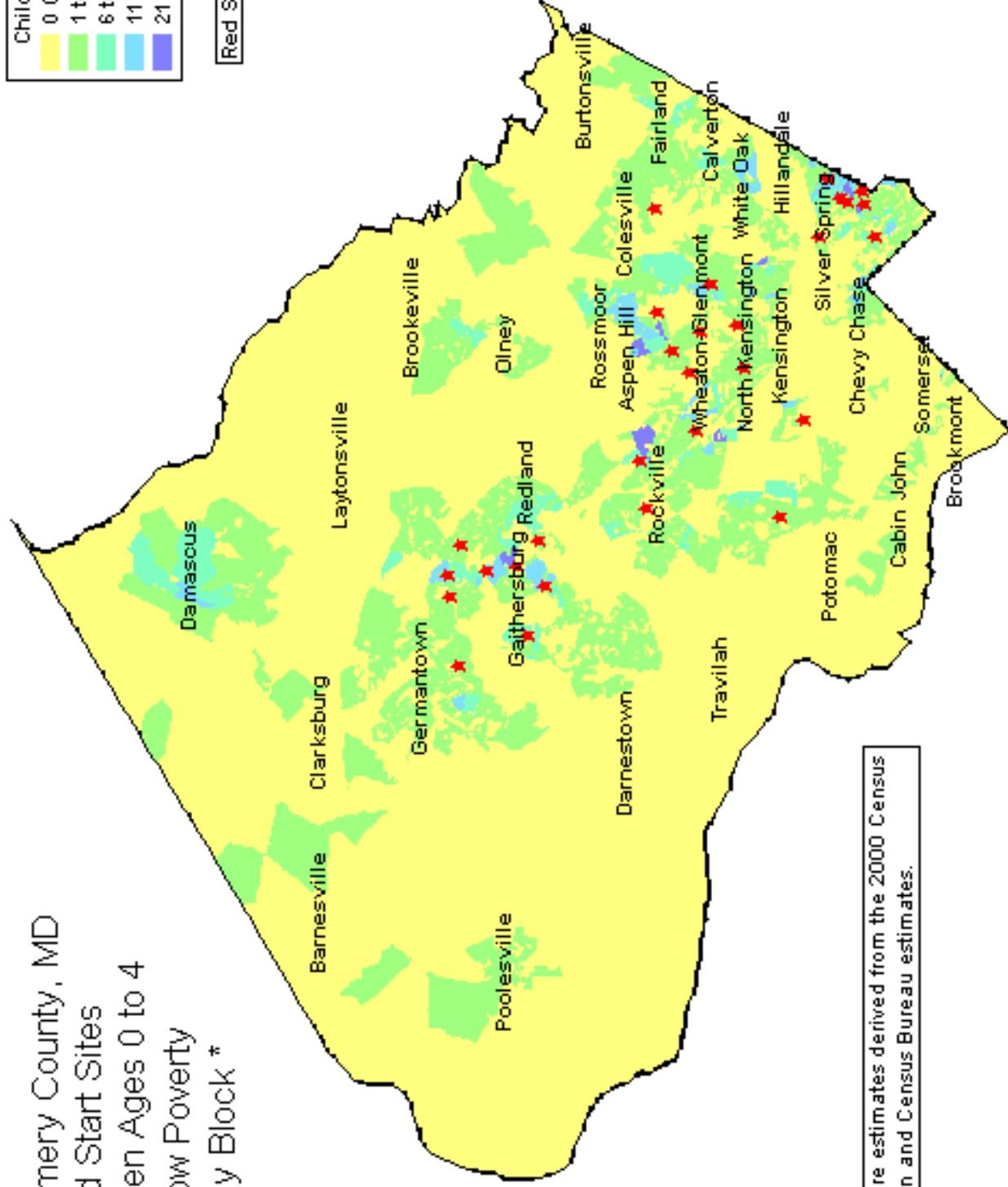
The results show that only 752 Head Start-eligible children (18.5%) reside within one-half mile of a Head Start site. However, over half reside within one mile of a Head Start site. The number of eligible children near a Pre-K site is much lower. The results also indicate that slightly over two thirds (67.7%) of Head Start-eligible children reside within one mile of either a Head Start site or a Pre-K site (recognizing that these two programs are not equivalent). Less than 1% reside within one-half mile of a Head Start as well as a Pre-K site.

The survey results also revealed that Head Start-eligible families tend to be fairly stable in their living arrangements and expected to remain at their present address more than two years (56.1%). The remainder plans to move in one to two years (16.4%), in six months to a year (13.2%) or in less than six months (10.1%). If this stability is representative of the overall population, planning new sites based on the maps provided in this report would be worthwhile.

Montgomery County, MD Head Start Sites Children Ages 0 to 4 Below Poverty by Block *



Red Stars are Head Start sites

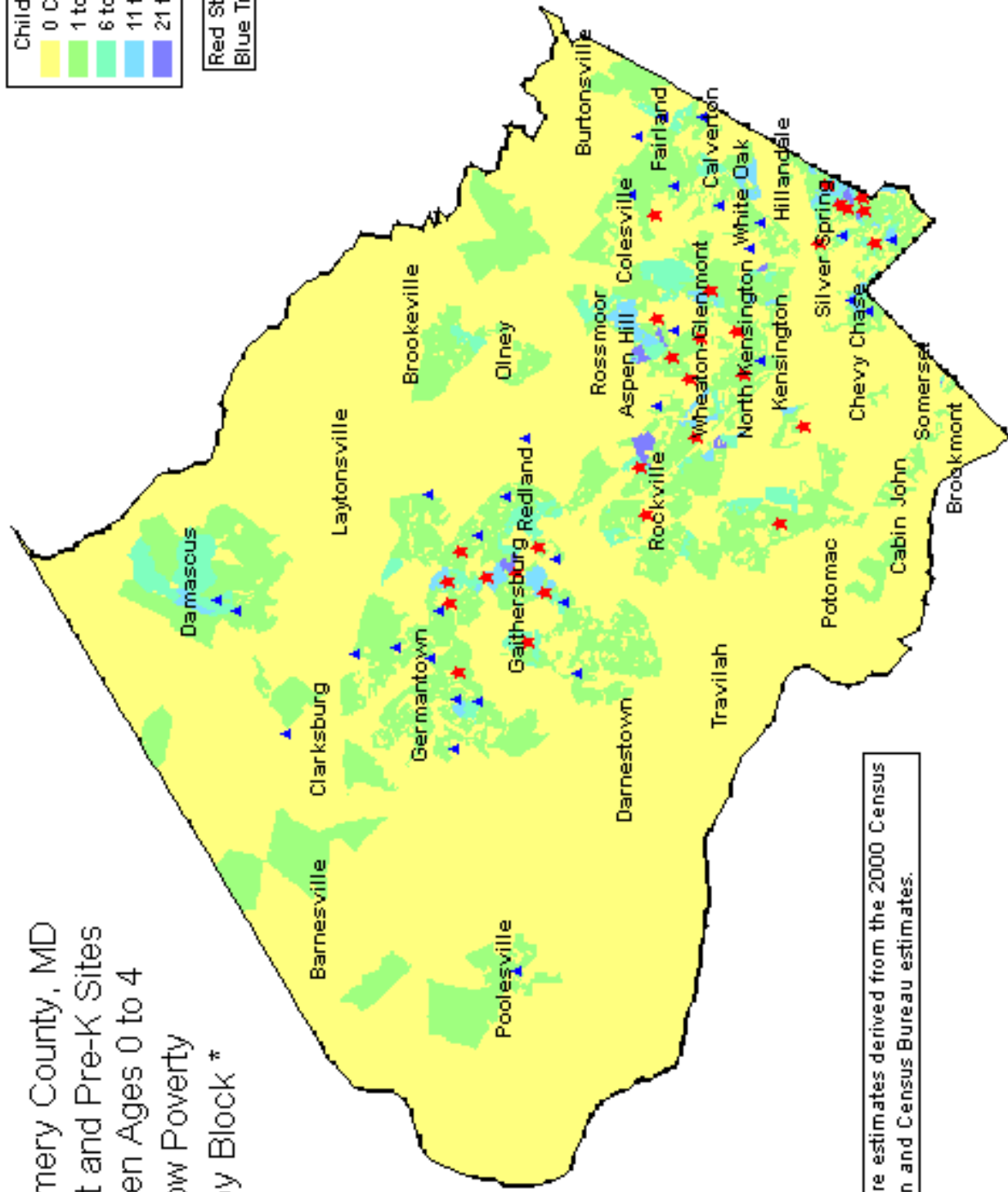


* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

Montgomery County, MD Head Start and Pre-K Sites Children Ages 0 to 4 Below Poverty by Block *



Red Stars are Head Start sites
Blue Triangles are Pre-K sites



* The data are estimates derived from the 2000 Census of Population and Census Bureau estimates.

