KOOTASCA Community Action
Head Start & Early Head Start

Community Needs Assessment 2026

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Executive Summary

2026 Community Needs Assessment At a Glance		
352 Households contributed	**90** Community stakeholders contributed	**195** Children served in 2025–2026
14.7% child poverty in Itasca County	**17.6%** child poverty in Koochiching County	**Most frequently reported needs:** • Emergency savings • Transportation • Utility costs • Mental health and stress • Dental care

KOOTASCA Community Action conducts a comprehensive Head Start community assessment to understand the children and families who may be eligible for Head Start and Early Head Start, the conditions affecting their well-being, the strengths and resources available in the service area, and the gaps that should inform program planning. This 2026 needs assessment is designed as a focused supplement to KOOTASCA's broader 2026 Community Needs Assessment and should be read alongside that report.

The assessment covers KOOTASCA's service area of Itasca and Koochiching Counties. It combines current demographic and poverty data, responses from 352 households and 90 community stakeholders, completed 2025–2026 Head Start and Early Head Start Program Information Reports, and the regional resource inventory contained in KOOTASCA's 2026 Community Needs Assessment.

Key Findings

Key Findings at a Glance				
Child poverty Exceeds the Minnesota average in both counties	**Family pressures** Emergency savings, transportation, utilities, mental health and stress, and dental care	**Childcare shortages** Most acute for infants, toddlers, and nontraditional hours	**Access barriers** • Housing instability • Provider shortages • Long travel distances • Service navigation	**Community strengths** Early childhood partnerships, food access systems, and nonprofit collaboration

- Child poverty remains higher than the Minnesota average in both counties, at 14.7 percent in Itasca County and 17.6 percent in Koochiching County.
- Families with children report substantial financial pressure related to emergency savings, transportation, utilities, mental health and stress, and dental care.

- Childcare and youth needs are much more pronounced among households with children. These include childcare or preschool, after-school and summer care, youth activities, and care during evenings, weekends, or other non-traditional hours.
- Community stakeholders identified affordable housing, cost of living, behavioral health, substance use, and transportation as leading regional concerns. Families with young children were identified as one of the populations most affected by community gaps.
- The region benefits from strong early childhood supports, food access systems, nonprofit collaboration, school and public agency partnerships, and a broad network of community resources.
- Persistent gaps include limited infant and toddler care, limited nontraditional-hour care, transportation barriers, provider and workforce shortages, housing instability, behavioral health and dental access, and difficulty navigating available services.

Planning Implications

- Maintain strong recruitment and enrollment attention to children experiencing poverty, homelessness, foster care, disability, housing instability, transportation barriers, and other circumstances identified through the assessment.
- Evaluate whether current locations, calendars, daily schedules, and program options align with parent work, school, and training schedules across a large rural service area.
- Continue strengthening infant and toddler capacity, early intervention coordination, behavioral health supports, transportation solutions, and referrals for housing, food, healthcare, dental care, and financial stability.
- Use accessible communication methods and trusted partners to reach families who may not know what services are available or who face geographic, disability, language, technology, or transportation barriers.

  The findings provide a current evidence base for program planning, annual updates, Policy Council input, and governing body decisions.

Purpose, Requirements, and Method

Purpose and Relationship to the 2026 Community Needs Assessment

This assessment is intentionally concise. It does not repeat the full demographic, household, community, agency, and resource analysis contained in KOOTASCA's 2026 Community Needs Assessment. Instead, it draws forward the findings most relevant to eligible infants, toddlers, preschool-age children, expectant mothers, and their families, then supplements them with Head Start program and early childhood system information.

Current Head Start Requirements

Under 45 CFR §1302.11(b), a Head Start program must conduct a comprehensive community assessment at least once during the five-year grant period and annually review whether significant updates are needed. The current regulation requires relevant information about:

- Eligible children and expectant mothers, including poverty, race and ethnicity, homelessness, foster care, disability, geography, and languages spoken.
- Education, health, nutrition, and social service needs, including economic factors and barriers to participation such as transportation.
- Typical work, school, and training schedules of parents with eligible children.
- Other child development and childcare services, including home visiting and public preschool, plus approximate numbers and ages of eligible children served.
- Community resources, especially transportation and culturally responsive supports.
- Community strengths and gaps in resources relevant to eligible children and families.
- How information will guide equitable, inclusive, accessible services; enrollment, recruitment and selection; partnerships; and communication with prospective and enrolled families.

