

# New York State Head Start Collaboration Project

## State Needs Assessment 2020



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# Introduction

Head Start is a federally-funded, comprehensive child development program that was created in 1965 to serve low-income children and their families. Children and families are eligible to receive services through Head Start if their family income falls below the Federal poverty line, or in cases where children are homeless, in foster care, or are receiving public assistance (Temporary Assistance for Needy Families or Social Security Income). The following chart illustrates the eligibility criterion met for enrolled children in New York State.

NYS PIR Eligibility Criterion of Children Enrolled in HS and EHS						
Type of Eligibility	2015		2017		2018	2018
	Cumulative Enrollment <sup>1</sup>	% of Enrollment	Cumulative Enrollment <sup>2</sup>	% of Enrollment	Communitive enrollment	% of Enrollment
Income Eligibility (below 100% federal poverty line)	44,485	68%	43,696	69%	43,015	70%
Receipt of public assistance such as TANF, SSI	10,916	17%	9,378	15%	7,693	13%
Status as a foster child	874	1%	806	1%	808	1%
Status as homeless	2,790	4%	2,908	5%	2,604	4%
Over income	3,321	5%	3,566	6%	3,616	6%
Enrollees exceeding the allowed over income enrollment (family income between 100-130% of federal poverty line)	2,650	4%	3,220	5%	3,595	6%

<sup>1</sup> 2015 Total cumulative child/pregnant women enrollment = 65,036

<sup>2</sup> 2017 Total cumulative child/pregnant women enrollment = 63,574

2018 Total cumulative child/pregnant women enrollment= 61,331

Head Start programs take a holistic view of child development and commit to providing the range of services and supports necessary to maximize each child's potential. These services include high-quality early childhood education and a number of family support services, such as health screenings, referrals and follow-up support, and parenting resources. In 1994, following advances in the field of infant development, an Advisory Committee on Services for Families with Infants and Toddlers was formed to create Early Head Start, which extends these high-quality Head Start services to infants, toddlers, and their families. An overview of the different types of Head Start programs is displayed below.

Overview of Different Types of Head Start Programs in NYS				
	Head Start	Early Head Start	Migrant and Seasonal Head Start Programs	American Indian/ Alaska Native Programs
<b>Target population</b>	Low-income children ages 3-5 and their families. Foster Care In temporary housing.	Low-income infants, toddlers, and pregnant women	Low-income infants, toddlers, preschoolers, and pregnant women from families who are migratory or seasonal farmworkers	Low income children and families of American Indian/Alaska Native heritage
<b>Mission</b>	Enhance the social and cognitive	Promote healthy prenatal outcomes for	Enhance the social and cognitive development of enrolled children and	Provide high quality early education and family support services

	development of enrolled children and improve their readiness for school	pregnant women, enhance the development of very young children, and promote healthy family functioning	improve their readiness for school, while also ensuring that children in migratory families continue to receive services throughout migrations	to young children and their parents within the context of traditional language and cultural practices
<b># Programs in NYS</b>	181	100	1	2
<b>Total child enrollment in NYS</b>	<b>60,226</b>	<b>11,667</b>	<b>304</b>	<b>144</b>

There are now Head Start Collaboration Offices in 49 states and two territories. The Head Start State Collaboration Offices are federally-funded effort and dedicated to building collaborative partnerships between Head Start programs and a wide range of state and local agencies providing services to low-income children and families. For 25 years, the New York State Council on Children and Families has administered the New York State Head Start Collaboration Project with support from the federal Office of Head Start and the New York State Head Start Association. The Council's unique role in state government, which is to develop interagency strategies that result in more responsive, coordinated, and cost-effective service delivery systems, has been crucial to the success of these collaborative efforts.

The Office of Head Start has goals in seven different areas, which are displayed below.

**1. Child development.** Programs must support the physical, social, emotional, cognitive, and language development of each child. Parenting education and the support of a positive parent-child relationship are critical. The services that programs must provide directly or through referral include:

- Early education services in a range of developmentally appropriate settings
- Home-visits
- Parent education and parent-child activities
- Comprehensive health, nutrition and mental health services
- High quality child care services provided directly or in collaboration with community child care providers

**2. Family development.** Programs must seek to empower families by developing goals for themselves and their children. Staff and parents develop individualized family development plans that focus on the child's developmental needs and the family's social and economic needs. Families that are involved in other programs requiring a family service plan will receive a single coordinated plan so that they experience a seamless system of services. The services that programs must provide directly or through referral include:

- Child development and school readiness
- Comprehensive health and mental health services, including smoking cessation and substance abuse treatment
- Adult education, literacy, and job skills training to facilitate family self-sufficiency
- Assistance in obtaining income support, safe housing, or emergency cash
- Transportation to program services
- Financial literacy

**3. Children with disabilities.** Head Start and Early Head Start programs have the responsibility to coordinate with programs providing services in accordance with Part C of the federal Individuals with Disability Act (IDEA). Children with disabilities are fully included in program

activities and accommodations are made to support the goals in the child's Individualized Family Service Plan (IFSP; birth-to-three years of age) or Individualized Education Plan (IEP; three-to-five years of age).

- 4. Community building.** Programs are expected to conduct an assessment of community resources to contribute to building a comprehensive network of services and supports for families with young children. The goal is to increase family access to community supports, to maximize limited resources, and to affect systems-level improvements to service delivery to all families in the community.
- 5. Staff development.** Staff must have the capacity to develop caring and supportive relationships with both children and their families. This is accomplished through on-going training, supervision, and mentoring that reflects an interdisciplinary approach and emphasizes relationship building.
- 6. Administration / management.** Utilizing an interdisciplinary approach, Head Start and Early Head Start agencies ensure that all staff are cross-trained in the areas of child development, family development, and community relationship building. Staff development is grounded in established best practices in the areas of child development, family development, and community building.
- 7. Continuous improvement.** Training, monitoring, research, planning, observation, and evaluation enable Head Start programs to better meet the needs of children and families. Therefore, data driven decision-making strategies are used to facilitate program improvement. Ongoing training and technical assistance are also provided by multiple state and national resources.

## Head Start Needs Assessment

The Head Start Act, as amended December 12, 2007, requires Head Start State Collaboration Offices to conduct a needs assessment of Head Start programs in the state that includes the federally-identified national priority areas (see accompanying table). The Head Start Act also requires that Head Start Collaboration Offices use the results of this assessment to develop a strategic plan to assist and support Head Start and Early Head Start grantees in meeting the four requirements outlined in the Head Start Act: (1) coordination, (2) collaboration, (3) transition to elementary school, and (4) alignment with K-12 education. The results of the Needs Assessment and Strategic Plan must be updated on an annual basis and be made available to the general public (this report is accessible at <http://ccf.ny.gov/council-initiatives/head-start-collaboration-project/>). This report summarizes the response to the New York State Head Start Collaboration Project's 2016 Needs Assessment Survey. The survey, completed by Head Start and Early Head Start program administrators, offers insight into the successes and challenges

experienced by these programs. The key findings are listed by subject area. From these findings, the Head Start Collaboration Project developed a Strategic Plan. Relevant aspects of the Strategic Plan are included at the end of each section of this report, and the plan in its entirety is included in Appendix A. The Strategic Plan clarifies the challenges experienced by Head Start programs and identifies ways in which the Head Start Collaboration Office can better support the programs in these areas.

### Federally-Identified Priority Areas Addressed Through the Head Start Needs Assessment

1. Health care
2. Early childhood systems development & education
3. School transitions and alignment with K-12, including school readiness and Head Start Pre-K partnership development
4. Services for children with disabilities
5. Professional development
6. Childcare
7. Services for children experiencing homelessness
8. Welfare/child welfare
9. Family literacy
10. Community services

# Methods

## Description of the Needs Assessment Instrument

Head Start State Collaboration Office directors from across the country contributed to the development of the needs assessment survey. Although some modifications to the assessment were made to reflect New York State differences in programming, the use of a standardized instrument allows for comparative analyses between states. The New York State Head Start Collaboration Needs Assessment Survey for 2016 includes 98 questions addressing various issues reflective of the federally identified priority areas. Question formats include yes/no responses, short-answer qualitative responses, and Likert-type responses. The Needs Assessment is organized according to federal priority areas, and each priority area included three sections.

### Section 1

Asked respondents to rate the extent of their involvement with a variety of service providers and organizations over a 12-month period. The accompanying Likert-type scale was used in this section.

### Section 2

Asked respondents to indicate the level of difficulty that their program has when engaging in a variety of activities and community-level partnerships over a 12-month period. A 4-point scale was used in this section, ranging from “not at all difficult” to “extremely difficult.”

**Section 3** included two open-ended questions. The first asked respondents to document any concerns that were not addressed in the survey and the second asked respondents to share what has worked well in their program.

Extent of Involvement with Different Service Providers/Organizations	
1. No working relationship	Little/no contact
2. Cooperation	Exchange information/referrals
3. Coordination	Work together
4. Collaboration	Share resources/agreements

## Data Collection

The assessment was created utilizing SurveyMonkey, an online program. A link to the online 2016 New York State Head Start Collaboration Project Needs Assessment Survey was distributed via email to all Head Start and Early Head Start grantees and delegates in November 2015. In this email, Head Start administrators were instructed to access and complete the Needs Assessment Survey using the link provided. A second email containing the Needs Assessment Survey was sent in January 2016 to those administrators who had not yet responded. After the assessment was closed, a number of duplicate or incomplete submissions were deleted. Fifteen submissions were deleted in cases where respondents completed only a small percentage of the

assessment, exited, and then initiated and completed a larger percentage or all of a second submission. An additional nine submissions were deleted in cases where respondents had completed only the demographic information at the beginning of the assessment.

## Data Analysis

The frequency of responses to Likert-type items was converted to percentages of total responses to provide a clearer perspective on the findings within the context of the whole sample. Visual representations of percentage data are displayed using pie charts and/or stacked bar graphs throughout the body of the report. Qualitative information provided by respondents was paraphrased and listed in the report as well. When multiple respondents provided similar comments, the number of similar responses was noted in parentheses immediately following the comment. In an effort to standardize the process of identifying possible target areas of need to address in the Strategic Plan, the following cutoff points were applied.

**Strengths** were identified as those actions that >60% of respondents rated as “Not at All Difficult” and those services that <10% of respondents rated as having “No Working Relationship” with. Celebrations shared by the respondents were not explicitly included in the Strategic Plan. However, they were highlighted in this report to share positive ideas with the Head Start community.

**Challenges** were identified as those actions that >20% of respondents rated as “Difficult” or “Extremely Difficult” and those services that >20% of respondents rated as having “No Working Relationship” with.

**Change over time** was highlighted in cases where there was a >10% positive or negative change in ratings of “Not at All Difficult,” “Extremely Difficult,” or “No Working Relationship” for any particular item from the 2013 Needs Assessment to the 2016 Needs Assessment.

In addition to data gathered from the Needs Assessment, other sources of data (e.g., the 2015 and 2017 federal Program Information Report [PIR], Classroom Assessment Scoring System (CLASS) data, and Office of Children and Family Services’ Child Care Statistics) were included when relevant. The PIR provides annual data regarding Head Start children, families, staff, and programs. Current New York State Head Start Needs Assessment data was also compared to data collected in the 2013 NYS Head Start Needs Assessment to provide information regarding change over time. Identified challenges and areas of need highlighted by other sources of information (e.g., respondent comments, the 2015, 2017 and 2018 PIR report) were included in the Strategic Plan on a case-by-case basis.

## A Note About Reading This Report

The Needs Assessment report is organized according to the federally-identified priority areas. Each section first presents a summary of other sources of relevant data (e.g., the 2015 PIR, 2017 PIR, 2018 PIR, CLASS data, OCFS child care statistics), followed by a summary of the current Needs Assessment results, notable changes from the previous 2013 Needs Assessment, charts and tables summarizing the Needs Assessment results, and finally the Strategic Plan. The Appendices include the complete Strategic Plan, additional data from the Needs Assessment and a list of survey respondents.

# Needs Assessment Survey Results

## Respondents and Response Rates

Overall, there was a 59% response rate on the Needs Assessment Survey. Response rates by program type are displayed below. Although 109 surveys were submitted, 33 of these responses were from grantees with both Head Start and Early Head Start programs (i.e., they chose not to complete two separate surveys). Therefore, survey responses from these grantees were counted twice, once as an Early Head Start Grantee and once as a Head Start Grantee, and the total response rate was adjusted to reflect this modification.

Response Rates by Program Type		
Program Type	# Responses/Total # Agencies	% Responses
Total Early Head Start	44/61	72%
Total Head Start	98/169	58%
Total Grantees	104/160	66%
Total Head Start Delegates	38/80	48%
<b>TOTAL RESPONSE</b>	142/240	59%

## 1. Health Care

In the first section of the survey, respondents were asked to rate the extent of their involvement with various health service providers and organizations during the past 12 months. Respondents were also asked to indicate the extent to which they experienced difficulty in their efforts to meet the health care needs of enrolled children during this time period and were invited to share comments describing their successes and challenges in providing health care to enrolled students and their families.

The results of the Needs Assessment revealed both strengths of the Head Start programs in the area of health care, as well as challenges faced by these programs in this area. PIR data from 2015, 2017 and 2018 is included to provide additional information about health services and outcomes for Head Start programs and the individuals they serve. Notable changes from the previous 2013 Needs Assessment are considered, and current results are discussed in the areas of medical services, dental services, and mental health services.

### Health Conditions of Enrolled Children & Access to Health Services

Data from the 2015 and 2017 New York State PIR indicates that the majority of children and pregnant women enrolled in Head Start programs are receiving adequate preventive health care, dental care, and care to address chronic health conditions. The leading chronic health problem for which enrolled children received treatment is currently asthma. Additionally, childhood obesity appears to be a significant problem, as 21% of enrolled children are reported to be overweight or obese. In cases where children did not receive the health care services they needed, the most commonly cited reason was parents not making or keeping appointments. Although greater than

90% of enrolled children received the medical and dental services they needed, the data suggests that children are not always accessing recommended mental health services. Of the children referred for mental health services, only 60% actually received these services.

NYS PIR Health Data						
SERVICE	2015		2017		2018	
	# of Children <sup>1</sup>	% of Children	# of Children <sup>2</sup>	% of Children	# of Children <sup>3</sup>	% of Children
<b>Medical Services for Children</b>						
Enrolled in health insurance	63,045	99%	61,903	99%	58,878	98%
Up-to-date preventive and primary health care	58,884	92%	56,473	90%	46,760	77%
Up-to-date immunizations	60,519	95%	58,421	93%	52,423	85%
Body mass index (BMI) <sup>6</sup>	-	-	-	-	-	-
Underweight (BMI <5 <sup>th</sup> percentile)	2,329	4%	2,657	4%	2,330	4%
Healthy weight (BMI between 5 <sup>th</sup> – 85 <sup>th</sup> percentile)	39,570	63%	35,745	58%	33,286	54%
<b>Overweight or Obese (BMI &gt;85<sup>th</sup> percentile)</b>	<b>12,574<sup>3</sup></b>	<b>20%</b>	<b>13,097</b>	<b>21%</b>	<b>12,671</b>	<b>21%</b>
Diagnosed with a chronic condition needing medical treatment since previous PIR	5,911	9%	4,984	8%	5,127	8%
Chronic conditions for which children received treatment, regardless of date of diagnosis	-	-	-	-	-	-
Anemia	1,185	2%	1,052	2%	987	2%
Asthma	4,518	7%	3,993	6%	3,421	6%
Hearing difficulties	688	1%	1,080	2%	741	1%
Vision problems	1,561	2%	2,005	3%	1,986	3%
High lead levels	386	.6%	488	.8%	483	8%
Diabetes	53	.08%	28	.05%	34	0.06%
Of children diagnosed with a chronic condition, those who have received or are receiving treatment	5,545	94% <sup>4</sup>	4,738	95% <sup>4</sup>	4,545	89%
Reasons why children requiring medical treatment for any chronic condition did not receive it						
Parents did not keep/make appointment	36	-	38	-	36	-
Children left the program before their appointment date	5	-	7	-	8	-
Appointment is scheduled for a future date	15	-	16	-	17	-
No transportation	1	-	0	-	1	-
<b>Dental Services for Children</b>						
Access to continuous dental care	57,329	90%	54,792	88%	47,192	78%
Reasons why children who needed dental treatment did not receive it						
No dental care available in local area	3	-	0	-	1	-
Medicaid not accepted by dentist	1	-	1	-	1	-
Dentists in the area do not treat 3-5-year-old children	3	-	1	-	3	-
Parents did not keep/make appointment	62	-	65	-	61	-
Children left the program before their appointment date	8	-	14	-	11	-
Appointment is scheduled for future date	17	-	20	-	30	-
No transportation	1	-	1	-	1	-
<b>Mental Health Services for Children</b>						

Children for whom mental health professional provided consultations with program staff	10,430	16%	10,190	16%	10,173	17%
Children for whom mental health professional provided consultations with parent(s)/guardian(s)	4,732	7%	5,097	8%	4,983	8%
Received individual mental health assessment	5,517	9%	3,473	6%	3,726	6%
Received a referral for mental health services	1,419	2%	1,379	2%	1,955	3%
Of those referred, children who received mental health services	889	63% <sup>5</sup>	821	60% <sup>5</sup>	797	61%

**Services for Pregnant Women (Early Head Start)**

Enrolled in health insurance	1,136	95%	1,048	98%	1,087	98%
Received prenatal health care	1,158	96%	1,029	96%	1,081	98%
Received postpartum health care	1,001	83%	792	74%	847	77%
Participated in mental health interventions and follow up	215	18%	234	22%	213	19%
Participated in substance abuse prevention	728	61%	550	51%	609	55%
Participated in substance abuse treatment	259	22%	87	8%	60	5%

<sup>1</sup> 2015 Total cumulative child enrolment = 63,834; total cumulative enrollment of pregnant women = 1,202; # Participants at the end of enrollment year unless otherwise specified

<sup>2</sup> 2017 Total cumulative child enrollment = 62,505; total cumulative enrollment of pregnant women = 1,069; # Participants at the end of enrollment year unless otherwise specified

<sup>3</sup> 2018 Total cumulative child enrollment= 60,226; total cumulative enrollment of pregnant women= 1,105; # of participants at the end of the enrollment year unless otherwise specified

<sup>4</sup> Overweight (BMI 85<sup>th</sup>-95<sup>th</sup> percentile) and obese (BMI >95<sup>th</sup> percentile) reported separately in the PIR; # overweight children = 6,125, # obese children = 6,543 (2018)

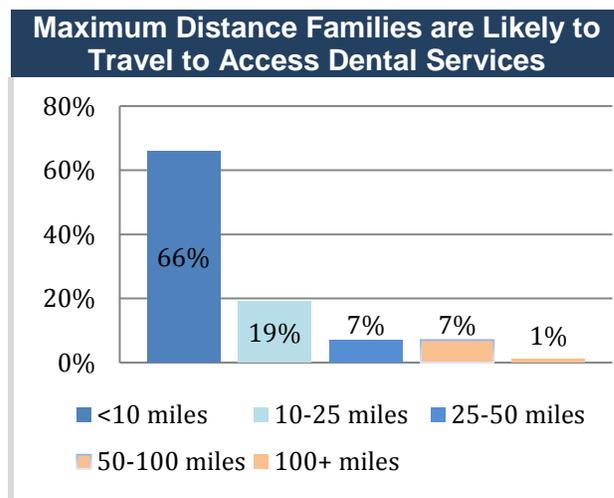
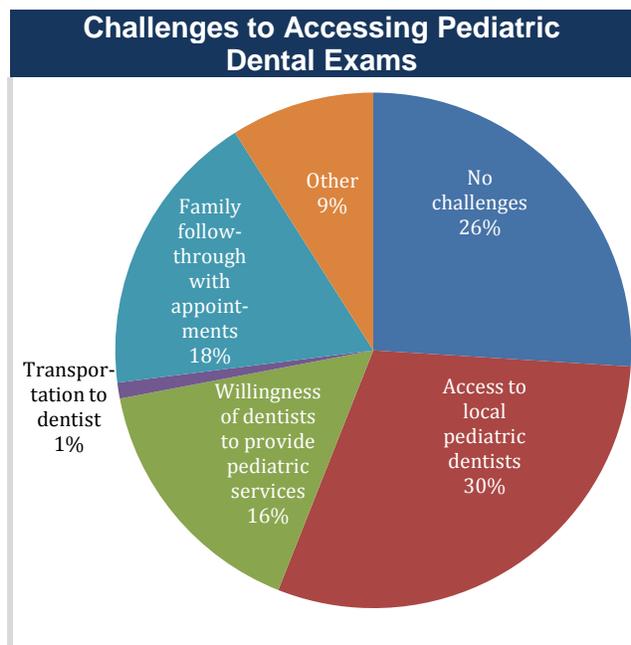
<sup>5</sup> Percentage reflects percent of # children with chronic conditions who received or are receiving treatment

<sup>6</sup>Percentage reflects percent of children who were referred for a mental health treatment that received these services

<sup>7</sup> Enrollment numbers and percentages based on # children at enrollment

**Dental Services**

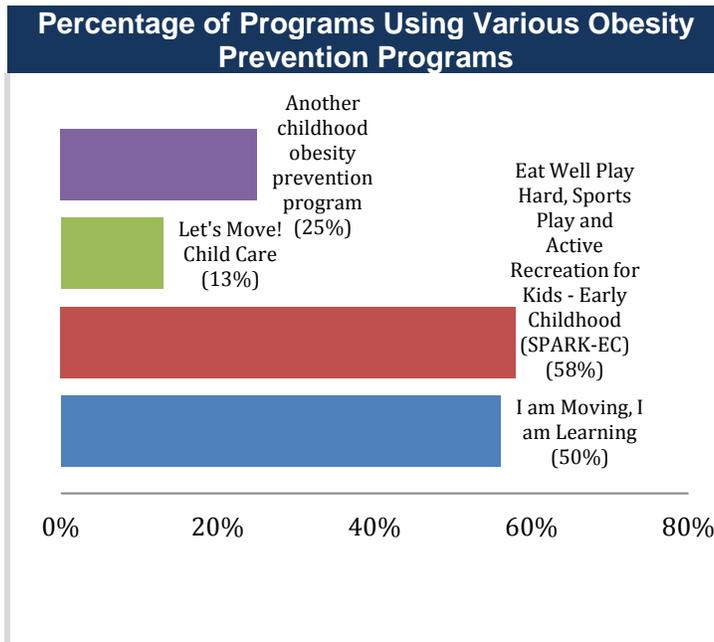
Results suggest that Head Start programs have the strongest relationship with dental services in comparison to other health or mental health services, as only 7% of respondents indicated that they have no working relationship with dental agencies and almost half (43%) reported having established a collaborative relationship. Various specific strengths were also noted, along with some concerns regarding acquiring dental services. Several respondents indicated that linking children to dental homes that serve young children (20%) and partnering with oral health professionals on oral-health related issues (16%) is difficult or extremely difficult. Some respondents also shared that the limited number of dental providers that accept Medicaid is a challenge. When determining the accessibility of dental services, it is important to note the feasibility of traveling to these services. The figures below display: (1) some of the most significant challenges to facilitating access to pediatric dental exams; and (2) the maximum distance that respondents have observed that families are willing to travel to access these services.



## Medical Services

Partnerships with medical services appear to be slightly weaker than those with dental services, as evidenced by more respondents reporting having no working relationships with medical service agencies (12%, as compared to 7% with dental services) and less respondents having established a collaborative relationship (31%, as compared to 43% with dental services). A number of strengths related to the extent of involvement with different agencies and the ease with which different actions are performed were noted (see 'Strengths' listed in table below). However, some concerns were also apparent. For example, 25% of respondents indicated that assisting families with transportation to appointments was difficult or extremely difficult and 16% of respondents indicated that getting full representation and active commitment on Health Advisory Committees was difficult or extremely difficult.

In addition to overall strengths and weaknesses, specific information regarding programs in use for obesity prevention was also gathered. The percentage of respondents indicating that their program currently uses *Let's Move! Child Care*, *SPARK-EC*, and *I am Moving, I am Learning Need this data* is shown in the accompanying figure, along with other obesity programs in use shown below. Additionally, 95% of participating programs have a nutritionist or registered dietician approve menus and meet with parents as needed. Seventy-one percent of respondents shared that they would like more information about obesity-prevention programs.



Specific information regarding services for pregnant women was also collected. Fifty-eight percent of respondents whose centers serve pregnant women also indicated that their center screens for maternal depression, with 46% starting these screenings prenatally. Tools currently in use at these centers for screening for maternal depression are listed in the table below. Of those programs that serve pregnant women, 58% indicated that their program is designated by the Child and Adult Care Food Program (CACFP) as breastfeeding friendly. Reasons cited for not holding this designation are listed in the table below. Thirty-eight percent of respondents indicated that they would like more information about attaining this designation.

### Other Obesity Prevention Programs

Support from nutrition consultant (2)
Trainings provided by consultants
Color Me Happy
8 week nutrition series
LANA
Cornell Cooperative Extension
La Familia Active Play
Supporting families in ways to prepare healthy meals on a limited budget
Team Nutrition USDA
Nike Go!

### Maternal Depression Screening Tools

Edinburgh Postnatal Depression Scale (14)  
Utilizing the family strengths assessment to make referrals  
Parental Stress Index (PSI)  
PHQ-9

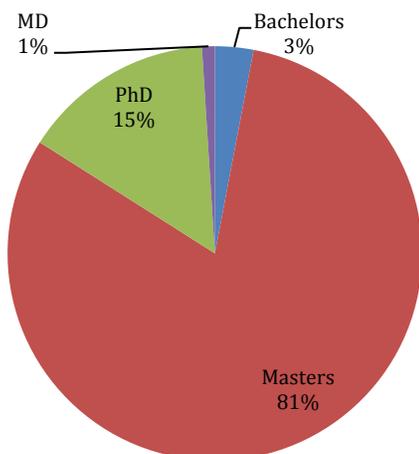
### Reasons Cited for Not Holding a CACFP Designation as Breastfeeding Friendly

Provide home-based services only (5)  
In the process of acquiring designation (3)  
Unaware of CACFP designation (2)  
Do not hold designation but consider their program breastfeeding friendly (2)

## Mental Health Services

Within the context of health services overall, Head Start programs appear to have the most difficulty working with mental health services. Twenty percent of respondents indicated that they have no working relationship with mental health services. Specific mental health services that respondents rated as having no working relationship with included local and/or tribal agencies providing mental health prevention and treatment (28%), state agencies providing mental health prevention and treatment services (22%), and agencies/programs that conduct mental health screenings (11%). Comments shared by respondents also suggest that some agencies are having difficulties finding mental counseling services for preschool aged children.