4.2 How can eligible children be transported?

Focus group, small group, and interview participants were asked about methods of transportation that were available to them and whether they felt comfortable placing their child on a bus to transport their child to a program like Head Start. The modes of transportation most commonly reported by parents were by school bus or walking. Few parents reported owning personal vehicles.

School bus. A majority of the parents in the focus groups and those who were interviewed preferred the school bus as the primary mode of transportation to a Head Start site or child care; 71.4% of survey respondents were willing to put their children on a school bus for 30 minutes to a Head Start program site. The majority of the focus group participants preferred the travel time to be no more than 20 minutes. A few parents claimed the length of travel time did not matter because their children enjoyed the bus ride and they would be attending an enrichment program.

Walking. If the school bus were not available, the participants' second preferred mode of transportation was walking their child to the program, as long as the program is close to their home. For the parents who did not want their child to travel by school bus, walking appeared to be the popular choice. Only a handful of the parents mentioned they have access to a vehicle. While public transportation is a possibility, many of the parents would have difficulty using it because it meant they would have to travel with their child to the program, and then travel another distance to work or back to their home.

4.3 How do caregivers learn about Head Start?

Survey respondents were asked to identify how they first heard of the Head Start program. In general, these respondents heard about Head Start in one of two ways:

- From a relative, friend, or neighbor (40.4%) or
- From their child's school (38.4%).

See Table 11 for more details.

Table 11. Source of Head Start Information

Form of Reference	Percentage of respondents (n)
From a relative, friend, or neighbor	40.4% (59)
From their child's school	38.4% (56)
From a flyer at the grocery store, library, or other public place	6.8% (10)
From another agency (not the school or HOC)	6.2% (9)
From the newspaper, radio, or television	5.5% (8)
From the Housing Opportunity Commission (HOC)	.6% (1)
Other (The Internet)	1.4% (2)
Total	189

A small number of parents who knew about Head Start and participated in focus groups, small groups, and individual interviews reported they learned about this resource from the public library, from the school where there is a Head Start program, or by word of mouth from a relative or friend.

4.4 How can awareness of Head Start be improved?

Parents in the focus groups and interviews suggested the following ways to distribute information about Head Start:

- Public and local cable televisions programs (e.g., programs for specific ethnic groups);
- Brochures and other program information that are translated into different languages;
- Radio stations; and
- Advertisements at ethnic grocery stores and public libraries.

5. WHAT ARE THE SERVICE NEEDS OF FAMILIES AND WHAT ARE THE BARRIERS THEY FACE IN RECEIVING THESE SERVICES?

5.1 What developmental challenges are children facing?

Survey respondents were asked about difficulties their Head Start-eligible children may experience that could challenge their children's rate of learning. The three developmental challenges listed most often were:

- 16.9% reported their child had difficulty speaking; 3.2% did not know or were not sure;
- 15.3% reported their child had difficulty with emotions or emotional outbursts; 3.7% did not know or were not sure; and
- 9.5% reported their child had difficulty with toilet training; 2.6% did not know or were not sure.

Table 12 describes the number and percentage of respondents who indicated that their children experience difficulties in a variety of developmental areas.

Table 12. Number and Percentage of Responses to Questions about Childhood Difficulties

Difficulty	Percentage of Respondents (n)		
	Responded "Yes"	Responded "No"	Responded "Don't Know/Not Sure"
Difficulty speaking	16.9% (32)	79.4% (150)	3.2% (6)
Difficulty with emotions or emotional outbursts	15.3% (29)	79.9% (151)	3.7% (7)
Difficulty with toilet training	9.5% (18)	86.8% (164)	2.6% (5)
Difficulty eating	6.9% (13)	91.0% (172)	1.1% (2)
Difficulty hearing	3.7% (7)	94.7% (179)	1.1% (2)
Difficulty learning to walk	2.6% (5)	95.2% (180)	1.1% (2)
Difficulty seeing	2.6% (5)	95.2% (180)	1.6% (3)
Difficulty with movement, such as walking, standing, or grasping and lifting objects	2.1% (4)	96.3% (182)	.5% (1)
Total number of respondents	178		

Other challenges mentioned by more than one respondent are:

- Short attention span or the inability to pay attention (1.7%); and
- Communication problems (1.0%).

5.2 What are the Health and Human Service needs of families and how are they being met?

Services most needed. Survey respondents were asked whether they or anyone in their families had any health and human services needs in the past year. Those mentioned most often were:

- Medicaid/MCHIP or other health insurance (74.6%);
- Medical or dental care for your family (57.1%);
- Food and nutrition assistance, for example, financial assistance for food, food pantry, manna (50.3%); and
- Income assistance, for example, welfare, SSI, unemployment insurance (31.2%).

See Table 13 for more details about those who indicated needing the services in the past year.

Table 13. Number and Percentage of Respondents Who Needed Health and Human Services in the Past Year and Used the Services They Found

Services Needed	Percentage who needed services (n)	Percentage who needed, found, and used services (n)
Medicaid/MCHIP or other health insurance	74.6% (141)	87.2% (123)
Medical or dental care for your family	57.1% (108)	83.3% (90)
Food and nutrition assistance; for example, financial assistance for food, food pantry, Manna	50.3% (95)	92.6% (88)
Income assistance; for example welfare, SSI, unemployment insurance	31.2% (59)	88.1% (52)
Finding housing you can afford	30.2% (57)	61.4% (35)
Education assistance; for example, GED, college, learning to read, English as a second language	27.0% (51)	78.4% (40)
Child care	27.0% (51)	74.5% (38)
Finding a job	22.2% (42)	64.3% (27)
Help with transportation to get your child to child care	13.8% (26)	57.7% (15)
Help with transportation to get to work	12.2% (23)	78.2% (18)
Legal assistance	10.6% (20)	65.0% (13)
Mental health services for your family	10.1% (19)	94.7% (18)
Alcohol or drug treatment	1.6% (3)	100.0% (3)
Total number of respondents	189	

The services least found and able to be used by the families surveyed were the following:

- Help with transportation to get their child to child care (58%);
- Finding affordable housing (61%);
- Finding a job (64%); and
- Legal assistance (65%).

5.3 What are the differences between Head Start and other families with a similar income?

On only one dimension, “Medical or dental care for your family,” is there a significant difference in level of need between Head Start-enrolled and non-enrolled families ($\chi^2 [1, N = 173] = 11.16, p = .001$), in that enrolled families expressed less need for health care than did non-enrolled families. Likewise, of those who needed the services, enrolled families were more likely to use them when they found them ($\chi^2 [1, N = 99] = 7.68, p = .006$).

Although there was no difference in the level of need for the other services between Head Start-enrolled and non-enrolled families, there were significant differences in respondents’ using the services they did need. For the following services, enrolled families are more apt to use services than similar families that are not enrolled:

- Income assistance ($\chi^2 [1, N = 63] = 9.89, p = .002$);
- Food and nutrition service ($\chi^2 [1, N = 94] = 7.35, p = .007$);
- Child care ($\chi^2 [1, N = 48] = 21.05, p < .001$);
- Medical or dental care ($\chi^2 [1, N = 99] = 7.68, p = .006$); and

- Finding a job ($\chi^2 [1, N = 38] = 7.17, p = .007$).

5.4 What are the transportation needs in order to obtain services?

Respondents were asked to indicate whether they had transportation to access the needed services. While most are able to access transportation, getting to services is a barrier for some. Approximately two-thirds of respondents expressed no difficulty accessing transportation for the following services:

- Medicaid/MCHIP or other health insurance (69.5%);
- Finding housing you can afford (64.9%); and,
- Medical or dental care for your family (65.7%).

Those services for which the greatest proportion of respondents indicated they did not have transportation were:

- Income assistance (e.g. welfare, SSI, unemployment insurance) (66.0%);
- Legal assistance (60.0%); and
- Help with transportation to get your child to child care (57.7%).