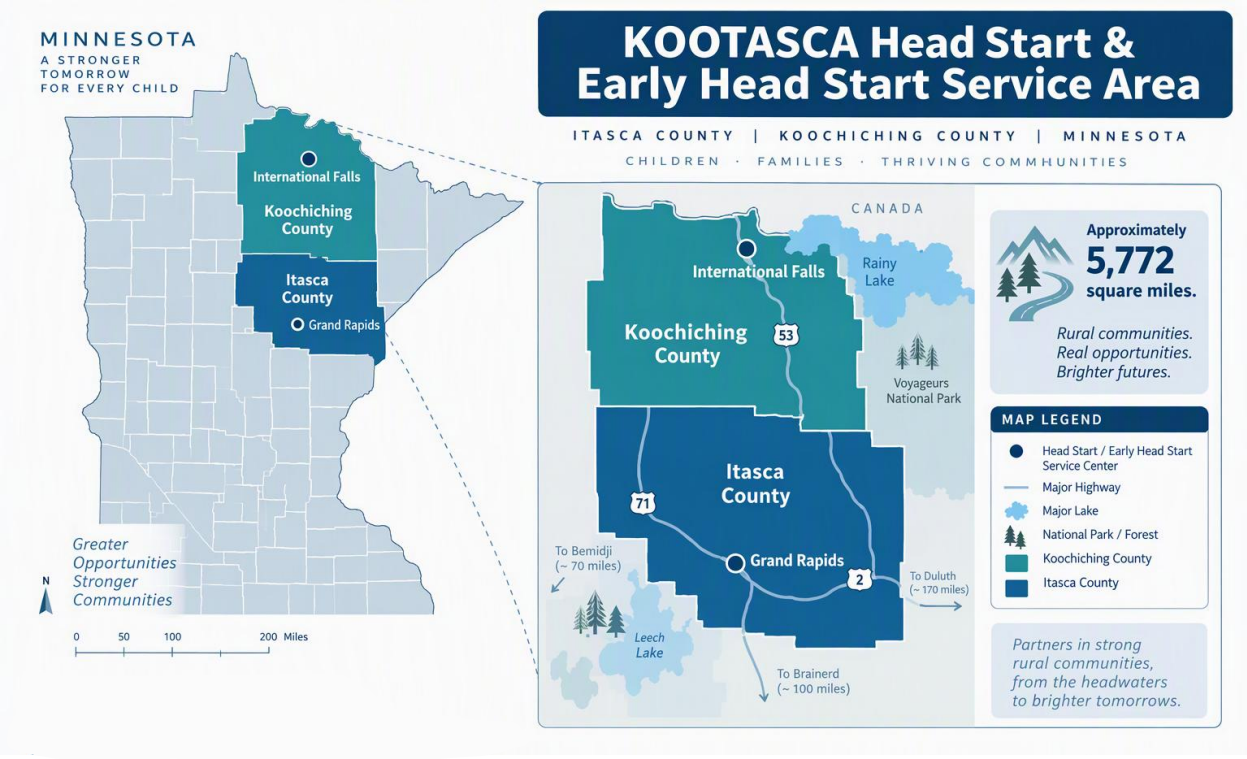
Source: *45 CFR §1302.11, current Electronic Code of Federal Regulations, accessed August 2026; Community Assessment: The Foundation for Program Planning in Head Start, Office of Head Start, 2019.*

Table ES-1. Assessment Sources

Source	How It Is Used
KOOTASCA 2026 Community Needs Assessment	Primary source for county demographics, poverty, household and community survey findings, strengths, resources, gaps, and cross-cutting needs.
2026 Household Survey	Direct input from 352 households, including comparisons for households with children.
2026 Community Survey	Input from 90 community leaders, partners, and service providers about needs, strengths, system gaps, and collaboration.
Head Start program records	Completed 2025–2026 Head Start and Early Head Start PIR reports covering enrollment, eligibility, attendance, disabilities, health, family services, and staffing.
Early childhood and community sources	Current information on foster care, homelessness, childcare, public preschool, home visiting, early intervention, and local access conditions.