### Level of Education Held by Mental Health Providers



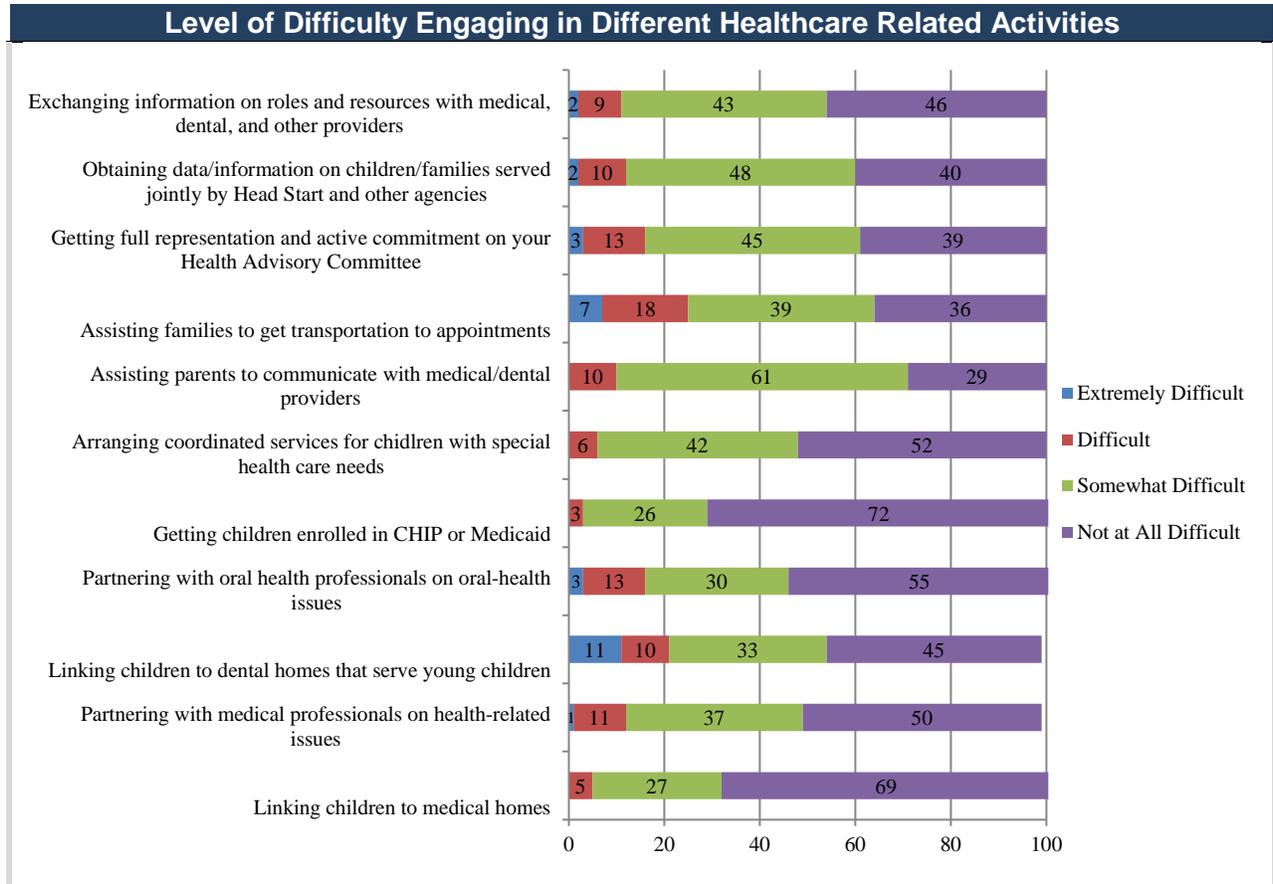
Ninety-five percent of respondents indicated that a mental health professional is currently meeting program needs, with the other 5% of programs currently having a vacancy for this position. Of those programs with mental health providers, 32% have mental health professionals employed by their agency and 68% utilize independent contractors. The above figure depicts the level of education held by mental health professionals providing services to Head Start programs. Master's level professionals largely hold degrees in social work (e.g., MSW, LMSW, LCSW), with some holding degrees in school psychology or mental health counseling (e.g., MHC, LMHC).

**Change Over Time.** In comparison to the 2013 Needs Assessment<sup>7</sup>, the extent of involvement with various healthcare agencies has remained relatively stable. However, some changes in the level of difficulty experienced by agencies when engaging in healthcare-related tasks were noted. Results suggest that arranging coordinated services for children with special health care needs has become easier, as the percent of respondents rating this activity as “not at all difficult” increased by 13% since the previous assessment. Assisting parents to communicate with

medical/dental providers and getting full representation and active commitment on Health Advisory Committees appear to have become more difficult, however, with decreases in the percentages of respondents rating these activities as “not at all difficult” (10% and 12% decreases, respectively).

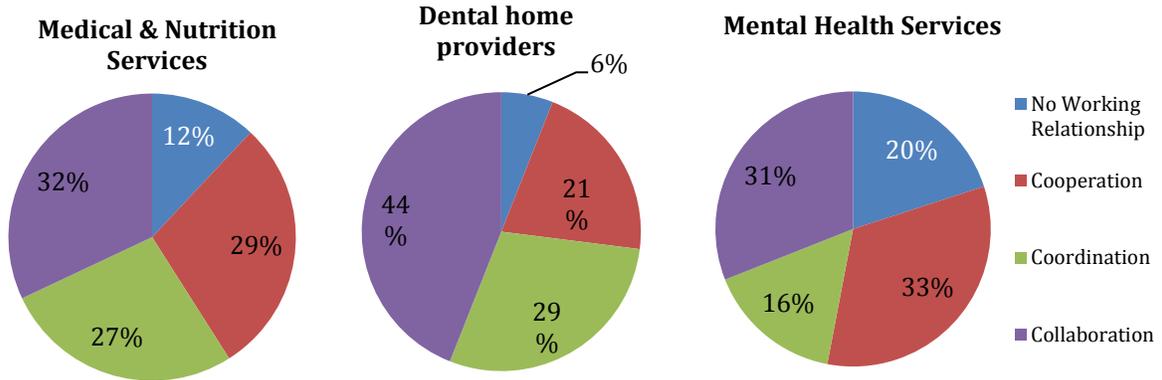
### Summary of Overall Findings

The following figures and tables summarize the data collected in the 2016 survey in the area of health care services.



<sup>7</sup>Data from the 2013 Head Start Needs Assessment is available at [http://ccf.ny.gov/files/2313/8660/1358/2013\\_Head\\_Start\\_State\\_Needs\\_Assessment\\_by\\_The\\_NYS\\_Head\\_Start\\_Collaboration\\_Office\\_.pdf](http://ccf.ny.gov/files/2313/8660/1358/2013_Head_Start_State_Needs_Assessment_by_The_NYS_Head_Start_Collaboration_Office_.pdf)

## Extent of Involvement with Different Types of Health Care Services



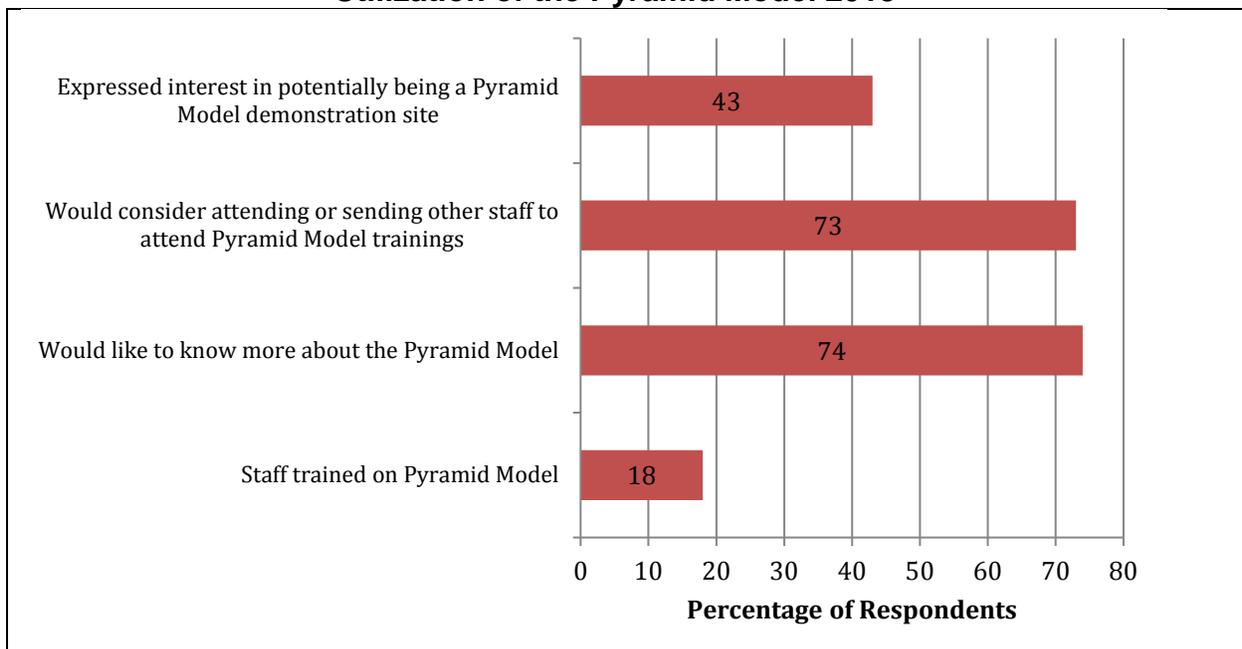
\*Data indicating the extent of involvement with specific health care programs/services is located in Appendix B

## Pyramid Model

The Pyramid Model attempts to address challenging behavior through promoting social-emotional development, including strategies to both prevent behavior that are challenging and to support appropriate behavior. This model was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), which aims to promote social-emotional development and school readiness in early childhood. Information about Head Start programs' utilization of the Pyramid Model was gathered as part of the Needs Assessment. While the Pyramid Model is not widely adopted at this time, as only 18% of respondents indicated that their staff are trained on this model, there seems to be a high level of interest in learning more about the model. Seventy-four percent of respondents stated that they would like to learn more about the Pyramid Model and 73% would consider attending or sending other staff to attend trainings on this topic. Additionally, 43% expressed interest in potentially being a Pyramid Model Demonstration site. Given the high level of interest in the Pyramid Model, the New York State Head Start Collaboration Project is leading the State-Wide Implementation of the Pyramid Model and is working with the Head Start Technical Assistance Team to ensure all Head Start and Early Head Start agencies have access to training and support in implementing it.



**Utilization of the Pyramid Model 2018**



<b>Number of Staff that Attended Pyramid Model Module Trainings</b>		
<b>Pyramid Model Module</b>	<b>Early Head Start</b>	<b>Head Start</b>
Infant Toddler 1	163	52
Infant Toddler 2	107	10
Infant Toddler 3	78	6
Preschool 1	44	610
Preschool 2	33	441
Preschool 3	23	470
<b>Total</b>	<b>448</b>	<b>1,589</b>

**January 2016 – August 2018** \* this does not include those trained by the Head Start TTA System.

Number of Early Head Start and Head Start participants in Pyramid Model module trainings – based on participant module evaluation submission.

Total number of Early Head Start and Head Start staff that have attended Pyramid Model module trainings = 2,037

<b>Health Care Strengths and Challenges</b>	
<b>Strengths</b>	<b>Challenges</b>
<ul style="list-style-type: none"> <li>• Linking children to medical homes</li> <li>• Getting children enrolled in CHIP or Medicaid</li> <li>• Establishing relationships with dental home providers for treatment and care</li> <li>• Establishing relationships with medical home providers</li> <li>• Establishing relationships with WIC (Women, Infants, and Children)</li> <li>• Establishing relationships with other nutrition services (e.g., Cooperative Extension programs, university projects on nutrition, etc.)</li> <li>• Establishing relationships with children’s health education providers (e.g., resource &amp; referral, other community-based training providers)</li> </ul>	<ul style="list-style-type: none"> <li>• Linking children to dental homes that serve young children</li> <li>• Assisting families to get transportation to appointments</li> <li>• Establishing relationships with state agencies providing mental health prevention and treatment services</li> <li>• Establishing relationships with local and/or tribal agencies providing mental health prevention and treatment</li> <li>• Establishing relationships with home-visiting providers</li> <li>• Establishing relationships with community and/or tribal health centers</li> </ul>

- Establishing relationships with parent health education providers
- Establishing relationships with public health services

### Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>8</sup>

What is working well	Other issues
<ul style="list-style-type: none"> <li>• Strong relationships with local health care agencies (25)</li> <li>• Parent trainings in areas such as advocacy or child development (6)</li> <li>• Hiring consultants (4)</li> <li>• Providing parent reminders (2)</li> <li>• Health clinics on-site or at local schools (2)</li> <li>• Having a good relationship with Public Health and/or Early Intervention (2)</li> <li>• Accessing mobile health services (2)</li> <li>• Use of electronic programs to track medical information</li> <li>• Being located in a rural area that has a strong and active health network</li> <li>• Using a custom letter containing all of the health information required by head Start</li> <li>• Start recruitment earlier in the season</li> <li>• Donations from local charities</li> <li>• Encouraging consistent staff approach</li> </ul>	<ul style="list-style-type: none"> <li>• Parents not following through on scheduling and attending appointments (7)</li> <li>• Parents resisting immunization requirements (6)</li> <li>• Limited dental providers accepting Medicaid (4)</li> <li>• Lack of counseling services for preschool aged children (4)</li> <li>• Difficulties related to families' immigrant status, such as language barriers, difficulties obtaining health care, or obtaining necessary documentation (4)</li> <li>• Lack of providers in rural areas (3)</li> <li>• Providers not filling out paperwork correctly (3)</li> <li>• Frequently changing caregiver contact information</li> <li>• Lack of parent buy-in or trust (2)</li> <li>• Medical forms that are confusing or misaligned with Head Start requirements (2)</li> </ul>

<sup>8</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

## Strategic Plan

<b>Strategic Plan for Addressing Challenges in the Area of Health Care Services</b>		
<b>Service Type</b>	<b>Area for Improvement</b>	<b>Action Steps</b>
<b>Dental Services</b>	Linking children to dental homes that serve young children	Work with local dental associations and others to link all EHS and HS programs to dentists. Partner with state and private partners to get the messages to parents and providers about the importance of early oral health.
<b>Mental Health Services</b>	Establishing relationships with state agencies providing mental health prevention and treatment services	Educate the EHS and HS agencies on how to access local screening and service providers.
	Only 63% of children identified as needing mental health treatment are receiving this treatment	Work with Office of Mental Health to fill the gaps across the state.  Develop a relationship with OMH so they can come to head start and do a workshop with parents (signs and symptoms to look for)

## 2. Early Childhood Systems Development & Education

This section of the survey asked respondents to rate their extent of involvement with, and level of difficulty engaging in, three different aspects of early childhood systems development and education over the past 12 months: state efforts to unify early childhood data systems, QUALITYstarsNY, and the NYS Early Childhood Advisory Council. Additionally, respondents shared comments describing their successes and challenges in this area. Notable changes from the 2013 Needs Assessment are also presented, along with data from 2015 Classroom Assessment Scoring System (CLASS).

### Head Start Staff Qualifications

PIR NYS Staff Qualifications						
	2015		2017		2018	
	Classroom Teachers	Assistant Teachers	Classroom Teachers	Assistant Teachers	Classroom Teachers	Assistant Teachers
<b>PRESCHOOL STAFF (HS and MHS)</b>						
<b>Total staff</b>	<b>2,842</b>	<b>3,974</b>	<b>2,807</b>	<b>3,959</b>	<b>2,567</b>	<b>3,675</b>
<b>Advanced degree</b> in early childhood education, or a related field with relevant teaching experience	1,407 (50%)	60 (2%)	1,224 (44%)	63 (2%)	1,109 (43%)	74 (2%)
<b>Baccalaureate degree</b> in early childhood education, or a related field with relevant teaching experience	1,110 (39%)	595 (15%)	1,191 (42%)	573 (14%)	1,077 (42%)	486 (13%)
<b>Associate degree</b> in early childhood education, or a related field with relevant teaching experience	278 (10%)	716 (18%)	312 (11%)	674 (17%)	303 (12%)	669 (18%)
<b>Child Development Associate (CDA)</b> credential or state-awarded certification/license that meets these requirements	14 (.04%)	1,543 (39%)	33 (1%)	1,469 (37%)	65 (3%)	1,418 (39%)
<b>No degree or certification</b>	15 (.05%)	1,055 (26%)	25 (0.9%)	1,173 (30%)	30 (1%)	1,037 (28%)
<b>INFANT &amp; TODDLER STAFF (EHS and MEHS)</b>						
<b>Total staff</b>	<b>872</b>	<b>165</b>	<b>1,255</b>	<b>311</b>	<b>1,602</b>	<b>n/a</b>
<b>Advanced degree</b> in early childhood education, or a related field with relevant teaching experience	70 (8%)	1 (.1%)	61 (5%)	8 (3%)	77 (4.8%)	n/a
<b>Baccalaureate degree</b> in early childhood education, or a related field with relevant teaching experience	208 (24%)	11 (7%)	281 (22%)	17 (5%)	311 (19%)	n/a
<b>Associate degree</b> in early childhood education, or a related field with relevant teaching experience	178 (20%)	16 (10%)	265 (21%)	32 (10%)	338 (24.25)	n/a
<b>Child Development Associate (CDA)</b> credential or state-awarded certification/license that meets these requirements	383 (44%)	61 (37%)	524 (42%)	111 (36%)	1,075 (41.9%)	n/a

<b>No degree or certification/license</b>	33 (3%)	76 (46%)	124 (10%)	143 (46%)	254 (9.9%)	n/a
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PIR-NYS Staff Qualifications												
	Home-based visitor			Home based visitor supervisors			Family child care providers			Family child care specialists		
	2015	2017	2018	2015	2017	2018	2015	2017	2018	2015	2017	2018
<b>Total Staff</b>	<b>472</b>	<b>427</b>	<b>432</b>	<b>112</b>	<b>105</b>	<b>102</b>	<b>112</b>	<b>105</b>	<b>255</b>	<b>110</b>	<b>168</b>	<b>33</b>
	52 (11%)	36 (8%)	30 (7%)	53 (47%)	46 (44%)	42 (41%)	53 (47%)	46 (44%)	8 (3%)	12 (11%)	6 (4%)	6 (18%)
	157 (33%)	140 (33%)	143 (33%)	41 (36%)	40 (38%)	43 (42%)	41 (36%)	40 (38%)	13 (5%)	3 (3%)	9 (5%)	16 (49%)
	122 (26%)	138 (32%)	119 (28%)	10 (9%)	10 (10%)	10 (10%)	10 (9%)	10 (10%)	6 (2%)	2 (2%)	6 (4%)	5 (15%)
	88 (19%)	64 (15%)	89 (21%)	6 (5%)	5 (5%)	2 (2%)	6 (5%)	5 (5%)	143 (56%)	55 (50%)	111 (66%)	0 (0%)
	53 (11%)	50 (12%)	50 (12%)	2 (1%)	4 (4%)	5 (5%)	2 (1%)	4 (4%)	85 (33%)	38 (35%)	36 (21%)	6 (18%)

Data from the 2015, 2017 and 2018 New York State PIR indicates that many early education Head Start staff have attained an educational degree or certificate related to their field of work. This is particularly true of individuals working as teachers, home-based visitor supervisors, and family child care specialists. In 2018 89% of all teachers have some sort of credential and 89% of home based visitors have some credential. Also, 82% have some sort of credential for being a family child care specialists Assistant teachers, however, are more likely to have no degree or certificate. Improvements have been made in the percentage of non-credentialed preschool assistant teachers since the 2013 Needs Assessment<sup>9</sup>, with figures decreasing from 38% in 2012 to 28% presently. The percentage of non-credentialed home-based visitors has also improved, with a decrease from about one out of four to about one out of ten employees. The ratio of non-credentialed family child care providers has remained about the same. Despite improvements, progress can still be made in credentialing.

### Quality of Instructional Support

The CLASS (Classroom Assessment Scoring System) is an observational instrument used to assess interactions between children and teachers in three broad domains of instructional quality: emotional support, classroom organization, and instructional support. The Office of Head Start believes that the domains of quality measured by the CLASS tool remain central to its approach to child development and education; however, grantees are not required to purchase CLASS materials or to use the CLASS in their programs. Furthermore, the CLASS tool used in Head Start monitoring is a modified version and must be conducted by a reliable assessor. Assessors rate their observations of teacher-child interactions according to the following scale.

- **Scores of 1-2:** This is the lowest rating of the quality of teacher-child interactions, and is indicative of classrooms characterized as having poor behavior management and/or teaching that is purely rote or that lacks interaction between teachers and children.
- **Scores of 3-5:** This score represents mid-range ratings of teacher-child interactions. These classrooms show a mix of effective interactions and ineffective interactions.
- **Scores of 6-7:** Scores in this range is granted in cases where effective teacher-child interactions are consistently observed.

In 2015, 14 of New York's 240 Head Start programs were evaluated using the CLASS during the triennial Office of Head Start monitoring review. It is important to keep in mind that this is only a small sample and therefore the results do not represent all Head Start programs. Of those programs that participated in the CLASS, the average scores in all three domains were well above the minimum absolute threshold set by the Office of Head Start and only slightly below the national average. However, programs should continue improvement efforts as the programs scoring in the lowest 10% nationally will be required to re-compete for their Head Start funding in the future.

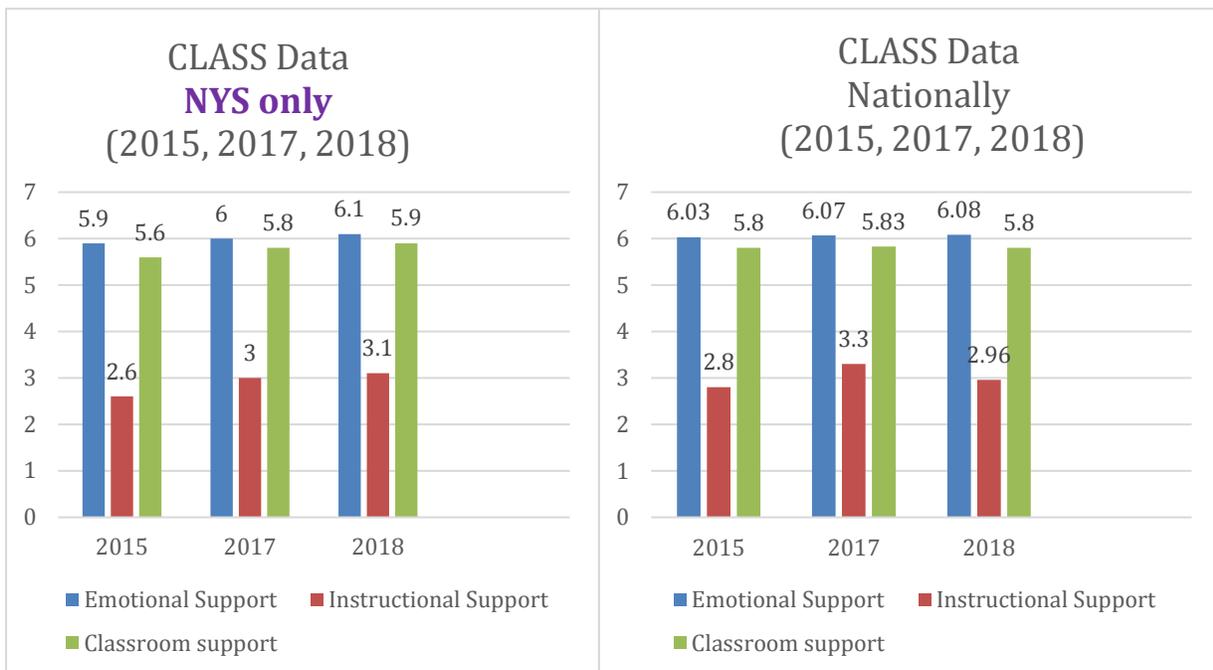
### Summary of Results

The results of the Needs Assessment suggest that early childhood systems development and education is a challenging area for Head Start programs. Approximately one-half of respondents shared that they have no working relationship with state efforts to unify early childhood data systems, QUALITYstarsNY, or the New York State Early Childhood Advisory Council. Furthermore, the level of difficulty encountered when engaging in different activities related to these organizations was relatively high, with greater than 70% reporting experiencing some level of difficulty.

**Change Over Time.** Since the 2013 Needs Assessment<sup>9</sup>, both the extent of involvement with different early childhood organizations and the level of difficulty engaging in activities related to early childhood systems development and education remained relatively stable.

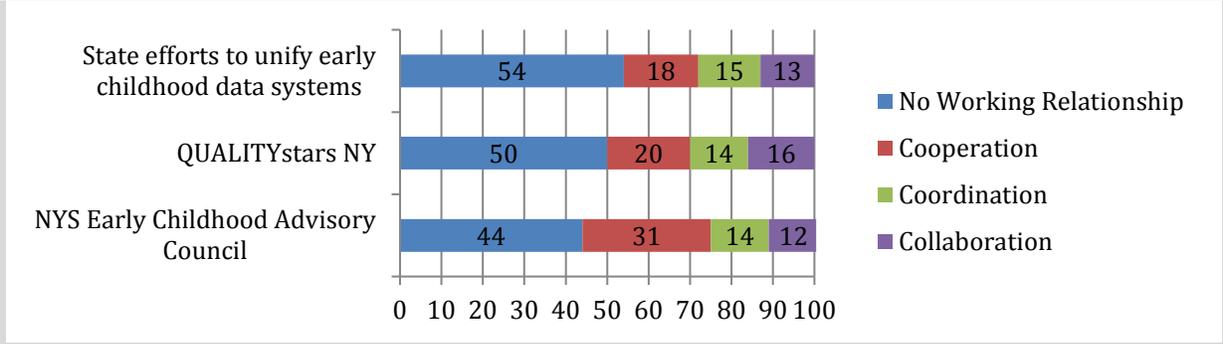
Fiscal Year	Emotional Support Average	Classroom Organization Average	Instructional Support Average	Fiscal Year	Emotional Support Average	Classroom Organization Average	Instructional Support Average	2nd Review changes I.S.
2012	6.6	6.1	3.5	2017	5.7	5.6	2.6	↓
2013	6.1	6.0	3.6	2017	6.6	6.2	4.2	↑
2013	5.9	5.6	2.4	2017	6.0	5.6	3.2	↑
2013	5.8	5.2	3.4	2017	5.8	5.9	2.7	↓
2013	6.0	5.3	2.9	2017	5.6	5.5	2.7	↓
2013	6.3	5.8	2.9	2017	6.0	5.7	2.6	↓
2013	6.6	6.1	3.6	2017	6.2	6.4	2.7	↓
2013	5.6	5.2	2.4	2017	6.2	6.4	3.9	↑
2015	6.0	5.7	2.2	2017	5.7	5.3	2.3	→
2015	5.8	5.6	3.0	2017	6.1	5.8	3.0	
<b>Average of these 9 grantees</b>	<b>6.7</b>	<b>6.3</b>	<b>3.3</b>		<b>6.7</b>	<b>6.5</b>	<b>3.3</b>	

**CLASS Data above is from 2013-15 Federal Reviews and the second highlighted column is from 2017 Reviews for the same nine NYS grantees.**



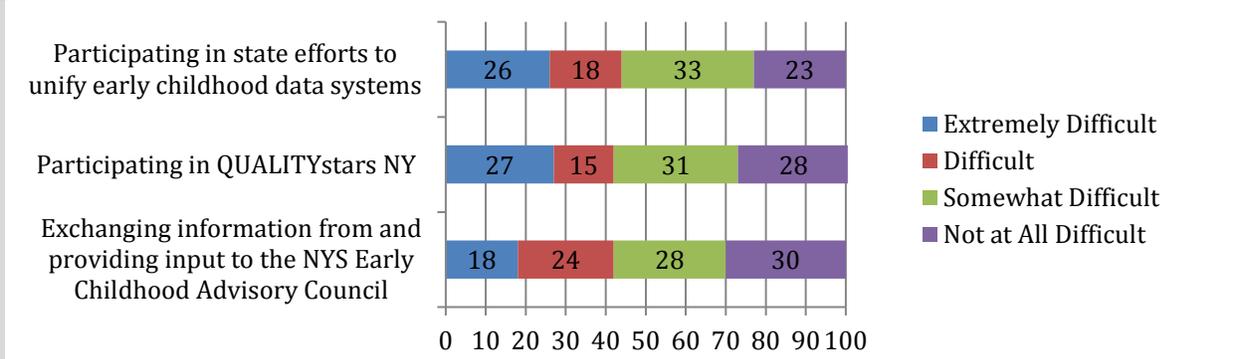
The NYS CLASS data and National CLASS data in 2015, 2017, and 2018 has remained relatively consistent in emotional support, instructional support and classroom support.

