New York State Head Start Collaboration Project

State Needs Assessment 2023

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Table of Contents

Acknowledgements 3

Introduction 4

Methods 8

- Description of the Needs Assessment Instrument 8
- Data Analysis 9
- A Note About Reading This Report 9

Needs Assessment Survey Results 10

1. Health Care 10
2. Early Childhood Systems & Development 23
3. School Transitions & Alignment with K-12, Including School Readiness & Head Start Pre-K Partnership Development 30
4. Services for Children with Disabilities 36
5. Professional Development 41
6. Child Care 46
7. Services for Children Experiencing Homelessness 52
8. Welfare/Child Welfare 56
9. Family Literacy Services 61
10. Community Services 64
11. Miscellaneous Data 68

Goals Updated Since the 2020 Needs Assessment 69

Conclusion 75

Appendix A: Complete Strategic Plan 80

Appendix B: List of Head Start and Early Head Start Agencies that Completed the Survey 86

Appendix C: Fact Sheet of Child Care in New York 2022 87

Appendix D: New York State Prekindergarten Programs 2021-2022 88

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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). In June 2022, eligibility was modified to include families participating in the Supplemental Nutrition Assistance Program (SNAP). 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				
	2019 Total cumulative child/pregnant women enrollment: 59,033		2021 Total cumulative child/pregnant women enrollment: 44,554	
Type of Eligibility	**Communitive Enrollment**	**% of Enrollment**	**Cumulative Enrollment**	**% of Enrollment**
Income Eligibility (below 100% federal poverty line)	41,030	69.5%	31,709	71.17%
Receipt of public assistance such as TANF, SSI	6,606	11.19%	4,243	9.52%
Status as a foster child	794	1.35%	566	1.27%
Status as homeless	2,646	4.48%	1,822	4.09%
Over income	3,882	6.58%	2,777	6.23%
Enrollees exceeding the allowed over income enrollment (family income between 100-130% of federal poverty line)	4,075	6.9%	3,437	7.71%

*The PIR was not conducted in 2020 due to the COVID19 pandemic

This report included a few one-time data points. Because of the pandemic, it seemed vital to survey the programs on **workforce** and **oral health** challenges. The results of those surveys are located on pages 14 and 23, respectively.

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 numerous 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 Program**	**American Indian/ Alaska Native Programs**
Target population	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
Mission	Enhance the social and cognitive development of enrolled children and improve their readiness for school	Promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning	Enhance the social and cognitive development of enrolled children and improve their readiness for school, while also ensuring that children in migratory families continue to receive services throughout migrations	Provide high quality early education and family support services to young children and their parents within the context of traditional language and cultural practices
# Programs in NYS	164	124	1	2
Total child enrollment in NYS	**31,827**	**11,449**	**233**	**140**

There are now Head Start Collaboration Offices in 49 states and two territories. The Head Start State Collaboration Offices are federally funded 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 26 years, the New York State Council on Children and Families (Council) 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 areas, 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 2020 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. Child care
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 2022 includes 108 questions addressing various issues reflective of the federally identified priority areas. An additional follow up survey was sent in October 2022 which asked about **toothbrushing practices during the pandemic**. 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.

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

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.

Data Collection

The assessment was created utilizing SurveyMonkey, an online program. A link to the online 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 August 2021. 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 September 2021 to those administrators who had not yet responded. The email encouraged the administrators to complete the survey by October 1, 2021 to receive a few children's books that focus on social emotional skills. A third email was sent on October 17, 2021, to still encourage any remaining programs to participate in the survey. Later on in October, an additional two question Dental Survey was sent to all NYS Early Head Starts and Head Starts focusing specifically on the topic of toothbrushing during the pandemic. There were 82 responses for the Dental Survey.

After both surveys were closed, a number of duplicate or incomplete submissions were deleted from the main survey. Eleven 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 two 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 are 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 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 prior Needs Assessment (2019 Needs Assessment to the 2022 Needs Assessment).

In addition to data gathered from the 2021 Needs Assessment, other sources of data (e.g., the 2019 and 2021 federal Program Information Report [PIR], and NYS Office of Children and Family Services' (OCFS) Child Care Statistics) were included when relevant. The PIR provides annual data regarding Head Start children, families, staff, and programs. There was no 2020 PIR data available due to programs not having to report their data because of the pandemic. Current New York State Head Start Needs Assessment data was also compared to data collected in the 2020 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 2019 and 2021 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 2019 and 2021 PIRs, CLASS data, OCFS child care statistics), followed by a summary of the current Needs Assessment results, notable changes from the previous 2020 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 43% response rate on the Needs Assessment Survey. Response rates by program type are displayed below. Although 86 surveys were submitted, 37 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	46/124	37%
Total Head Start	79/164	48%
Total Head Start Delegates	31/52	60%
TOTAL RESPONSE	125/288	43%

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 2019 and 2021 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 2020 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 2019 and 2021 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 (3.8%), followed closely by vision problems (3.19%). Additionally, childhood obesity appears to be a significant problem, as 29.5% of enrolled children are reported to be overweight or obese, an increase of 3% from 2019. In cases where children did not receive the health care services that were needed the most commonly cited reason was because of the pandemic (the availability of medical appointments,

providers only seeing emergency cases, and parental fears around taking their children to doctors' offices). Other common reasons included difficulty finding providers who took the appropriate health insurance, along with transportation to the medical offices. Although greater than 83% 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 54% received these services, with programs stating that due to the pandemic, mental health referrals have increased, while mental health provider availability has not.

NYS PIR Health Data				
	2019		2021	
SERVICE	**# of Children[1]**	**% of Children**	**# of Children[2]**	**% of Children**
Medical Services for Children				
Enrolled in health insurance	57,540	99.24%	42,599	97.91%
Up-to-date preventive and primary health care	52,038	89.75%	36,195	83.19%
Up-to-date immunizations	52,133	89.92%	38,009	87.36%
Body mass index (BMI)[6]				
Underweight (BMI <5th percentile)	2,256	4.93%	1,542	4.82%
Healthy weight (BMI between 5th – 85th percentile)	31,163	68.16%	20,308	63.48%
Overweight or Obese (BMI >85th percentile)[3]	**12,192**	**27%**	**9,440**	**29.51%**
Diagnosed with a chronic condition needing medical treatment	5,244	10.08%	4,583	14.68%
Chronic conditions for which children received treatment, regardless of date of diagnosis				
Anemia	824	1.42%	-	-
Asthma	2,780	4.79%	1,652	3.8%
Hearing difficulties	686	1.18%	496	1.14%
Vision problems	1,903	3.28%	1,386	3.19%
High lead levels	303	0.52%	482	1.11%
Diabetes	10	0.02%	12	0.03%
Of children diagnosed with a chronic condition, those who have received or are receiving treatment[4]	5,055	96.4%	3,739	81.58%
Reasons why children requiring medical treatment for any chronic condition did not receive it				
No medical treatment needed	-	-	477	1.53%
Parents did not keep/make appointment	-	-	51	0.16%
Appointment is scheduled for a future date	-	-	36	0.12%
Children left the program before their appointment date	-	-	31	0.1%