1. Demographic Makeup of Eligible Children and Families

Service Area and Regional Context



KOOTASCA's Head Start and Early Head Start service area spans approximately 5,772 square miles across Itasca and Koochiching Counties. Grand Rapids and International Falls are the largest service centers, while families in smaller and remote communities often travel long distances to reach employment, childcare, healthcare, education, and social services.

Table 1.1. Service Area Demographic and Economic Profile

Indicator	Minnesota	Itasca County	Koochiching County
Estimated population, 2024	5,793,151	45,275	11,833
Population under age 18	23.2%	20.2%	17.5%
Population below poverty level	9.3%	12.2%	10.9%
Population below 200% of poverty	22.2%	29.3%	26.6%
Child poverty rate, under age 18	10.3%	14.7%	17.6%
Median household income	$89,062	$68,603	$66,940

Source: KOOTASCA 2026 Community Needs Assessment, Part 2. Public sources include the U.S. Census Bureau, MN Compass, and Minnesota State Demographic Center.

Both counties have higher child poverty rates and lower median household incomes than Minnesota overall. Financial hardship also extends above the official poverty line. Nearly three in ten Itasca County residents and more than one in four Koochiching County residents live below 200 percent of the Federal Poverty Level.

Estimated Eligible Population Method

Estimates use the U.S. Census Bureau's 2020–2024 American Community Survey 5-year Table B17024, Age by Ratio of Income to Poverty Level, for each school district. The estimated population below 125 percent of poverty is the sum of the Under .50, .50 to .74, .75 to .99, and 1.00 to 1.24 categories. Consistent with the 2023 assessment, this population is allocated evenly across six single-year ages: two-sixths for Head Start preschool ages 3 and 4 and three-sixths for Early Head Start ages birth through 2. Figures are rounded to the nearest whole child. These are planning estimates, not counts of all children who meet Head Start eligibility criteria. Formal eligibility also includes categorical pathways such as homelessness, foster care, and qualifying public assistance, while income eligibility is determined using the applicable federal poverty guidelines. ACS estimates for small rural districts have substantial margins of error, and a reported estimate of zero should not be interpreted as proof that no eligible children live in the district.

Table 1.2. Estimated Population Under Age Six Below 125 Percent of Poverty by School District

School District	Population Under Age 6	Population Under 6 Below 125% of Poverty	Percent Below 125% of Poverty	Estimated Head Start Ages 3–4	Estimated Early Head Start Ages 0–2
Greenway 316	492	49	10.0%	16	25
Deer River 317	341	183	53.7%	61	92
Grand Rapids 318	1,413	273	19.3%	91	137
Nashwauk-Keewatin 319	181	60	33.1%	20	30
Itasca District Total	**2,427**	**565**	**23.3%**	**188**	**283**
International Falls 361	434	54	12.4%	18	27

School District	Population Under Age 6	Population Under 6 Below 125% of Poverty	Percent Below 125% of Poverty	Estimated Head Start Ages 3–4	Estimated Early Head Start Ages 0–2
Littlefork-Big Falls 362	56	4	7.1%	1	2
South Koochiching 363	30	0	0.0%	0	0
Koochiching District Total	**520**	**58**	**11.2%**	**19**	**29**
Total Service Area	**2,947**	**623**	**21.1%**	**208**	**312**

Current Head Start Enrollment

KOOTASCA's completed 2025–2026 PIRs provide the following profile of children served. The Early Head Start report lists eight funded center-based slots and 11 children served cumulatively; its separate federal funded-enrollment field was reported as zero, so the table uses the program-option slot count for planning.

Table 1.3. Head Start and Early Head Start Enrollment Profile, 2025–2026

Indicator	Head Start	Early Head Start	Combined
Funded enrollment / funded center-based slots	187	8	195
Cumulative enrollment	184	11	195
Children under age 1	0	3	3
Children age 1	0	5	5
Children age 2	34	3	37
Children age 3	71	0	71
Children age 4	79	0	79
Center-based classes	12	2	14

Source: *KOOTASCA Community Action, 2025–2026 Head Start and Early Head Start Program Information Reports.*

Race, Ethnicity, and Languages

Itasca and Koochiching Counties are less racially and ethnically diverse than Minnesota overall, while American Indian and Alaska Native residents represent a larger share of the population than they do statewide. KOOTASCA's 2026 household survey also found higher reported utility, mental health, dental, and homeownership challenges among households

of color. These patterns support culturally responsive outreach and continued partnership with Tribal nations and Tribal service systems.