### Extent of Involvement with the Coordinated and Responsive Systems Within New York State



°Data from the 2013 Head Start Needs Assessment is available at [http://ccf.ny.gov/files/2313/8660/1358/2013\\_Head\\_Start\\_State\\_Needs\\_Assessment\\_by\\_The\\_NYS\\_Head\\_Start\\_Collaboration\\_Office\\_.pdf](http://ccf.ny.gov/files/2313/8660/1358/2013_Head_Start_State_Needs_Assessment_by_The_NYS_Head_Start_Collaboration_Office_.pdf)

### Level of Difficulty Engaging in Different Activities Related to Early Childhood Systems



Early Childhood Systems Development & Education Strengths and Challenges	
Strengths	Challenges
Expanding QUALITYstarsNY into more counties.	<ul style="list-style-type: none"> <li>• Involvement in, and participation with, state efforts to unify early childhood data systems</li> <li>• Involvement in, and participation with, QUALITYstarsNY</li> <li>• Involvement in, and participation with, the NYS Early Childhood Advisory Council</li> </ul>

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment <sup>10</sup>	
What is working well	Other issues
<ul style="list-style-type: none"> <li>• Strong relationships/coordination with providers (3)</li> <li>• Early childhood collaborative networks are helpful</li> <li>• Resources available to grantees</li> <li>• Online access to information</li> <li>• Representation in B-3 alliance</li> <li>• Annual self-assessment and corresponding program improvement goals</li> </ul>	<ul style="list-style-type: none"> <li>• Limited financial and human resources to participate in programs (2)</li> <li>• Limited availability of programs (2)</li> <li>• Perception of less attention paid to northern region of state in comparison to downstate</li> <li>• Inability to access information from the state regarding funding of special education itinerant teachers</li> <li>• Technical issues with the system— inconsistent performance, children not showing up as enrolled, short term ASPIRE memberships not recognized</li> </ul>

<sup>10</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

## Strategic Plan

Strategic Plan for Addressing Challenges in the Area of Early Childhood Systems Development & Education	
Area for Improvement	Action Steps
Involvement in, and participation with, state efforts to unify early childhood data systems	<p>Work with the ECAC Data Development Team to propose a state early childhood integrated data system.</p> <p>Develop state unified CCRR and needs assessment</p>
Involvement in, and participation with, QUALITYstarsNY	Assist in the connections between QSNY, the RO, the TA Team and the New York State Head Start Association. Ask them to present at the annual conferences for Head Start programs in NY.
Involvement in, and participation with, the NYS Early Childhood Advisory Council	The Director is the ECAC Co-Chair so this is an easy connection.

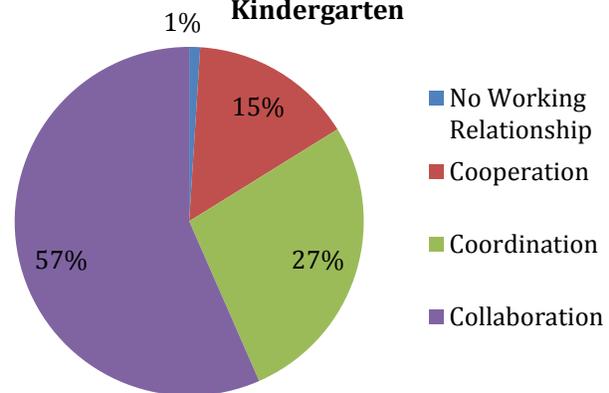
### 3. School Transitions & Alignment with K-12, Including School Readiness & Head Start Pre-K Partnership Development

In this section of the survey, respondents were asked to rate the extent of their involvement with local school districts in the transition from Head Start to Kindergarten during the past 12 months. Additionally, respondents were asked to indicate the level of difficulty that they experienced in their efforts to plan and coordinate school transitions and alignment with K-12, as well as to share comments describing their successes and challenges in this area. Specific information was also gathered regarding perceived obstacles to achieving a smooth transition from Early Head Start to Head Start and from Head Start to Kindergarten. Results are discussed in the areas of Memorandums of Understanding (MOUs), Local Educational Agencies (LEAs), and transition issues, and notable changes from the previous 2013 Needs Assessment are also discussed.

#### Activities Related to LEAs.

With respect to activities related to LEAs, results suggest that almost all Head Start programs have established relationships with these agencies and that the majority have established collaborative relationships. Efforts to align Head Start and LEA procedures were also rated as relatively easy (67% rating of not at all difficult). However, one activity in this area that does appear to be difficult for many Head Start programs is coordinating transportation with LEAs, as 24% rated this as extremely difficult.

**Extent of Involvement with LEAs regarding transition from Head Start to Kindergarten**



**Change Over Time.** Since the 2013 Needs Assessment<sup>11</sup>, little change was observed in Head Start programs in the area of LEAs, except for one positive change. There was a notable increase in the percentage of Head Start programs working with LEAs to facilitate transitions from Head Start to Kindergarten. The percentage of respondents describing this relationship as collaborative increased by 11% since 2012.

<sup>11</sup>Data from the 2013 Head Start Needs Assessment

**Expansion of PreK in New York.** Since 1998 the investment in PreK has grown from \$67 million to over \$8 billion (in total). This has brought with it challenges and new partnerships. Head Start programs that were ready and willing (and able) to partner with their local districts have been able to cultivate incredible programs that combine the best of both Head Start and school prekindergarten. But Head Start programs that are not in positive

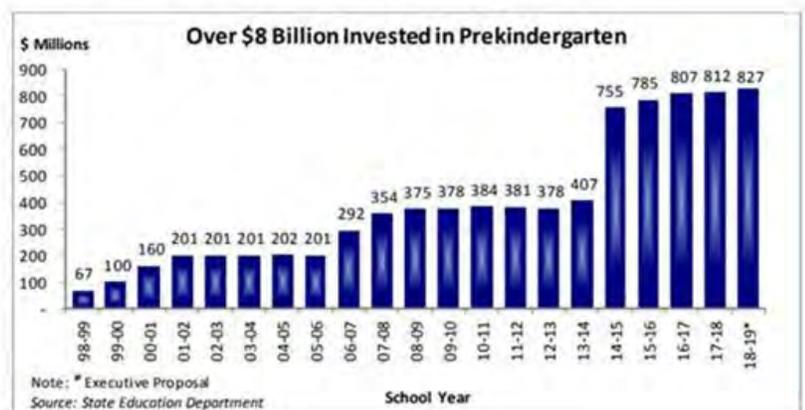
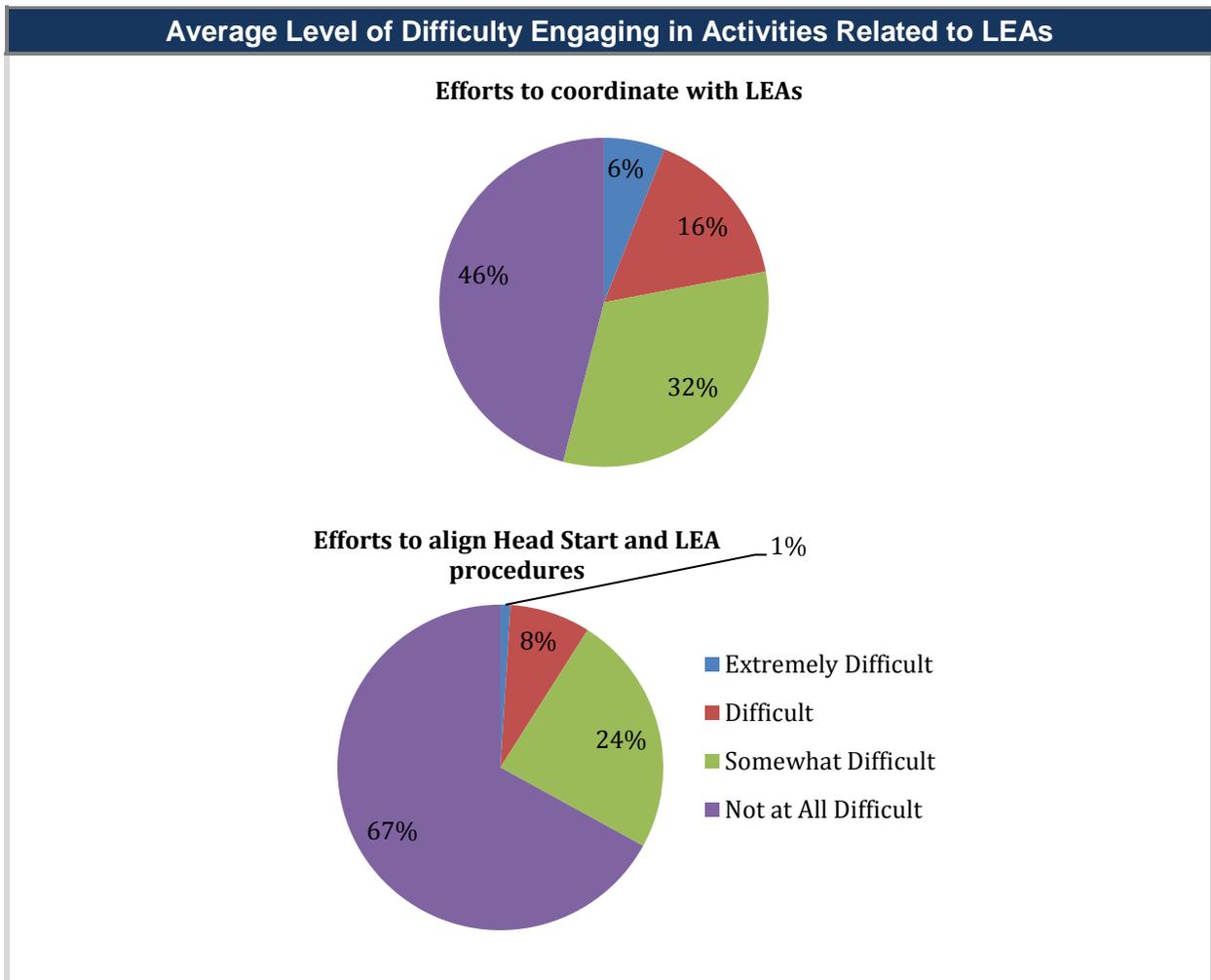


Figure 1

Source: <http://nyassembly.gov/Reports/WAM/2018yellow/2018files/2018yellowbook.pdf>

partnerships with their local school districts to deliver some or all of the prekindergarten in the district are struggling. Most have needed to shift to serving younger children in their Head Start program and some have lowered their enrollment numbers.

If a grantee is struggling with a school district when it comes to prekindergarten partnership classrooms this is a time you can call your Head Start State Collaboration Director for support. Patty Persell, [patricia.persell@ccf.ny.gov](mailto:patricia.persell@ccf.ny.gov).

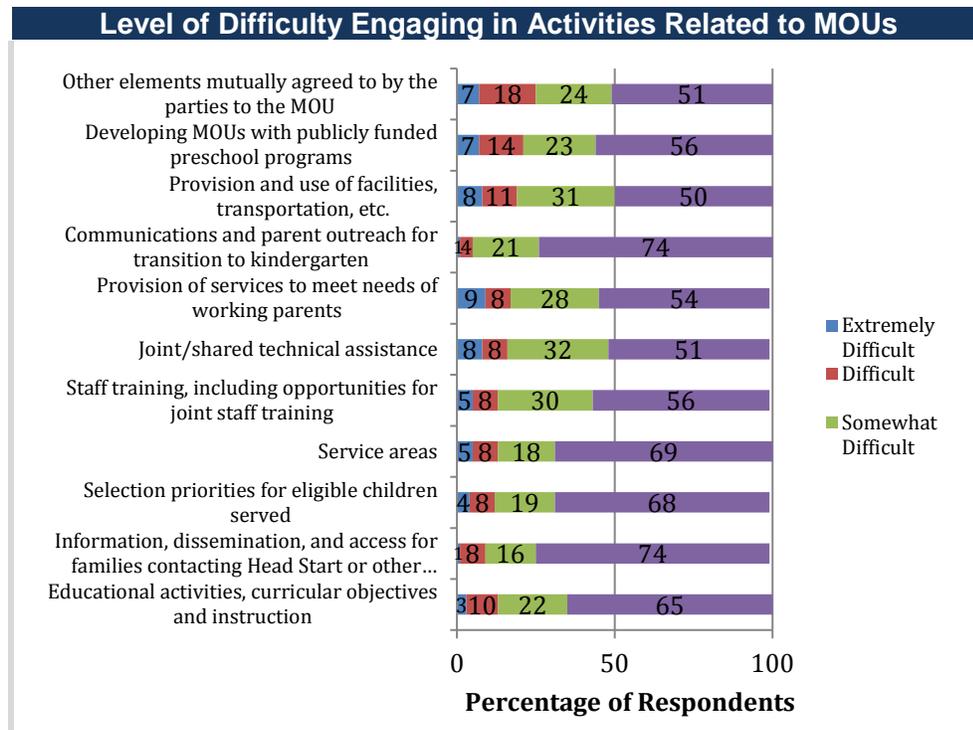
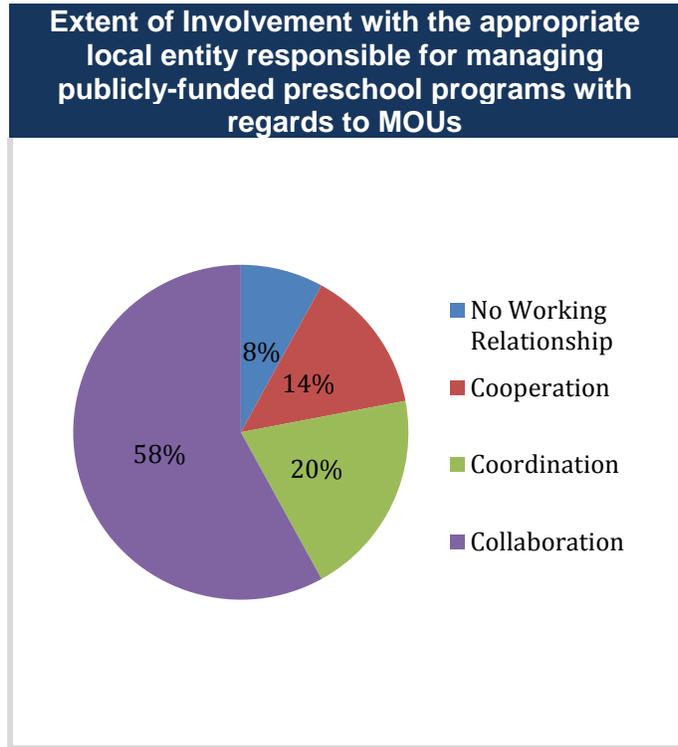


\*Data indicating the level of difficulty engaging in specific activities related to LEAs is located in Appendix B

## Activities Related to MOUs

The results of the Needs Assessment suggest that activities related to the MOU is a relative strength for Head Start programs. Only 8% of respondents described having no working relationship with the appropriate local entity responsible for managing publicly-funded preschool programs and 58% described this relationship as collaborative. Additionally, at least 50% of respondents rated all activities in this area as not at all difficult.

**Change Over Time.** Similar to trends noted in activities related to LEAs, both the extent of involvement with local entities responsible for managing publicly-funded preschool programs and the level of difficulty engaging in activities related to publicly-funded pre-K programs has remained relatively stable since 2013.



## Transition Challenges, In and Out of Head Start

Respondents were asked to identify perceived obstacles to achieving a smooth transition between Early Head Start and Head Start, as well as between Head Start and school programs. The most commonly cited barrier to transitioning between Early Head Start and Head Start programs was the limited openings in Head Start programs at the time of transition, especially when the transition occurs in the middle of a program year. Another notable concern was the families' attachment to Early Head Start programs and related anxiety about beginning the Head Start program. Regarding transitioning between Head Start to school programs, a number of respondents cited a lack of cooperation between these programs as a barrier to transitioning.

Obstacles to Achieving Smooth Transitions Between Programs	
Transitions from Early Head Start to Head Start	Transitions from Head Start to School
<ul style="list-style-type: none"> <li>Limited openings in the HS program, especially in the middle of the program year (7)</li> <li>Families' attachment to EHS program/family anxiety (5)</li> <li>More difficult transition from home-based services to center services (3)</li> <li>Lack of coordination between agencies</li> <li>Maintaining eligibility</li> <li>Requirement to reapply</li> </ul>	<ul style="list-style-type: none"> <li>Lack of cooperation between HS and schools (10)</li> <li>Schools unwelcoming to families (2)</li> <li>Transition from CPSE to CSE IEP</li> <li>Limited availability of quality local schools</li> <li>Language barriers of ELL parents</li> <li>Difficult to track how children perform when they leave HS</li> <li>Limited special education services at some schools require that children go to a school outside of their community</li> </ul>

## Summary of Overall Results

The following figures and tables summarize the data collected in the 2016 Needs Assessment survey in the area of school transition and alignment with K-12.

School Transitions and Alignment with K-12 Strengths and Challenges	
Strengths	Challenges
<ul style="list-style-type: none"> <li>Establishing relationships via MOUs</li> <li>Educational activities, curricular objectives and instruction</li> <li>Information, dissemination, and access for families contacting Head Start or other preschool program</li> <li>Selection priorities for eligible children</li> <li>Service areas</li> <li>Communications and parent outreach for transitions to kindergarten</li> <li>Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework</li> <li>Aligning Head Start curricula with state Early Learning Standards</li> <li>Establishing policies and procedures that support children's transition to school that includes engagement with LEAs</li> </ul>	<ul style="list-style-type: none"> <li>Developing MOUs with publicly funded pre-school programs</li> <li>Other elements mutually agreed to by the parties to the MOU</li> <li>Ongoing communication with LEAs to facilitate coordination of programs</li> <li>Coordinating transportation with LEAs</li> <li>Coordinating shared use of facilities with LEAs</li> <li>Coordinating with LEAs regarding other support services for children and families</li> <li>Exchanging information with LEAs on roles, resources, and regulations</li> <li>Organizing and participating in joint training, including transition-related training for staff</li> </ul>

## Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>12</sup>

What is working well	Other issues
<ul style="list-style-type: none"> <li>• Good relationships/communication with other programs (9)</li> <li>• School districts that offer professional development support (6)</li> <li>• Good reputation of Head Start programs in the community (2)</li> <li>• Open invitations to pre-k parent meetings</li> <li>• Actively pursuing new partnerships through grant writing and other avenues</li> <li>• Contracts with universal pre-k in NYS, which provide training and technical assistance</li> <li>• Open house events well attended</li> <li>• Pre-registration for student transitions</li> <li>• In-house pre-k services to avoid obtaining an MOU from the NYC DOE</li> </ul>	<ul style="list-style-type: none"> <li>• Competition between HS and district pre-K (10)</li> <li>• Misalignment between district and HS standards (5)</li> <li>• Difficulties related to mandatory pre-k in NYS (competitive environment making collaboration difficult, different selection priorities) (4)</li> <li>• Lacking coordination with school districts (4)</li> <li>• Difficulties conducting shared training (scheduling, training requirements of Head Start) (2)</li> <li>• Funding issues (2)</li> <li>• Lengthy paperwork processes (contracting, registration)</li> <li>• Limited funding</li> <li>• Difficulties navigating MOU process</li> <li>• Accommodating parents' work schedules</li> <li>• Some school districts are difficult to work with</li> <li>• Pre-k programs that do not value communication with parents</li> <li>• Not receiving RFPs in a timely manner or at all</li> </ul>

<sup>12</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

### Strategic Plan

#### Strategic Plan for Addressing Challenges in the Area of School Transitions and Alignment with K-12

<i>Area for Improvement</i>	<i>Action Steps</i>
Developing MOUs with publicly funded pre-school program (NY State Education Department)	Revise the current MOU.
Coordination with State Education Department Office of Early Learning, including transportation, shared use of facilities, and other support services	Meet with NYSED to work on guidance for the transportation of three and four-year-old children.
Transitioning between EHS and HS – limited availability of openings in HS programs at time of transition	Expand B5 grant Help EHS agencies understand the flexibility they have when transitioning children into their next placement.
Organizing and participating in joint training, including transition-related training for teachers and administrators	Work with the Region II Head Start Technical Assistance Team on aligning professional development activities across the state.
Competition between HS and district pre-K	Work to dispel the myths and capitalize on opportunities to strengthen both programs. Further work to connect prek and Head Start grantees.
Misalignment between district and HS standards	Ensure parents know they have the freedom to choose and understand the benefits of Head Start. Produce a new Early Learning Alignment Crosswalk with the new Performance Standards and new State Prek Standards.

Transitioning between HS and school – lack of cooperation between HS and school

Continue to hold Kindergarten Transition Forums across the state. Work with Head Start and school districts to overcome obstacles.

Ongoing communication with LEAs to facilitate coordination of programs

Continue to communicate with NYSED and school districts about developmentally appropriate implementation of the Prekindergarten Learning Standards: A Resource for School Success.

Present collaboration materials to HS and PreK directors to facilitate collaboration efforts.

## 4. Services for Children with Disabilities

This section of the survey asked respondents to rate the extent of their involvement with various disability service providers and organizations during the past 12 months. Respondents were also asked to indicate the extent to which they experienced difficulty in their efforts to meet the needs of enrolled children with disabilities during this time period and were invited to share comments describing their successes and challenges in providing these services to enrolled students and their families. Notable changes from the previous 2013 Needs Assessment are presented, along with data from the 2015 New York State PIR report regarding characteristics of enrolled children with disabilities and access to special education services.

### Characteristics of Enrolled Children with Disabilities & Access to Special Education Services

PIR NYS Disabilities Services Data						
POPULATION	2015		2017		2018	
	# Children <sup>13</sup>	% Children	# Children <sup>13</sup>	% Children	# Children	% Children
<b>Head Start &amp; Migrant Head Start</b>						
Enrolled children with an Individualized Education Plan (IEP)	8,891	14%	8,615	14%	9,997	20%
Enrolled children with an IEP who did not receive special education services	145	2% <sup>14</sup>	256	3% <sup>14</sup>	428	5%
Enrolled children with the following primary disabilities	-	-	-	-		
<i>Health impairment</i>	53	.1%	57	.1%	42	0.09%
<i>Emotional disturbance</i>	61	.1%	40	.1%	39	0.08%
<i>Speech/language impairment</i>	1,561	2%	1,392	2%	1,608	3.32%
<i>Intellectual disabilities</i>	47	.1%	35	.1%	29	0.06%
<i>Hearing impairment</i>	6	<.01%	6	<.01%	6	0.01%
<i>Orthopedic impairment</i>	48	.1%	34	.1%	31	0.06%
<i>Visual impairment</i>	15	<.02%	18	<.02%	14	0.03%
<i>Specific learning disability</i>	97	.2%	206	.3%	135	0.28%
<i>Autism</i>	77	.1%	103	.2%	102	0.21%
<i>Traumatic brain injury</i>	1	<.01%	1	<.01%	1	0.00
<i>Non-categorical/developmental delay</i>	6,546	10%	6,472	10%	6,044	12.48%
<b>Early Head Start &amp; Early Head Start Migrant Programs</b>						

Enrolled children with an Individualized Family Service Plan (IFSP)	1,092	2%	1,344	2%	1,457	2%
Enrolled children with an IFSP who did not receive early intervention services	10	1% <sup>15</sup>	23	2% <sup>15</sup>	21	161%

<sup>13</sup> Total cumulative child enrollment 2015 = 63,834; Total cumulative child enrollment 2017 = 62,505

<sup>14</sup> Percentage reflects percent of # enrolled children with an IEP

<sup>15</sup> Percentage reflects percent of # enrolled children with an IFSP

<sup>16</sup> Percentage reflects percent of # enrolled in children with an IFSP <sup>1</sup>

According to both the 2015 and 2017 PIR, 14% of children enrolled in Head Start programs and 2% of children enrolled in Early Head Start programs participate in special education or early intervention services. In 2018 PIR data shows that 20% of Head Start children and 2% of Early Head Start children participated in special education or early intervention services. Almost all children with an IEP or an IFSP received the appropriate disability services. The most prevalent disability category within the Head Start population was non-categorical/developmental delay, followed by speech/language impairment.

### Summary of Results

The results of the Needs Assessment Survey revealed strengths of Head Start programs in the area of services for children with disabilities, as well as challenges faced. Responses suggest that having Early Head Start/ Head Start staff attend IEP or IFSP meetings is relatively easy and that the majority of Early Head Start programs have established relationships with early intervention agencies (local Part C providers and state or local lead agencies for Part C), many of which were rated as collaborative in nature (47% and 51%, respectively). However, relationships with some other agencies and providers do not appear to be as strong. The majority of Head Start programs indicated that they do not have a working relationship with agencies serving the Native American population, although this is likely a due to limited access to these programs in many areas. Other providers of disability services with which Head Start programs appear to have limited relationships include university/community college programs, non-Head Start councils or groups that address policy/program issues, and other State education agency programs/services. Although results indicated that most Head Start programs experience limited difficulty engaging in many activities related to disability services, there were a couple of exceptions. Applying for SSI and/or Waiver programs, as well as obtaining timely Part B/619 (preschool special education) evaluations, were rated as difficult or extremely difficult by many respondents (35% and 25%, respectively).