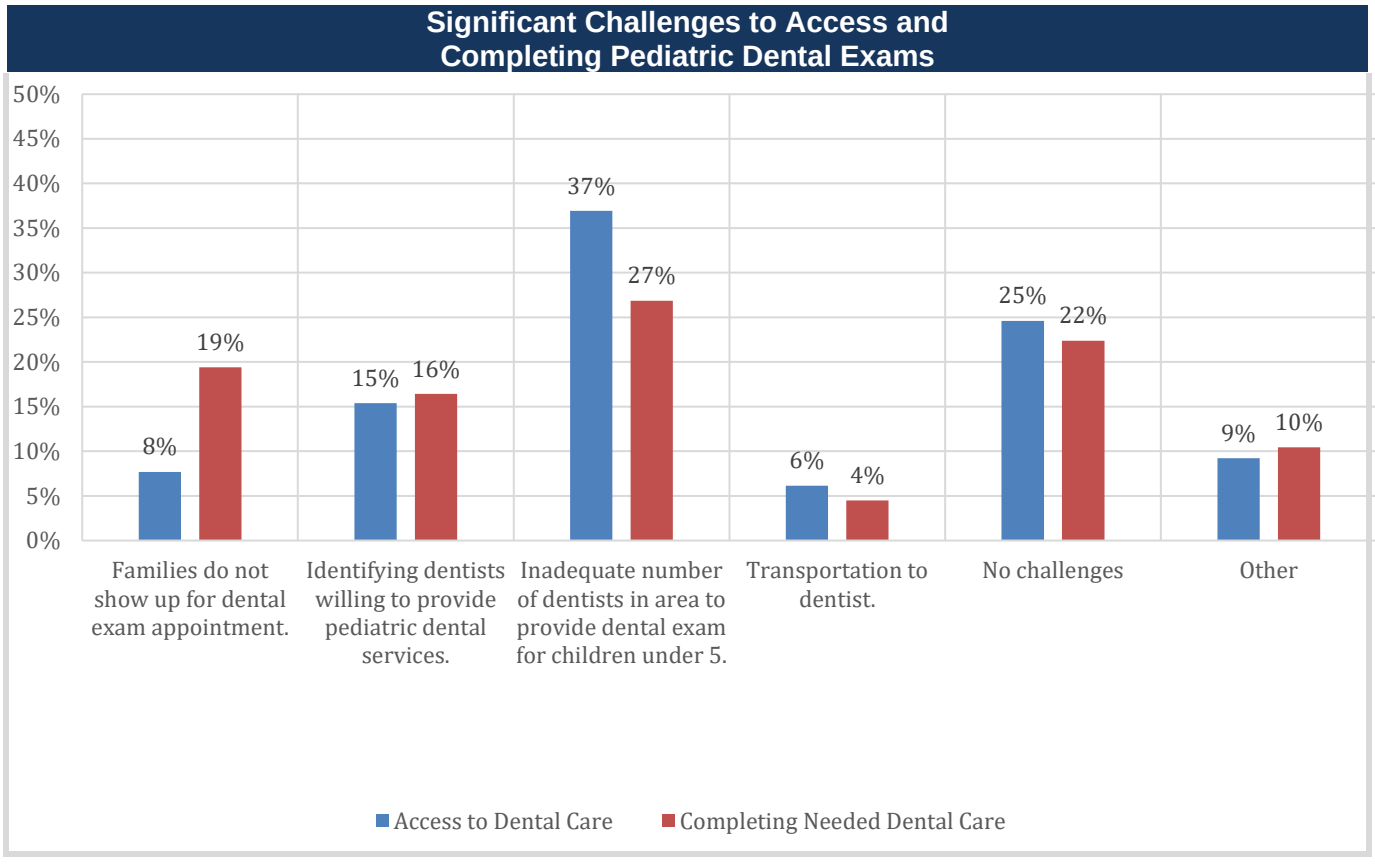
Dental Services for Children				
Access to continuous dental care	50,324	86.8%	34,602	79.53%
Reasons why children who needed dental treatment did not receive it				
Parents did not keep/make appointment	-	-	294	1.36%
Appointment is scheduled for future date	-	-	203	0.94%
Other	-	-	101	0.47%
Children left the program before their appointment date	-	-	39	0.18%
No dental care available in local areas	-	-	37	0.17%
Dentists in the area do not treat 3–5-year-old children	-	-	18	0.08%
No transportation	-	-	13	0.06%
Mental Health Services for Children				
Children for whom mental health professional provided consultations with program staff	9,574	16.51%	2,338	50.77%
Children for whom mental health professional provided consultations with parent(s)/guardian(s)	5,160	8.9%	-	-
Received individual mental health assessment	4,047	6.98%	-	-
Received a referral for mental health services	2,013	3.47%	-	-
Services for Pregnant Women (Early Head Start)				
Enrolled in health insurance	1,031	97.82%	1,027	98.28%
Received prenatal health care	1,024	97.15%	1,002	95.89%
Received postpartum health care	883	83.78%	818	78.28%
Participated in mental health interventions and follow up	271	25.71%	265	25.36%
Participated in substance abuse prevention	590	55.98%	910	87.08%
Participated in substance abuse treatment	75	7.12%	108	10.33%

[1] 2019 Total cumulative child enrolment = 59,033; total cumulative enrollment of pregnant women = 1,054; # Participants at the end of enrollment year unless otherwise specified
[2] 2021 Total cumulative child enrollment = 43,509; total cumulative enrollment of pregnant women = 1,045; # Participants at the end of enrollment year unless otherwise specified
[3] Overweight (BMI 85th-95th percentile) and obese (BMI >95th percentile) reported separately in the PIR;
[4] Percentage reflects percent of # children with chronic conditions who received or are receiving treatment

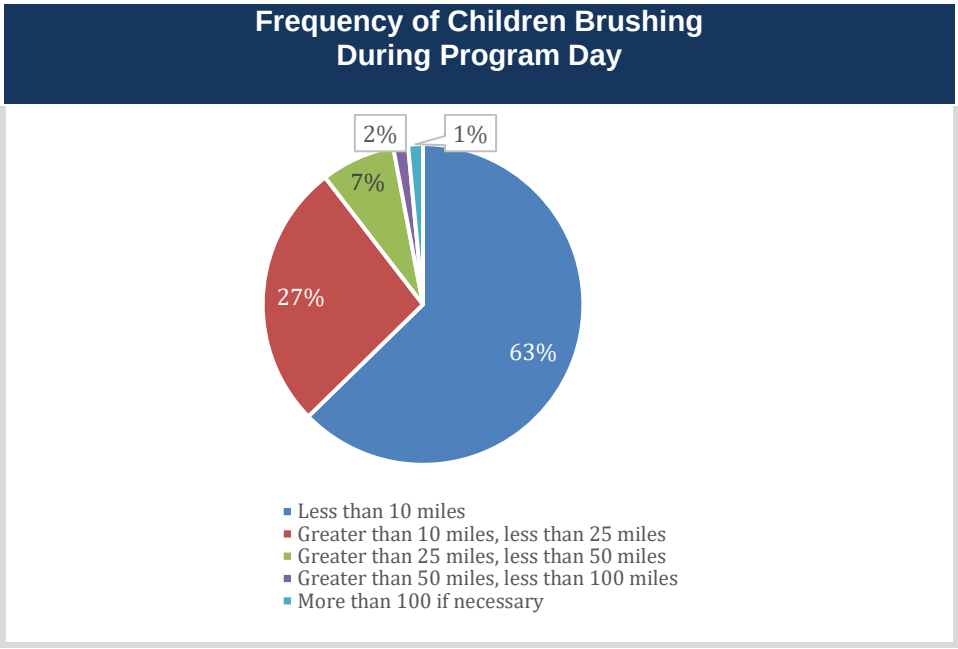
Dental Services

In past years, results have suggested that programs have the strongest relationship with dental services in comparison to other health or mental health services. This year's results suggest that due to the COVID-19 pandemic, dental services and their relationship to Head start programs were severely impacted. Reasons included the lack of available providers that were still open during the pandemic, and families being comfortable with receiving dental services, due to the fear of being exposed to COVID. Other programs rely on the dental services coming to their program sites, and this service was not available during the pandemic. Various specific strengths were also noted, along with some concerns regarding acquiring dental services. Several respondents indicated that finding local dental practices that serve children under 5 years of age for both the initial and follow up dental care was the biggest challenge. 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 chart below displays some of the most significant challenges to facilitating access and completing pediatric dental exams. Additional challenges that were noted in the "Other" category include:

(1) Availability of appointments for both the initial and follow up visits
(2) Dental practices being closed due to the pandemic, including dental partners visiting the Head Start/Early Head Start sites
(3) Parental fears around potential COVID exposures
(4) Potential costs/lack of insurance for follow up dental treatment
(5) Importance of dental treatment and/or prioritizing other health-related costs over dentistry

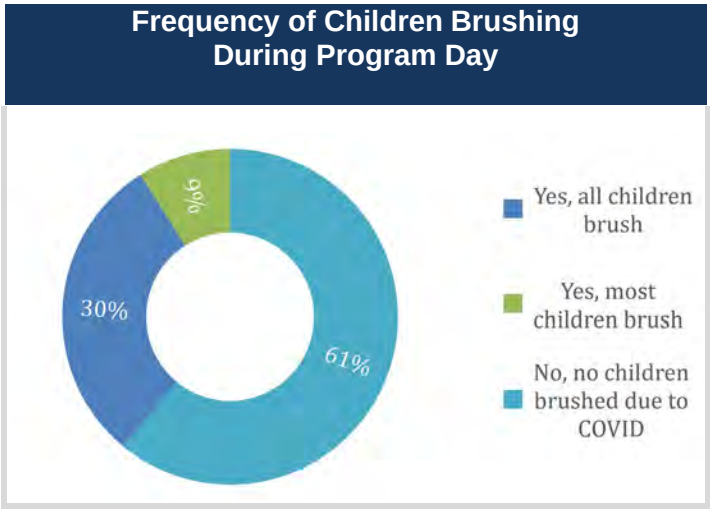


It should also be noted that respondents were asked how far they thought that their Early Head Start/Head Start families would be willing to travel in order to access pediatric dental services. The figure above captures the results with the 90% of respondents saying that their families would be willing to travel less than 10 miles (63%) and greater than 10, less than 25 miles (27%).



Toothbrushing during the Pandemic

With the current pandemic occurring, respondents were also sent a separate survey to further investigate how the pandemic is affecting the toothbrushing routine. 39% of respondents indicated that 'yes', most or all children are brushing their teeth in conjunction with meals but 61% of respondents stated that because of COVID, there was 'no teeth brushing' while in program. Out of these 61% of respondents, 87% are giving children a toothbrush and toothpaste to take home to use. When asked about other practices, respondents were also providing a monthly toothbrush log with stickers, daily lessons on oral health for children, and weekly lessons for families, and included siblings in the toothbrush and toothpaste distribution. Other respondents stated that they will start to phase in toothbrushing starting in the winter or when most of their staff are vaccinated.



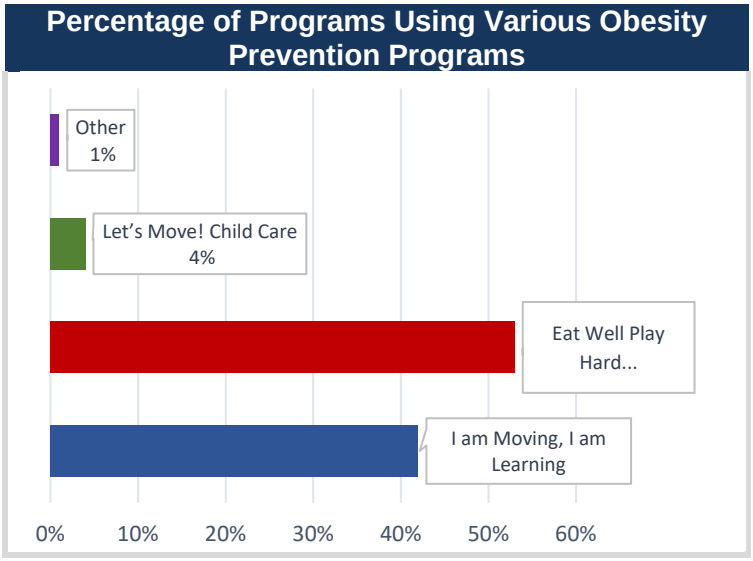
Medical Services

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 (15%, as compared to 12% with dental services) and less respondents having established a collaborative relationship (27%, as compared to 31% with dental services). A number of strengths related to the extent of involvement with different health care agencies and the ease with which different actions are performed were noted when asked to comment on what was going well in their efforts to address health care needs. These include:

- Strong relationships with medical providers in the area (16 respondents)
- Strong relationships with families (5 respondents)
- Family advocates have played a key role in following up with both medical and dental services (3 respondents)
- Zoom/Virtual services have allowed the organization to engage and improve attendance more easily with their Health Advisory Council and the parents (3 respondents).
- Partnerships with local county officials who helped to share the ever-changing COVID regulations, along with supporting (4 respondents)

However, some concerns were also apparent. For example, 36% of respondents indicated that arranging coordinated services for children with special health care needs was difficult or extremely difficult and 42% of respondents indicated that getting full representation and active commitment on Health Advisory Committees was difficult or extremely difficult. When asked specifically about how programming has improved or become worse due to the pandemic, respondents stated that they have felt that their organization has been able to get to know their families' needs better. The rest felt that their organizations' responses were worse due to the pandemic and the lack of medical staff/staff turnover, many health care agencies having limited hours and/or working from home, which impacted coordination and availability of services.

In addition to overall strengths and weaknesses, specific information regarding programs use of obesity prevention curricula was also gathered. The percentage of respondents indicating that their program currently uses *Let's Move! Child Care*, *Eat Well, Play Hard,* and *I am Moving, I am Learning Need* is shown in the accompanying figure.
Additionally, 94% of participating programs have a nutritionist or registered dietician approve menus and meet with parents as needed. Sixty seven percent of respondents shared that they would like more information about obesity-prevention programs.



Specific information regarding services for pregnant women was also collected. Seventy percent of respondents whose centers serve pregnant women also indicated that their center screens for maternal depression, with 60% starting these screenings prenatally. Tools currently in use at these centers for screening for maternal depression are listed in the table below. When asked about their Early Head Start centers, 69% 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 nine percent of respondents indicated that they would like more information about attaining this designation.