Table 1.4. Community Demographic Characteristics and Head Start and Early Head Start Enrollment

Characteristic	Itasca County ACS	Koochiching County ACS	PIR: Head Start / Early Head Start
White alone	91.1%	92.2%	122 / 7
Black or African American alone	0.6%	0.8%	3 / 0
American Indian or Alaska Native alone	3.5%	2.6%	12 / 1
Asian alone	0.4%	0.4%	0 / 0
Native Hawaiian or Other Pacific Islander alone	Less than 0.1%	Less than 0.1%	0 / 0
Some other race alone	Not separately reported	Not separately reported	0 / 0
Two or more races	4.5%	4.1%	42 / 2
Hispanic or Latino, any race	1.8%	1.7%	8 / 0
Primary home language: English	Not available for children under age five	Not available for children under age five	183 / 11
Primary home language other than English	Not available for children under age five	Not available for children under age five	0 / 0
Primary home language not reported or unspecified	Not available for children under age five	Not available for children under age five	HS: 1 unspecified; EHS: none

Source: *U.S. Census Bureau, 2020–2024 American Community Survey five-year estimates, as presented in QuickFacts for Itasca and Koochiching Counties; KOOTASCA Community Action, 2025–2026 Head Start and Early Head Start Program Information Reports.*

Note: *ACS race and ethnicity figures describe the full county population, while PIR figures describe enrolled children. Hispanic or Latino ethnicity is reported separately from race.*

During 2025–2026, English was the primary home language for 183 of 184 Head Start children and all 11 Early Head Start children. No child had a reported primary home language other than English. Eight Head Start children were identified as dual language learners; none were reported in Early Head Start. The PIR race and ethnicity categories show that American Indian and multiracial or multiethnic children are meaningfully represented among enrolled families, supporting culturally responsive outreach and continued Tribal partnerships.

2. Children Experiencing Homelessness, Foster Care, and Disabilities

Children and Families Experiencing Homelessness

Children and families experiencing homelessness are categorically eligible for Head Start and Early Head Start. Under the McKinney-Vento definition, homelessness can include living in shelters or motels, staying in places not intended for habitation, or temporarily sharing housing because of housing loss or economic hardship.

During 2025–2026, KOOTASCA served 27 children in 25 families that experienced homelessness: 23 Head Start children in 21 families and four Early Head Start children in four families. Nine families acquired housing during the enrollment year. These figures describe enrolled children and do not provide a complete estimate of homelessness among all eligible young children.

A reliable community-wide count of children under age five experiencing homelessness is unavailable. However, Wilder Research's 2023 Minnesota Homeless Study documents continued homelessness among Minnesota children and families. KOOTASCA's 2026 Community Needs Assessment also identifies affordable housing, rising housing costs, inadequate housing conditions, and limited emergency and transitional housing as regional concerns.

These findings indicate that homelessness and housing instability remain relevant to Head Start outreach, eligibility determination, attendance, and connections to housing and family support services.

Children in Foster Care

Children in foster care are categorically eligible for Head Start and Early Head Start and may benefit from coordinated enrollment, transportation, developmental, health, and family supports.

During 2023, 206 children associated with Itasca County and 52 associated with Koochiching County experienced out-of-home care. The reported age categories included 60 children under age six across the two counties.

Table 2.1. Children Under Age Six Experiencing Out-of-Home Care by Responsible Agency, 2023

Responsible Agency	Under Age 3	Ages 3–5	Birth Through Age Five Total
Itasca County	23	16	39
Koochiching County	10	11	21
Service Area	33	27	60

Source: *Minnesota Department of Human Services, Minnesota's Out-of-Home Care and Permanency Report, 2023, Table 9. The birth-through-age-five total is calculated by adding the reported Under Age 3 and Ages 3–5 categories.*

State data indicate that American Indian and multiracial children represent a substantial share of children experiencing out-of-home care, particularly in Itasca County. Available county data do not provide race and ethnicity specifically for children under age six.