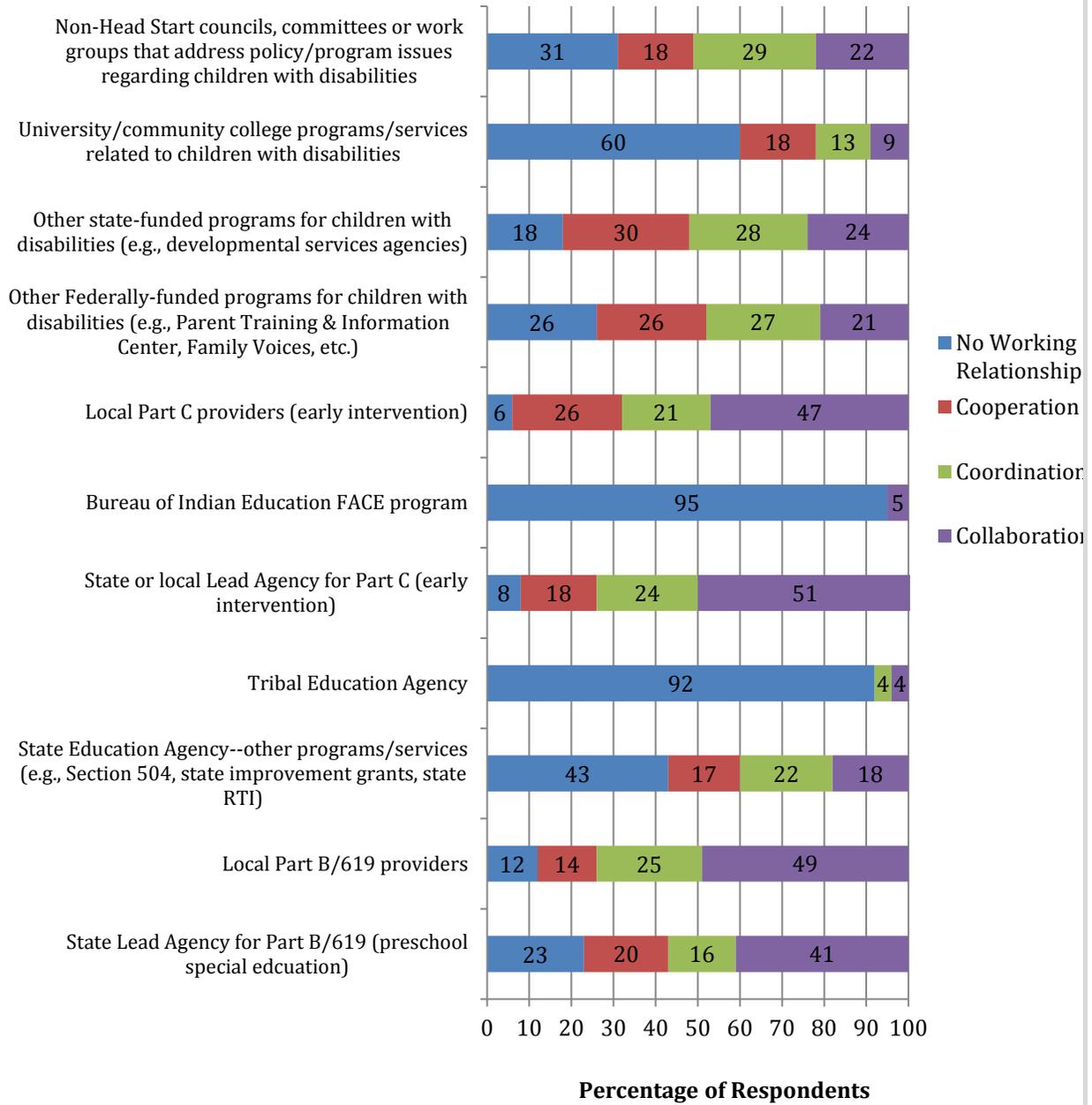
**Change Over Time.** In comparison to the 2013 Needs Assessment<sup>16</sup>, both positive and negative changes were noted in Head Start programs' extent of involvement with various disability services. Relationships with state or local lead agencies for Part C and with other federally-funded programs for children with disabilities (e.g., Parent Training and Information Centers, Family Voices, etc.) appear to have improved with increases in the percentage of respondents rating these relationships as collaborative (13% and 11% increases, respectively). However, an increased percentage of respondents indicated having no relationship with university/community college programs related to children with disabilities in comparison to the previous Needs Assessment (11% increase). Results also suggest that engaging in different activities related to disabilities' services has become more difficult in a couple areas. For example, there were decreases from 2012 noted in the percentage of respondents rating the

following activities as not at all difficult: obtaining timely Part C (early intervention) evaluations (13% decrease), coordinating services with Part B/619 providers (11% decrease), and exchanging information on roles and resources with other providers (16% decrease).

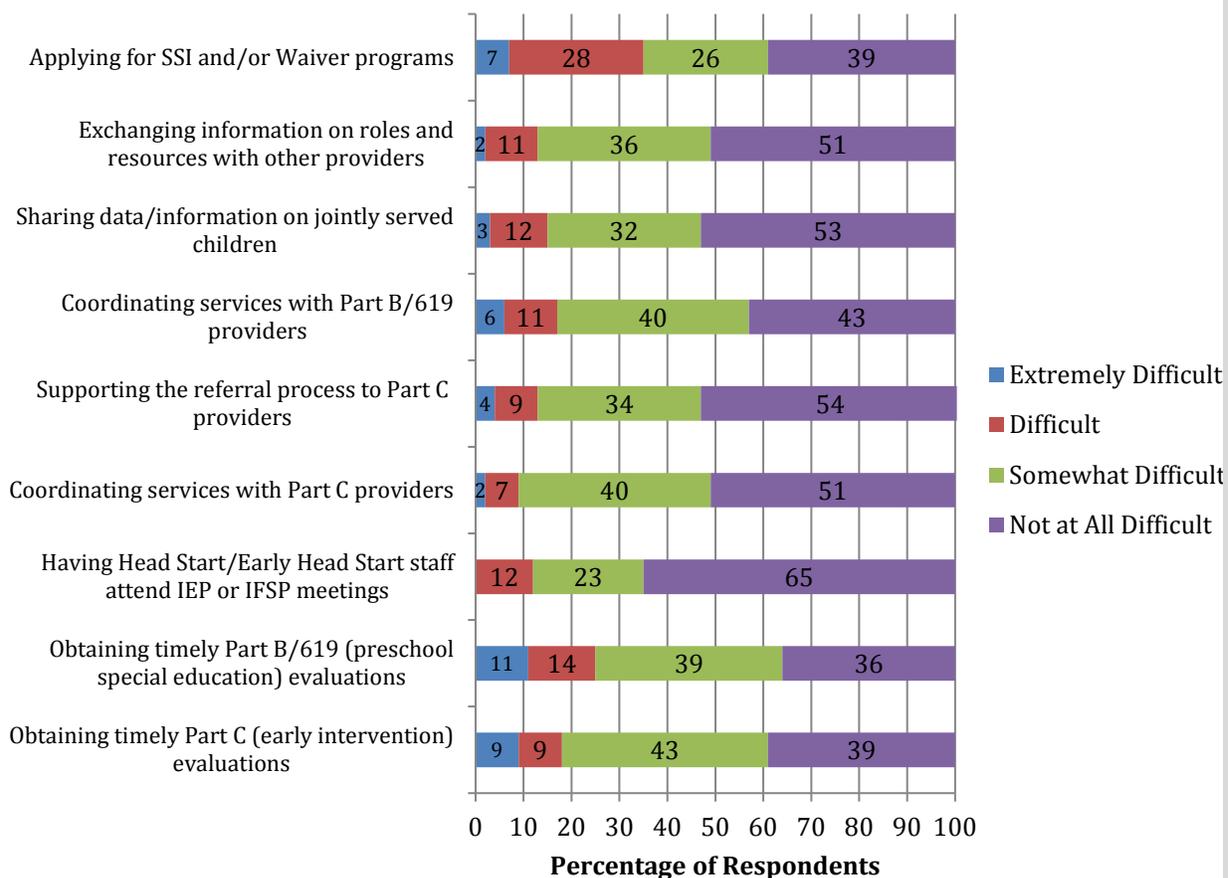
<sup>16</sup>Data from the 2013 Head Start Needs Assessment



## Extent of Involvement with Various Disability Services



## Level of Difficulty Engaging in Various Disability Services



## Disability Services Strengths and Challenges

Strengths	Challenges
<ul style="list-style-type: none"> <li>Having Early Head Start/Head Start staff attend IEP or IFSP meetings</li> <li>Establishing relationships with Part C providers (early intervention)</li> <li>Establishing relationships with state or local Lead Agency for Part C (early intervention)</li> </ul>	<ul style="list-style-type: none"> <li>Applying for SSI and/or Waiver programs</li> <li>Establishing relationships with State Lead Agency for Part B/619 (preschool special education) and obtaining timely preschool evaluations</li> <li>Establishing relationships with non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities</li> <li>Establishing relationships with University/community college programs related to children with disabilities</li> <li>Establishing relationships with other Federally-funded programs for children with disabilities</li> <li>Establishing relationships with State Education Agency—other programs/services</li> </ul>

## Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>17</sup>

What is working well	Other issues
<ul style="list-style-type: none"> <li>• Good communication/relationships between providers (13)</li> <li>• Supportive staff who advocate for children and families (5)</li> <li>• In-house evaluation programs (4)</li> <li>• In-house service providers/programs (4)</li> <li>• Combining different interest group meetings to increase attendance</li> <li>• Having a “network” of service providers/resources</li> <li>• Utilizing consultant services</li> </ul>	<ul style="list-style-type: none"> <li>• Limited therapist availability, particularly bilingual and specialized therapists (12)</li> <li>• Difficulties collaborating with local districts (e.g., reluctance to prescribe required scope of services, responsiveness, reluctance to work directly with Head Start) (3)</li> <li>• Parental lack of follow through (3)</li> <li>• Other providers not meeting deadlines (3)</li> <li>• Difficult for staff to attend meetings due to limited time/resources (2)</li> <li>• Difficulties resulting from differences in Part C and Head Start requirements (e.g., provider background checks)</li> <li>• Difficult to complete reimbursement regulations</li> <li>• Long transportation times between programs</li> <li>• Scheduling difficulties</li> <li>• Referral process is difficult to navigate</li> </ul>

<sup>17</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

### Strategic Plan

Strategic Plan for Addressing Challenges in the Area of Disability Services	
Area for Improvement	Action Steps
Establishing relationships with University/community college programs	Work with the state Early Childhood Direction Centers and Barbara Schwartz to strengthen these connections.
Establishing relationships with State Lead Agency for Part B/619 (preschool special education)	Reach out to local SUNY campuses to start a semester internship program for credit SCIS Rate Setting Think Tank is working on new ways to support children in an integrated classroom.
Limited therapists available, particularly bilingual and specialized therapists	Connect the workforce to early childhood positions.  Ask Sherry for workforce data

## 5. Professional Development

This section of the survey asked respondents to rate the extent of their involvement with various professional development providers and organizations during the past 12 months, as well as the

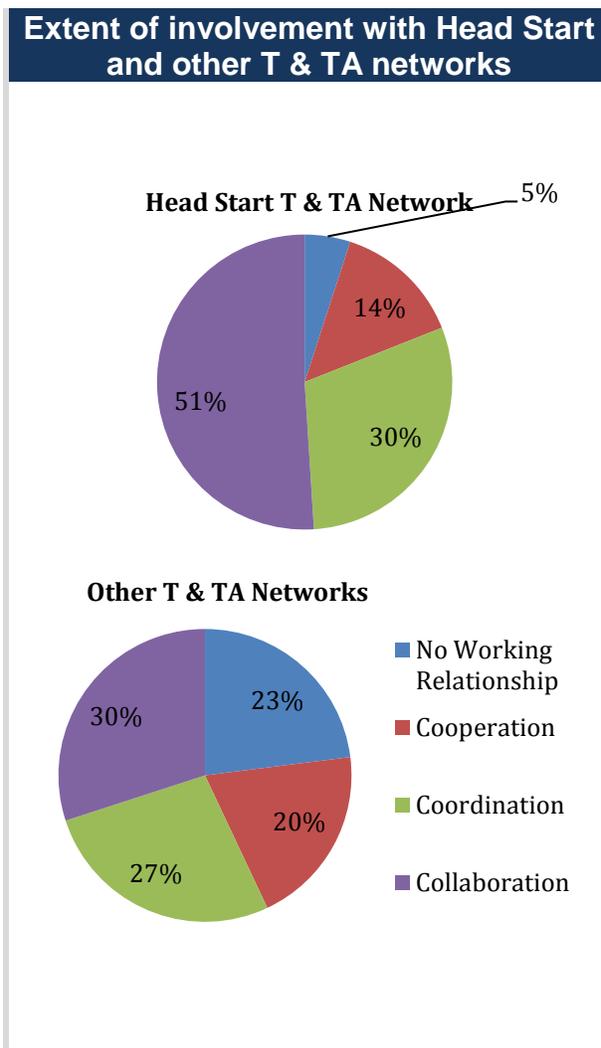
extent to which they experienced difficulty in their efforts to participate in professional development opportunities. Respondents were also invited to share comments describing their successes and challenges in making professional development opportunities available to Head Start staff. Notable changes from the previous 2013 Needs assessment are also presented, along with specific information regarding rates of membership of the New York State Head Start Association.

## Summary of Results

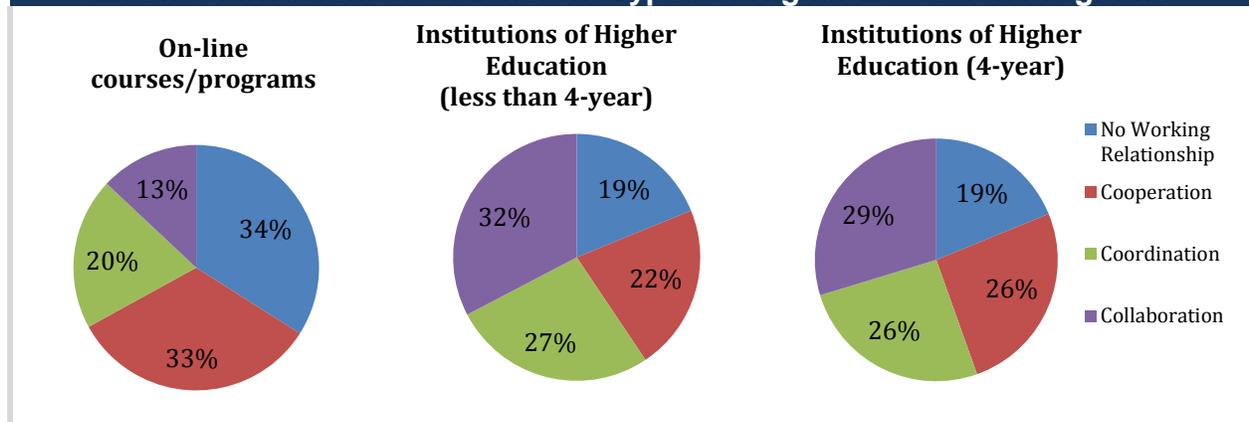
The results of the Needs Assessment revealed both strengths of Head Start programs in the area of professional development as well as challenges faced. Responses suggest that most programs have established relationships with Head Start T & TA networks, more than half of which were rated as being collaborative in nature. Relationships with other T & TA networks do not appear to be as well established, with 23% of respondents indicating that they have no working relationship with these groups, whereas relationships with Child Care Resource & Referral Networks and with service providers offering relevant training opportunities appear to be well established (less than 5% reported having no working relationship with these groups). A number of Head Start programs also indicated that they utilize different types of higher education programs for professional development, although online programs appear to be less utilized than other institutions of higher education.

Other professional development programs/services that respondents rated as having less well-established relationships with included the Early Head Start National Resource Center, cultural and linguistic responsiveness programs, and national

centers (23%, 25%, and 23% reported having no established relationship, respectively). Certain activities related to professional development also appear to be more difficult for Head Start programs at this time, including transferring credits between public institutions of learning, accessing scholarships and other financial support for professional development, and allowing for staff release time to attend professional development activities (29%, 39%, and 36% rated as difficult or extremely difficult, respectively).



## Extent of Involvement in Different Types of Higher Education Programs



Respondents were also asked about their involvement with the New York State Head Start Association (NYSHSA). Eighty-percent of respondents indicated that they are currently members of this association and those who are not members shared reasons why (see associated table). Responses indicate that it may be beneficial to promote what NYSHSA is, including the benefits of membership and the process for joining.

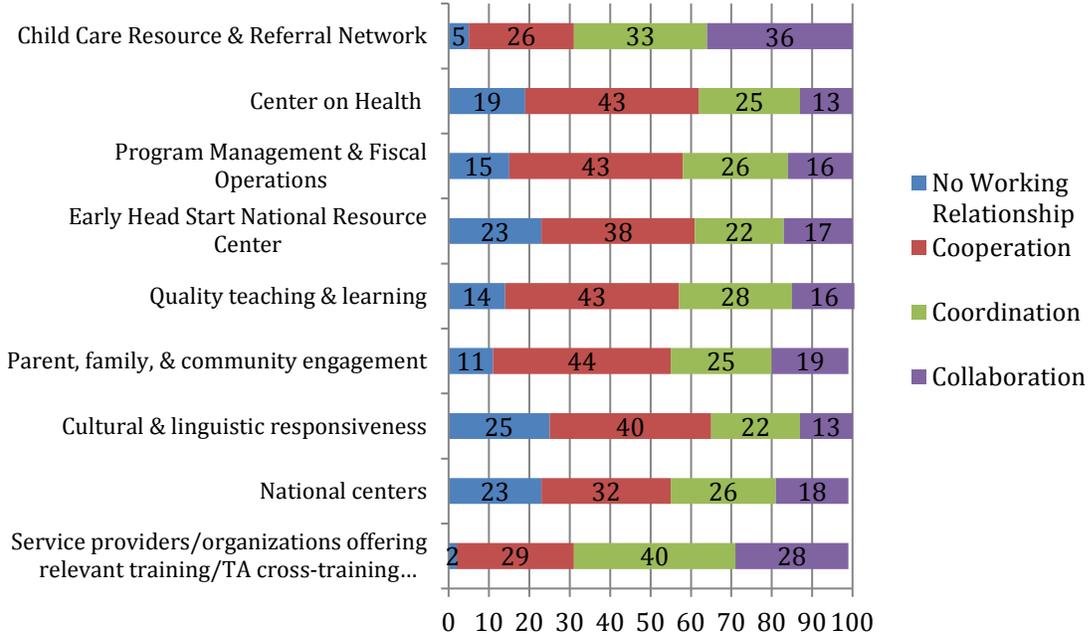
### Reasons for Not Being a Member of NYS Head Start Association

- Unaware of NYSHSA or process for joining (4)
- Does not view NYSHSA membership as beneficial (3)
- Membership recently lapsed—planning to renew (3)
- High cost of membership
- New staff member

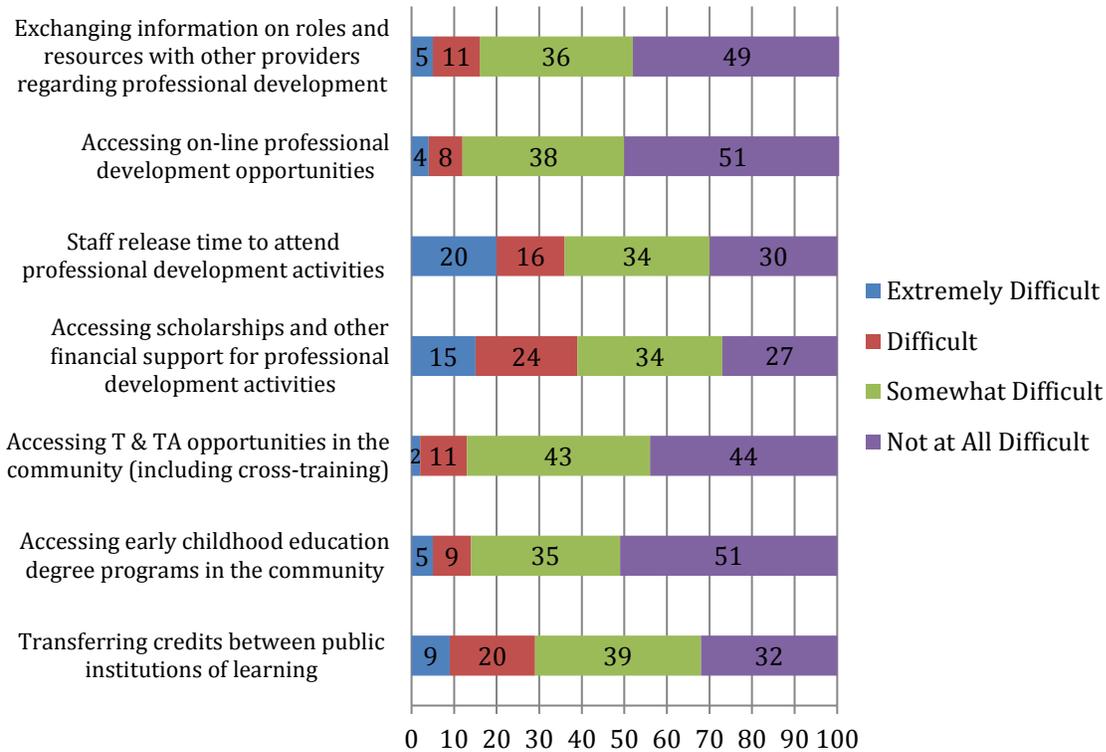
**Change Over Time.** Results suggest that the level of difficulty experienced by Head Start agencies when engaging in activities related to professional development has remained relatively stable since the 2013 Needs Assessment<sup>18</sup>. At the same time, a number of improvements were noted in the relationships formed with various agencies related to professional development. For example, the percentage of respondents indicating that they have no working relationship with cultural and linguistic responsiveness providers and the Early Head Start National Resource Center decreased since 2013 (11% and 18% decreases, respectively). Additionally, the percentage of respondents indicating that they have a collaborative relationship with Head Start T & TA networks and other T & TA networks increased (17% and 16%, respectively). Relationships with national centers also appear to have improved, with both a 12% increase in descriptions of this relationship as collaborative and a 15% decrease in those reporting having no working relationship with these centers.

<sup>18</sup>Data from the 2013 Head Start Needs Assessment

### Extent of Involvement in Other Professional Development Programs/Services



### Level of Difficulty Engaging in Professional Development Programs/Services



## Professional Development Strengths and Challenges

Strengths	Challenges
<ul style="list-style-type: none"> <li>Establishing relationships with Child Care Resource &amp; Referral Network</li> <li>Establishing relationships with Head Start T &amp; TA Network</li> <li>Establishing relationships with service providers offering relevant training opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Establishing relationships with on-line programs</li> <li>Establishing relationships with other T &amp; TA networks</li> <li>Establishing relationships with national centers</li> <li>Establishing relationships with cultural &amp; linguistic responsiveness</li> <li>Establishing relationships with Early Head Start National Resource Center</li> <li>Transferring credits between public institutions of learning</li> <li>Accessing scholarships and other financial support for professional development activities</li> <li>Staff release time to attend professional development activities</li> </ul>

## Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>19</sup>

What is working well	Other issues
<ul style="list-style-type: none"> <li>Good working relationships with professional development organizations (5)</li> <li>Training positions within Head Start organizations (2)</li> <li>Providing financial assistance for staff to receive education (2)</li> <li>Utilizing online resources/webinars (2)</li> <li>Staff receptive to participating in professional development</li> <li>Providing orientations to new staff</li> <li>Conducting annual survey of staff needs/interests for training opportunities</li> <li>Closing Head Start program once per month to allow for professional development needs</li> </ul>	<ul style="list-style-type: none"> <li>Limited release time/resources to cover responsibilities to allow staff to attend professional development (8)</li> <li>Limited educational opportunities (2)</li> <li>UPK better pay causes limited availability of qualified staff for Head Start</li> <li>Change in licensing to require approved trainer—difficult to find approved trainers</li> <li>Short notice for professional development opportunities does not allow time to process PO and process per diem payment</li> <li>Cost of educational degrees is prohibitive to some employees</li> </ul>

<sup>19</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

### Strategic Plan

#### Strategic Plan for Addressing Challenges in the Area of Professional Development

Area for Improvement	Action Steps
Establishing relationships with online or higher education programs	Work on EarlyEdU partnerships in the state. Set up meeting with Niagara University.
Transferring credits between public institutions of learning	Early Childhood scholarship at CUNY and SUNY The SUNY and CUNY system has improved in this area over the past few years.

Accessing scholarships and other financial support for professional development activities

QSNY is a great first step in the right direction. The Collaboration Director continues to partner with QSNY and to communicate the value of joining QSNY.

## 6. Child Care

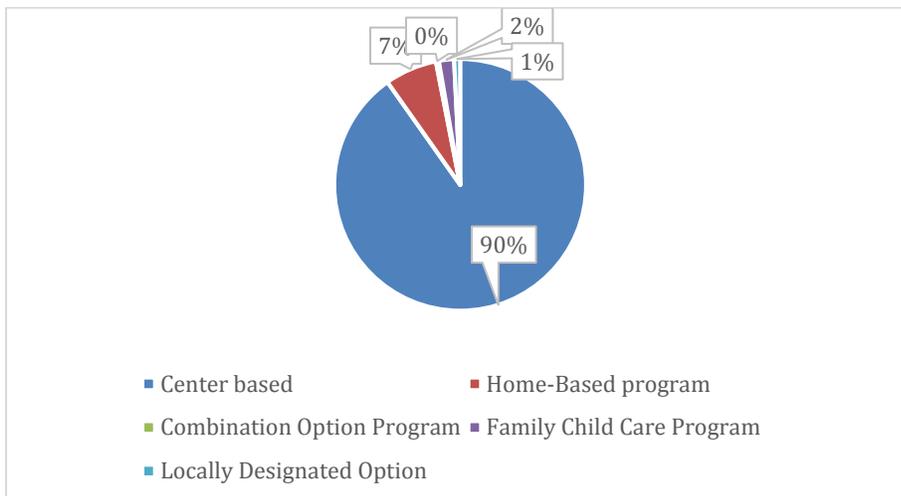
In this section of the survey, respondents were asked to rate the extent of their involvement with various childcare providers and organizations during the past 12 months. Respondents were also asked to indicate the extent to which they experienced difficulty in their efforts to meet the child care needs of enrolled children during this time period and were invited to share comments describing their successes and challenges in providing childcare to enrolled students and their families. Data retrieved from the 2015 PIR, 2017 PIR, 2018 PIR and the 2018 Office of Children and Family Services (OCFS) Child Care Facts & Figures is included to depict the enrollment in different Head Start programs and total statewide enrollment in child care programs. Additionally, notable changes from the previous 2013 Needs Assessment are presented.

### Enrollment in Different Child Care Programs Across New York State

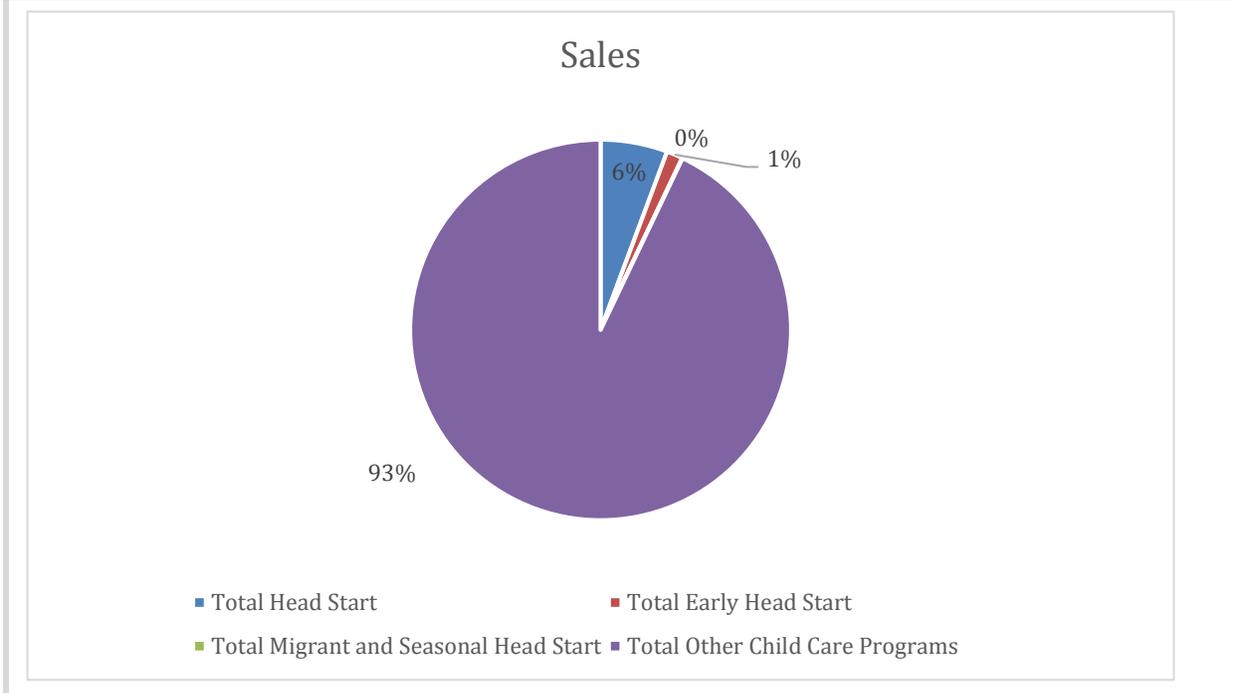
The 2018 PIR indicates that center-based programs are by far the most prevalent Head Start program option in New York State, with 67% of enrolled children participating in this option. An additional 6% of enrolled children participate in a home-based program. Combination option programs, family child care programs, and local designed options are much less utilized, with 3% of enrolled children participating in these options combined. How do I calculate this?