Table 14. Number And Percentage Without Transportation to the Services They Needed

Services Needed	Percentage who DID NOT have transportation to services needed (n)
Medicaid/MCHIP or other health insurance	30.0% (31)
Medical or dental care for your family	27.7% (31)
Food and nutrition assistance, for example, financial assistance for food, food pantry, manna	37.4% (26)
Income assistance, for example, welfare, SSI, unemployment insurance	66.0% (39)
Finding housing you can afford	26.3% (15)
Education assistance, for example, GED, college, learning to read, English as a second language	33.3% (17)
Child care	35.3% (18)
Finding a job	33.3% (14)
Help with transportation to get your child to child care	57.7% (15)
Help with transportation to get to work	34.8% (8)
Legal assistance	60.0% (12)
Mental health services for your family	52.6% (10)
Alcohol or drug treatment	0
Total number of respondents	189

5.5 How comfortable are they with the services they received?

In addition to transportation problems, respondents were asked whether they felt comfortable with the help they found. The majority of the respondents felt comfortable with the help they received from most services. The services in which at least three-quarters of respondents felt comfortable were:

- Medicaid/MCHIP or other health insurance (83%);
- Food and nutrition assistance, for example, financial assistance for food, food pantry, Manna (81.1%);
- Child care (78.4%); and
- Medical or dental care for your family (76.9%).

However, the following resulted in nearly half of the respondents feeling uncomfortable:

- Legal assistance (45.0%); and
- Mental health services for your family (42.1%).

Table 15 contains the number and percentage of respondents who feel comfortable with the services.

Table 15. Number and Percentage Who Were Uncomfortable with the Services They Received.

Services Needed	Percentage who DID NOT feel comfortable with service provided
Legal assistance	45.0% (9)
Mental health services for your family	42.1% (8)
Help with transportation to get your child to child care	27.9% (7)
Finding housing you can afford	26.3% (15)
Finding a job	26.2% (11)
Help with transportation to get to work	26.1% (6)
Income assistance; for example welfare, SSI, unemployment insurance	25.4% (15)
Education assistance; for example, GED, college, learning to read, English as a second language	17.6% (9)
Child care	15.7% (8)
Medical or dental care for your family	12.0% (13)
Medicaid/MCHIP or other health insurance	10.6% (15)
Food and nutrition assistance; for example, financial assistance for food, food pantry, manna	10.5% (10)
Alcohol or drug treatment	0
Total number of respondents	189

6. WHO IS CARING FOR THE CHILDREN?

The majority of survey respondents (64%) care for their children themselves, similarly with the focus group participants. Of those surveyed, almost one third (30.7%) have someone else care for their child while they are working or at school (30.7%),

- 81% depend on a relative, friend, or neighbor for child care;
- 29.3% use a licensed child care provider;
- Less than one-fifth (17.2%) rely on their spouse or partner for child care;
- Almost one in four (22.4%) send their child(ren) to two providers a week; and
- 5.1% use three providers per week.

6.1 Where are the children being care for?

Children are also cared for in a variety of locations. Most (65.5%) are cared for at the child's home by a relative. See Table 16 for a break down of the different locations children are cared for while their parent(s) work or attend school.

Table 16. Locations of Child Care

Location of Child care	Percentage of Respondents⁶ (n)
At the child's home, by a relative	65.5% (38)
In a friend's or neighbor's home	31.0% (18)
A family child care home (for example, a location where a registered licensed, non-relative cares for more than one child at a time)	17.2% (10)
Other child care center/child development center (for example, a licensed facility)	15.5% (9)
In a relative's home	13.8% (8)
At the child's home, by a non-relative	8.6% (5)
Church nursery school	0
Parent cooperative ("co-op")	0
Total number of respondents	189

6.2 How far do parents travel for child care?

The majority of parents do not travel a significant distance for child care. Of the 66 survey respondents who travel for child care, 71.2% commute less than 15 minutes. Less than one-quarter (22.7%) travel between 15 and 30 minutes and only 6% commute longer than 30 minutes.

⁶ Respondents were permitted to select more than one care provider, so total percentages will exceed 100%.

6.3 At what times is child care needed?

Of the 61 survey respondents who need child care as well as all the parents who participated in the focus groups, small group interviews, and individual interviews, the amount of time that they required child care ranges from two hours to 15 hours per day during the week, with the most common hours of need being from 9:00 a.m. to 6 p.m. The survey results indicated that the respondents require an average of 7.5 hours per day (ranging from 7.4 to 7.8 hours, depending on the day) during the week from Monday through Friday.

Almost all the parents would like a combined child care-Head Start program that operates through the summer. The wide span of period for which child care is required is partly because of the irregular hours that many of the parents work; some of them need child care in the morning while others may need it in the evening. This was especially true for parents who are in the service industry as restaurant workers and cleaners. The parents' greatest concern with respects to hours of operation is that they would like to have flexibility in terms of the duration and time of the day, depending on their work shifts.

6.4 What are the financial costs and assistance needed for child care ?

Cost appears to be a significant factor for respondents when considering child care options. The results indicated that:

- Nearly half of the survey respondents (45.8%) and all the focus group participants cannot afford child care at all at this time;
- Almost one-quarter (23.5%) indicated that they could afford up to \$100 per month;
- 16.6% could afford between \$100 and \$200; and
- 13.8% could afford more than \$200 per month for child care.

Although more than half of the survey respondents (55.7%) have heard of governmental assistance for child care (i.e., Purchase of Service or Working Parents' Assistance), only 18.2% have ever received such assistance.

The majority of parents in the focus groups, especially those who recently arrived in the US, were unaware of the kinds of public assistance support available to them. According to the focus group participants who came as refugees, they get financial and housing support for three months after their arrival in the U.S.; however, because of the amount of time it takes to process their documents, they are often left without any financial or social support during this time; consequently they are unfamiliar with where to go for services while living in impoverished conditions. There also appeared to be some degree of misinformation about Head Start, child care programs, and other general services available to them. For example, a few parents who had heard about Head Start were under the impression that the program had been terminated.

7. WHAT DO PARENTS THINK ABOUT HEAD START?

7.1 What do currently enrolled families think about Head Start?

Head Start-enrolled survey participants responded positively about the program. When respondents rated seven characteristics of Head Start (along a five-point Likert scale, ranging from “Strongly Agree” to “Strongly Disagree”), nearly all respondents indicated they were either satisfied or very satisfied with all aspects listed (see Table 17).

Particularly appreciated by families were the child-centered services including:

- Helping your child grow and develop (98.4%);
- Preparing your child to enter kindergarten (96.9%); and
- Identifying and providing services for your child (for example, health screening, help with speech and language development, etc.) (94.6%).

The aspects of Head Start that garnered the least satisfaction were those that centered on services to the family as a whole. Even those categories, however, did not generate as much dissatisfaction as they did neutrality, suggesting that families do not feel strongly about these Head Start capacities one way or another⁷: Only 4.8% responded that they were “Dissatisfied” or “Very Dissatisfied” with the Head Start’s provision of services to families; 22.2% were neutral on the subject. Even fewer (3.1%) were dissatisfied or very dissatisfied with Head Start’s assistance with becoming involved in the community; 18.6% were neutral.

Table 17. Satisfaction with Various Aspects of Head Start

Aspect of Head Start	Percentage who responded “Satisfied” or “Very Satisfied” (n)	Mean Rating*
Helping your child grow and develop	98.4% (128)	4.61
Preparing your child to enter kindergarten	96.9% (127)	4.61
Identifying and providing services for your child (for example, health screening, help with speech and language development, etc.)	94.6% (123)	4.45
Being open to your ideas and participation	93.1% (122)	4.38
Supporting and respecting your family’s culture and background	93.1% (120)	4.40
Helping you become more involved in groups in your community	78.3% (101)	4.15
Identify and helping to provide services for your family (for example, financial assistance, transportation, etc.)	73.0% (92)	4.08
Total number of respondents	121	

*Where 1 = “Very Dissatisfied” and 5 = “Very Satisfied”

⁷ A second possible explanation is that respondents are not aware of these services, thus have few opinions about them.