Other Obesity Prevention Programs
CACFP
Cornell Cooperative with Public Health Nurse
Color Me Happy
Health care Institute on Obesity
Provide dance and swimming
Nutritionist provides workshops

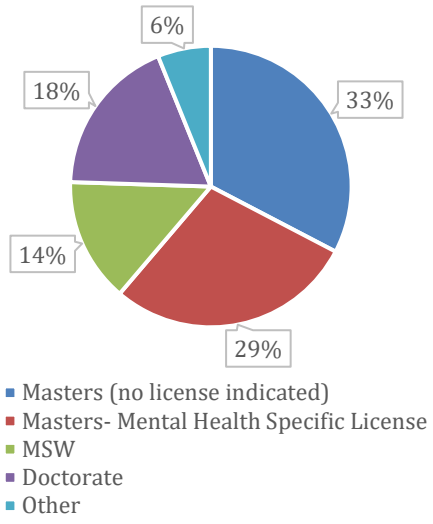
Maternal Depression Screening Tools
Edinburgh Postnatal Depression Scale (13)
Patient Health Questionnaire (PHQ-3) (2)

Reasons Cited for Not Holding a CACFP Designation as Breastfeeding Friendly
Provide home-based services only (1)
Just starting Early Head Start services (1)
Do not hold designation but consider their program breastfeeding friendly (1)

Mental Health Services

Within the context of health services overall, Head Start programs appear to have the most difficulty working with mental health services. Thirty-one 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 (43%), state agencies providing mental health prevention and treatment services (29%), and agencies/programs that conduct mental health screenings (20%). Comments shared by respondents also suggest that some agencies are having difficulties finding mental counseling services for preschool aged children, which has now been exacerbated by the pandemic.

Level of Education Held by Mental Health Providers



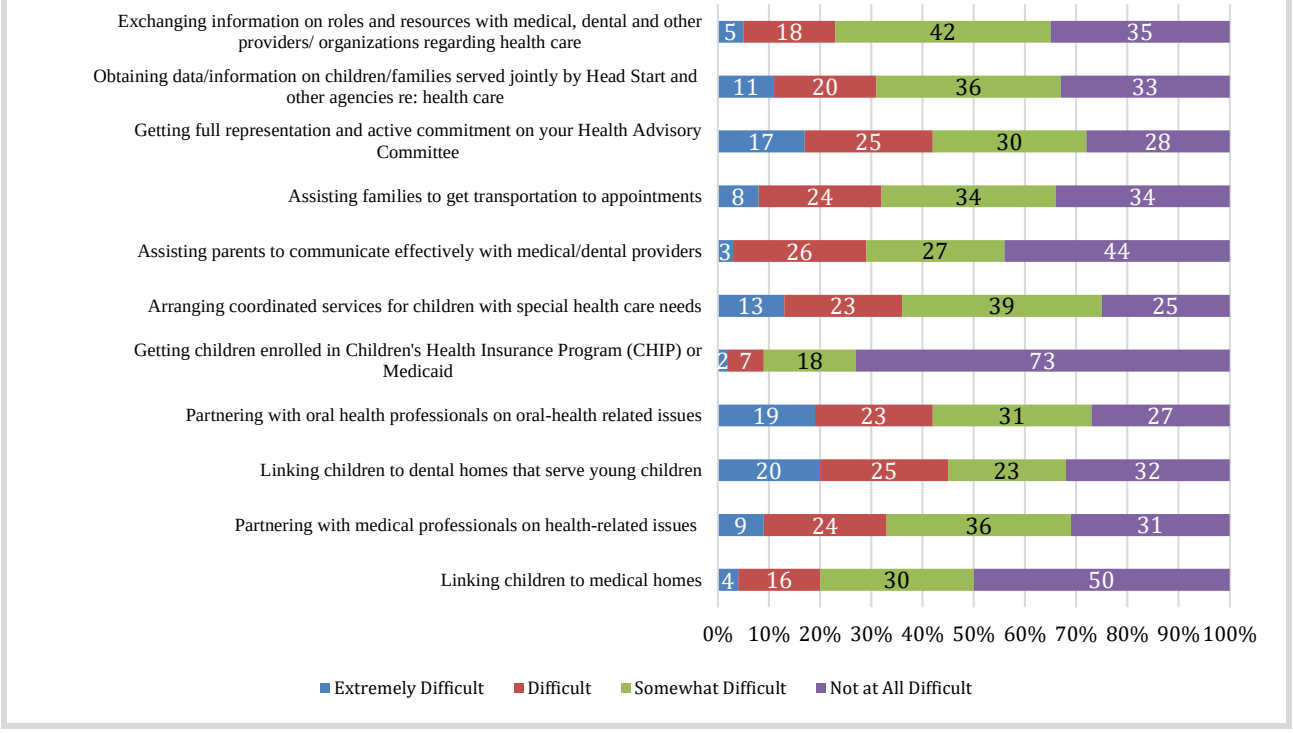
Ninety-four percent of respondents indicated that a mental health professional is currently meeting program needs, with the other 6% of programs currently having a vacancy for this position. Of those programs with mental health providers, 11% have mental health professionals employed by their agency and 89% 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) or other mental health specific licenses, such as mental health counseling, while others have a doctorate in areas such as psychology and social work.

Change Over Time. In comparison to the 2020 Needs Assessment[7], the extent of involvement with various health care agencies has remained relatively stable. However, some changes in the level of difficulty experienced by agencies when engaging in health care-related tasks were noted. Results suggest that assisting parents to communicate with medical/dental providers has become easier, as the percent of respondents rating this activity as 'not at all difficult' increased by 15% since the previous assessment. Linking children to medical homes and partnering with medical professionals on health-related issues appears to have become more difficult, with a 19% decrease rating these activities as "not at all difficult".

Summary of Overall Findings in the Health Care Section

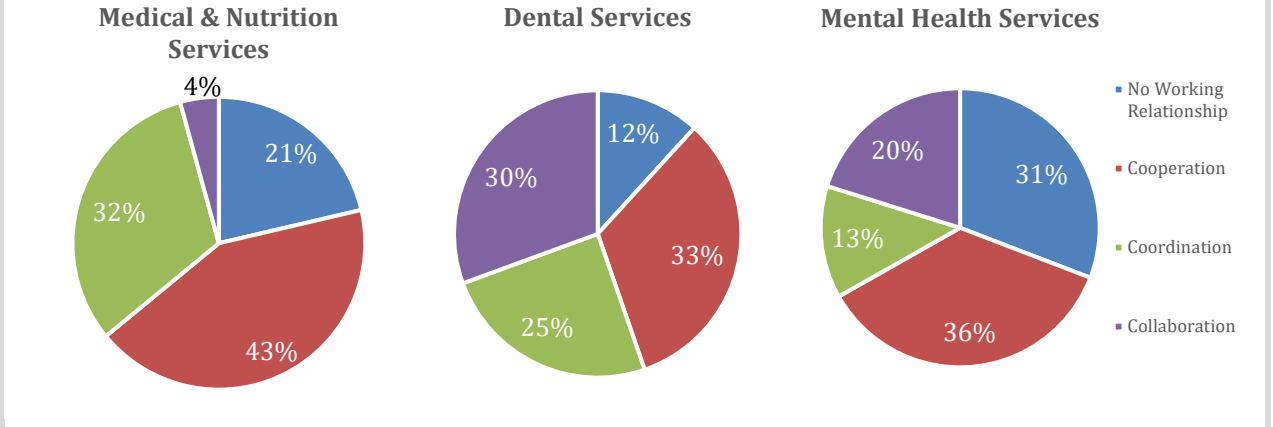
The following figures and tables summarize the data collected in the survey in the area of health care services.

Level of Difficulty Engaging in Different Health care Related Activities



[7] Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.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 A.