Data from the most recent OCFS Child Care Facts & Figures (2018) indicated that the maximum capacity of licensed and registered child care providers was 789,768, while the total Head Start program enrollment according to the 2018 PIR was 48,255. Given that these statistics are from different years and the PIR provides the total enrollment while OCFS provides the maximum capacity, the following figure provides only a rough estimate of Head Start programs within the context of total early childhood programs in New York. According to this rough estimate, Head Start programs make up approximately 8% of New York's early childhood child care programs. NEED

#### 2018: PIR funded Enrollment in Head Start by Program Option in NYS



**Total Enrollment in Head Start Programs in 2018 Compared to Total Enrollment in Other Child Care Programs in NYS in 2016**



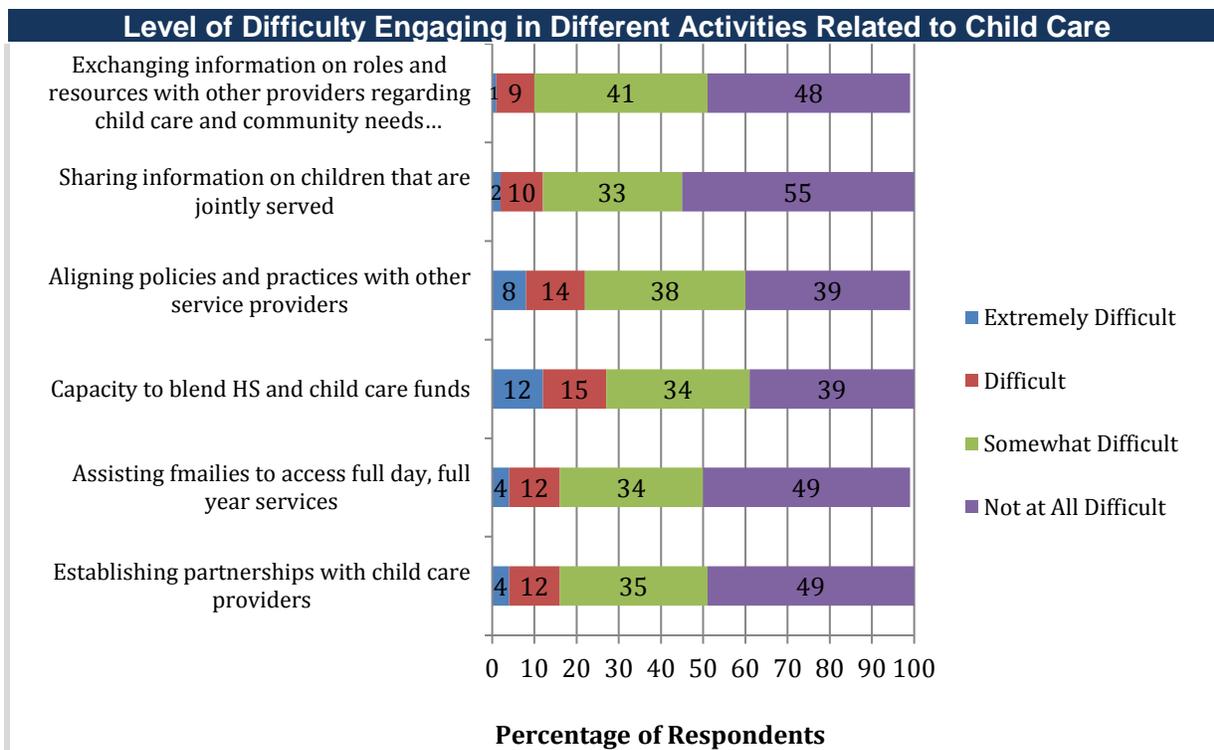
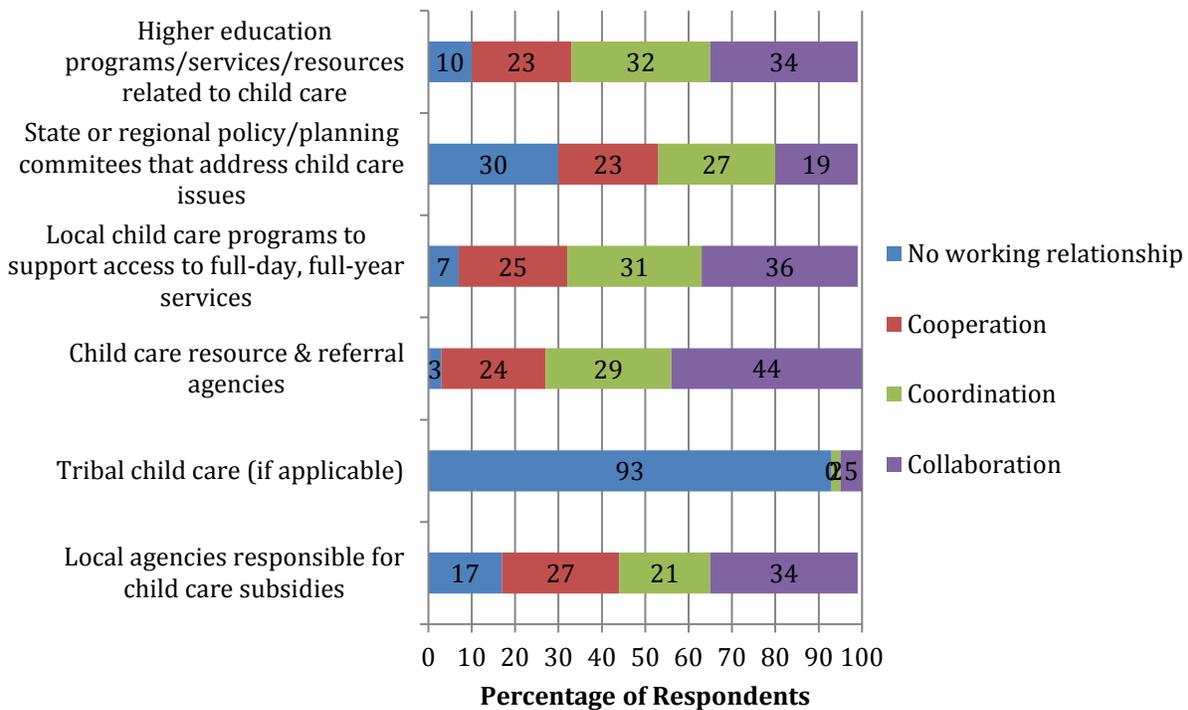
**Summary of Results**

The results of the Needs Assessment revealed both strengths of the Head Start programs in the area of childcare, as well as challenges faced by these programs in this area. Responses suggest that the majority of Head Start programs have established working relationships with childcare resource and referral agencies, many of which are collaborative in nature (44%). Establishing relationships with local child care programs to support access to full-day, full-year services also appears to be a strength for Head Start programs, with only 7% of respondents reporting having no working relationship with these services and 36% describing this relationship as collaborative. However, other areas appear to be more challenging at this time. With the exception of tribal childcare, which is not applicable for many Head Start programs, the organization with which respondents identified as having the least well-established relationship with is state or regional policy/planning committees that address child care issues (30% reported having no working relationship). Additional areas for improvement include the capacity to blend or braid Head Start and child care funds to provide full-day/full-year services, aligning policies and practices with other service providers, and limited funding/subsidies.

**Change Over Time.** In comparison to the 2013 Needs Assessment the extent of involvement with various childcare programs/services has remained relatively stable<sup>20</sup>. However, some changes in the level of difficulty experienced by Head Start agencies when engaging in childcare related tasks were noted. Results suggest that exchanging information on roles and resources with other providers regarding child care and community needs assessment has become slightly more difficult, as there was an 11% decrease in those respondents rating this activity as not at all difficult and a 13% increase in those respondents rating it as somewhat difficult.

<sup>20</sup>Data from the 2013 Head Start Needs Assessment

**Extent of Involvement in Different Types of Child Care Programs**



Child Care Services Strengths and Challenges	
Strengths	Challenges
<ul style="list-style-type: none"> <li>Establishing relationships with child care resource and referral agencies</li> <li>Establishing relationships with local child care programs to support access to full-day, full-year services</li> </ul>	<ul style="list-style-type: none"> <li>Establishing relationships with state or regional policy/planning committees that address child care issues</li> <li>Capacity to blend or braid Head Start and child care funds to provide full day, full year services</li> <li>Aligning policies and practice with other service providers</li> </ul>

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment <sup>21</sup>	
What is working well	Other issues
<ul style="list-style-type: none"> <li>Collaboration with other providers/agencies (8)</li> <li>Referrals to Child Care Council (2)</li> <li>Providing additional supports to parents, such as goal setting and advocacy coaching (2)</li> <li>Knowledge of community resources</li> <li>Promotion of parent networking to coordinate child care and transportation</li> <li>Creating hours to accommodate working families or parents in school</li> <li>Providing transportation</li> </ul>	<ul style="list-style-type: none"> <li>Limited funding/subsidies (6)</li> <li>Affordability of child care (3)</li> <li>Child care programs not accommodating the hours that working parents need (3)</li> <li>Limited child care providers (2)</li> <li>Competition between universal pre-Kindergarten and Head Start programs</li> <li>Transportation an issue in rural communities</li> <li>Difficulties sharing data with LEAs</li> </ul>

<sup>21</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

Strategic Plan for Addressing Challenges in the Area of Child Care Services	
Area for Improvement	Action Steps
Capacity to blend or braid Head Start and child care funds to provide full day, full year services	To help all understand that the meaning of 'supplanting' is you can add additional funds to pay for more services, or longer hours.  Talk to state ED about getting more funding for NYS Head Start programs
Aligning policies and practices with other service providers	Early learning alignment at the state systems level is a goal of the NYS ECAC.

## 7. Services for Children Experiencing Homelessness

This section of the survey asked respondents to rate the extent of their involvement with various services addressing homelessness during the past 12 months. Respondents were also asked to rate the extent to which they experienced difficulty in their efforts to meet the needs of enrolled children experiencing homelessness during this period and were invited to share comments describing their successes and challenges in this area. Notable changes from the 2013 Needs Assessment are discussed, and data from the 2015 and 2017 PIR is included to provide additional information about this population and the services for addressing homelessness.

### Access to Housing

Most recent data from the 2018 PIR indicated that 5% (kept the same) of enrolled children and families identified as being homeless at some point last year. Of these families, 34% acquired housing during this time.

PIR NYS Homelessness Services Data						2018	2018
Population Served	2015		2017		2018	2018	
	# Individuals /Families <sup>22</sup>	% Individuals /Families	# Individuals /Families <sup>22</sup>	% Individuals /Families	# Individuals /Families	% Individuals /Families	
Enrolled families experiencing homelessness	3,462	6%	3,130	5%	2,998	5%	
Enrolled children experiencing homelessness	3,684	6%	3,378	5%	3,219	5%	
Families experiencing homelessness that acquired housing	1,147	33% <sup>23</sup>	1,193	38% <sup>23</sup>	1,025	34% <sup>23</sup>	

<sup>22</sup>Total number of families at enrollment 2015 = 60,539, total cumulative child enrollment 2015 = 63,834;

<sup>23</sup> Total number of families at enrollment 2017 = 59,290, total cumulative child enrollment 2017 = 62,505

<sup>24</sup> Total number of families at enrollment 2018= 2,998, total cumulative child enrollment 2018= 60,226

<sup>25</sup> Percentage of enrolled families experiencing homelessness that acquired housing

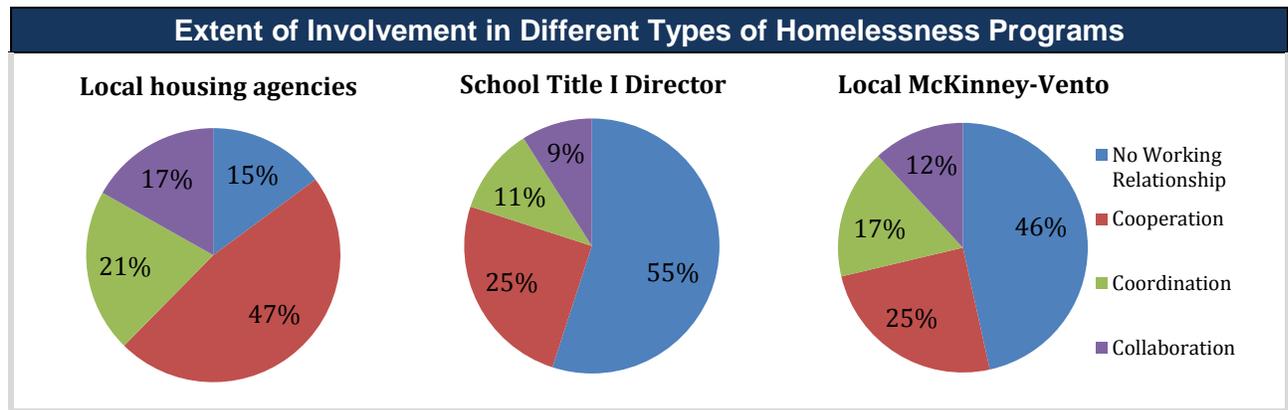
### Summary of Results

The Needs Assessment revealed both strengths of the Head Start programs in the area of homelessness services and challenges faced. Responses suggest that planning and implementing services for families experiencing homelessness is generally accomplished with minimal difficulties. Other activities that were rated as relatively easy to accomplish include implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment, as well as the ability to allow families of children experiencing homelessness to apply to, enroll in, and attend Head Start while required documents are obtained within a reasonable time frame. However, other areas appear to be more challenging. Many Head Start programs described having no working relationship with different homelessness programs, particularly with school Title I directors and local McKinney-Vento liaisons. Responses also suggest that engaging community partners in conducting staff cross-training and planning activities, as well as developing and implementing family outreach/support efforts under McKinney-Vento and transition planning, were relatively difficult.

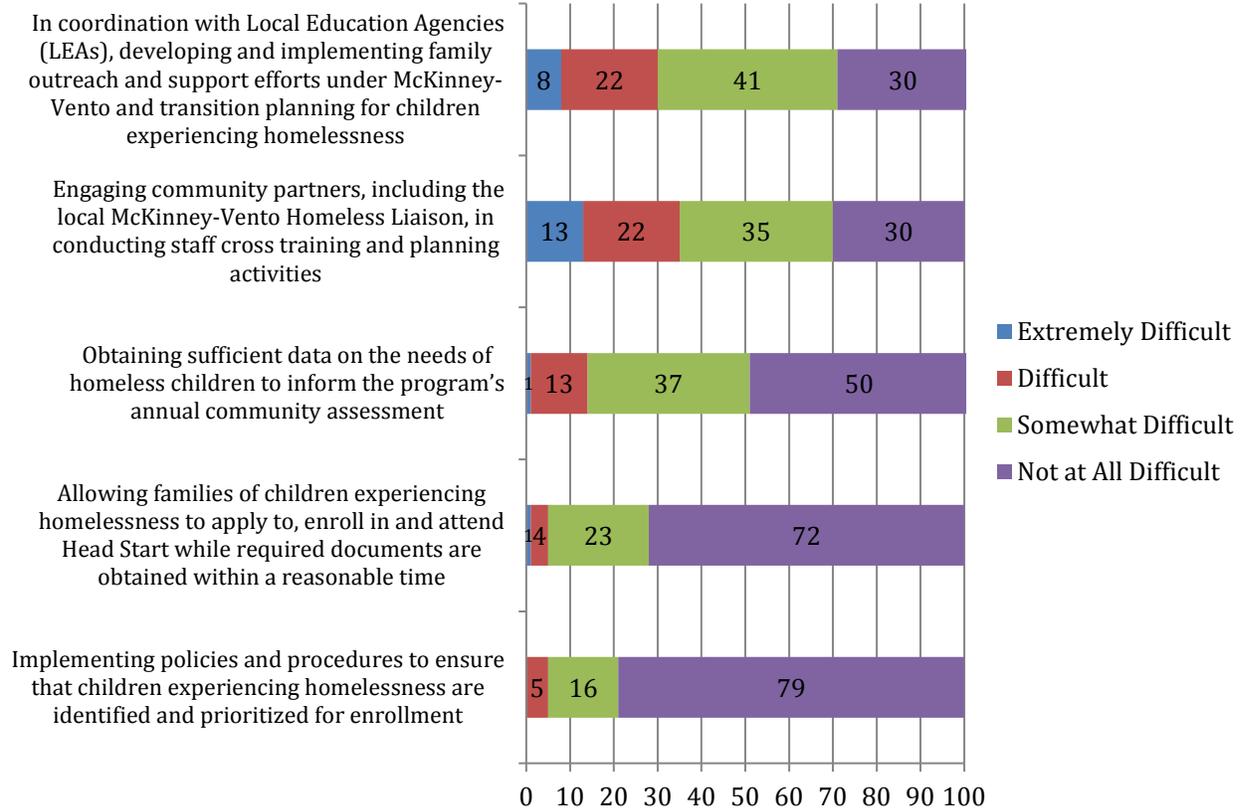
**Change Over Time.** In comparison to the 2013 Needs Assessment, improvements have been made in the extent of involvement with different homelessness programs<sup>24</sup>. Results suggest that relationships between Head Start programs and local housing agencies and planning groups

serving families experiencing homelessness have improved, with a 13% decrease in respondents reporting that they have no working relationship with these agencies. Relationships appear to have also improved with school Title I directors, as there was a 19% drop in those respondents indicating that they have no working relationship with these individuals. Some improvements were also apparent in the level of difficulty with which Head Start programs have when engaging in different activities related to homelessness services. In coordination with the LEA, respondents rated developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness as less difficult currently than in 2013 (10% decrease in ratings of extremely difficult).

<sup>24</sup>Data from the 2013 Head Start Needs Assessment



## Level of Difficulty Engaging in Different Activities Related to Homelessness Services



## Homelessness Services Strengths and Challenges

Strengths	Challenges
<ul style="list-style-type: none"> <li>Implementing policies and procedures that ensure that children experiencing homelessness are identified and prioritized for enrollment</li> <li>Allowing families of children experiencing homelessness to apply to, enroll in, and attend Head Start while required documents are obtained within a reasonable time frame</li> </ul>	<ul style="list-style-type: none"> <li>Engaging community partners in conducting staff cross training and planning activities</li> <li>Developing and implementing family outreach and support efforts under McKinney-Vento and transition planning</li> <li>Establishing relationships with local McKinney-Vento liaison</li> <li>Establishing relationships with school Title I director</li> </ul>

## Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>25</sup>

What is working well	Other issues
<ul style="list-style-type: none"> <li>Having good relationships with other agencies such as social services and other local resources (12)</li> </ul>	<ul style="list-style-type: none"> <li>Disruption in services due to factors such as frequent changes in placement and placements far from providers (9)</li> </ul>

- Providing support in navigating social services and linking families to resources (6)
- Head Start-operated homelessness agencies (2)
- Providing transportation
- Helping families to set appropriate goals
- Conducting a Family Strengths Assessment reflecting the agency's areas of practice
- Staff have good knowledge of McKinney-Vento
- Transportation issues (5)
- Limited availability of affordable housing and shelters (3)
- NYC shelters do not recognize Head Start preschools as official schools
- Lack of control over processes related to homelessness in NYC

<sup>25</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

<b>Strategic Plan for Addressing Challenges in the Area of Homelessness Services</b>	
<b>Area for Improvement</b>	<b>Action Steps</b>
Establishing relationships with local McKinney-Vento liaison	<p>Continue to develop relationship with Jennifer Pringle and Randi Levine at TEACHS.</p> <p>Build a relationship with regional head start directors about how to hire a liaison. Have the liaison connect the family with services that family needs.</p>
Developing and implementing family outreach and support efforts under McKinney-Vento and transition planning	<p>Continue to promote the Housing Questionnaire and Homeless Tip Sheet we developed with TEACHs to present at the NYSHSA Conference and to send to all Head Start and EHS programs in the state.</p> <p>Build relationships with other non-profits that can help implement McKinney Vento.</p>

## 8. Welfare / Child Welfare

This section of the survey asked respondents to rate the extent of their involvement with various welfare and child welfare service providers and organizations during the past 12 months. Respondents were also asked to rate the extent to which they experienced difficulty in their efforts to meet the welfare needs of enrolled children during this period and were invited to share comments describing their successes and challenges. Notable changes from the 2013 Needs Assessment are discussed, and PIR 2015, 2017, 2018 is included to provide additional information about this population and welfare/child welfare services.

### Enrolled Families Participating in Welfare/Child Welfare Services

PIR NYS Welfare/Child Welfare Services Data						
POPULATION/PROGRAM	2015		2017		2018	
	# Individuals/Families/Programs <sup>26</sup>	% Individuals/Families/Programs	# Individuals/Families/Programs <sup>26</sup>	% Individuals/Families/Programs	# Individual/family programs	% Individual s/Families Program
<b>Child Welfare Services</b>						
Programs with formal collaborative agreements with child welfare agencies	85	34%	86	32%	89	36%
Enrolled children who were referred to Head Start/Early Head Start by a child welfare agency	1,959	3%	1,405	2%	1,474	2%
Enrolled children who were in foster care at any point during the program year	959	2%	930	1%	945	2%
<b>Welfare Services</b>						
Enrolled families who received the following services:						
<i>Federal Temporary Assistance for Needy Families (TANF)</i>	9,152	15%	7,922	13%	6,938	13%
<i>Supplemental Security Income (SSI)</i>	4,158	7%	3,715	6%	3,649	7%
<i>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</i>	34,037	56%	29,501	50%	29,270	56%
<i>Supplemental Nutrition Assistance Program (SNAP)</i>	33,996	56%	29,135	49%	27,232	52%

<sup>26</sup>Total # of families at enrollment 2015 = 60,539; total cumulative child enrollment 2015 = 63,834; total # of programs 2015 = 250

<sup>27</sup>Total # of families at enrollment 2017 = 59,290; total cumulative child enrollment 2017 = 62,505; total # of programs 2017 = 265

<sup>28</sup>Total # of families at enrollment 2018= 52, 217; total cumulative child enrollment 2018= 60,226 total # of programs= 247

The 2017 PIR indicates that a significant percentage of families enrolled in Head Start programs also receive welfare services, particularly WIC and SNAP assistance. This highlights the importance of having good relationships with these service providers and being able to support families in this area.

### Summary of Results

The Needs Assessment Survey revealed both strengths of the Head Start programs in the area of welfare and child welfare services and challenges faced. Results suggested that the majority of Head Start programs have established relationships with county child welfare agencies (only

2% indicated having no working relationship). Additionally, implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment appears to be relatively easy for Head Start programs, as the majority of respondents rated this activity as not at all difficult (82%). However, some areas for improvement were also identified. Relationships with economic and community development councils, state child welfare agencies, and the New York State Hoyt Child and Family Trust Fund appear to be less well established (26%, 27%, and 87%, respectively, rated as having no working relationship). Results also suggested that certain activities related to welfare and child welfare are more difficult for Head Start programs at this time. Getting involved in state level planning and policy development was rated as the most difficult task, with over half of respondents rating it as difficult or extremely difficult. Other tasks that were rated as relatively more difficult included working together with county DSS offices to assist families with TANF, Employment and Training, and related support services to recruit families, and facilitating shared training and technical assistance opportunities (21% and 26%, respectively, rated as difficult or extremely difficult).

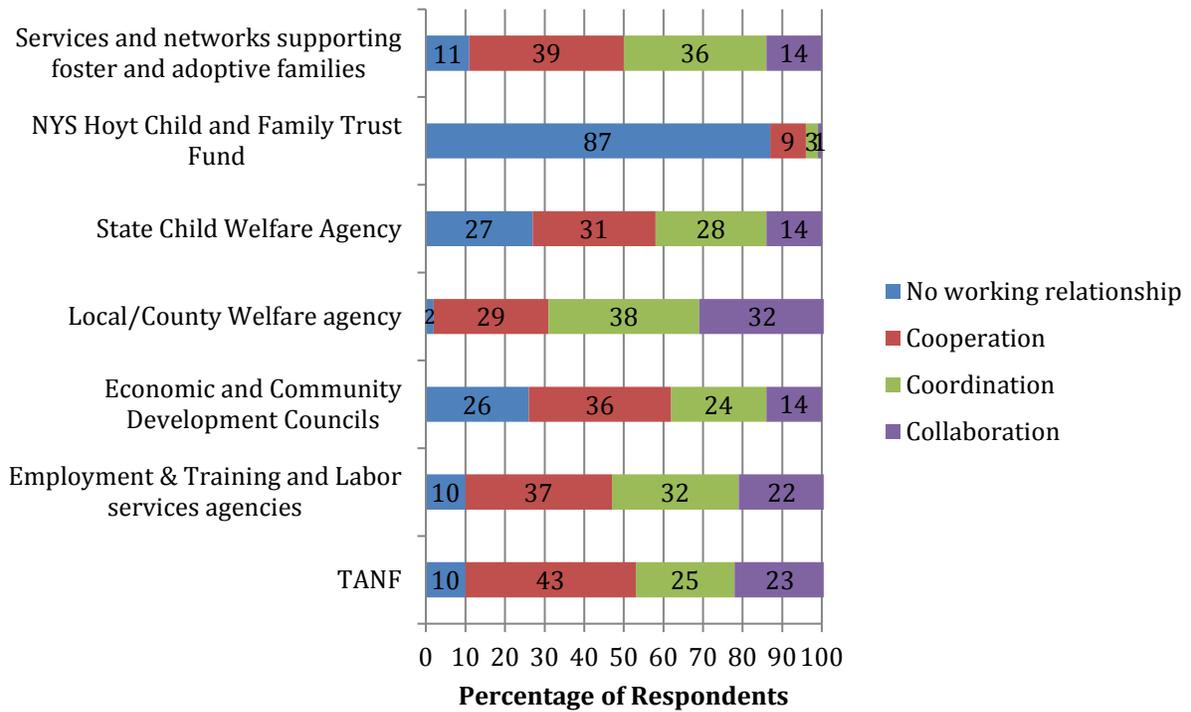
Respondents were also asked to share specific information about their programs' involvement with WIC services. Eight percent of respondents indicated that they have a WIC office at their centers, and 88% indicated that they encourage every enrolled family to access WIC. Those Head Start centers without a WIC office on site provided a number of reasons for this, listed in the associated table. The most commonly cited reason for not having an on-site WIC office was that there are easily accessible WIC centers in the community. Although only a small percentage of Head Start centers currently have a WIC office, results suggest that many more (75%) would be willing to host a WIC service worker on a regular basis to help with registration and re-certification. Additionally, 47% of respondents would like more information about having a WIC office at their center.