7.2 What are the program components parents would like Head Start to offer?

Almost all the parents did not anticipate their children would face any major challenges when they enter kindergarten; however, they recognized that their children have to have basic cognitive and social skills in order to compete with other children. Immigrant parents were concerned with their children's ability to develop English language skills. Parents would most desire the following from Head Start:

School readiness. Almost all the survey respondents (95.8%) responded that they would “very likely” or “likely” enroll their children in Head Start if it were offered as an alternative to their current child care arrangements (see Table 18). On the other hand, the parents in the focus groups and interviews, except for those who know about Head Start, did not distinguish between a program like Head Start and general child care support. They viewed the entire program as a continuum of services that would enrich their children's learning ability. As such, they would like to see their children learn the alphabet, basic words, numbers, and colors in the program, as well as basic skills in computer use. These parents, especially those who recently migrated to the U.S., were concerned that their child would not be as prepared for school as their peers who might have had parents who have the capacity (e.g., English language skills, time, and knowledge) to teach their child the basic academic skills at home.

A culturally diverse setting. The majority of parents in the focus groups and small group interviews, regardless of their racial and ethnic background, wanted a culturally diverse setting for their children. This preference was also reflected by over half of the survey respondents (64.6%) who indicated that they would be “likely” or “very likely” to enroll their child in Head Start if the teacher were from a different culture (see Table 18). The parents in the focus groups and small group interviews also would like the teachers and other children with whom their child will interact to be culturally aware and sensitive. Immigrant parents whose native language is not English emphasized the importance of their child becoming bilingual and for the program to support multi-lingual communication. These parents were concerned that their children may not develop a positive self-concept if they attend a program where their culture is not valued. African-American and European-American parents also felt that their children's exposure to cultural and linguistic diversity would be advantageous for their social and academic development.

Parent involvement. The parents who stayed home to take care of their own children expressed a desire to become actively involved in their children's learning through the program. Some went as far as to say that they would like the program to educate parents on how to support their children's academic development. Immigrant parents discussed the struggle they have connecting with their children who rapidly become familiar with American values through the school. As a result, they would like more support for themselves to learn about cultural values associated with being American. These are parents who have older children and therefore, are familiar with the assimilation and intergenerational tension. Working parents reported difficulty in becoming engaged in their children's learning because of their demanding work schedule.

Small classroom size. Parents expressed that they would like for the number of children in each classroom be small enough for the teacher assigned to be able to keep a close eye on each

child. Parents reported that each teacher should be responsible for only a handful of children so that they may be able to provide each child with the attention they need and deserve. Parents were concerned about their child being in a large classroom setting and the teacher not being able to keep their child from being harmed by other children, staff, and/or strangers.

7.3 What are the desired schedules and locations for Head Start?

Survey respondents who are not currently enrolled in Head Start were asked a series of questions about their likelihood in participating in the program under certain conditions. On a five-point Likert scale, ranging from “Very Likely” to “Very Unlikely,” respondents were asked to indicate how likely they would be to place their child in a program with certain configurations (see Table 18). Most respondents were willing to place their child in a Head Start program under any of the conditions listed.

Desired schedule. Not all conditions were unanimously supported. Because of the need for full-day child care, 20.2% of respondents felt they were unlikely or very unlikely to enroll their children if the Head Start program operated three hours a day only during the school year (September to June). This was further supported by the parents in the focus groups who also preferred a Head Start program that operates for eight to 13 hours. It is important to note here that the focus group participants did not distinguish between a program like Head Start and general child care support. They viewed the entire program as a continuum of services.

Table 18. Likelihood of Respondents Enrolling Their Children in Head Start Under Certain Conditions

Head Start Conditions that Encourage Enrollment	Percentage who responded “Likely” or “Very Likely” (n)	Mean Rating*
If Head Start were offered as an alternative to your current child care arrangements...	95.8% (46)	4.50
If the Head Start program operated 6 hours a day all school year (September to June)...	85.1% (40)	4.36
If the Head Start program were run by the school (instead of a community agency)...	76.8% (33)	4.12
If the Head Start program operated 3 hours a day all school year (September to June)...	73.5% (36)	3.84
If the Head Start program operated for a full day all school year (September to June)...	72.9% (35)	3.96
If a school bus took your child from your home or child care giver to a Head Start location for 30 minutes and then returned him or her to your home or child care giver....	71.4% (35)	3.94
If the teacher at the Head Start program was from a different culture...	64.6% (31)	3.65
If the Head Start program were run by a community agency, such as a YMCA, a church or family service agency (instead of the school)...	63.1% (29)	3.72
If the Head Start program were run by your current child care provider...	58.5% (24)	3.80
Total number of respondents	48	

*Where 1 = “Very Unlikely” and 5 = “Very Likely”

The parents who work preferred to be able to drop off their child as early as 6 a.m., while the parents who did not work were comfortable with starting at 8 a.m.

Location. Parents who stated a preference for the location of a Head Start Program were inclined towards a school-based program. This is likely because they have other children in school, which makes it more convenient for them, or they believe that a program located within a school setting is more oriented towards learning. Other parents who did not have a preference for the program to be either school- or community-based reported that it was more important for the program to be located near their home.

8. WHAT ARE THE BARRIERS TO PARTICIPATING IN HEAD START?

Transportation was the most frequently reported barrier. Parents that participated in focus groups, small groups, and individual interviews reported that if school buses were not available and the program is not within walking distance, some of the parents would face transportation

problems because they do not live on a public transportation route. In addition, there are no Head Start sites near some of the communities with high numbers of eligible families. There are also many eligible children who cannot attend a Head Start program due to the limited slots available.

Information related to Head Start is translated into five languages; however, the participants' comments suggested that they do not have access to the information. It may be that the information is not distributed through channels that are familiar and accessible to them.

9. WHAT IS THE FEASIBILITY OF EXPANDING HEAD START INTO COMMUNITY-BASED ORGANIZATIONS?

A Working Group of local child care providers was convened to explore the feasibility of developing community-based Head Start programs and the challenges and barriers of placing Head Start classrooms in their community-based centers. The Working Group was recruited from providers attending the technical assistance session for vendors interested in Head Start Before and After School Child care Services on October 21, 2003. At that meeting, the Working Group facilitator from ASDC explained the community assessment process and Montgomery County Head Start's desire to explore alternative models for Head Start service delivery, including expanding the community-based service delivery model. The proposed model would use community-based child care centers to provide Head Start services. Centers would be responsible for hiring teaching staff and all other aspects of the required services. The providers were asked to participate in the Working Group to discuss the feasibility of child care centers' collaboration to provide Head Start classrooms.

Three meetings with the Working Group were held within a one-week period. Each lasted an hour and a half. An Assessment Team member facilitated. A second team member took notes and provided logistical support. Of the 19 providers who originally volunteered, eight participated in at least two out of three meetings, while 11 attended at least one meeting. Providers were given \$100 as incentive for their participation. Results of this working group indicated that child care providers were ready but "cautious" about undertaking this effort before developing a relationship with the County.

9.1 Meeting process

At the first meeting, Beverly Brown, Parent Involvement Coordinator of the Pre-Kindergarten and Head Start Unit of Montgomery County Public Schools, briefed participants on the Head Start standards and requirements. Group members also received a packet of Head Start information from Ms. Brown entitled, "Head Start Performance Standards and Outcome Measures." Debbie Brol, the director of the Peppertree Children's Center, also shared her experiences as a Head Start classroom provider in Montgomery County. Prior to adjourning, participants were given a worksheet to complete in preparation for the next meeting. This worksheet asked participants to consider the advantages and disadvantages to becoming a community-based Head Start provider, as well as the modifications they would have to make to accommodate a Head Start classroom.

The second meeting involved discussing programmatic issues and needs in implementing a Head Start program. Participants discussed the advantages and barriers to providing

community-based Head Start services and the resources they would need to incorporate such a program into their center. The final issues discussed at the conclusion of the meeting included: the next group meeting's focus and the fiscal issues of becoming a Head Start site. In preparation for that meeting, participants were given a budget worksheet to help them think specifically about what financial resources they might need to implement a Head Start program.

The third meeting focused on the financial requirements for becoming a community-based Head Start site. The discussion included the anticipated costs to providing Head Start services and the financial feasibility of such a plan. The participants used the budget worksheets from the previous meeting to facilitate the discussion.

The findings of the Working Group indicate interest and concern among child care providers in providing community-based Head Start services. The remainder of this report will focus on the ideas and concerns presented at the Child care Providers Working Group meetings.