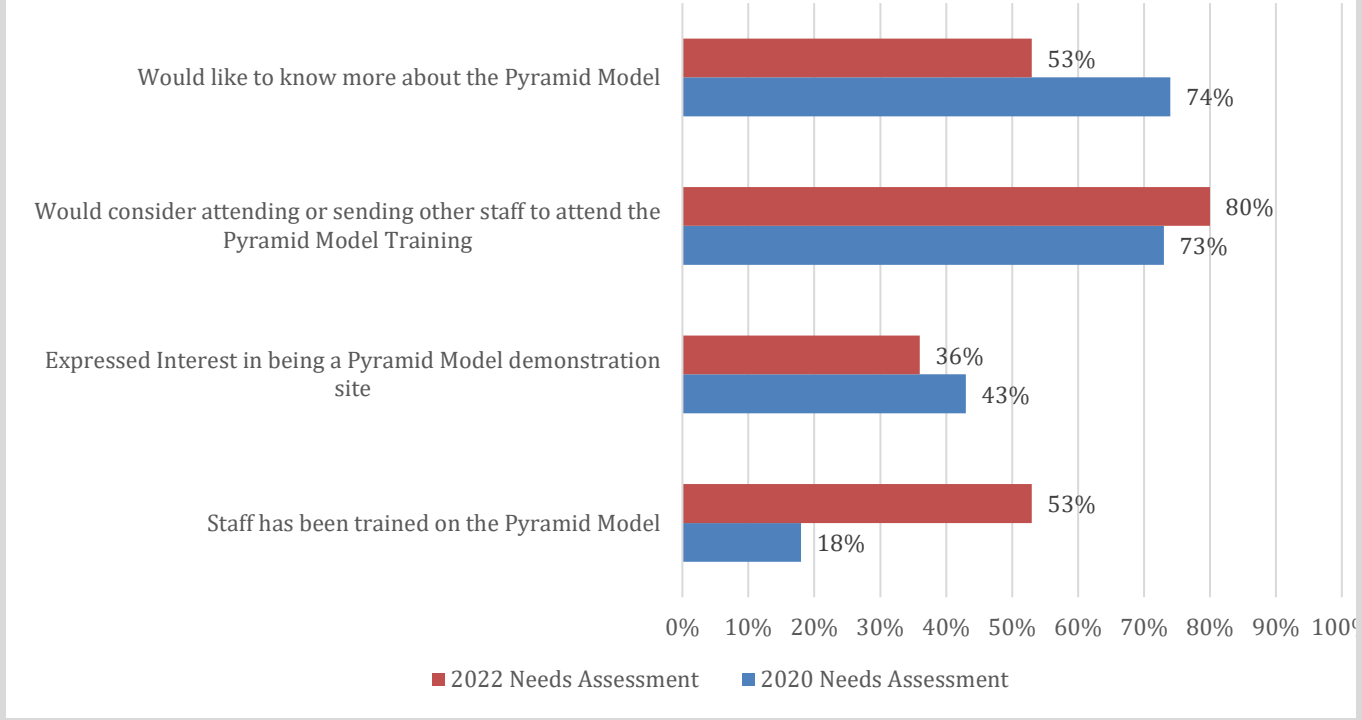
Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[8]	
What is working well	**Other issues**
• Constant communication with parents and their medical providers (12) • Helping to track medical forms, appointments and communications between the health care providers and families (4) • Actively engaged in the Health Advisory Committee (3) • Purchasing a vision screening machine to screen in house. • A local bilingual pediatrician joined several town halls with families to discuss the vaccine hesitancy • Providing information about COVID 19, accessing testing, care if infected, and the vaccine to families. • Expanding meetings and activities to the virtual realm has bridged the gaps in engagement/attendance. Also offering topics based on family's interests. • Onsite consultants such as a Registered Nurse, License Social Worker who provide direct and linkages to other service providers. (2) • Having an established relationship with county health services, or nearby clinic and their staff through a written partnership for expedited care (9)	• Appointments being scheduled months out and then canceled, children missing their yearly physicals, therefore now being on a catch-up schedule for immunizations (3) • Not receiving the needed paperwork from the medical providers' offices in a timely fashion. • Parents resisting immunization requirements (including COVID 19 and Flu) (2) • Difficulties related to families' immigrant status, such as language barriers, difficulties obtaining health care, or obtaining necessary documentation (2) • Lack of providers in rural areas (1) • Medical forms that are confusing or misaligned with Head Start requirements (1)

[8]Respondent comments were paraphrased; numbers in parentheses next to comments indicate the number of agencies that expressed similar ideas.

Pyramid Model Implementation in NY

The Pyramid Model addresses challenging behavior through promoting social-emotional development, including strategies to both prevent behavior that is considered challenging and to support appropriate behavior. This model was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and 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. There has been a huge increase in the adoption of the Pyramid Model. In the 2020 Needs Assessment, only 18% of the respondents indicated that their staff was trained on the model. When asked for this Needs Assessment, 53% of respondents indicated that their staff are trained on this model, **an increase of 35%** since the last Needs Assessment. Fifty-three percent of respondents stated that they would like to learn more about the Pyramid Model and 80% would consider attending or sending other staff to attend trainings on this topic. Additionally, 36% expressed interest in potentially being a Pyramid Model 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 to implement the Pyramid Model to fidelity.

Utilization of the Pyramid Model 2020 versus 2022



Number of Staff that Attended Pyramid Model Module Trainings January 2016-December 2021[1]		
Pyramid Model Module	**Number of Early Head Start Participants[2]**	**Number of Head Start Participants[2]**
Infant Toddler 1	385	121
Infant Toddler 2	276	81
Infant Toddler 3	226	65
Preschool 1	94	1135
Preschool 2	68	813
Preschool 3	41	585
Total	**1090**	**2800**

[1] this does not include those trained by the Head Start TTA System.
[2] based on participant module evaluation submission

The total number of Early Head Start and Head Start staff that have attended the Pyramid Model module trainings is 3,890 which is an increase of 1,895 participants since the 2020 Head Start Needs Assessment.

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	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. Conduct Early Childhood Oral Health Summits.
Mental Health Services	Establishing relationships with state agencies providing mental health prevention and treatment services	Educate the EHS and HS agencies on how to access local mental health screening and service providers. 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

This section addresses three unique areas: 1) staff qualifications, 2) the pandemic's influence on the workforce; and 3) respondent's 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 all areas. Notable changes from the 2020 Needs Assessment are also presented along with PIR data from 2019.

Head Start Staff Qualifications

	2019		2021	
	Classroom Teachers	**Assistant Teachers**	**Classroom Teachers**	**Assistant Teachers**
PRESCHOOL STAFF (HS and MHS)				
Total staff	**2,418**	**3,512**	**2,279**	**2,939**
Advanced degree in early childhood education, or a related field with relevant teaching experience	1,067 (43%)	63 (2%)	952 (42%)	79 (3%)
Baccalaureate degree in early childhood education, or a related field with relevant teaching experience	1,054 (42%)	491 (14%)	946 (42%)	370 (13%)
Associate degree in early childhood education, or a related field with relevant teaching experience	133 (11%)	617 (18%)	252 (11%)	501 (17%)
Child Development Associate (CDA) credential or state-awarded certification/license that meets these requirements	69 (3%)	1,303 (37%)	93 (4%)	1,235 (42%)
No degree or certification	25 (1%)	1,038 (30%)	36 (2%)	753 (26%)
INFANT & TODDLER STAFF (EHS and MEHS)				
Total staff	**1,639**	**-**	**1,583**	**-**
Advanced degree in early childhood education, or a related field with relevant teaching experience	68 (4%)	-	69 (4%)	-
Baccalaureate degree in early childhood education, or a related field with relevant teaching experience	281 (17%)	-	297 (19%)	-
Associate degree in early childhood education, or a related field with relevant teaching experience	389 (24%)	-	328 (21%)	-
Child Development Associate (CDA) credential or state-awarded certification/license that meets these requirements	664 (41%)	-	729 (46%)	-
No degree or certification/license	237 (14%)	-	160 (10%)	-