Reasons for not having a WIC office at the Head Start Center
<ul style="list-style-type: none"> <li>• Easily accessible WIC centers in the community (28)</li> <li>• Limited space (6)</li> <li>• WIC provides outreach at center (5)</li> <li>• Transportation provided to WIC centers (2)</li> <li>• Different funding sources</li> <li>• Head Start program does not have one site—travels to childcare partner sites</li> </ul>

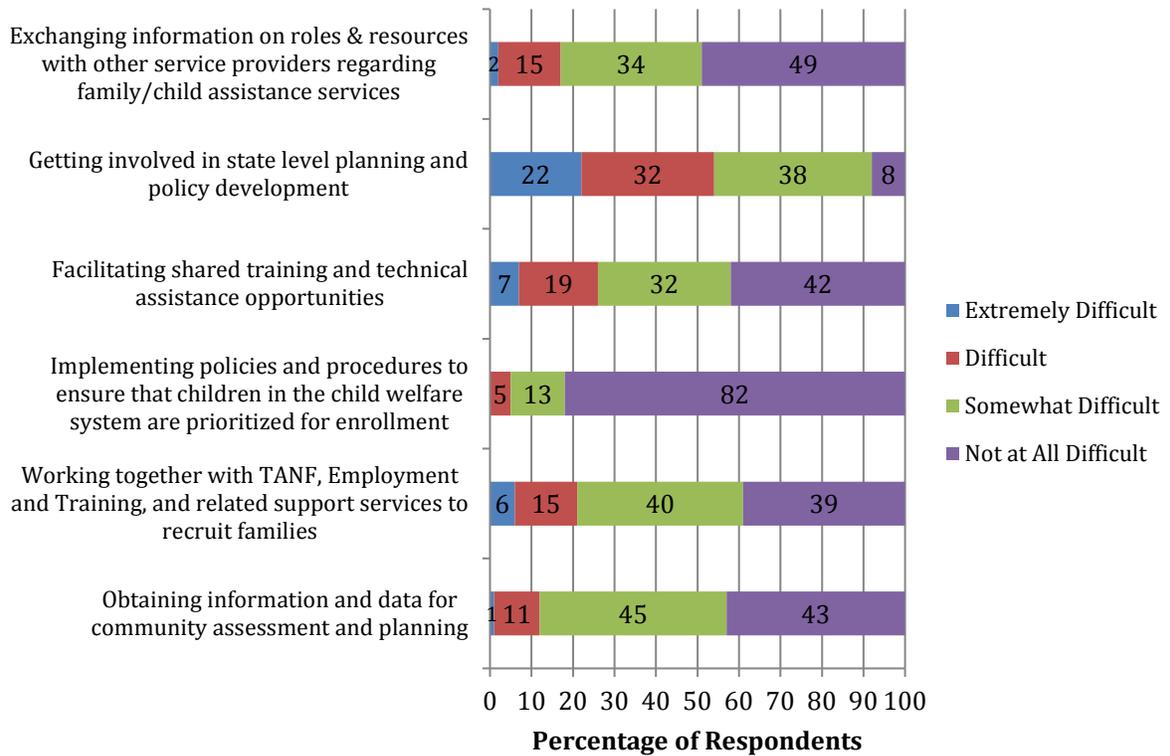
**Change Over Time.** From the previous needs assessment conducted in 2013, Head Start program activities in the area of welfare and child welfare appear to have remained largely unchanged<sup>27</sup>. However, improvements in a couple areas were noted. Results suggest that relationships between Head Start programs and economic and community development councils have improved, as there was a 13% decrease in those programs describing having no working relationship with these groups. Additionally, the level of difficulty that respondents reported experiencing when obtaining information and data for community assessment and planning, as well as when facilitating shared training and technical assistance opportunities, has decreased since 2013 (10% and 13% increases, respectively, in those describing these activities as not at all difficult).

<sup>27</sup>Data from the 2013 Head Start Needs Assessment is available at [http://ccf.ny.gov/files/2313/8660/1358/2013\\_Head\\_Start\\_State\\_Needs\\_Assessment\\_by\\_The\\_NYS\\_Head\\_Start\\_Collaboration\\_Office\\_.pdf](http://ccf.ny.gov/files/2313/8660/1358/2013_Head_Start_State_Needs_Assessment_by_The_NYS_Head_Start_Collaboration_Office_.pdf)

### Extent of Involvement in Different Types of Welfare/Child Welfare Programs



### Level of Difficulty Engaging in Welfare/Child Welfare Efforts



Welfare/Child Welfare Services Strengths and Challenges	
Strengths	Challenges
<ul style="list-style-type: none"> <li>Establishing relationships with county child welfare agency</li> <li>Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Establishing relationships with economic and community development councils</li> <li>Establishing relationships with state child welfare agencies</li> <li>Establishing relationships with NYS Hoyt Child and Family Trust Fund</li> <li>Working together with TANF, Employment and Training, and related support services to recruit families</li> <li>Facilitating shared training and technical assistance opportunities</li> <li>Getting involved in state level planning and policy development</li> </ul>

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment <sup>28</sup>	
What is working well	Other issues
<ul style="list-style-type: none"> <li>Good relationships and open communication with local agencies (15)</li> <li>Identifying family needs (e.g., family assessment survey) and making appropriate referrals (3)</li> <li>Staff knowledgeable about community resources and/or eligibility processes (2)</li> <li>Utilizing family advocates (2)</li> <li>Having an in-house screening day to determine if families qualify for services</li> <li>Physically walking parents through application processes</li> </ul>	<ul style="list-style-type: none"> <li>Limited time for collaborative efforts (3)</li> <li>Welfare agencies unwilling to enter into formal agreements with Head Start (2)</li> <li>Issues with sharing information for recruitment or case planning purposes (2)</li> <li>Transportation issues</li> <li>Scheduling issues</li> <li>Issues related to immigrant status of families</li> <li>Lack of contact information to obtain professional development</li> </ul>

<sup>28</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

Strategic Plan for Addressing Challenges in the Area of Welfare/Child Welfare Services	
Area for Improvement	Action Steps
Establishing relationships with economic and community development councils	<p>Through the ECAC Business Leaders Advisory group the Collaboration Director will work to share information about the return on investment in quality child care and Head Start/ Early Head Start.</p> <p>Guide one person from a development council onto the ECAC team</p>
Establishing relationships with state child welfare agencies	Connect child welfare agencies with Head Start

Working together with TANF, Employment and Training, and related support services to recruit families

Build a working relationship with directors of TANIF and OTDA

## 9. Family Literacy Services

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This section of the survey asked respondents to rate the extent of their involvement with various providers and organizations that provide family literacy services during the past 12 months. Respondents were also asked to rate the extent to which they experienced difficulty in their efforts to meet the family literacy needs of enrolled children during this period and were invited to share comments describing their successes and challenges in this area. Notable changes from the 2013 Needs Assessment are discussed.

### Summary of Results

The Needs Assessment revealed both strengths of the Head Start programs in the area of family literacy services and challenges faced by programs. Head Start programs appear to have established relationships with a number of different family literacy providers; less than 5% reported having no working relationship with public/private sources providing book donations/funding, public libraries, parent education programs/services, and adult education programs. Relationships with public/private sources providing book donations/funding and with public libraries appear particularly strong, with greater than 40% of respondents

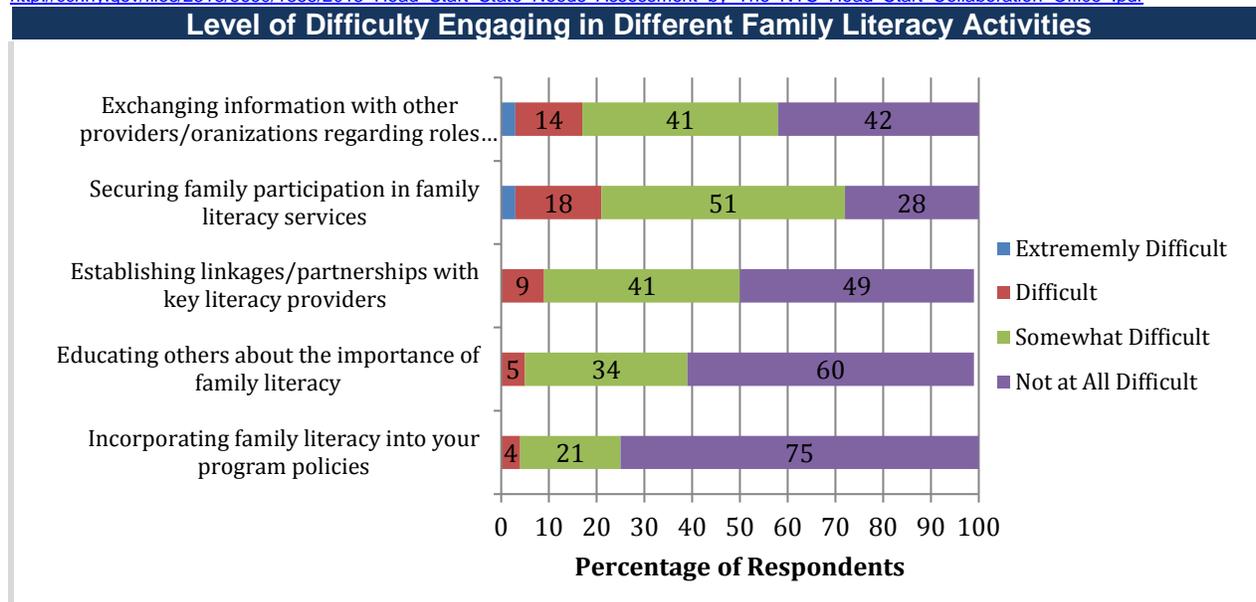


describing these relationships as collaborative. Establishing partnerships with key literacy providers and educating others about the importance of family literacy were also rated as being relatively easy for Head Start programs to accomplish at this time.

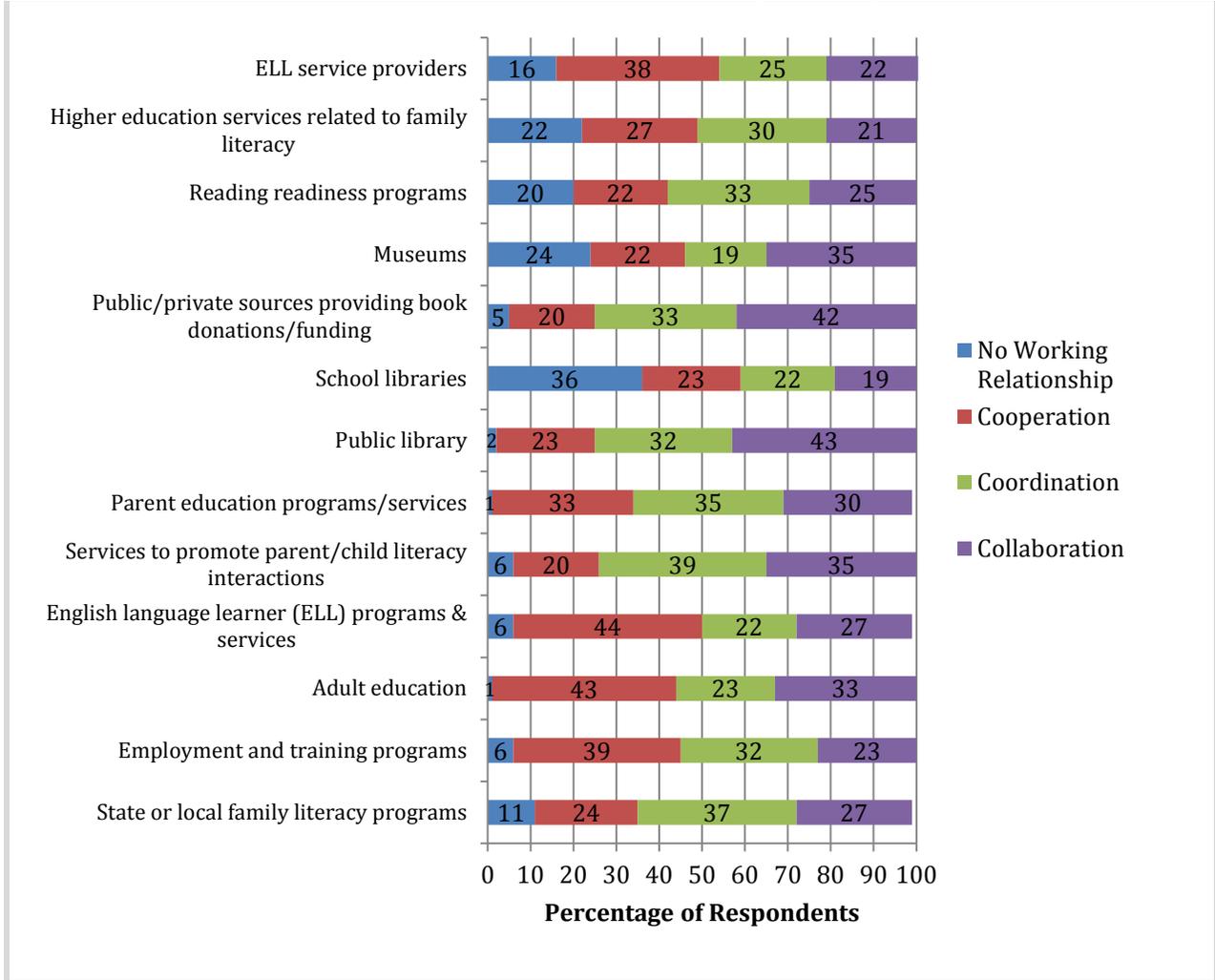
However, some areas for improvement were also apparent. Results suggest that Head Start programs' relationships with school libraries, museums, reading readiness programs, and higher education programs related to family literacy are not as well developed (36%, 24%, 20%, and 22%, respectively, rated as having no working relationship). Additionally, securing family participation in family literacy service as available was rated as somewhat difficult, with 21% of respondents rating this activity as difficult or extremely difficult. Given that New York State is rich in literacy programs, these areas of improvement are less of a focus for the Head Start Collaboration Project at this time.

**Change Over Time.** In comparison to the 2013 Needs Assessment, the extent of involvement with various family literacy services providers has remained relatively stable, with the exception of improvements in relationships with reading readiness programs (11% decrease in respondents describing having no working relationship with these programs)<sup>29</sup>. However, a number of activities related to family literacy services appear to have become more difficult for Head Start programs since the 2013 Needs Assessment. Specifically, results indicated that respondents currently view establishing partnerships with key literacy providers, securing family participation in literacy services, and exchanging information with other providers regarding roles and resources as more difficult than in 2013 (those respondents rating these activities as not at all difficult decreased by 11%, 15%, and 12%, respectively).

<sup>29</sup>Data from the 2013 Head Start Needs Assessment is available at [http://ccf.ny.gov/files/2313/8660/1358/2013\\_Head\\_Start\\_State\\_Needs\\_Assessment\\_by\\_The\\_NYS\\_Head\\_Start\\_Collaboration\\_Office\\_.pdf](http://ccf.ny.gov/files/2313/8660/1358/2013_Head_Start_State_Needs_Assessment_by_The_NYS_Head_Start_Collaboration_Office_.pdf)



## Extent of Involvement with Different Family Literacy Providers



## Family Literacy Services Strengths and Challenges

Strengths	Challenges
<ul style="list-style-type: none"> <li>Establishing relationships with employment and training programs</li> <li>Establishing relationships with adult education</li> <li>Establishing relationships with English language learner (ELL) programs and services</li> <li>Establishing relationships with services to promote parent/child literacy interactions</li> <li>Establishing relationships with parent education programs/services</li> <li>Establishing relationships with public libraries</li> <li>Establishing relationships with public/private sources that provide book donations or funding for books</li> </ul>	<ul style="list-style-type: none"> <li>Establishing relationships with school libraries</li> <li>Establishing relationships with museums</li> <li>Establishing relationships with reading readiness programs</li> <li>Establishing relationships with higher education programs/services/resources related to family literacy</li> <li>Securing family participation in family literacy services as available</li> </ul>

- Incorporating family literacy into Head Start program policies and practices
- Educating others about the importance of family literacy

**Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>30</sup>**

<b>What is working well</b>	<b>Other issues</b>
<ul style="list-style-type: none"> <li>• Strong relationships with community organizations/resources (16)</li> <li>• Having on-site resources, such as a library for lending and other programs like literacy backpacks (5)</li> <li>• Staff knowledgeable in literacy/resources (2)</li> <li>• Incorporating literacy into other programs (2)</li> <li>• Providing families with curricular materials on audio files families can borrow when community partners are not available</li> <li>• Having a parent family community engagement director to specifically manage family literacy issues</li> <li>• Providing day care and food as an incentive for family participation</li> <li>• Accessing grants</li> </ul>	<ul style="list-style-type: none"> <li>• Family engagement (5)</li> <li>• Lack of funding/grant renewals (3)</li> <li>• Lack of knowledge of/partnerships with literacy providers (3)</li> <li>• Lack of resources for ELL families (3)</li> <li>• Language focus limited to English and Spanish (2)</li> <li>• Accessibility of literacy providers (locations, schedules)</li> <li>• Lack of staff specifically for literacy services</li> </ul>

<sup>30</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

**Strategic Plan for Addressing Challenges in the Area of Family Literacy Services**

<b>Area for Improvement</b>	<b>Action Steps</b>
Establishing relationships with school libraries	<p>Work with Patricia Uttaro from the Rochester Public Library system to become more connected to the library system across the state.</p> <p>Establish a relationship with County librarians to incentives families to visit.</p>
Establishing relationships with museums	Connect with director of the NYS museum in Albany about how to encourage parents to visit.

## 10. Community Services

This section of the survey asked respondents to rate the extent of their involvement with various community service providers during the past 12 months. Respondents were also asked to rate the extent to which they experienced difficulty in their efforts to meet the community service needs of enrolled children during this period and were invited to share comments describing their successes and challenges in this area. Specific information was gathered regarding the use of parenting classes providing support on working with children with challenging behaviors and different fatherhood involvement activities. Notable changes from the 2013 Needs Assessment are discussed in this section, as well as 2015, 2017, 2018 PIR data to provide additional information about the community services utilized by this population.

### Access to Community Services

#### PIR NYS Community Services Data

SERVICE	2015		2017		2018	
	# Families <sup>31</sup>	% Families	# Families <sup>31</sup>	% Families	# Families	% Families
Emergency/crisis intervention	8,612	14%	7,851	13%	7,464	13.0%
Housing assistance	4,466	7%	3,694	6%	4,242	7.4%
Mental health services	6,077	10%	5,708	10%	5,829	10.2%
Child abuse and neglect services	5,138	8%	4,664	8%	3,433	6.0%
Domestic violence services	1,056	2%	1,013	2%	961	1.7%
Child support assistance	1,318	2%	956	2%	1,146	2.0%
Substance abuse prevention	1,431	2%	967	2%	823	1.4%
Substance abuse treatment	272	0.4%	306	0.5%	270	0.5%
Health education	27,392	45%	26,544	45%	21,163	37.0%
Assistance to families of incarcerated individuals	472	0.7%	338	0.6%	590	1.0%
Parenting education	32,502	54%	29,315	49%	22,525	39.4%
Relationship/marriage education	2,584	4%	2,083	4%	1,790	3.1%
Job training	3,574	6%	3,486	6%	3,939	6.9%

<sup>31</sup>Total number of families at enrollment 2015 = 60,539; Total number of families at enrollment 2017 = 59,290; Total number of families at enrollment 2018= 57,217

The 2015, 2017, 2018 PIR indicates that families enrolled in Head Start programs access a number of different community services. Parenting education and health education programs appear to be particularly well utilized, with approximately half of all enrolled families accessing these services.

### Summary of Results

The Needs Assessment revealed both strengths of the Head Start programs in the area of community services and challenges faced. The majority of programs appear to have established relationships with providers of substance abuse prevention/treatment services, providers of child abuse prevention/treatment services, and providers of domestic violence prevention/treatment services. Relationships with child abuse prevention/treatment services were rated the strongest among the services surveyed, with all respondents indicating that they have some relationship with these services and many describing this relationship as collaborative (34%).

However, some areas for improvement were also identified. Relationships with providers of services to military families were rated as the least well established (48% rating as having no working relationship) and most difficult (50% describing this as a difficult or extremely difficult task) of the activities included in the Needs Assessment. This may partially be a result of the specialized nature of this service and lack of demand in some areas; only 40% of respondents shared that their program serves military families, so there may not be a need to increase contact with these service providers. Other challenges included establishing relationships with providers of emergency services (21% described having no working relationship), establishing partnerships with law enforcement agencies (17% described having no working relationship; 26% described as difficult or extremely difficult), establishing partnerships with private resources in this area (20% described having no working relationship, 26% described as difficult or extremely difficult), and obtaining in-kind community services for children/families (21% described as difficult or extremely difficult).

Respondents were also asked to share specific information about parenting education that their programs offer. Results indicated that 62% of programs participating in the Needs Assessment offer parenting classes on working with children with challenging behaviors. In programs that offer this service, the accompanying table shows what curricular materials Head Start programs are utilizing. This list suggests that parenting classes on working with children with challenging behaviors varies widely. The most popular approach to providing these services was using consultant services.

**Change Over Time.** Positive changes were noted in the extent of involvement of Head Start programs with various community service providers in comparison to the 2013 Needs Assessment<sup>32</sup>. Decreases in the percentage of respondents indicating that that they have no working relationship with law enforcement agencies, substance abuse prevention/treatment agencies, and agencies providing services to

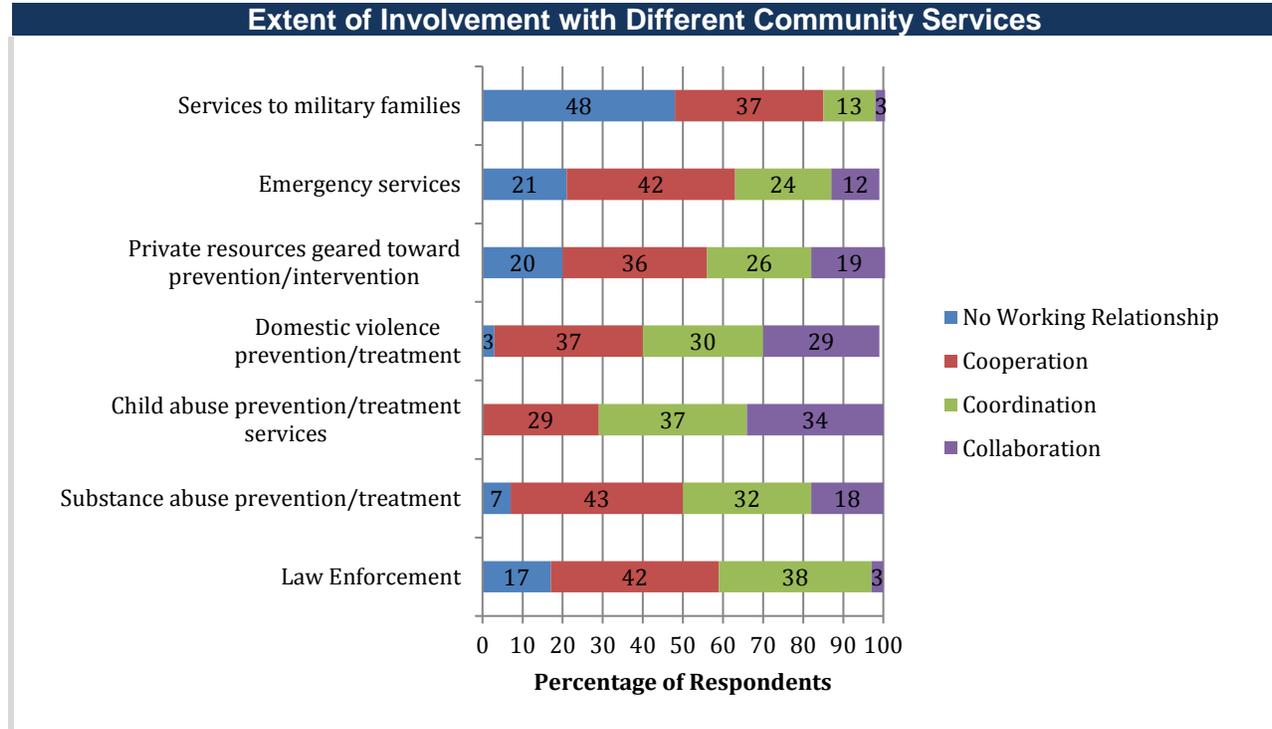
military families suggest that relationships between Head Start programs and these agencies have improved (10%, 12%, and 18% decreases in ratings of no working relationships, respectively). Relationships with agencies providing child abuse prevention/treatment services also appear to have improved, as there was a 12% increase in the number of respondents rating this relationship as collaborative. However, some of the activities that Head Start programs engage in with regard to community services appear to have become more difficult. For example, there was a 17% decrease in the number of respondents describing obtaining in-kind community services as not at all difficult. Additionally, sharing information on children/families served jointly by Early Head Start/Head Start and other

### Curriculum Used by Programs That Offer Parenting Classes on Working with Children with Challenging Behaviors

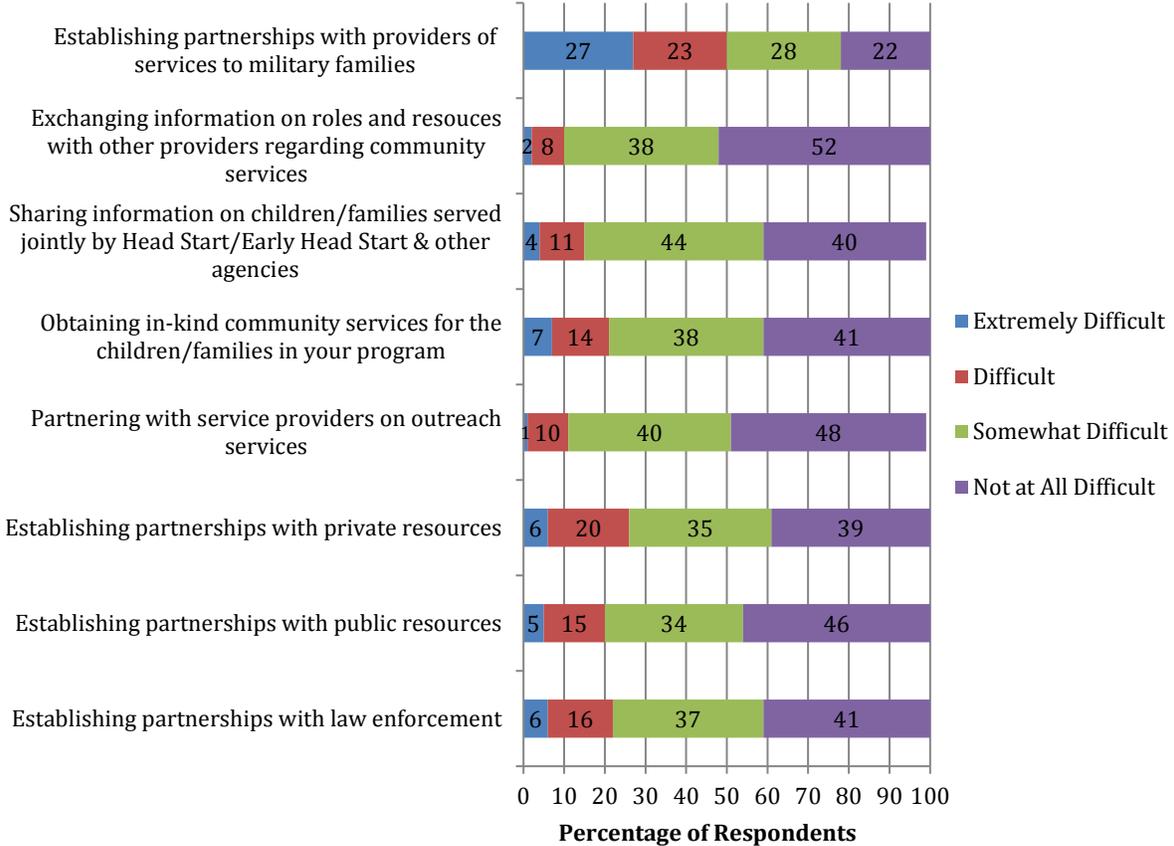
- Consultant created curriculum (7)
- Creative Curriculum (4)
- 123 Magic (4)
- Incredible Years (2)
- Parenting Journey (2)
- Nurturing Parents
- 2<sup>nd</sup> Step (2)
- Applied Behavior Analysis
- Flip It
- Ready, Set, Parent!
- Support Group Model
- Opening Doors
- CSEFL strategies (3)
- Internally Developed
- Conscious Discipline
- Adele Faber and Elaine Mazlish approach
- Systematic Training for Effective Parenting book
- Discipline is Not a Dirty Word (2)
- Conscious Discipline
- 21<sup>st</sup> Century Parenting
- Parenting Now
- NYU ParentCorp
- Bright Beginning
- Personal Best
- Teaching Strategies Gold-Creative Curriculum
- Pre-K Counts
- Building Blocks
- 1234 Parents
- High Scope
- Exploring Parenting
- TCIT
- COPE

agencies and exchanging information on roles and resources with other providers regarding community services appears to have become more difficult, with a 10% and 11% decrease in ratings of these activities as not at all difficult.