9.2 Advantages to providing Head Start services

The Working Group mentioned child benefits frequently. The following advantages to providing Head Start services were found:

- Being able to serve more children;
- Having the children in one location all day (for both classroom time and wrap-around child care) would provide consistency and stability for the students; and
- Reducing bus time for children, since they would not have to be transported to separate child care centers after Head Start.

The Working Group members also liked the idea of mixing Head Start students with other students in their centers, believing it would provide for a diversity-rich environment. Finally, providers expressed enthusiasm about providing their students with the supportive services offered by Head Start and the possibility of identifying concerns in the younger siblings of Head Start students to link them with resources early.

9.3 Most attractive Head Start services

Providing well-rounded services to the parents of Head Start students is also attractive to these child care providers. Specifically mentioned were:

- Family home visits;
- Parent involvement in the services;
- Parent education component;
- One location for parents to deal with.

9.4 Other advantages

Another advantage mentioned by the Working Group members is the high quality training Head Start offers that would be available to child care centers. Those who currently lease space owned by Montgomery County Public Schools also expressed a hope that their space would be less susceptible to repossession if they offered a Head Start classroom. Finally, because

children would be provided both Head Start and child care services in one location, transportation costs for the school district would decrease.

9.5 Overall disadvantages to providing Head Start services

As with the advantages, many of the disadvantages mentioned by the providers focused on those facing the children. The following are disadvantages to providing Head Start services:

- Inability to integrate Head Start children with non-Head Start children within the classroom, which may contribute to a sense of segregation for the children and their parents;
- Greater competition for eligible children;
- Beliefs and attitudes held by tuition-paying parents about Head Start families which would require some public relations efforts and education;
- Inability to provide quality services and facilities to special needs children; and
- Having adequate space for programs was also mentioned as a concern, including the risk of losing space owned by school district a concern, and the lack of adequate storage space for supplies for a new classroom.
- The amount of paperwork believed to be required by Head Start and the possible need to hire additional staff for that task.

Difficulties covering the cost of providing a Head Start classroom. Because Head Start offers a myriad of supportive services (e.g., psychological services, dental and medical assessment services, etc.), providers expressed a concern about the cost of implementing those services. If these required services were not provided or paid for by MCPS, they would entail a substantial cost to the providers.

Salary disparities could cause tensions. Working Group members acknowledged they are not able to pay their staff the same amount paid by MCPS. In order to meet Head Start requirements, they would be required to hire teachers with the same credentials, as well as offer salaries and benefits similar to MCPS in order to attract high quality teachers. Even if they were provided adequate funding, this may cause difficulties among their current staff that are not paid at that level. They expressed concern about the negative effects this would have on their staff.

Losing control of their operations. Working Group members described a reluctance to be on what they call the “receiving end of a bureaucracy” they cannot control. They realized they probably would be dependent on MCPS for many aspects of their program (e.g., referral of students, training of staff, etc.) and wondered how smoothly this relationship would work.

Better collaboration is needed among MCPS, child care providers, and other community organizations. Working Group members described the relationship between their centers, Montgomery County Head Start, and each center’s community. Providers expressed a need for closer collaboration and inclusion in the educational system in Montgomery County. They stated a clearly articulated agreement between the providers and MCPS would be helpful in promoting the collaboration they seek. Furthermore, they described being seen by their communities and by other early childhood agencies as mere babysitters and felt they would need assistance in educating the public about their true role and responsibilities.

Working Group members discussed current concerns they had with the child care system in general, as well as their relationship with MCPS. All wished for a stronger collaboration and system of communication between their centers and the school district. They also discussed what they believe is a misperception by of their centers and their work by MCPS personnel. They believe community-based child care centers have the image of low-skilled babysitters who do little in the way of developmental or educational activities. According to group members, this perception would have to change for them to work closely and collaboratively with the schools.

Need training in addressing special needs of children. Because the providers expect they would serve children with different needs (e.g., physical disabilities, learning disabilities, emotional challenges, etc.), they would like to have access to training for special needs and/or staff who are skilled at dealing with children with challenges.

Additional space is needed. Providers expressed a need for additional space or a guarantee of space, for those leasing from MCPS. The providers agreed they would need assurances they would receive at least baseline funding if they were to make the required changes to their program, even in the absence of a fully enrolled Head Start classroom. They feared that after hiring new staff and setting up a classroom, there would be no children enrolled, and, consequently, they would not be compensated. The providers in the working group also wanted assistance marketing their services. Whether they institute Head Start in their centers or not, providers expressed a need for additional, stable classroom space.

Differing schedules for Head Start and Pre-K. The different hours of operation for Head Start and Pre-K are another challenge. Because Head Start is a 3.25-hour program and Pre-K is a 2.5-hour program, there are different class beginning and ending times. These different time schedules already cause difficulty for the centers that provide wrap-around services, and providers anticipate this may present new problems providing Head Start classroom programming.

Insufficient subsidies. Providers also discussed the recent reductions of Purchase of Care (POC) funding and Working Parents Assistance (WPA), which have affected the families they serve; some parents have already had to withdraw their children from child care due to lack of assistance. Although they were not certain how it would impact their capacity to provide Head Start services, they did feel it would have an effect.

9.6 Anticipated costs in providing Head Start services

Generally, discussion about the costs associated with providing a Head Start classroom focused on a six-hour class day for a full year. Working Group members felt they could provide a Head Start classroom, including staff, supplies, and space for about \$200,000. They came to this figure based on the following calculations.

Personnel costs. Working Group members agreed personnel costs would account for the bulk of their costs, at about 80% of total budget. Using MCPS starting salaries for teachers and instructional aides, Working Group members anticipated their salary, taxes, and fringe benefits

would equal between \$117,000 and \$120,000, including providing for substitute teachers for staff illness and vacation. Providers generally agreed they would not hire any administrative support or staff not directly required by Head Start.

These figures may be underestimated if centers are required to provide the full benefits package offered by MCPS in order to remain competitive in recruiting staff. These figures also assume the centers will not be responsible for hiring Family Service Workers or any of the support staff (e.g., psychologists, speech pathologists, etc.) required by Head Start. Should these positions be required of all centers, personnel costs will increase.

Facilities. Aside from personnel, the largest operating expense for providers are facility costs (e.g., rent). This cost varies, however, depending on whether or not the center leases space from a school. Generally, if the space is leased from the MCPS, utilities and maintenance are included in their rent, and the annual cost is lower than if the space is owned by the center or leased from another party. Group members agreed space, utilities, telephone, and maintenance of a Head Start classroom might range from \$10,000 to \$25,000.

Equipment. New equipment for opening an additional classroom would also be a substantial initial cost. Providers estimated they would need at least \$10,000 in start-up funding to buy furniture and other equipment, and \$2,000 to \$3,000 each year thereafter for repair and replacement. Program and office supplies were estimated at \$1,500 to \$2,000 per year.

Food. Snacks and meals also present a significant expense. Based on each child having one lunch and two snacks (for a six-hour class day), programs calculated between \$3 and \$5 per day per child, which is between \$13,260 and \$22,100 per year for each classroom. This cost may be offset, however, by use of the food bank (available to centers with nonprofit status) or with the federal food reimbursement program.

Other costs, including training, advertising, and transportation of children for field trips, were mentioned by the providers and were generally between \$1,000 and \$2,000 each.

9.7 Other financial issues

Providers mentioned several other issues that may impact the financial feasibility of implementing a Head Start classroom in their centers. These concerns fell into two broad categories:

- Type of child care agency; and
- Staff with different pay scales and qualifications.

Providers agreed that the type of agency may mitigate the feasibility of administering a Head Start program. For example, larger organizations may have a more generous salary and benefit structure. One Working Group member mentioned her organization, the YMCA, is already in a good position to compete with Montgomery County in the recruitment of employees. Other providers noted they would have serious difficulty doing so within their current structure and resources.

An additional issue faces for-profit providers. Not-for-profit agencies have certain advantages that for-profit agencies do not. For example, for-profit agencies are not eligible for food bank services, nor can they provide tax deduction incentives for donations. Both issues may increase the level of financial support the for-profit agency would require from a granter.

Concerns about staffing focused on providers' desires not to have unequal salary schedules within their centers. They realized the need to pay Head Start staff competitive wages, but do not think they could offer all their staff similar salaries. Once again, they fear disparities in salaries will cause decreased morale and increased staff tensions.

Providers also expected they would need to have greater linguistic capabilities should they begin enrolling Head Start students. This capacity may necessitate the hiring of bi- or multi-lingual individuals or engaging translation services.