HOME VISITORS				
Total staff:	462	-	481	-
Home-based CDA credential, or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	430 (93%)	-	403 (84%)	-
Home visitors with no degree or certificate	32 (7%)	-	78 (16%)	-
No degree or credential but enrolled in a degree or credential program that would meet the above qualifications	21 (66%)		35 (35%)	
FAMILY CHILD CARE PROVIDERS				
Total staff:	**238**	**-**	**262**	-
Family Child Care CDA, or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	197 (83%)	-	222 (85%)	-
Family Child Care Providers with no degree or certificate	41 (17%)	-	40 (15%)	-
No degree or credential but enrolled in a degree or credential program that would meet the above qualifications	29 (71%)	-	32 (80%)	-
CHILD DEVELOPMENT SPECIALISTS				
Total staff:	**44**	**-**	**67**	-
Baccalaureate degree in child development, early childhood education, or a related field	37 (84%)	-	60 (90%)	-
Child Development Specialists with no degree or certificate	7 (16%)	-	17 (26%)	-
No degree or credential but enrolled in a degree or credential program that would meet the above qualifications	2 (3%)	-	16 (94%)	-

Data from the 2019 and 2021 New York PIR data indicate that many Head Start education staff have attained an educational degree or certificate related to their field of work. This is particularly true of individuals working as teachers and child development specialists. In 2021, 95% of all classroom teachers, in the Head Start and Early Head Start programs have some type of credential. Also, there is a significant decrease of 4% of classroom teachers not holding any degree, certificate or licenses in Early Head Start between 2019 and 2021. 84% of home visitors have some credential. Assistant teachers, however, are more likely to have no degree or certificate, though there is an increase of 4% between 2019 and 2021 of assistant teachers holding some type of degree or certificate. The ratio of non-credentialed family child care providers has remained about the same. The percentage of home visitors without a degree or certificate almost doubled between 2019 and 2021. Improvements have been made in the percentage of non-credentialed preschool assistant teachers since the 2020 Needs Assessment, with figures decreasing from 28% in 2018 to 26% in 2021. Despite more staff being qualified, progress can still be made.

Pandemic Impact on the Workforce

In February 2021, an additional survey was distributed to Head Start and Early Head Start programs about how the pandemic has affected their workforce and classroom closures.

Out of 280 programs, 72 (26%) indicated that they had staff who left between March 2020 and December 2020. The three top reasons teachers/teaching assistants left:

1) the vaccine mandate
2) financial reasons and
3) other (non-COVID related reasons).

Administrators and other staff top three reasons for leaving were:

1) death
2) other (non-COVID related reasons)
3) masking mandate

Programs were also asked about, on average, how often did they have to close a classroom during this time period, with the majority indicating between 1-5 times. Over 57% of these classroom closures were due to positive COVID cases and a quarantine was required. Other reasons included not being able to recruit and enroll enough children to open all of the classrooms and also relocation of classrooms due to school districts needing the space.

The same questions were asked for the time period between January 2021 and December 2021, the second year of the pandemic. Twenty-three percent of the programs indicated that they had staff leave during this time period, with 36% of the programs losing between 1-10 staff members. The top three reasons for teachers and teaching assistants leaving were:

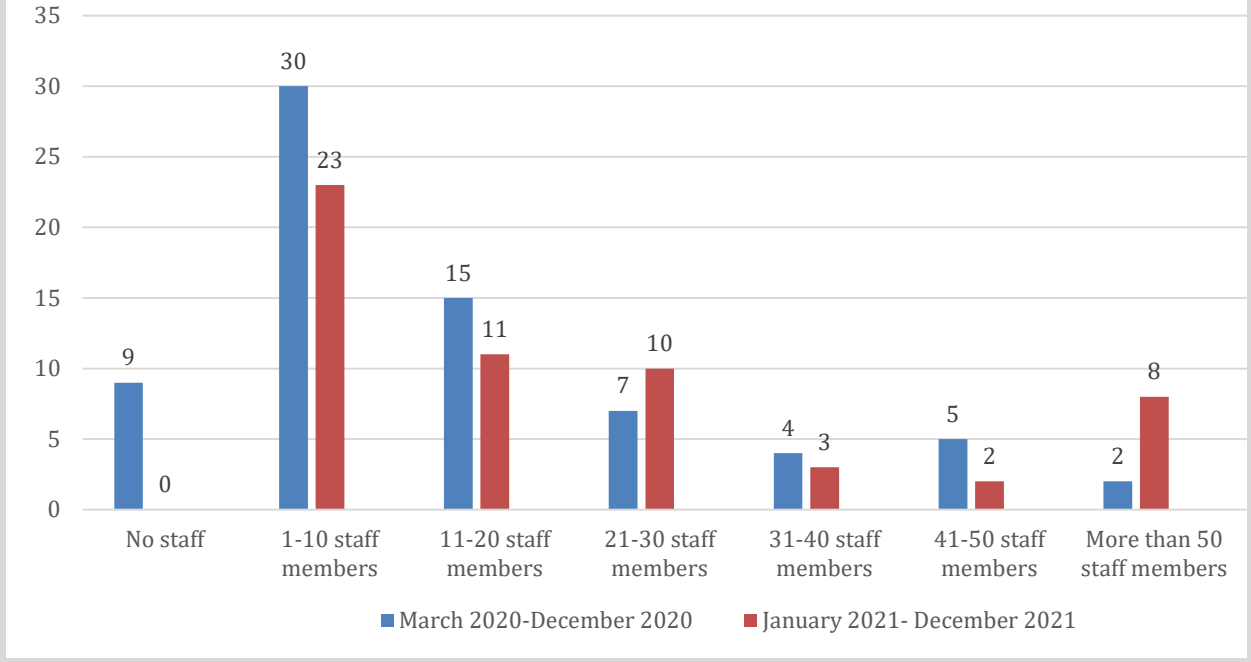
1) the vaccine mandate
2) masking mandate
3) family reasons

For administrators/other staff, the top three reasons were:

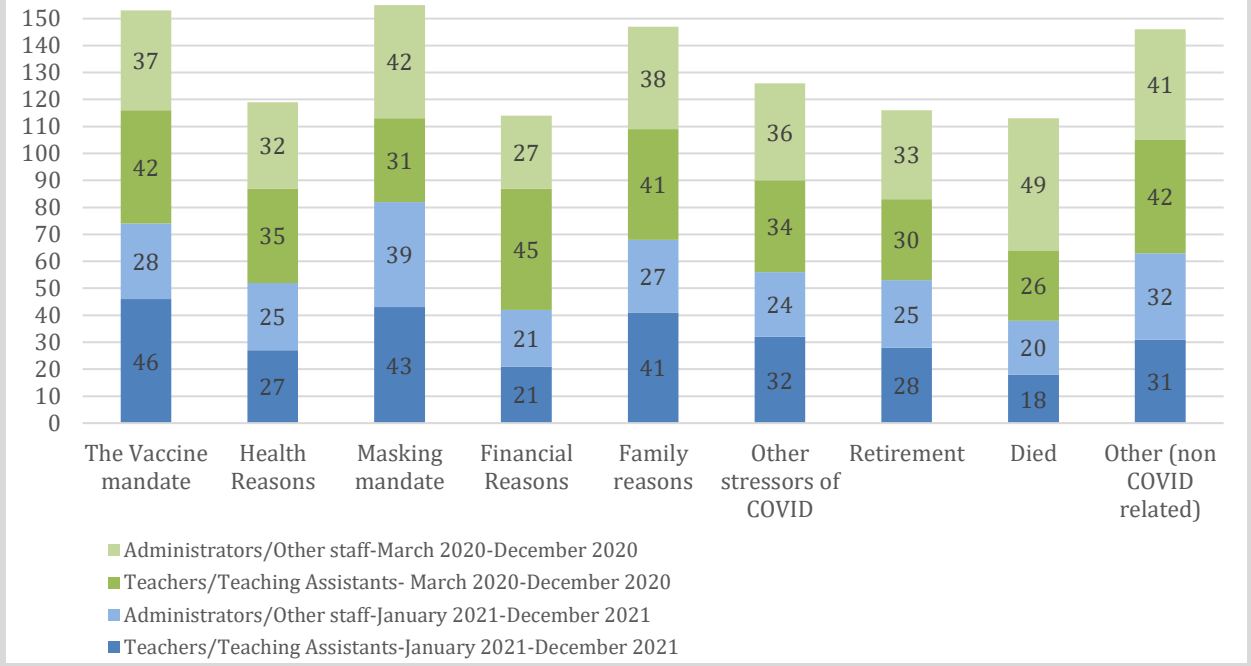
1) the masking mandate
2) other (non-COVID related)
3) the vaccine mandate.