<sup>32</sup>Data from the 2013 Head Start Needs Assessment is available



## Level of Difficulty Engaging in Different Community Services Activities



## Community Services Strengths and Challenges

### Strengths

- Establishing relationships with providers of substance abuse prevention/treatment services
- Establishing relationships with providers of child abuse prevention/treatment services
- Establishing relationships with providers of domestic violence prevention/treatment services

### Challenges

- Establishing relationships with providers of emergency services
- Establishing relationships/partnerships with providers of services to military families
- Establishing partnerships with law enforcement agencies
- Establishing partnerships with private resources regarding prevention/treatment services
- Obtaining in-kind community services for children/families

## Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment<sup>33</sup>

### What is working well

- Strong relationships and communication with community providers (8)
- Availability of services in the area (2)

### Other issues

- Limited mental health services, especially for preschool children (4)
- Limited availability of services in general (2)
- Limited collaboration with agencies providing services to military families (2)

- Providing families with resources, such as a community resource manual or community presentations (3)
- Hosting an annual Health and Community Service Fair
- Community engagement on Advisory Committee's and Policy Council
- Receiving in-kind services and donations
- One staff member dedicated to finalizing community partnerships
- Continual outreach to community organizations
- Identifying family goals to link to community services
- Limited bilingual services
- Difficult to establish partnerships with community services due to agencies viewing agreement as a binding contract
- Transportation issues

<sup>33</sup>Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

<b>Strategic Plan for Addressing Challenges in the Area of Community Services</b>	
<b><i>Area for Improvement</i></b>	<b><i>Action Steps</i></b>
Establishing relationships/partnerships with providers of services to military families	Work with the Military child care liaison in NY. Start developing a relationship with military child education coalition <a href="https://www.militarychild.org/">https://www.militarychild.org/</a>

# Miscellaneous Data

## Fatherhood Involvement

Respondents were asked to describe both obstacles to fatherhood involvement in Head Start programming and successes in this area. Notable obstacles to fatherhood involvement included scheduling conflicts due to fathers' work and school obligations and lack of availability due to life circumstances such as deployment, incarceration, or living arrangements outside of the home. A number of successful fatherhood engagement activities are also listed below and provide good ideas for agencies that may be looking for additional ideas in this area. The most cited successful fatherhood activity was Fathers Bring Your Child to School Day.

### Biggest obstacles to fatherhood involvement

- Fathers' work and school obligations/scheduling (21)
- Lack of consistent father engagement, due to deployment, jail, not in the home (10)
- Limited male staff to serve as coaches (3)
- Difficult to organize activities across several small centers (2)
- Transportation issues
- Lack of opportunities to network with fathers

### Most successful fatherhood involvement activity this past year

- |   |   |
|---|---|
| Fathers bring your child to school day (24)                                 | Exercise initiative                         |
| Father empowerment meetings/support groups with one another (6)             | Daddy and me Valentine's day activity       |
| Father breakfast/dinner (4)   | Parent/child Home Depot workshop            |
| Male involvement nights – athletic games with children, scavenger hunts (2) | PEACE                                       |
| Classroom activities (2)  | Men In the Lives of Kids (MILK)             |
| Father daughter dance (2)   | Financial/budgeting workshop                |
| Building a Garden (2)   | Scarecrow making/playground maintenance day |
| CPR and First-Aid to fathers  | Head Start Olympics                         |
| Real men read day   | Science and math nights                     |
| Summer art series   | Carnival planned and carried out by fathers |

# Goals Updated Since the 2013 Needs Assessment

A number of action steps were identified as part of the 2013 Needs Assessment to address challenges at that time. Action steps from the previous Needs Assessment Strategic Plan are presented below, along with updates regarding progress made toward these goals.

## Eligibility

Finding	Action Steps/Goals from Refunding Application	Update
Not all eligible children in foster care are enrolled in Early Head Start or Head Start programs.	The Head Start Collaboration Project will connect with Family Assessment and Response and statewide foster care managers to share eligibility and program information. Information will be disseminated to local Head Start and Early Head Start programs to help them build local partnerships with FAR offices.	We have seen a slight increase in the number of children on the PIR who are in Foster Care enroll in Early Head Start and Head Start.

## Staff Qualifications

Finding	Action Steps/Goals from Refunding Application	Update
20% of early education staff, including 38% of all Head Start preschool assistant teachers do not hold required early childhood education credentials.	The ECAC will engage postsecondary institutions and other professional development providers in aligning professional development opportunities with the State's Workforce Knowledge and Competency Framework and conduct an inventory of early childhood higher education programs in the State and begin a planning process to align postsecondary coursework with the Core Body of Knowledge. As well, the ECAC will analyze the 2-year, 4-year, and graduate early childhood education degree programs in the state. Analysis will include an examination of the following: course content to evaluate the degree of alignment with the core competencies and identify gaps in course content to meet the competencies; the design of supervisory experiences and the advantages and disadvantages of particular designs in helping students meet the core competencies; and the level of early childhood-specific expertise and experience of the early childhood faculty at IHE.	The numbers of teachers with degrees has increased.

## Teacher-Child Interactions

Finding	Action Steps/Goals From Refunding Application	Update
Programs scored above the minimum absolute threshold in the Instructional Support domain, yet the State average fell below the national average.	The Head Start Collaboration Project will facilitate training efforts between the NYS-based early childhood education specialists and QUALITYstarsNY to help ensure that all early care and learning programs have access to quality training about instructional support.	More EHS and Head Start programs are enrolled in QUALITYstarsNY and their classrooms tend to have higher scores on the CLASS and ERS.

## Professional Development

Finding	Action Steps/Goals from Refunding Application	Update
The number of respondents who felt it was extremely difficult to access release time to pursue professional development doubled since 2009.	<p>The Head Start Collaboration Project will work to make grantees and delegates aware of the online coursework and resources available to early childhood teachers.</p> <p>A statewide early learning workforce registry system (Aspire) that includes the tracking of professional development will be in full operation. All early childhood teacher preparation coursework and degree programs will include the <i>Core Body of Knowledge</i> and the <i>Early Learning Guidelines</i>.</p>	All child care programs, including Head Start and EHS sites in NYC are required to use Aspire Registry to track their professional development to meet the licensing regulations.

## Transition and Alignment with K-12

Finding	Action Steps/Goals from Refunding Application	Update
An increased number of respondents felt it was extremely difficult to access professional development activities in five of the seven areas studied compared to 2009.	<p>The Head Start Collaboration Project will continue to work with the ECAC's Early Learning Workforce Development workgroup to increase the availability of financial and educational resources to support early learning professional development and will continue to upgrade and promote use of its website <a href="http://www.earlychildhood.org">www.earlychildhood.org</a>, which provides comprehensive information on early learning professional career resources.</p> <p>There will be an increase in positive transition plans and readiness goal setting between Head Start programs and the local school districts, which will result in more positive transition experiences for children and families.</p>	The NYS Head Start Collaboration Director continues to provide Kindergarten Transition Summits across the state.

## Health Care

Finding	Action Steps/Goals from Refunding Application	Update
A significant number of programs have no working relationship with a variety of health service providers, including home visiting services.	<p>The Head Start Collaboration Project will share information about New York's home visiting programs with grantees and delegates.</p> <p>Head Start and Early Head Start and child care providers will utilize the child care health consultants and other resources to improve their health practices and in turn will offer children safe and healthier environments in which to grow and develop.</p>	Pyramid Model Implementation will continue across the state. Thrive NYC is supporting 7 Early Childhood Mental Health clinics across NYC.
Programs are struggling to find doctors who follow the EPSDT schedule for children under three-years of age.	<p>The Head Start Collaboration Project will work with Docs for Tots to increase the number of doctors aware of and in compliance with the EPSDT schedule.</p> <p>More children will be linked with local health providers and more children will be healthy and ready to learn.</p>	The ECAC is pushing the EPSDT schedule of developmental screenings.

The lack of access to dental services is a significant problem faced by many Early Head Start and Head Start programs across New York State.	The Head Start Collaboration Director will partner with the Albany Medical College to provide information on oral health at grand rounds to inform doctors about the importance of early dental screenings and treatment and will also continue to participate as a member of the NYS Oral Health Coalition to address oral health issues of low-income children and families.	Will work with NYU to help share information about a new study they are working on to protect children's teeth.
Several respondents reported that their programs are facing difficulties in meeting the needs of children with severe behavioral problems.	The Head Start Collaboration Project will continue to contribute to an interagency workgroup aimed at addressing the social and emotional development needs of children in early learning programs, including implementing strategies for supporting classroom staff and the provision of mental health consultation services. The results of this work will be shared with Head Start Collaboration Project partners.  Adults who interact with young children will know how to best support all areas of health and development, resulting in better outcomes for children.	The Pyramid Model rollout is going well and is gaining support from other state agencies.
The lack of working relationships with state and local providers of mental health services for children and pregnant women.	The Head Start Collaboration Director will work with the Office of Mental Health and the ECAC's Healthy Children Work Group to help to build relationships with the mental health system at the state and local level.  More Head Start and Early Head Start agencies and children will be linked with mental health providers.	ThriveNYC is a big help in NYC.
Not all Early Head Start programs are Breastfeeding Friendly.	The Head Start Collaboration Director will work with the Early Head Start programs to help support them in becoming breastfeeding friendly.  Creation and dissemination of breastfeeding information to child care providers.	Continue to designate non-CACFP centers that can show they are breastfeeding friendly.

## Welfare/Child Welfare

Finding	Action Steps/Goals from Refunding Application	Update
There was a 27% increase in respondents who indicated having no relation with their local Economic and Community Development Councils since 2009, and declines in the levels of reported cooperation (down 8%) and collaboration (down 19%).	The Head Start Collaboration Project will collect and share information on local Economic and Community Development Councils with grantees and delegates.  Previously experienced systemic issues and obstacles will be overcome to connect more grantees with the appropriate partners (service providers, child welfare providers).	Not accomplished. But working on the ECAC Business Leaders Group starting in 2018. Plans for an annual ECAC Business Leader's Summit.
More than half of New York State's Head Start programs do not have working relationships with local family literacy programs.	The Head Start Collaboration Project will work with the State Education Department's Literacy Zone Initiative, Literacy New York, and others to ensure that Head Start programs are aware of the literacy resources available to families in New York State.	Share information with the grantees about Reach Out and Read and community library programs.

## Family Literacy Services

Finding	Action Steps/Goals from Refunding Application	Update
<p>Survey respondents indicated experiencing more difficulty in working with partners to serve English language learning (ELL) families since 2009. In this area, responses indicating no relationship increased by 8% and collaboration decreased by 14%.</p> <p>66% of Head Start programs have no working relationships with organizations serving military families.</p>	<p>The Head Start Collaboration Project will work with the State Education Department’s Literacy Zone Initiative, Literacy New York, and others in ensuring that Head Start programs are aware of the literacy resources available to families in New York State.</p> <p>The Head Start Collaboration Project will continue to develop relevant relationships at the State level while promoting the use of <a href="http://www.militaryonesource.com">www.militaryonesource.com</a> amongst program grantees and delegates.</p>	<p>Through work with the State Education Department Office of Early Learning, the Collaboration Director is encouraging a DAP brief on English language learning.</p>

## Partnerships with Local Educational Agencies

Finding	Action Steps/Goals from Refunding Application	Update
<p>In each of the three sections that make up the education portion of the survey (UPK, transition to school/alignment, and special education), many respondents indicate facing significant difficulties in forming relationships with school districts in their catchment area.</p>	<p>The Head Start Collaboration Director will continue to work with the State Education Department to support the development of collaborative partnerships between Head Start programs and local school districts and will work with the ECAC in building statewide approaches to collaborative early learning strategies.</p> <p>Further, the Head Start Collaboration Director will continue to promote the Local Educational Agency Memorandum of Understanding with the State Education Department and Head Start grantees and delegates.</p>	<p>There are plans at the federal level for a new PEG Grant that would cover Birth to 5. The state is getting ready to apply for that for 2019.</p> <p>The Collaboration Director worked with the SED OEL and Head Start Directors to build a tip sheet for how to collaborate with a Prek program.</p>

## Services for Children with Disabilities

Finding	Action Steps/Goals from Refunding Application	Update
<p>Head Start programs reported an increase in difficulty in providing services to children with disabilities since 2009. The number of programs with no relationship with organizations addressing policy/program level interventions increased 13% since 2009.</p>	<p>The Head Start Collaboration Project will use its website to help grantees and delegates connect with local colleges that offer coursework on children with special needs. It will further work to connect state and local networks to Head Start programs throughout the state.</p> <p>Children with special needs will be enrolled in the least restrictive learning environment that best meets their needs. The Expanding Opportunities group aims to strengthen the state systems that support increased opportunities for inclusion in centers serving children birth to 5 years old.</p>	<p>Not started yet.</p> <p>This group has disbanded, in 2016. In 2017-18 the Director has worked with the Rate Setting Division to help fund more SCIS classes in Head Start.</p>
<p>49% of grantees and delegates in New York State reported having no working relationship with universities or community colleges to support best practices for children with special needs in their programs.</p>	<p>The Head Start Collaboration Project will use its website to help grantees and delegates connect with local colleges that offer coursework on children with special needs. It will further work to connect state and local networks to Head Start programs throughout the state.</p>	<p>This is still a challenge.</p>

## Community Services

Finding	Action Steps/Goals from Refunding Application	Update
<p>Respondents indicated that respondents have experienced significant, and also increasing difficulty in working with community service providers since 2009. This was reflected in the increased identification of working with community service providers as “difficult” and “extremely difficult” in nearly all areas and a corresponding decrease in “not at all difficult” responses.</p>	<p>The Head Start Collaboration Project will continue to work with the ECAC to develop a system of family supports and services.</p>	<p>The Strong Families Work Group of the NYS ECAC is producing a crosswalk of the Parent Educator’s Credential and the new Infant Mental Health Endorsement. Another crosswalk is being created on the Infant Toddler Credential and the Infant Mental Health Endorsement.</p> <p>The Director will get this information (once complete to the Head Start grantees, and will put it on the NYSHSCO website.</p>

<p>Respondents indicated that respondents have experienced significant and increasing difficulty in working with community service providers since 2009. This was reflected in the increased identification of working with community service providers as “difficult” and “extremely difficult” in nearly all areas and a corresponding decrease in “not at all difficult” responses. Although most participants report success in this area, there is still some difficulty in coordinating transportation, coordinating shared use of facilities, and organizing and participating in joint training with local school districts.</p>	<p>The Head Start Collaboration Project will continue to work with the ECAC to develop a system of family supports and services. The Head Start Collaboration Project will support the continuing School District Kindergarten Transition Forums around the state.</p> <p>Further, it will continue to promote Local Educational Agency Memorandum of Understanding with the State Education Department and Head Start grantees and delegates.</p> <p>All families will be screened for needs as early in the pregnancy as possible and, as needed, referred to community services including family support and Early Intervention services.</p> <p>An action plan for the creation and distribution of the New Parent Kit will be enacted.</p>	<p>The New Parent Kit and New Parent Guide have been printed and the Guide is also available on the website for free:  <a href="http://www.nysparentguide.org/">http://www.nysparentguide.org/</a></p>
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## Technology

Finding	Action Steps/Goals from Refunding Application	Update
<p>Head Start programs across the State are underutilizing E-Rate funding to finance internet connections are related expenses.</p>	<p>The Head Start Collaboration Project will continue to share information with Head Start programs regarding how to apply for E-Rate funding and coordinate state efforts with the Region II Office of Head Start.</p>	<p>There are more approved E-Rate applications each year.</p>

## Child Care

Finding	Action Steps/Goals from Refunding Application	Update
<p>The demand for child care subsidies has increased at the same time that the amount of subsidy funding has decreased due to budget cuts. Respondents overwhelmingly reported having no working relationship with homeless service providers and organizations, especially their local McKinney-Vento liaison and their Title I Director.</p>	<p>The Head Start Collaboration Project will continue to work with the ECAC Finance workgroup to develop cost estimates and financing strategies needed for building a high-quality early childhood system. It will also encourage the braiding and blending of different funding streams to increase access to child care.</p> <p>Families will be able to access appropriate subsidies and services for their children as early as needed.</p> <p>All early care and education programs, including Early Head Start and Head Start programs, will participate in QUALITYstarsNY, and use the <i>NYS Early Learning Guidelines</i> and <i>Core Body of Knowledge</i> to inform their work and professional development.</p>	<p>The Cost Model is complete and has been updated in 2017. Policy makers and state agencies can use it when looking at possible funding opportunities.</p>

## Services for Children Experiencing Homelessness

Finding	Action Steps/Goals from Refunding Application	Update
<p>11% fewer Head Start programs have working relationships with their local TANF agencies since 2009.</p>	<p>The Head Start Collaboration Project will work to collect and share information on local TANF agencies with program grantees and delegates.</p> <p>The Head Start Collaboration Project will continue to work with the State Education Department's Committee on Homeless Education to make linkages between Head Start programs and school district McKinney-Vento liaisons. She will attend a TEACH session December 2013.</p> <p>More homeless children will be enrolled in their local Head Start and Early Head Start programs.</p>	<p>The Head Start Collaboration Director has a strong relationship with the leaders at TEACH/ Advocates for Children and together they created a Tip Sheet and Housing Questionnaire to assist EHS and HS programs in reaching families who are experiencing homelessness. They also presented at three NYSHSA conferences on the topic.</p>

# Conclusion

This report summarizes the response to New York’s 2015 Head Start State Collaboration Office Needs Assessment, administered in accordance with the Head Start Act (as amended December 12, 2007). The assessment gathered information from Head Start programs on the following national priority areas:

## Federally Identified National Priority Areas Addressed Through the Head Start Needs Assessment

1. Health care
2. Early childhood systems development & education
3. School transitions and alignment with K-12, including school readiness and Head Start pre-K partnership development
4. Services for children with disabilities
5. Professional development
6. Childcare
7. Services for children experiencing homelessness
8. Welfare/child welfare
9. Family literacy
10. Community services

Respondents were asked to identify their perception of relationships with various service providers and the degree of difficulty that they typically experience when engaging in different activities related to these areas. Many areas of strength of Head Start programs were identified. However, challenges in some areas were also apparent. The information collected through this assessment, along with input from the New York State Head Start Association, the Federal Region II Office of Head Start, and the New York State Head Start Training team and state agency colleagues, was used to create a Strategic Plan addressing areas for improvement. Action steps outlined in this plan will be used to clarify current challenges and the role of the Head Start Collaboration Office as a partner in supporting Head Start programs going forward. The steps outlined in this plan will be implemented over the next three years. Major findings are summarized below.

### 1. Health Care

Data from the 2015 and 2017, 2018 PIRs indicated that most Head Start participants have adequate access to health care. Leading health issues of enrolled children included asthma and obesity. However, many children are not receiving recommended mental health services (60% referred for these services did not receive them). Access to mental health services appear to be more challenging than health services (20% indicated having no working relationship with these services). Relationships with dental care providers appear strong, although access to dental services for young children continues to be challenging. Since the previous 2013 Needs Assessment, arranging coordinated services for children with special health care needs appears to have gotten easier for programs, while assisting parents to

communicate with medical/dental providers and getting full representation and active commitment on Health Advisory Committees appears to have gotten more difficult. Specific areas for improvement that will be addressed through the strategic plan include the following:

- Maternal depression screening
- Developmental screening for all
- ACEs education for staff and others in the community

## **2. Early Childhood Systems Development & Education**

Since the 2013 Needs assessment, improvements have been made in the percentage of non-credentialed preschool assistant teachers (12% decrease) and in the percentage of non-credentialed home-based visitors (13% decrease). However, improvements are still needed as some classroom teachers and assistant teachers still do not have any degree or certification. Involvement with the coordinated and responsive systems within New York State appears to be a difficult area, as approximately half of respondents indicated that they have no working relationship with state efforts to unify early childhood data systems, QUALITYstarsNY, and the New York State Early Childhood Advisory Council. Greater than 70% of respondents also shared experiencing some level of difficulty engaging in activities related to early childhood systems. Specific areas for improvement that will be addressed through the strategic plan include the following:

- Leadership and administration opportunities for shared professional development.

## **3. School Transitions and Alignment with K-12, Including School Readiness and Head Start Pre-K Partnership Development**

The majority of respondents shared that they have a collaborative relationship with local education agencies and memorandums of understanding in place. The most frequently cited obstacle to achieving a smooth transition from Early Head Start to Head Start was limited openings in Head Start programs, especially in the middle of the program year, and the most cited obstacle to achieving a smooth transition from Head Start to school was lack of cooperation between Head Start and schools. Specific areas for improvement that will be addressed through the strategic plan include the following:

- See Strategic Plan at the end of this document

## **4. Services for Children with Disabilities**

Data from the 2018 PIR indicates that 20% of children enrolled in Head Start programs and 2% of children enrolled in Early Head Start programs participate in special education or early intervention services. Improvements were made in relationships with state or local lead agencies for Part C and with other federally funded programs for children with disabilities (e.g., Parent Training & Information Center, Family Voices, etc.). However, some providers of disability services that Head Start programs appear to have limited relationships with university/community college programs, non-Head Start councils or groups that address policy/program issues, and other State education agency programs/services such as Section 504. Relationships with university/community college programs in particular appear to have decreased in quality since 2013. Applying for SSI and/or Waiver programs and obtaining timely Part B/619 (preschool special education) evaluations were also rated as difficult for many respondents. Specific areas for improvement that will be addressed through the strategic plan include the following:

- Establishing relationships with university/community college programs
- Establishing relationships with State Lead Agency for Part B/619 (preschool special education)
- Limited therapist availability, particularly bilingual and specialized therapists

## 5. Professional Development

Responses suggest that the majority of programs have established relationships with Head Start T & TA networks, more than half of which were rated as being collaborative in nature, while about a quarter of respondents indicated having no working relationship with other T & TA networks. On-line courses/programs is the least utilized type of higher education program. Since the 2013 Needs Assessment, improvements were made in relationships with a number of agencies related to professional development, including cultural and linguistic responsiveness providers, the Early Head Start National Resource Center, Head Start T & TA networks, other T & TA networks, and national centers. Specific areas for improvement that will be addressed through the strategic plan include the following:

- Establishing relationships with on-line or other higher education programs. Establish partnership with EarlyEdU.
- Transferring credits between public institutions of learning.
- Accessing scholarships and other financial support for professional development activities. QUALITYstarsNY funding, EIP Scholarships for teaching staff with low income, and other scholarships.

## 6. Child Care

Results of the 2013 Needs Survey suggest that Head Start programs have established relationships with most of the different types of child care services/resources. With the exception of Tribal child care agencies, relationships with state or regional policy/planning committees that address child care issues appear to be the least well established, with 30% of respondents describing having no working relationship with these groups. Few respondents rated activities related to childcare as difficult or extremely difficult; however, the capacity to blend Head Start and child care funds and aligning policies and practices with other service providers were rated as most difficult (27% and 24%, respectively, rated these activities as difficult or extremely difficult). Specific areas for improvement that will be addressed through the strategic plan include the following:

- Capacity to blend or braid Head Start and child care funds to provide full-day, full-year services.
- Aligning policies and practices with other service providers.

## 7. Services for Children Experiencing Homelessness

Data from the 2018 PIR indicated that 5% of children enrolled in Head Start programs were homeless at some point last year and 34% of these families acquired housing during this time. Responses suggest that identifying and prioritizing families experiencing homelessness, enrolling these families in Head Start services, and planning and implementing services for these families are relatively easy tasks at this time. More difficult activities appear to be engaging community partners in conducting staff cross-training and planning activities and implementing family outreach/support efforts under McKinney-Vento and transition planning.

Many respondents also described having no working relationship with different homelessness programs, such as Title I directors and local McKinney-Vento liaisons (55% and 46% described having no working relationship, respectively). Specific areas for improvement that will be addressed through the strategic plan include the following:

- Establishing relationships with local McKinney-Vento liaison.
- Developing and implementing family outreach and support efforts under McKinney-Vento and transition planning.

## **8. Welfare/Child Welfare**

A relatively large percentage of enrolled families received welfare services (e.g., 51% received WIC, 47% received SNAP), which highlights the importance of being able to support families in this area. A wide variability was noted in the extent of difficulty experienced when engaging in activities in this area. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment appears relatively easy (82% rated as not at all difficult). However, getting involved in state-level planning and policy development was rated as being quite difficult for respondents (92% rated as somewhat difficult, difficult, or extremely difficult). Most respondents described having a working relationship with different types of welfare/child welfare programs, although relationships with state child welfare agencies, economic and community development councils, and especially the New York State Hoyt Child and Family Trust Fund appear to be less well established (27%, 26%, and 87% rated as having no working relationship with, respectively). Approximately 8% of programs currently have a WIC office at their center, with many citing easily accessible WIC centers in the community as a reason for not having an office in-house. However, 75% of respondents expressed an interest in possibly hosting a WIC service worker on a regular basis. Specific areas for improvement that will be addressed through the strategic plan include the following:

- Establishing relationships with economic and community development councils.
- Establishing relationships with state child welfare agencies.
- Working together with TANF, Employment and Training, and related support services to recruit families.