9.8 Summary of child care provider needs

Overall, the child care providers who participated in the Working Group felt developing a partnership with MCPS and the DHHS in the provision of community-based Head Start services is appropriate and welcomed. They also expressed a sincere interest in being involved in this effort and assisting in the development of the partnership. Although they have concerns about the execution of such a plan, they agree that stronger collaboration is needed. Working Group members expressed a keen interest in exploring this model of collaboration further, even while they were describing the multiple barriers involved in initiating Head Start classrooms at their child care centers.

10. SUMMARY OF FINDINGS

Number of eligible children. According to the estimates conducted for the community assessment, there are currently an estimated 767 four year olds eligible for Head Start, and the "pipeline" (one and two year olds) appears to have larger numbers of Head Start-eligible children. However, it is probable that the number of eligible four-year-olds in Montgomery County is significantly greater than stated in the Census that was used to estimate the current population.

Location of eligible children. While there is a pocket of children under four years old living in poverty in the Damascus area and some in the Poolesville area, the bulk of the children living in poverty are in the central corridor running along M-355 from Germantown, through Gaithersburg and Rockville and continuing to Silver Spring.

Access to Head Start. The majority of parents questioned preferred a school bus for transportation of their children to a Head Start site. They indicated travel time should be less than 30 minutes, preferably less than 20 minutes. If a school bus is not available, the participants' second option was walking their child to the program, as long as the program is close to their home. 752 eligible children (18.5%) reside within one-half mile of a Head Start site, and over

half reside within one mile of a Head Start site. Only a handful of the parents mentioned they have access to a vehicle.

Service needs. Health insurance was the most commonly mentioned health and human services need, followed by medical or dental care, food and nutrition assistance, and income assistance. Respondents were also asked to indicate whether they had transportation to access the needed services. While most are able to access transportation, getting to services is a barrier for some. Finding jobs, getting transportation to work and child care, affordable housing, and legal services were among the biggest service gaps. Most respondents felt comfortable with the help they received from most services. However, nearly half of the respondents felt uncomfortable with legal assistance and mental health services. The findings suggest that Head Start families might have better access to health related services than similar income families not enrolled in the program.

Preferred Head Start program components. Parents recognized their children should have basic cognitive and social skills, and immigrant parents were concerned with their children's ability to develop English language skills. The majority of the parents, regardless of their racial and ethnic background, want a culturally diverse setting with culturally aware and sensitive teachers for their children. Parents who stay home to take care of their own children expressed a desire to become actively involved in their children's learning through the program. Immigrant parents would like more support for themselves to learn about cultural values associated with being American.

Desired schedule. Almost all the parents would like a combined child care-Head Start program that operates through the summer. The results from the survey, focus groups, small group interviews, and individual interviews revealed that on average parents would like the program to operate approximately 7.5 hours a day. The parents' greatest concern with respects to hours of operation is that they would like to have flexibility in terms of the duration and time of the day, depending on their work shifts.

Barriers to participation in Head Start. Parents that participated in focus groups, small group, and individual interviews reported factors that would make it difficult for their child to participate in a program like Head Start. Transportation was a concern for parents and they expressed that if school buses were not available and the program is not within walking distance, some of the parents would face transportation problems because they do not live on a public transportation route. Translation of information into their native language and effective distribution of the information would be necessary for them to learn about the resources the program has to offer and to remain abreast of what their child is exposed to in the program. Because parents did not distinguish between child care and programs like Head Start parents that work non-standard work hours explained that hours of operation would have to be more flexible for their child to be able to participate.

Feasibility for Head Start programming through community-based organizations. Among Working Group members the following advantages to providing Head Start services were found:

- Being able to serve more children;

- Having the children in one location all day for both classroom time and wrap-around child care; and
- Alleviating bus time for children, since they would not have to be transported to separate child care centers after Head Start.

Working Group members also liked the idea of mixing Head Start students with other students in their centers, believing it would provide for a diversity-rich environment. Child care providers expressed enthusiasm about providing their students with the supportive services offered by Head Start and the possibility of identifying concerns in the younger siblings of Head Start students to link them with resources early. Providers also were interested in providing well-rounded services to the parents of Head Start students.

Disadvantages to providing Head Start services included:

- Possible difficulty integrating Head Start children with non-Head Start children;
- Great competition for eligible children;
- Dispelling preconceived negative beliefs by tuition-paying parents about Head Start families;
- The ability to provide quality services to special needs children, lack of adequate space for supply storage required for a new classroom;
- Difficulty implementing all of the supportive services provided by Head Start;
- Concerns about salary disparities; and
- Being at the “receiving end of a bureaucracy.”

Working Group members expressed a need for closer collaboration and inclusion in the educational system in Montgomery County.

11. RECOMMENDATIONS

The following recommendations are made by the Assessment Team based on the information presented in this report and discussion with advisors.

Improve how to determine the number of eligible children within the county. Because there is a likely undercount of low-income children by the Census, any numbers derived solely from the Census may not yield accurate estimates. Also any conclusions drawn from comparisons between the actual number of children enrolled and the number reported by the Census are not very useful due to the undercount of children some families under report their income to make their children eligible. Therefore, estimates regarding the number of slots that should be made available should be both greater than and based on more than just Census data, and should include other factors, such as: the number of undocumented residents and homeless; and the number of households that might present themselves as having incomes eligible for Head Start in order to have their child enrolled, but might report higher incomes to Census or other demographic sources.

Locate programs close to eligible children. Expand Head Start programs into areas in the county where eligible children do not have access. At the present time there are areas in the County, such as Damascus and Poolesville, where there are concentrations of eligible children

who do not have easy access to Head Start. Montgomery County has made efforts in the past to locate a Head Start program in Damascus and although pre-kindergarten programs are not equivalent to Head Start programs they have been made available in those areas.

Improve outreach. To access underserved and marginalized communities it is necessary to tap into the social organization of community by identifying entry points the community itself is comfortable and familiar with (e.g., announcements on ethnic television programs, along with advertisements in ethnic newspapers and grocery stores). Consider increasing the number of languages into which materials about the program are translated.

Expand the cultural, linguistic, and technological component. Ensure that the current program curriculum and teacher trainings include cross-cultural competence. Consider expanding the linguistic component of the program so that it is bi- or multi- lingual, which parents both native and non-native English speakers expressed would be advantageous for their children. Continue to provide computers and encourage their use so that children have exposure to computers they may not be able to get anywhere else before entering kindergarten. Educate parents on how they might be able to extend the educational services the program provides at home once they enter grade school.

Flexible year-round schedules for Head Start and child care. Not all parents of Head Start-eligible children work between the hours of 9 a.m. and 5 p.m. Therefore, a program model that extends and/or provides a more flexible program schedule and is available year round will be necessary for these parents.

Provide transportation. Transportation should be provided for eligible children who live in areas where public transportation is not readily accessible. Most parents expressed the need for some form of transportation unless the programs were located walking distance from their homes. While 30 minute trips might be feasible, parents were more comfortable with transportation time of 20 minutes or less.

Build community-based organizations' capacity for Head Start. Head Start should continue discussions about Head Start expansion with child care providers. Some consideration should be given to expanding the current community-based programs to include a Head Start teacher that can provide wrap-around care. Child care providers assert they should be treated as partners in the expansion process, as well as providing them with: technical assistance, financial management, and other assistance to address their barriers to implement Head Start program components.

Develop partnerships with community-based organizations. Better collaboration is needed among MCPS, child care providers, and other community organizations. Working Group members described the relationship between their centers and Montgomery County Head Start as non-existent. Closer collaboration and inclusion in the educational system in Montgomery County is needed if an expansion effort into community based organizations is given further consideration.

APPENDIX A: COMMUNITY ASSESSMENT METHODS

1. DEMOGRAPHIC ANALYSIS METHODOLOGY

The goal of the demographic analysis was to estimate the number of children below age five whose families fall below the federal poverty level. For this study the Census Bureau Population estimates for 2000, 2001, and 2002 were used to determine this in Montgomery County.

Generally, demographic analysis of this type rests on understanding and estimating patterns of fertility, mortality and migration. Fertility and mortality rates are relatively stable in Montgomery County, but estimating migration is difficult. To generate the most valid data possible, the migration pattern for the period 2000 to 2002 was analyzed using the 2000 US Census data and the 2002 US Census of Population estimates⁸ to calculate migration during the period 2002 to 2003. Once the number of age appropriate children in Montgomery County was estimated, the Census of Population of 2000 was used to derive the number of Head Start income-eligible children (i.e., below federal poverty level) within the group of age-eligible children.