These county figures include children of all ages and do not indicate how many were eligible for Head Start or Early Head Start. During 2025–2026, 16 enrolled Head Start children and no Early Head Start children were in foster care at any point during the program year. Six Head Start children were referred by a child-welfare agency.

The county and program data can help guide recruitment and coordination with child-welfare agencies, particularly for infants, toddlers, and preschool-age children entering or continuing in out-of-home care.

Children with Disabilities

During 2025–2026, 62 Head Start children had an Individualized Education Program (IEP), representing 33.7 percent of Head Start cumulative enrollment. Four Early Head Start children had an Individualized Family Service Plan (IFSP), representing 36.4 percent of Early Head Start cumulative enrollment; all four received early intervention services. Head Start referred 20 children for IDEA evaluation, and all were evaluated, determined eligible, and served. Early Head Start referred two children; one was evaluated and determined eligible, while one did not receive an evaluation during the reporting period. The PIR did not report a reason for the incomplete evaluation.

Table 2.2. Children with an IEP or IFSP, 2025–2026

Program	Children Enrolled	IEP/IFSP	Percent
Head Start Preschool	184	62 IEP	33.7%
Early Head Start	11	4 IFSP	36.4%

Source: *KOOTASCA Community Action, 2025–2026 Head Start and Early Head Start Program Information Reports.*

3. Education, Health, Nutrition, and Social Service Needs

Household Needs Affecting Families with Children

The 2026 Household Survey identified interconnected financial, health, housing, and transportation pressures. The following findings were reported by households with children under age 18 and provide important context for Head Start families, although they are not limited to households with children under age six.

Table 3.1. Needs Reported by Households with Children, 2026

Need	Households with Children Reporting a Problem
Building emergency savings	81.6%
Reliable and affordable transportation	72.3%
Utility costs	70.9%
Managing mental health and stress	69.4%
Accessing dental care	63.1%
Accessing safe activities for youth and teens	46.1%
Childcare during nontraditional hours	42.2%
After-school or summer care	38.3%
Childcare or preschool	28.2%

Source: *KOOTASCA 2026 Community Needs Assessment, Tables 3.7 and 3.8. Percentages represent respondents reporting the item as somewhat or seriously a problem.*

Current Head Start and Early Head Start PIR indicators further illustrate the health and social-service circumstances of enrolled children and families.

Table 3.2. Health and Family Service Indicators, 2025–2026

Indicator, 2025–2026	Head Start	Early Head Start
Children with health insurance at year-end	176 (95.7%)	9 (81.8%)
Children with an ongoing source of healthcare	178 (96.7%)	11 (100%)
Children current on preventive and primary healthcare	148 (80.4%)	11 (100%)
Children diagnosed with a chronic health condition	33 (17.9%)	3 (27.3%)
Children with accessible dental care at year-end	156 (84.8%)	5 (45.5%)
Children receiving oral-health preventive care	174 (94.6%)	9 (81.8%)
Families receiving emergency or crisis intervention	79 (47.9%)	6 (54.5%)
Families receiving housing assistance	39 (23.6%)	1 (9.1%)
Families receiving mental-health services	24 (14.5%)	2 (18.2%)

Source: *KOOTASCA Community Action, 2025–2026 Head Start and Early Head Start Program Information Reports.*

Education and Child Development

The region has strong early childhood partnerships and developmental services, but families continue to experience gaps in affordable childcare, infant and toddler care, after-school and summer programming, and care during evenings and weekends. Long travel distances and workforce shortages further limit access. These conditions affect children's participation in consistent early learning and parents' ability to work, attend school, or complete training.

Health, Mental Health, and Dental Care

Mental health and stress were reported as a problem by 69.4 percent of surveyed households with children, and dental care by 63.1 percent. Community stakeholders also identified behavioral health and substance use among the region's leading challenges. Provider shortages, transportation, cost, insurance, and wait times can prevent families from using available care. Head Start's screening, referral, follow-up, health education, and partnership functions remain important components of the regional response.