## **9. Family Literacy**

While Head Start programs appear to have established good working relationships with a number of different family literacy providers, such as with public/private sources providing book donations/funding, public libraries, parent education programs/services, and adult education programs. However, relationships with school libraries, museums, reading readiness programs, and higher education programs related to family literacy appear to be less well established. Although relationships with reading readiness programs continue to be less well established than other programs/services, improvements were made in this area from the 2013 needs assessment (11% decrease in those describing having no working relationship with these programs). Securing family participation in family literacy services was also rated as somewhat difficult at this time, which represented a negative trend from 2013 (15% decrease in those respondents rating this activity as not at all difficult). Some other areas appear to also have become more difficult since 2013, including establishing partnerships with key literacy providers and exchanging information with other providers regarding roles and resources. New York State currently has a number of programs outside of Head Start that address family literacy; therefore, areas of improvement are less of a focus for the Head Start Collaboration Project at this time. However, areas that will be addressed through the strategic plan include the following:

- Establishing relationships with school libraries.
- Establishing relationships with museums.

## 10. Community Services

The 2018 PIR indicated that a significant number of families enrolled in Head Start programs access a variety of community services, the most widely accessed being parenting education and health education programs. The current assessment results suggest that relationships with child abuse prevention/treatment services are the most well established among community services that Head Start programs interact with, which also represents an improvement since ratings provided in 2013. While improvements in relationships with providers of military families were noted since 2013, these relationships still were rated as the least well established, however this may be a reflection of the specialized nature of and demand for these services. Other less well-established relationships included those with providers of emergency services, with law enforcement agencies, and with private resources in this area; however, relationships with law enforcement have improved since 2013. Obtaining in-kind community services for child/families appear to have become more difficult for Head Start programs since 2013 and are currently rated as being somewhat difficult compared to other activities in this area. Specific information gathered about parenting programs indicated that 62% of programs that participated in the Needs Assessment offer parenting classes on working with children with challenging behaviors. Consultant-created curriculum is most often used for this purpose. Other activities that appear to have become more difficult since 2013 include sharing information on children and families served jointly by Head Start/Early Head Start and other agencies and exchanging information on roles and resources with other providers. Specific areas for improvement that will be addressed through the strategic plan include the following:

- Establishing relationships/partnerships with providers of services to military families.

## Appendix A: Complete Strategic Plan

Strategic Plan for Addressing Challenges in the Area of Health Care Services		
Service type	Area for Improvement	Action Steps
Dental Services	Linking children to dental homes that serve young children	<ul style="list-style-type: none"> <li>• Work with local dental associations and others to link all EHS and HS programs to the dentist.</li> <li>• Partner with state and private partners to get the messages to parents and providers about the importance of early oral health.</li> </ul>
Mental Health Services	<p>Establishing relationships with state agencies providing mental health prevention and treatment services</p> <p>Early childhood mental health</p>	<ul style="list-style-type: none"> <li>• Educate the EHS and HS agencies on how to access local screening and service providers.</li> <li>• Work with Office of mental health to fill gaps across the state</li> <li>• Promote membership in the NYS association for Infant Mental Health to further the fields exposure and knowledge around early childhood mental health. Establish a list of early childhood mental health providers consultants who can see children under 5</li> </ul>

		<p>years old, and their families.</p> <ul style="list-style-type: none"> <li>• Reach out to OMH can come to head start and do a workshop with parents (signs and symptoms to look for)</li> </ul>
Physical Health	Prevention and awareness programs	<ul style="list-style-type: none"> <li>• Work with the department of Health to continue to education and support child care and prek centers on the importance of physical activity, breastfeeding, and healthy choices.</li> <li>• Work with DOH to continue to educate and support mothers in breast feeding and help children making healthy choices.</li> </ul>

Strategic Plan for Addressing Challenges in Early Childhood Systems Development and Education	
Area for Improvement	Action Steps
Involvement in, and participation with, state efforts to unify early childhood data systems	Work with the ECAC Data Development team to propose a state early childhood integrated data system Develop state unified CCRR
Involvement in, and participation with, QUALITYstarsNY	Assist in the connections between QSNY, the RO, the TA Team and the New York State Head Start Association. Ask them to present at the annual conferences for Head Start programs in NY
Involvement in, and participation with, the NYS Early Childhood Advisory Council	The director is the ECAC Co-Chair and will continue to represent Head start and Early Head Start in the state discussions and recommendations

Strategic plan for Addressing Challenges in the Area of School Transitions and Alignment with K-12	
Area for Improvement	Action Steps
Developing MOUs with publicly funded pre-school program (NY State education Department)	Revise the current MOU
Coordination with State Education Department Office of early Learning, including transportation, shared use of facilities and other support groups	Meet with NYSED to work on guidance for the transportation of three and four year old children  Have ECAC, head start, and state ed representative meet every year and convene about what can be improved and how to improve it
Transitioning between EHS and HS limited availability of openings in HS programs at the time of the transitions	Help EHS agencies understand the flexibility they have when transitioning children into their next placement
Organizing and Participating in joint trainings, including transition-related training for teachers and administrators	Work with Region 2 head Start Technical Assistance Team on aligning professional development activities across the state
Competition between HS and district PreK	Work to dispel the myths and capitalize on opportunities to strengthen both programs. Further work to connect pre-k and Head Start guarantees.
Misalignment between district and HS standards	Produce a new early learning alignment crosswalk with the new performance standards and new state pre-k standards
Transitioning between HS and school - lack of cooperation between HS and school	Continue to hold kindergarten transition forums across the state
Ongoing communication with LEAs to facilitate coordination of programs	Continue to communicate with NYSED and school districts about developmentally appropriate implementation of PreK Learning Standards: A Resource for School Success  Present Collaboration materials to HS and PreK directors to facilitate collaboration efforts

Strategic Plan for Addressing Challenges in the area of Disability Services	
Area for improvement	Action Steps

Establishing relationships with university/community college programs	Work with the state Early Childhood Direction Centers and Barbra Schwartz to strengthen these connections Reach out to local SUNY campuses to start a semester internship program for credit
Establishing relationships with State Lead Agency for Part B/619 (preschool special education)	SCIS Rate Setting Think Tank is working on new ways to support children in an integrated classroom
Limited therapist available, particularly bilingual and specialized therapists	Connect the workforce to early childhood positions  Ask Sherry for workforce data

Strategic Plan for addressing Challenges in the Area of Professional Development	
Area for Improvement	Action Steps
Establishing relationships with online or higher education programs	Work with EarlyEdU partnerships in the state. Set up meeting with Niagara University.
Transferring credits between public institutions of learning	The SUNY and CUNY system has improved in this area over the past few years.
Accessing scholarship and other financial support for professional development activities	QSNY is great first step in the right direction the collaboration director continues to partner with QSNY and to communicate the value of joining QSNY.  Early learning scholarship for SUNY and CUNY

Strategic Plan for Addressing Challenges in Child Care Services	
Area for Improvement	Action Steps
Capacity to blend or brain Head Start and child care funds to provide full day, full year services	To help all understand that the meaning of supplanting is you can add additional funds to pay for more services, or longer hours.  Talk to state ED about allotting more funding for Head Start
Aligning policies and practices with other service providers	Early learning alignment at the state systems level is a goal of the NYS ECAC

Strategic Plan for Addressing Challenges in the Area of Welfare/child Welfare Services	
Area for Improvement	Action Steps
Establishing relationships with economic and community development councils	Through the ECAC Business Leaders Advisory group the Collaboration Director will work to share information about the return on investment in quality child care and Head Start/Early Head Start.  Guide one person from an economic community council and hire them on the ECAC team.
Establishing relationships with state child welfare agencies	Set up meeting with a regional Head Start and connect them to agencies that can help accommodate there needs
Working together with TANF, Employment and training, and related support services to recruit families	Build a working relationship with directors of TANIF and OTDA

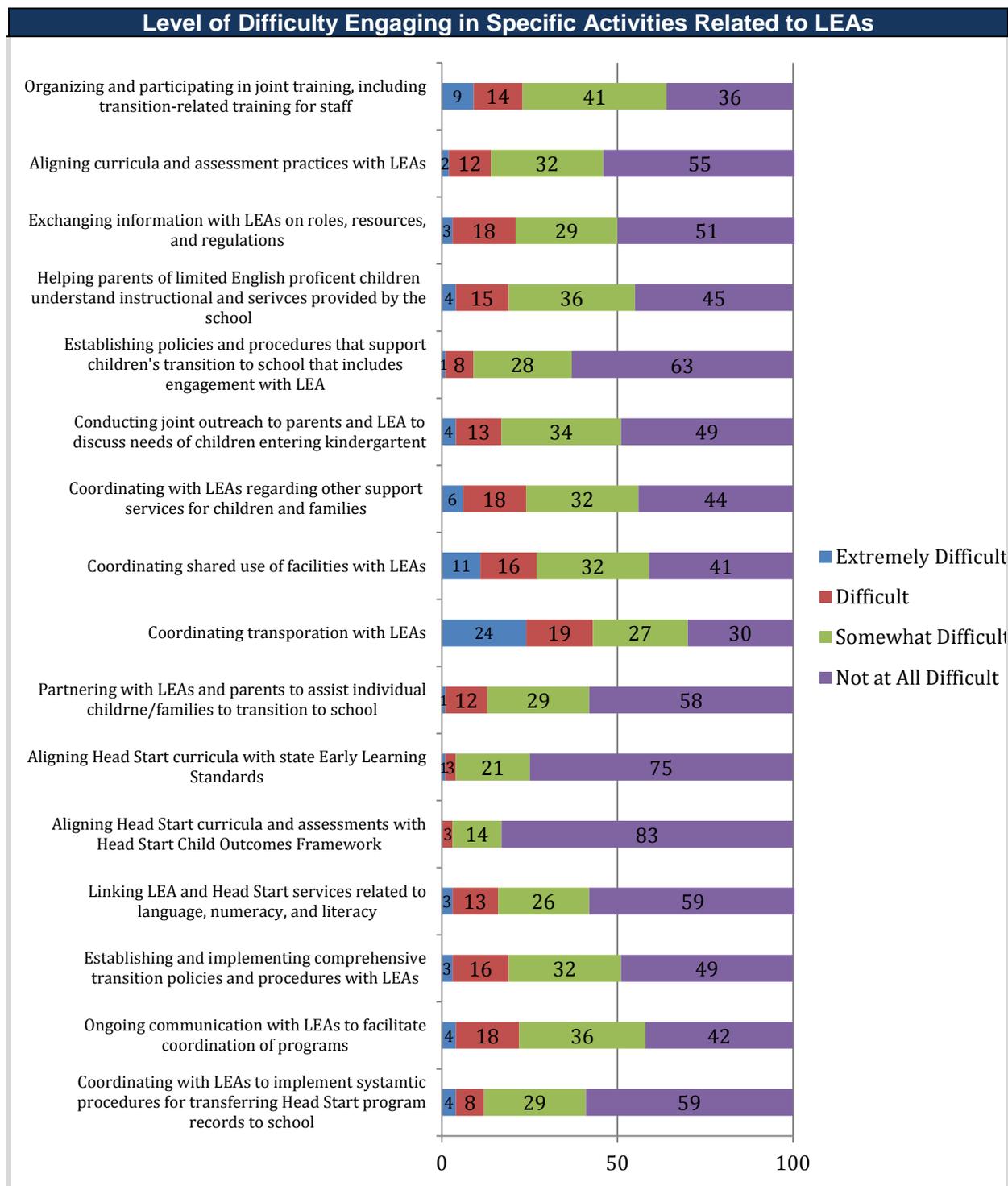
Strategic Plan for Addressing Challenges in the Area of Family Literacy Services	
Area for improvement	Action steps
Establishing relationships with school libraries	Work with Patricia Uttaro from the Rochester Public Library system to become more connected to the library system across the state  Establish relationship with county librarians and come up with a way to incentives families to visit
Establishing relationships with museums	Contact director in NYS museum in Albany to find a way to reach out to families

Strategic Plan for Addressing Challenges in the Area of Community Services	
Area for improvement	Action steps
Establishing relationships/partnerships with providers of services to the military families	Work with the Military child care liaison in NY.  Have executive director of each head start develop a relationship with Military Child

	education coalition <a href="https://www.militarychild.org/about/mission-vision">https://www.militarychild.org/about/mission-vision</a>
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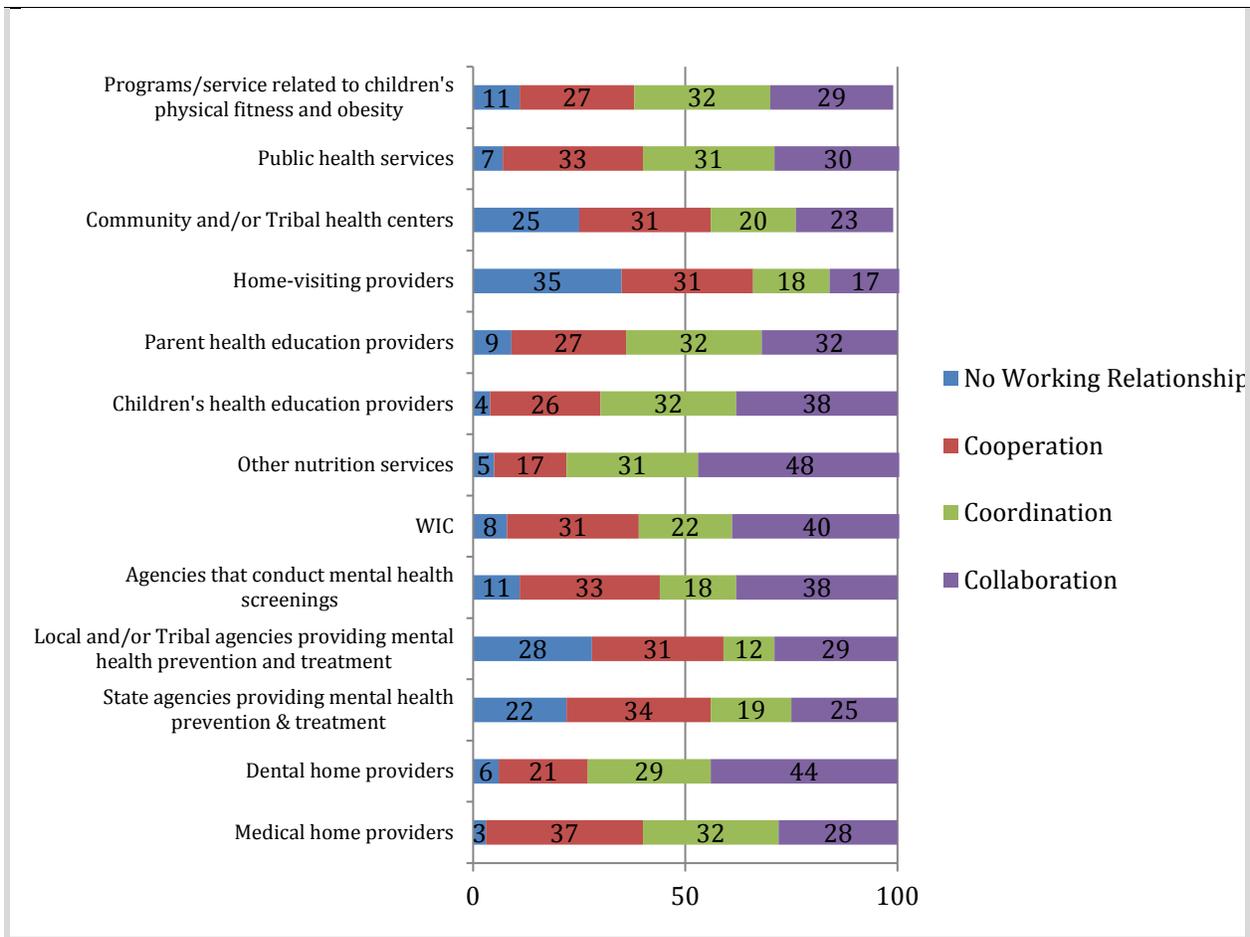
Strategic Plan for Addressing Challenges in the Area of Homelessness Services	
Area for improvement	Action Steps
Establishing relationships with local McKinney Vento liaison	Continue to develop relationship with Jennifer Pringle and Randi Levine at TEACHS.  Build a relationship with regional Head Start directors about how to hire a liaison
Developing and implementing family outreach and support efforts under McKinney-Vento and transition planning	Continue to promote the Housing Questionnaire and Homeless Tip Sheet we developed with TEACHs to present at the NYSHSA Conference and to send to all Head Start and EHS programs in the state.  Reach out to non-profits that can help implement McKinney-Vento

## Priority Area: School Transitions & Alignment with K-12



## Priority Area: Health Care

### Extent of Involvement with Specific Health Care Programs/Services



## Appendix C: List of HS and HS Agencies that Completed the Survey

The Head Start Collaboration Project would like to offer a special thank you to the Head Start, Early Head Start and Migrant and Seasonal programs that participated in the 2015 Head Start Needs Assessment Survey. Your responses offered valuable insight into the current state of Head Start programming and will inform the Collaboration Project's work in the future.

ACCORD Corporation	L.I. Child and Family Development Services, Inc.
Action for a Better Community	La Peninsula Community Organization, Inc
Action Nursery	Leake and Watts Early Head Start
Adirondack Community Action Programs, Inc.	Leake and Watts Head Start
Agri-Business Child Development	Lewis County Head Start
Albany County Opportunities Inc	Lutheran Social Services of New York
Association to Benefit Children	Manhasset/Great Neck Head Start
Astor Services for Children & Families	Mohawk Valley Community Action Agency
Astoria Blue Feather Head Start	Northeast Bronx Day Care Center, Inc.
B'above Worldwide Institute Inc.	Northside Center for Child Development
Bais Yaakov Faigeh Schonberger	Opportunities for Broome, Inc.
Bank Street Head Start	Opportunities for Chenango, Inc. Head Start
Bedford Stuyvesant E.C.D.C.	Opportunities for Otsego, Inc.
Birch Family Services	Oswego County Opportunities
Breukelen Head Start	Philip H. Michaels
Brooklyn Chinese-American Association	Philip H. Michaels Child Development Center
Bushwick United Early Learn	Police Athletic League Inc.
Cattaraugus and Wyoming Counties Project Head Start	Pro Action of Steuben and Yates, Inc.
CEO	Project Social Care Head Start
Chautauqua Opportunities, Inc.	Project Social Care Head Start Inc.
Child Center of NY- Early Head Start	Promesa
Child Development Center of MMCC (Mosholu Montefiore Community Center)	Regional Economic Community Action Program, Inc.
Columbia Opportunities Inc.	Saint Jemuel Group Family DayCare Inc.

Community Action of Orleans and Genesee, Inc.	Saint Regis Mohawk Tribe Head Start
Community Action Organization of Erie County, Inc.	Saratoga County EOC
Community Action Partnership for Madison County	SCAP ELC (HS)
Community Action Planning Council of Jefferson County	Schoharie County Child Development Council, Inc.
Community Life Center, Inc.	SCO Family of Services
Cortland County Community Action Program, Inc.	SCO FirstStep NYC
Delaware Opportunities Inc.	Seventh Avenue Center for Family Services
Dewitt Reformed Church Head Start	Sheltering Arms Paul's House
Dominican Women Development Center Early Head Start	St. Jemuel Group Family Day Care
Early Childhood Learning Center of Greene County	St. Lawrence County Community Development Program Inc.- Head Start
Early Head Start Child Care Partnership	Staten Island Mental Health Head Start
East Bronx East Side House Settlement Head Start/Day Care	Susan E. Wagner Victory The Children's Community Birth to Five Program
ECDO Child Start Center	The Salvation Army
Educational Alliance, Inc.	Tompkins Community Action, Inc.
Family Enrichment Network	Trustees of Columbia University
Family Services of Westchester, Inc	UFBCO Child Development Center
Fort George Community Enrichment Center	Ulster County Community Action Committee, Inc.
Geneva Head Start/UPK	Union Settlement Association
Glen cove Child Day Care Center, Inc.	University Settlement
Grand Street Settlement	University Settlement Early Head Start
Grand Street Settlement Head Start	Volunteers of America Children's Center
Harlem Gems Head Start	Warren County Head Start, Inc.
Hawthorne Corners Day Care Center Inc.	Wayne County Action Program, Inc. Head Start
Help Day Care Corporation	Westchester Community Opportunity Program, Inc.

Highbridge Advisory Council Head Start Program	Y.M.&Y.W.H.A. OF WILLIAMSBURG Y HEAD START, inc.
Hudson Guild	Yeled V'Yalda Early Childhood Center Inc.
Inner Force Tots	YWCA of the City of New York
Joint Council for Economic Opportunity of Clinton and Franklin Counties, Inc.	Zion Day Care
Kingsbridge Heights Community Center	L.I. Child & Family Development Services, Inc. dba: Long Island Head Start
KJMLDC Head Start/Early Head Start Program	

# Appendix D: Fact Sheet of Child Care in New York 2018



Office of Children and Family Services

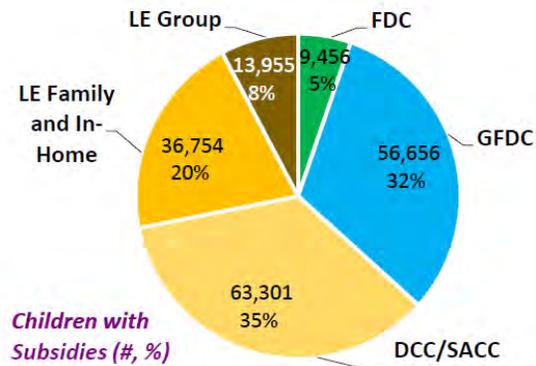
## Child Care Facts And Figures

### Number and Capacity of Licensed and Registered Child Care Providers by Modality and Region:

	Region	Center-Based		Home-Based		Total
		Day Care	School Age	Family	Group Family	
Number of Providers	New York City	2,229	1,557	1,328	5,299	10,413
	Rest of State	2,060	1,285	2,324	2,818	8,487
	<b>Total</b>	<b>4,289</b>	<b>2,842</b>	<b>3,652</b>	<b>8,117</b>	<b>18,900</b>
Maximum Capacity	New York City	139,663	228,012	10,041	80,316	458,032
	Rest of State	171,077	98,253	18,451	43,955	331,736
	<b>Total</b>	<b>310,740</b>	<b>326,265</b>	<b>28,492</b>	<b>124,271</b>	<b>789,768</b>

### Subsidized Child Care in New York State (Federal Fiscal Year 2018)

- \$806 Million allocated to local districts for the NYSCCBG child care subsidy program in SFY2018-19.
- Approximately 180,000 children in 107,000 families received child care subsidies in FFY 2018 (annual).
- Approximately 119,000 children in 71,000 families received child care subsidies each month.
- Approximately 63% of children served are from NYC.
- Approximately 49% of children served received low income subsidies, while 51% of children with child care subsidies also received Temporary Assistance.
- There are approximately 16,500 legally exempt providers enrolled to provide subsidized child care.



### Number of Providers for one or more Children with Child Care Subsidies in FFY 2018

	Licensed or Registered			Legally Exempt Enrolled			Total
	DCC/SACC	FDC	GFDC	LE Family	LE In-Home	LE Group	
New York City	1,215	1,005	4,550	3,542	7,024	192	17,528
Rest Of State	2,469	1,726	2,697	5,828	3,994	171	16,885
<b>Total</b>	<b>3,684</b>	<b>2,731</b>	<b>7,247</b>	<b>9,370</b>	<b>11,018</b>	<b>363</b>	<b>34,413</b>

#### Division of Child Care Services Miscellaneous Contracts/MOUs for SFY 2018-19

- 32 Child Care Resource & Referral Contracts - \$19.9 million - incl. NYC with one lead and three subcontractors.
- Seven Infant/Toddler Resource Center Contracts - \$1.1 million.
- 37 Registration Contracts/memoranda of understanding (MOUs) - \$20.3 million.
- Child care subsidy project MOU for income-eligible families: SUNY \$2.213 million; CUNY \$2.161 million.
- NYS Agriculture & Markets MOU supports centers for children of migrant and farm workers - \$750,000.
- Unified Court Systems MOU supports Children's Centers - \$150,000.

**Advantage After School Program:** Approximately 17,000 children and youth served through 137 contracts with 177 program sites - \$22.3 million.

**Empire State After School Program:** Approximately 27,000 children and youth served through 47 contracts with approx. 265 program sites - \$45 million

- DCC=Day Care Center – provide care to an enrolled group of 7 or more children at a facility other than a personal residence. Maximum capacity is driven by square footage allowance.
- FDC=Family Day Care Home – provide care to more than 2 non-relative children in a residence. Max. capacity: 8 children / caregiver.
- GFDC=Group Family Day Care Home – provide care to more than 2 non-relative children in a residence. Maximum capacity: 16 children / 2 caregivers.
- SACC=School Age Child Care – provide care to an enrolled group of 7 or more children in a non-residence facility outside normal school hours. Maximum capacity is driven by square footage allowance.
- LE=Legally Exempt Enrolled - providers of subsidized child care services, who are not required to be licensed or registered, but who meet minimum health and safety standards required for enrollment.

## Appendix E: New York State Prekindergarten Programs 2017-18

(Serving 471 School Districts in total)	Targeted Pre-K (TPK) (1966) <sup>2</sup> \$1,303,000	Universal Pre-K (UPK) (1997) \$410,034,734	Statewide Full-Day Pre-K (SUFDPK) 2014-2019 \$340,000,000	Federal Preschool Development Expansion Grant (PDG) 2015-2018 \$25,000,000	High Need Three and Four-Year-Olds (EPK) 2015-2020 \$30,000,000	High Need Three Year Olds (3PK) 2016-2021 \$10,361,410	Additional Grants for High Need Three and Four-Year-Olds (EPK2) \$5,000,000
<b>Number of Participating Districts</b>	3 BOCES	446 School Districts	53 School Districts + 17 CBOs	5 School Districts	34 School Districts	25 School Districts	16 School Districts
<b>Rates pjer child</b>	Folded into UPK in 2007-2008, follow same rates	Formula based on state school aid, usually half the aid per child – with minimum set at \$2700 per child	\$10,000, with certified teacher  \$7000, with teacher in study plan to obtain certification	\$10,000 per child	Formula based on UPK, with rate doubled for full-day	Formula based on UPK, with rate doubled for full-day	Formula based on UPK, with rate doubled for full-day
<b>Length of Day</b>	Half-day or Full-Day (no rate differential)	Half-day or Full-Day (no rate differential)	Full-day	Full-day	Half-day or full-day	Half-day or full-day	Half-day or full-day
<b>Child Eligibility</b>	High need 3's and 4's	All 4's	All 4's	4's at or below 200% poverty	High-need 3's and 4's	High-need 3's	High-need 3's and 4's
<b>Governance</b>	BOCES In public schools	School Districts, with mandate for collaboration with CBOs	School Districts, with new option for individual entities (Charters added)	School Districts, with mandate for collaboration with CBOs	School Districts, with mandate for collaboration with CBOs	School Districts, with mandate for collaboration with CBOs	School Districts, with mandate for collaboration with CBOs
<b>Funding Strategy</b>	Recurring grant, now part of Universal Pre-K program	Recurring formula-based, non-competitive grant	Competitive grant	Federal grant to NY, in national competition Non-competitive grant based on formula driven district allocation	Competitive grant	Competitive Grant	Competitive grant

<sup>2</sup> Started as Experimental Pre-K, largely folded into Universal Pre-K in 1997, except for three BOCES-operated programs