As mentioned in the body of the report, Head Start has enrolled or wait-listed nearly as many children as were identified in the demographic calculations. Thus, this figure is likely an undercount of the total number of eligible children in the county. It is probable the number of eligible four-year-olds in Montgomery County is significantly greater than stated here.

One possible explanation for this discrepancy is the different ways in which families characterize their household incomes. When completing Census data forms, families may be more likely to include incomes from all working household members, whereas, when seeking services dependent on being financially in-need, they may use only the incomes of the parents of the child or other ways to ensure eligibility.

A second explanation may be the neediest children are not being counted at all by the Census. Children who are homeless or who move from household to household, but have no stable housing, may never be identified in the Census count, yet would still be eligible for Head Start services.

Another problem in estimating the number of low-income children is that of undocumented immigrants. Estimates suggest between five and 15 percent of immigrants are undocumented and between 29,000 and 63,000 of undocumented immigrants reside in Maryland. The broad range of these estimates shows how unclear the true number is. Furthermore, the Census Bureau acknowledges that some undocumented immigrants respond to the Census, but again the number is unknown. In the absence of accurate estimates, it is only possible to state that the current estimates are low, but probably include an unknown percentage of undocumented immigrants.

⁸ Please note that this calculation of migration patterns had mortality rates embedded in it (due to time constraints), but because mortality rates are fairly static, their inclusion will not affect the calculations.

2. SURVEY METHODOLOGY

The overall goals of the questionnaire was: (1) to identify the health, social, and other family-support service needs of low-income and Head Start-eligible families and their preferred patterns for using these services; (2) to determine the availability of needed services; (3) to discover barriers to accessing and receiving these services; and (4) to learn of any unmet family needs. The content of the questionnaire was based on needs identified by the Head Start Community Assessment Advisory Group, the Head Start Family and Child Experience Survey (FACES)⁹, the National League of Cities' Early Childhood Needs and Resources Community Assessment Tool¹⁰, and community assessment questionnaires previously developed by ASDC. The questionnaires were customized to fit the needs, both cultural and programmatic, of Montgomery County and were made available to respondents in four languages (English, Spanish, French, and Korean).

Prior to administration, members of the Head Start Community Assessment Advisory Committee and Head Start Social Service staff (e.g., social workers and Family Service Workers) reviewed the survey. Changes requested by each group were then integrated into the survey.

Survey Composition

Two versions of the survey were created which had four sections in common: 1) challenges faced by children that may affect the rate they learn; 2) family health and human services needs and barriers to meeting those needs; 3) child care needs and arrangements; and 4) demographics. The survey completed by Head Start-enrolled families also included a section on satisfaction level with different aspects of the Head Start Program, and the survey completed by non-enrolled families included a section on different conditions under which they might enroll in Head Start.

The first section provided a list of behavioral or developmental difficulties children may face and asked the respondent to answer "Yes," "No," or "Don't Know/Not Sure" if their child had experienced any of the listed difficulties. The introductory question read, "Some children have difficulties that challenge their rate of learning. Compared to other children under age 5, has your child had difficulty with any of the following tasks," followed by a list of developmental, behavioral or physical challenges a child may face. Respondents were also given space to list their own concerns about their child's development or behavior.

The second section included a series of root and contingency questions about whether the respondent's family had needed or used health or human service assistance and the barriers they experienced in seeking help. First respondents were asked whether they or their families had needed a service in the past year. If they answered affirmatively, they were asked three subsequent questions: (1) whether they had transportation to access the service they needed; (2) whether the help they sought felt comfortable; and (3) whether they used the services they found.

⁹ Head Start. (Spring 1999). Head Start family and child experiences survey. Washington, DC.

¹⁰ National League of Cities. Early childhood needs and resources community assessment tool. Washington, DC.

The instructions read, “Has your family needed any of the following services? If your answer to question **a** is **yes**, please respond to the next three questions (**b**, **c**, and **d**). If your answer to question **a** is **no**, then leave questions **b**, **c**, and **d** unchecked, and move on to the next service listed.” An example of the format of this section is as follows:

<i>Please select your response by putting a check in the correct box.</i>	a) In the past year have you or anyone in your family needed...		b) IF YOU FOUND HELP, did you have transportation to get to it?		c) IF YOU FOUND HELP, did it feel comfortable?		d) IF YOU FOUND HELP, did you use the services you found?	
	Yes	No	Yes	No	Yes	No	Yes	No
Income assistance ; for example, welfare, SSI, unemployment insurance								

In the third section, respondents were asked a series of questions about their child care arrangements and needs, such as the number of care providers they use each week, the location(s) at which their child(ren) are cared for, who cares for their child, and the number of hours per day they need child care, etc. This section also asked about their familiarity with governmental child care assistance.

The demographics section asked respondents to identify: (1) the number of children (both under the ages of 18 and five) and adults living in the household, the relationship of the respondent to the child under age five; (2) the country of birth of both the respondent and the child; (3) the racial, ethnic group and/or nationality of the respondent; (4) zip code; and (5) the length of time the family intends to live at its current address.

In addition to the sections above, Head Start-enrolled respondents were asked to rate their satisfaction level with certain aspects of the Head Start program. On a five-point Likert scale, ranging from “Strongly Disagree” to “Strongly Agree,” respondents were asked to rate their satisfaction with the program on such characteristics as how it helped their child prepare for kindergarten, how it supported the family’s culture, and how it provided services for the child and the family.

Respondents who are not enrolled in Head Start were asked to rate the likelihood of their enrolling their child in Head Start under certain conditions, including different hours of programming, different program locations, and if their child were bussed to the program site. Responses for these questions were also based on a five-point Likert scale ranging from “Very Likely,” to “Very Unlikely.”

Participants

Survey respondents fell into three groups: (1) Families currently enrolled in Head Start services; (2) Participants in the focus groups, who were not enrolled in Head Start; and (3) Head Start wait-listed families. Of the 189 completed surveys, 58.7% (n = 111) were completed in English, 38.6% (n = 73) were completed in Spanish, 2.1% (n = 4) were completed in French, and .5% (n = 1) was completed in Korean.

Recruitment and Administration

Participant recruitment and survey administration varied depending on the family's relationship with the Head Start program. Families not enrolled or known to Head Start were recruited using community partners as described in the Focus Group and Interview Methods. These respondents completed the surveys themselves after the focus groups and interviews concluded.

To recruit the Head Start wait-listed families, Montgomery County Head Start generated lists of families who had registered for Head Start services, but were not yet enrolled due to lack of space. The list was divided by racial/ethnic groups, as identified in Head Start records and given to the ASDC Assessment Team. Members of the team then telephoned the families and administered the questionnaires as part of the individual interviews.

Prior to recruiting Head Start-enrolled families, the ASDC Community Assessment Team provided MCHS with the proportionate breakdown of the racial/ethnic groups among Head Start-eligible families in Montgomery County, as determined by the 2000 US Census. MCHS then generated lists of Head Start families at each Head Start site grouped by race and ethnicity in order to recruit families for participation in proportions reflective of the racial/ethnic make-up of the county.

The Head Start family lists were given to MCPS Family Service Workers to administer the survey via a telephone interview to their assigned families. Community Assessment Team members met with Family Service Workers twice prior to survey administration to train them on basic questionnaire administration and interviewing techniques.

Characteristics of Sample

Respondents to the surveys lived throughout Montgomery County. Three regions, however, produced the largest number of participants: Gaithersburg (18.0%; n = 34); Silver Spring (11.6%; n = 22); and Aspen Hill/Glenmont (10.6%; n = 20). All others were scattered throughout.

A total of 189 usable questionnaires were completed. Most of those were completed by Head Start-enrolled parents (69.3%; n = 131). Head Start wait-listed parents comprised 14.5% (n = 19) of the sample, and families not known to Head Start made up 20.1% (n = 38). Of these participants, 169 provided information about their race, ethnicity, or nationality:

- 43.2% (n = 73) identified themselves as Latino/a/Hispanic;
- 17.2% (n = 29) identified themselves to be Black/African-American;

- 16.0% (n = 27) identified themselves as African immigrants;
- 10.7% (n = 18) identified themselves to be White/Caucasian;
- 5.3% (n = 9) identified themselves to be Asian-American/Asian;
- 1.2% (n = 2) identified themselves to be Native American/Pacific Islander; and
- 6.5% (n = 11) are either not captured in the above categories or are bi-racial/bi-ethnic.