Nutrition and Food Security

The 2026 Community Survey identified food access and distribution systems as the region's strongest service asset. Resources include Head Start meals, WIC, SNAP, school meal programs, KOOTASCA food pantries and community meals, local food shelves, Second Harvest Northland, and other community food partners. Even with these resources, rising food costs and household financial strain continue to affect family nutrition and stability.

Housing, Transportation, and Financial Stability

Transportation costs and reliability, utility costs, emergency savings, debt, and housing stability affect families' ability to maintain predictable routines and participate in services. In a rural service area, a program may be available but not practically accessible if a family lacks a reliable vehicle, cannot afford fuel or repairs, or cannot coordinate transportation with work and childcare schedules.

4. Parent Work, School, and Training Schedules

At enrollment, 127 of 176 families (72.2 percent) had at least one parent or guardian who was employed, participating in job training, or attending school. This included 119 of 165 Head Start families and eight of 11 Early Head Start families. Forty-nine families had no parent or guardian engaged in those activities. The PIR does not identify work shifts, commuting time, or whether program hours fully align with family schedules. KOOTASCA should continue monitoring these factors through enrollment conversations, parent input, and annual assessment updates.

The 2026 Household Survey reflects varied employment circumstances across the service area, including full-time and part-time employment, unemployment, inability to work, caregiving, and school participation. More directly, 42.2 percent of households with children identified childcare during evenings, weekends, or other nontraditional hours as a problem.

Table 4.1. Parent Employment, Education, and Training Status at Enrollment, 2025–2026

Measure	Head Start	Early Head Start	Planning Relevance
At least one parent employed, in training, or in school	119 families (72.1%)	8 families (72.7%)	Consider family schedules when evaluating program hours and options.
No parent employed, in training, or in school	46 families (27.9%)	3 families (27.3%)	Families may face unemployment, disability, caregiving responsibilities, or other barriers.

Source: *KOOTASCA Community Action, 2025–2026 Head Start and Early Head Start Program Information Reports.*

5. Other Early Childhood and Childcare Programs

Other early childhood services in the service area include school district School Readiness and Early Childhood Family Education, Early Childhood Special Education, publicly funded preschool, childcare centers, family childcare providers, home visiting, Tribal early childhood services, and community-based family supports. These programs are both partners and part of the broader supply of services available to eligible children.

The 2026 Community Needs Assessment identifies early childhood supports as a community strength, while also documenting limited infant and toddler care, shortages of licensed providers, workforce and sustainability challenges, limited nontraditional-hour care, and gaps in after-school and summer programming.

Table 5.1. Other Early Childhood and Childcare Services

Service Type	Available Capacity or Service Measure	Ages Served	Relevance
School district preschool, School Readiness, and ECFE	Available across service-area school districts; consistent counts of Head Start-eligible children served are unavailable	Birth through preschool, depending on program	Location, schedule, eligibility, transportation, and school calendar affect access
Licensed childcare centers	Regional benchmark: 94 programs with	Varies by provider	Licensed capacity does not indicate

	licensed capacity of 5,405		vacancies or staffed capacity
Licensed family childcare	Regional benchmark: 236 programs with licensed capacity of 2,809	Varies by provider	Geographic distribution, provider stability, hours, and age mix affect access
KOOTASCA Head Start and Early Head Start	187 Head Start funded enrollment slots and eight Early Head Start funded center-based slots; 195 children served cumulatively during 2025–2026	Birth through age five	Provides preschool and infant and toddler services within the two-county service area
Tribal early childhood programs	Eight programs in Northeast Minnesota's Region 3	Varies by program	Supports culturally responsive services and coordination
Public health and other home visiting	Voluntary services available across the service area	Prenatal through early childhood	Complements classroom services through family support, screening, and referrals

Sources: Child Care Aware of Minnesota, Local Child Care Data for Northeast Minnesota Region 3; KOOTASCA Community Action, 2025–2026 Head Start and Early Head Start Program Information Reports; Minnesota and local public-health home-visiting information. Region 3 includes Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis Counties.

Reliable estimates of the number of Head Start-eligible children served by other programs are unavailable because providers use different eligibility criteria and do not consistently report enrollment by income or categorical Head Start eligibility. Regional figures are used as the most current published benchmark and should not be interpreted as service-area vacancies or staffed capacity.