While most of the respondents' children were born in the United States (84.4%; n = 157), the majority of the respondents were foreign born (65.6%; n = 122). The country the greatest proportion of respondents identified their birthplace was El Salvador (19.4%; n = 36), followed by Mexico (6.5%; n = 12). Aside from the United States, no one country was listed significantly more than the others as child's birthplace.

The groups sampled for the survey portion of this assessment is reflective of the Head Start-eligible population in Montgomery County to varying degrees. This assessment tended to over sample the Latino/a/Hispanic population and under sample the White/Caucasian and Asian-American/Asian population. Table 1 provides a comparison of the racial/ethnic groups captured in this assessment and those captured by the 2000 US census.

Table 1. Comparison of the proportion of each racial/ethnic group in the Head Start-eligible population in Montgomery County with that of the current assessment.

Racial/Ethnic Group	Proportion of the Eligible Population in Montgomery County	Proportion of the Head Start Survey
Latino/a/Hispanic	32.0%	43.2%
Black/African-American/African*	33.2%	32.6%
White/Caucasian	22.7%	10.7%
Asian-American/Asian	9.3%	5.3%
Native American/Pacific Islander/Other*	7.7%	8.3%

*For comparison purposes, these groups are combined.

Household Data

Generally survey respondents identified themselves as the mothers in the household (79.9%; n = 151), with the remainder being fathers (11.6%; n = 22), grandparents (3.2%; n = 6), or other relative or guardian (3.2%; n = 6). Nearly all respondents have children under the age of 18 (97.9%; n = 185), with most having more than two children in the home (57.2%; n = 108). Furthermore, virtually all respondents have at least one child under the age of five (96.8%; n = 183), with a significant proportion having more than one under five (48.7%; n = 92). Although the majority of respondents (57.7%; n = 109) live in homes with one or two adults, 40.2% live in homes with more than two adults (n = 76).

Data Analysis

Because most surveys were completed within an interview format, very few questionnaires contained missing data. However, three surveys were more than 50% incomplete and were eliminated from analysis. This resulted in a total sample size of 189.

All surveys were entered into an SPSS database for analysis purposes. Analysis included frequencies and descriptives including range, means and number of occurrences for each response.

3. METHODOLOGY FOR FOCUS GROUP AND INTERVIEWS

Recruitment

Focus groups. ASDC planned to conduct ten focus groups with assistance from community organizations that are likely to have contact with parents who are eligible for Head Start and other pre-kindergarten programs and who may or may not be participating in these programs. The organizations contacted included faith-based institutions, refugee resettlement services, child care centers, community centers, schools, parent resource centers, public libraries, and immigrant organizations. Incentives, in the form of cash (\$100) and toys, were provided to these community organizations for their help. Each community organization that agreed to help was provided with information explaining the assessment and the specific criteria for participation in the focus groups; along with a sign-in sheet that indicated the parent's name, whether or not they have children five years old or younger, live in Montgomery County, and were low-income. These organizations recruited and convened the parents at their facilities. In one instance, ASDC staff waited outside a food bank and recruited individuals to participate.

Two staff members from ASDC were assigned to each group, one for facilitation and the other for recording. A protocol was developed to guide the focus group. This protocol included the following questions:

- Who takes care of your child while you are at work or at school?
- Do you expect your child to face any challenges when he/she enter kindergarten? What would those challenges be?
- If the county were to create a program to help you prepare your child for kindergarten, what should that program look like?
- Would they be willing to let their child get on a school bus to get to the program? How long would you be willing to put your child on a bus?
- If a school bus were not available how would you get/transport child to program?
- What would be the most convenient location of the program?
- Do you know about Head Start or any other programs and services that help your child prepare for school?
- What other concerns, questions, and comments do you have?

Participants were informed that their responses will not be linked to their names, but instead will be aggregated along with many other responses. For parents from South and Central

America, a Spanish-speaking focus group facilitator and a recorder who understands and writes Spanish convened the focus groups. Parents were asked to introduce themselves and to tell the group how many children they have and their ages.

At the end of each focus group, parents were asked to complete the Head Start assessment questionnaire. The focus group facilitator explained the purpose of the questionnaire, and along with the recorder, helped individuals who had difficulty with the questions. Each participant received \$20 when they completed the questionnaire.

The responses were immediately transcribed after each focus group. Both the facilitator and recorder reviewed the transcript for accuracy.

Due to challenges faced by our community organization partners, ASDC's community assessment team had to develop alternative methods to collect information from Head Start-eligible parents that were not currently enrolled in Head Start or similar programs. In three of the five focus groups that were conducted, there were individuals who did not have children five years old or younger or children at all. The team became aware of their attendance when the participants were asked to introduce themselves and state the number of children they have and their ages. They were present at the focus groups because of several unexpected reasons: the recruiter did not screen properly; they were there to accompany their friends who have children; they ignored the recruiter's instructions; or they felt that their experiences should be also documented even though their children were older than five years.

It was made clear to these individuals that they would not receive the cash incentive. If they did not voluntarily leave, the facilitator allowed them to stay because of the time and effort they had taken to attend the meeting. The recorder documented each participant's statements and, as a result, the team was able to exclude the ineligible parents' responses in the analysis.

Small group interviews. In more than one setting, the participants either arrived at different times, despite prior confirmation of the time of the focus group, or did not all show up. We ended up conducting small group interviews with the individuals who showed up. The protocol used for the focus group was used for these small group interviews. A total of three small group interviews were conducted. Two parents participated in each group interview.

Interviews. The recruitment challenges for focus groups also led ASDC's community assessment team to conduct individual interviews by telephone. These individuals were identified through the Head Start wait-list as well as a church that kept a database of its members and their demographic information. The church had helped the team recruit individuals for a focus group as well. The focus group protocol was adjusted to include a transcript to introduce the purpose of the call. The interviewer contacted the parent, explained the purpose of the interview, and asked if the person had about 20 minutes to answer the questions. If the person were not available at that moment, the interviewer scheduled another time to conduct the interview. In addition to the focus group questions, the interviewer reviewed and completed the Head Start assessment questionnaire with the parent over the telephone. Any questions in the focus group protocol that were also included in the Head Start assessment questionnaire were

eliminated to avoid duplication. The participant received a \$20 grocery store gift certificate by mail. A total of 22 individuals were interviewed using this method.

Sample

The majority of participants in the focus groups, small groups, and individual interviews (both non-enrolled and wait-listed Head Start families) are two-parent households, typically with one working spouse. As a result, most of these participants took care of their own children. There were three reasons for this situation. First, some parents opted not to work because child care in Montgomery County is unaffordable and, as one mother said, “all of the money she earned would go into child care anyway.” Second, some parents were recent refugees and immigrants to the U.S. who are still in the process of learning English and are unaware of resources available to them. Third, the economic decline has made it difficult for them to get work. These participants’ responses also indicated that both father and mother took turns to watch their children. Grandparents and other relatives were also popular choices for child care providers among the participants.

Analysis

A list of codes was developed that reflected the research questions asked in the Head Start community assessment. For example, codes were developed for the following:

- Type of child care provider;
- Preferred transportation to program;
- Ideal components of a program; and
- Challenges and concerns.

A member of ASDC’s Head Start assessment team coded the data from the focus groups and interviews. A second member reviewed the coded data. These two members then worked together to identify patterns that were supported by three or more participants. The responses of participants who are not eligible for Head Start were not included in the analysis.

Limitations

The information is based on self-reports from parents. Parents were more likely not to report any difficulties their children may be having, whether in a group setting or in the assessment questionnaire, for two reasons: they feared that it might reduce their chances of getting child care or enrolling their children in Head Start, or they simply did not want to be perceived badly by their friends or the interviewer. The focus group conveners and interviewers did their best to convey the purpose of the assessment and the anonymity of their responses and to encourage honesty.

The linguistic diversity of the participants also posed a limitation in terms of the ability to capture accurate perceptions and assessments. Different groups of people have different cultural practices related to preparing their child for school and expectations for the developmental stages

of a “healthy” child. ASDC’s staff frequently had to rely on related concepts and not just the literal translation of the terms in the protocol or the questionnaire.