6. Community Resources, Strengths, and Gaps

Community Strengths

Community Survey respondents consistently emphasized collaboration, strong relationships, local commitment, and the willingness of organizations to work together. Food access and distribution systems were identified as a leading strength, followed by early childhood supports. The nonprofit networks in Itasca and Koochiching Counties, school and public agency partnerships, Tribal systems, healthcare providers, funders, faith communities, and volunteers create a strong foundation for coordinated services.

Table 6.1. Community Strengths Identified by Respondents, 2026

Community Strength	Percent of Community Respondents Selecting
Food access and distribution systems	45.6%
Early childhood supports	32.2%
Behavioral health supports	22.2%
Housing supports	17.8%
Transportation	16.7%

Source: *KOOTASCA 2026 Community Needs Assessment, Table 4.3.*

Table 6.2. Resources Relevant to Head Start and Early Head Start Families

Resource Area	Examples of Regional Resources and Partnerships
Early childhood and family support	KOOTASCA Head Start, Early Head Start and TAPP; school district early childhood programs; Early EDge; ECSE and early intervention; Tribal programs; public health and home visiting; childcare providers; libraries; YMCA; Boys & Girls Clubs.
Health and well-being	Regional healthcare providers; community health centers; Tribal health; county public health; behavioral health, substance-use and crisis services; Children's Dental Services; MNsure navigation; 988.
Nutrition and basic needs	Head Start meals; WIC; SNAP; school meals; KOOTASCA food pantries and community meals; local food shelves; Second Harvest Northland; emergency assistance.
Housing and utilities	KOOTASCA Crisis Housing, Energy Assistance and Weatherization; county and city housing systems; Coordinated Entry; shelters and transitional housing; Tribal housing; rental and home repair resources.
Transportation and navigation	Arrowhead Transit; goMARTI; volunteer driver and medical transportation programs; Tribal transportation; RTCC; MinnesotaHelp.info; First Call for Help/2-1-1.
Employment and financial stability	County benefits; workforce and adult education programs; Minnesota North College; Tribal programs; SOAR; financial capability, tax preparation, and emergency assistance resources.

Source: *Adapted from KOOTASCA 2026 Community Needs Assessment, Part 6. This is a planning inventory, not a comprehensive service directory.*

Community strengths and persistent gaps	
Community strengths	**Persistent gaps**
• Food access and distribution systems • Early childhood programming • Strong local partnerships • Committed volunteer networks (nonprofits, schools, public agency, Tribal, healthcare, faith-based)	• Infant and toddler care • Nontraditional-hour childcare • Transportation and affordable housing • Behavioral health and dental access • Workforce shortages and difficulty navigating services

Gaps and Barriers to Access

- Childcare shortages, especially for infants, toddlers, and families needing evening or weekend care.
- Long travel distances, limited transportation options, vehicle costs, and scheduling limitations.
- Housing affordability, limited supply, aging housing, utility costs, and risk of homelessness.
- Behavioral health, dental, healthcare, and early childhood workforce shortages and wait times.
- Limited awareness of available services and difficulty navigating complex eligibility and referral systems.
- Funding, staffing, facility, and capacity limitations among community organizations.
- Potential barriers related to disability, culture, language, technology, and differences in family schedules.

7. Equity, Accessibility, Communication, and Family Engagement

The current Head Start standards require the assessment to inform equitable, inclusive, and accessible service delivery and identify communication methods that best engage prospective and enrolled families. The 2026 assessment supports an approach that combines multiple communication channels with trusted relationships and active assistance navigating services.

Communication Methods to Maintain and Evaluate

- Direct communication through Head Start staff, family advocates, teachers, home visitors, and current families.
- Referrals from schools, childcare providers, county and Tribal programs, healthcare and public health providers, housing and food programs, and community organizations.
- Phone, text message, email, websites, social media, printed materials, community events, and in-person outreach.

- Accessible formats, interpretation, translated materials, plain language, and individualized assistance when needed.
- Outreach in smaller communities and remote areas, including locations families already use and trust.

8. Findings and Program Planning Considerations

The community assessment is intended to support decisions rather than prescribe them. Final decisions should also consider program performance, child and family outcomes, enrollment and attendance data, fiscal and workforce capacity, licensing and facility requirements, Policy Council input, governing body oversight, and partner commitments.

Table 8.1. Findings and Planning Questions for Head Start and Early Head Start

Finding	Planning Questions for Head Start and Early Head Start
High child poverty and broad financial strain	Do recruitment and selection criteria appropriately prioritize the circumstances associated with greatest need? Are eligible but unserved children concentrated in particular communities?
Need for infant and toddler care	Does current Early Head Start capacity align with local demand? Should slot conversion, partnerships, or other capacity strategies be explored?
Non-traditional parent schedules	Do daily hours, calendars, and program options meet parent work, school, and training needs? What wraparound partnerships are available?
Transportation and rural geography	Can families reach program locations consistently? Are transportation, location, or outreach changes needed?
Housing instability and homelessness	Are recruitment, enrollment, attendance supports, reserved vacancies, and referrals responsive to families experiencing homelessness?
Mental health, dental, and provider shortages	Are consultation, screening, referral, follow-up, and community partnerships sufficient? Where are delays or gaps occurring?
Strong community collaboration	Which partnerships can be formalized or strengthened to improve early intervention, health, nutrition, transportation, recruitment, and family support?
Awareness and navigation barriers	Are communication methods accessible and effective for prospective families? Can trusted partners and current families strengthen outreach?

Priorities for Discussion

- Preserve and strengthen high-quality Head Start and Early Head Start access across both counties.
- Assess infant and toddler demand, parent schedules, transportation, and geographic access before making decisions about program options or locations.
- Strengthen coordinated supports for housing stability, family financial stability, mental health, dental care, nutrition, and service navigation.
- Maintain strong disability identification and service coordination with school districts and early intervention partners.
- Use multiple accessible communication methods and trusted community partnerships to reach families with the greatest need.
- Review assessment findings annually for significant changes and use them in continuous improvement, enrollment, program goals, and oversight.

Final Action Steps	
Action Area	**Next Step**
Prioritize Need	Use program and community data to identify children and families with the greatest need.
Assess Access	Review capacity, locations, schedules, and transportation against family needs.
Expand Outreach	Coordinate accessible, multi-channel recruitment with trusted community partners.
Improve Referrals	Address service gaps and clarify staff responsibility for referral follow-up.
Formalize Partnerships	Update agreements supporting recruitment, referrals, transportation, health, and family services.
Measure Results	Assign owners, timelines, and indicators and integrate them into program planning.
Review Annually	Share progress with leadership and update priorities as conditions change.

Appendix A. Requirement Crosswalk

Table A.1. Head Start Community Assessment Requirement Crosswalk

45 CFR §1302.11(b) Topic	Location
Demographics, poverty, race/ethnicity, geography, language, homelessness, foster care, disability	Sections 1 and 2
Education, health, nutrition, social service needs, barriers including transportation	Section 3
Parent work, school, and training schedules	Section 4
Other child development, childcare, home visiting, public preschool, approximate eligible served and ages	Section 5
Resources, transportation, and culturally responsive supports	Sections 6 and 7
Community strengths and resource gaps	Section 6
Equitable, inclusive, accessible delivery and communication methods	Section 7
Use for program design, enrollment, recruitment, selection, partnerships, and improvement	Section 8

Sources

- KOOTASCA Community Action. 2026 Community Needs Assessment.
- KOOTASCA Community Action. Head Start Community Needs Assessment, 2024; 2025–2026 Head Start and Early Head Start Program Information Reports, including enrollment, eligibility, attendance, health, family, disability, staff qualification, summary, and rollup information.
- Office of Head Start. Community Assessment: The Foundation for Program Planning in Head Start, 2019.
- Electronic Code of Federal Regulations. 45 CFR §1302.11, Determining community strengths, needs, and resources. Current version accessed August 2026.
- 2026 KOOTASCA Household, Community, and Agency Survey data.
- U.S. Census Bureau, American Community Survey and QuickFacts; Minnesota State Demographic Center; MN Compass, as cited in the 2026 KOOTASCA Community Needs Assessment.