Twenty five percent of the 63 programs closed a classroom 11-20 times, due to a positive COVID case and quarantine was required. Closing a classroom due to a staffing shortage did increase during this time period by 9% compared to the pervious time period. Other reasons for closing a classroom included low enrollment, the school district closed the building that the program was located in, and facility issues such as no heat or hot water.

Approximate Number of Staff Who Left During COVID



Reasons Why Staff Left



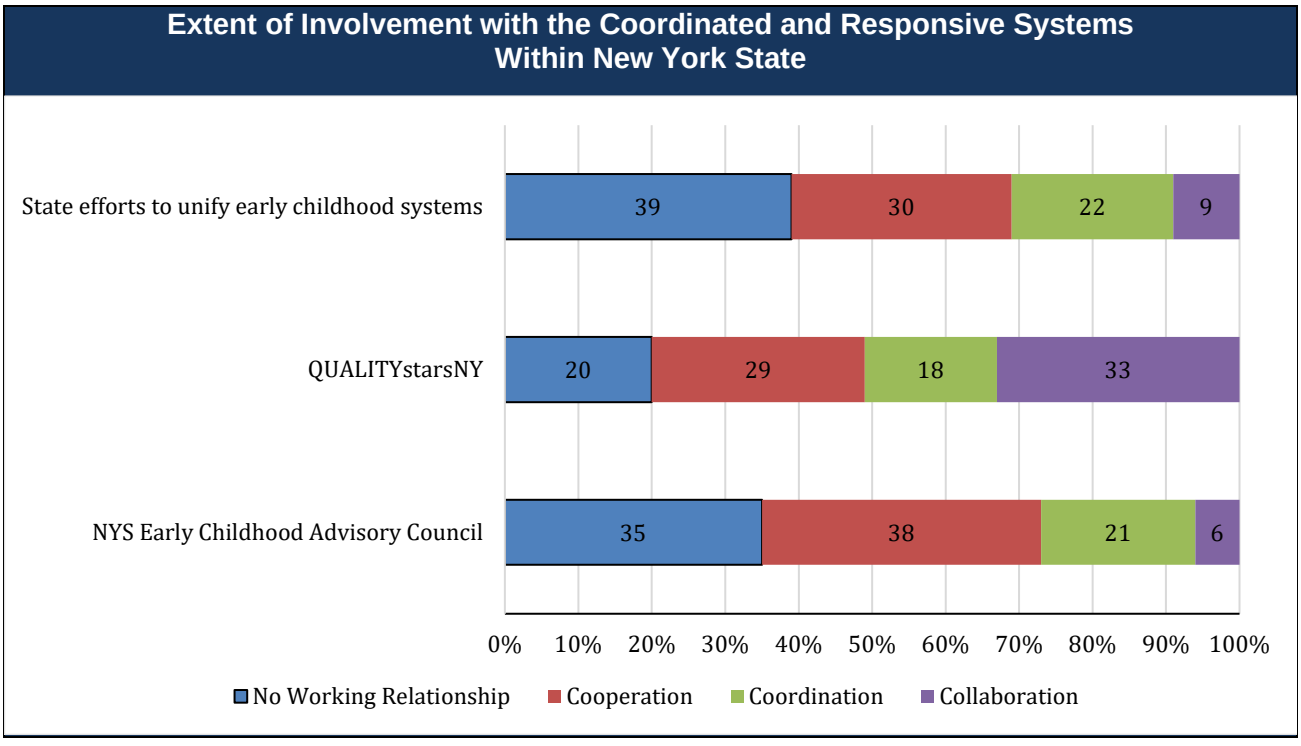
As of February 2022, 59% of program still had closed classrooms. Of these programs, 54% were closed due to staffing issues, due to teachers leaving for better pay and benefits, and/or program not being able to hire qualified teachers.

Summary of Results

The results of the Early Childhood Systems Development and Education Needs Assessment suggest that early childhood systems development and education is a challenging area for Head Start programs. Approximately 39% of respondents shared that they have 'no working relationship' with state efforts to unify early childhood data systems, which is understandable as NY doesn't not have a unified early childhood data system. Furthermore, the level of difficulty encountered when engaging in different activities related to these organizations was relatively high, with greater than 80% reporting experiencing some level of difficulty with state efforts, QUALITYstarsNY and the New York State Early Childhood Advisory Council.

The results from the survey about the pandemic's impact on the workforce, workforce challenges were echoed in webinars and phone conversations with programs and regional office staff.

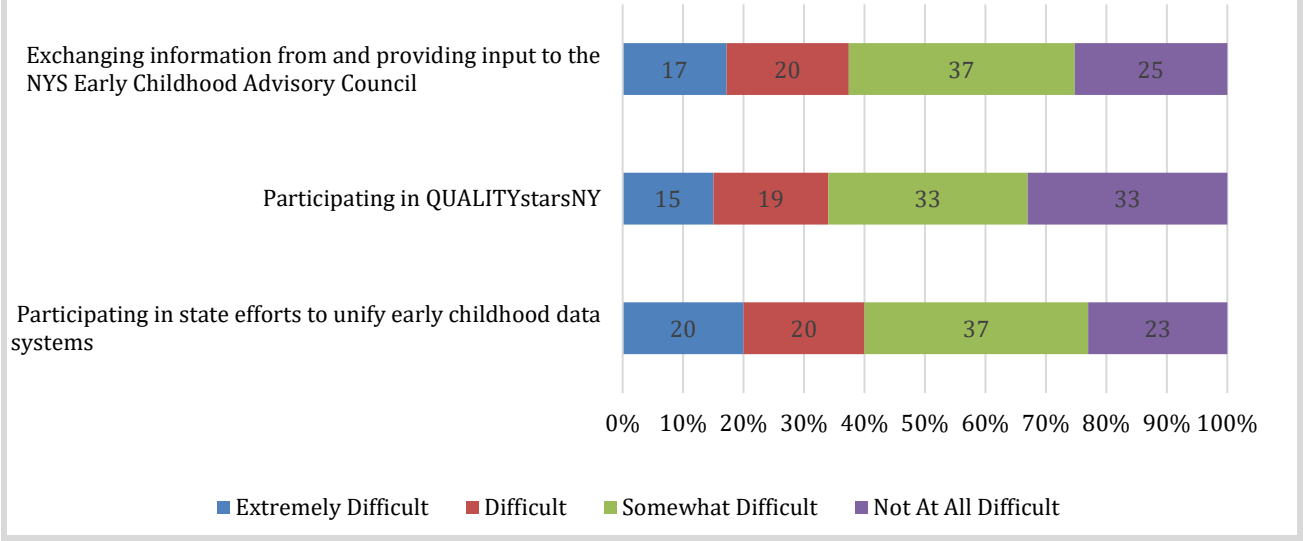
Change Over Time. Since the 2020 Needs Assessment[9], the extent of involvement with different early childhood organizations has improved. QUALITYstarsNY and the NYS Early Childhood Advisory Council have increased relationship levels, with 80% and 65% of respondents reporting some kind of relationship with both, where only 50% of programs reported this level of relationships in the 2020 Needs Assessment. The level of difficulty engaging in activities related to early childhood systems development and education remained relatively stable.



Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.pdf

The number after each statement in parentheses represents the number of times that comment was made by a Head Start program in the current needs assessment survey.

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. There has been an increase in funding of $45 million over the next 3 years.	• Involvement in, and participation with, state efforts to unify early childhood data systems • Involvement in, and participation with, QUALITYstarsNY • Involvement in, and participation with, the NYS Early Childhood Advisory Council

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[10]

What is working well	Other issues
• Working with the QUALITYstarsNY Quality Improvement Specialists and having their support (4). • Reaching out and working closer with organizations. • Resources, capacity of staff, changing regulations with COVID. • Networking meetings and collaboration with other programs including city initiatives (3).	• Technical issues with training portal PorTrax • Issues connecting with QUALITYstarsNY(3) • Issues brought on by the COVID-19 pandemic. • Staff shortages make it difficult to complete other duties outside of taking care of children. • Delayed responses from Aspire when needing technical support. • Professional Development certificates are not always accepted as qualified training. • Wait times around receiving background checks resulting in loss of potential staff.

[10]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	Work with the ECAC Data Development Team to create an early childhood data dashboard (Goal 9 on the ECAC strategic plan) Develop state unified CCRR and needs assessment
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, and assist with the kindergarten transition teams.
Involvement in, and participation with, the NYS Early Childhood Advisory Council	The Head Start Collaboration Director is the ECAC Co-Chair so this is an easy connection.

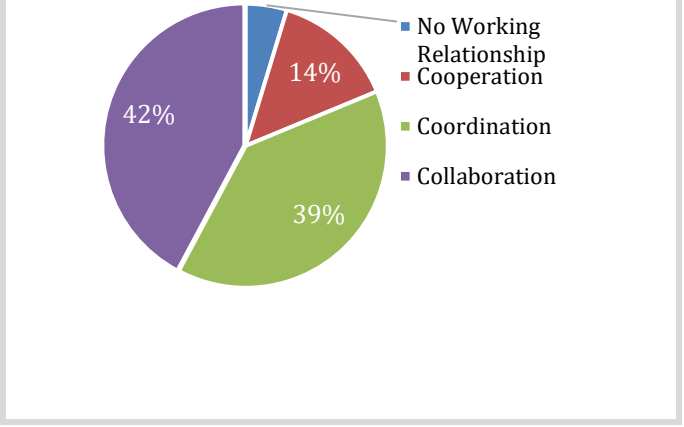
3. School Transitions & Alignment with K-12, Including School Readiness & Head Start Pre-K Partnership Development

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 2020 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 LEAs and that the majority have established collaborative relationships. Efforts to align the Head Start curricula and assessments with the Head Start Child Outcomes Framework was rated as relatively easy 90% rating of 'not at all difficult'. However, two activities in this area that do appear to be difficult for many Head Start programs is coordinating transportation with LEAs, and coordinating shared use of facilities with LEAs (45% and 38% rated this as 'difficult' or 'extremely difficult'. Both of these activities could be influenced by the ongoing pandemic, as many LEAs and Head Start programs were closed, and/or were participating in virtual learning.

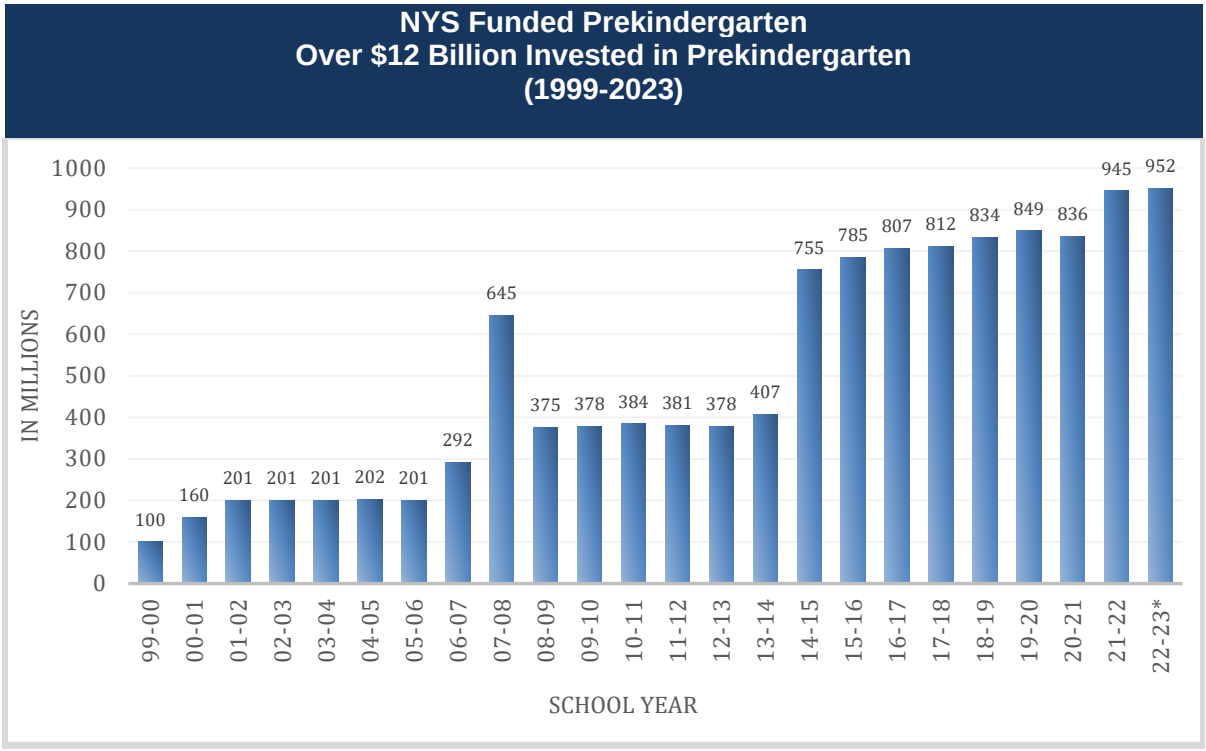
Extent of Involvement with LEAs regarding transition from Head Start to Kindergarten



Change Over Time. Since the 2020 Needs Assessment[11], unfortunately there has been a 4 % increase in 'no working relationship' between the Head Start programs and the LEAs. When asked if the pandemic has affected the relationship, Head Start programs mentioned that the relationship has been worse due to there being no in person contact with the public schools. Therefore, families could not take tours of the school, there were no in person open houses, and it was harder to reach staff by phone, as many were working from home.

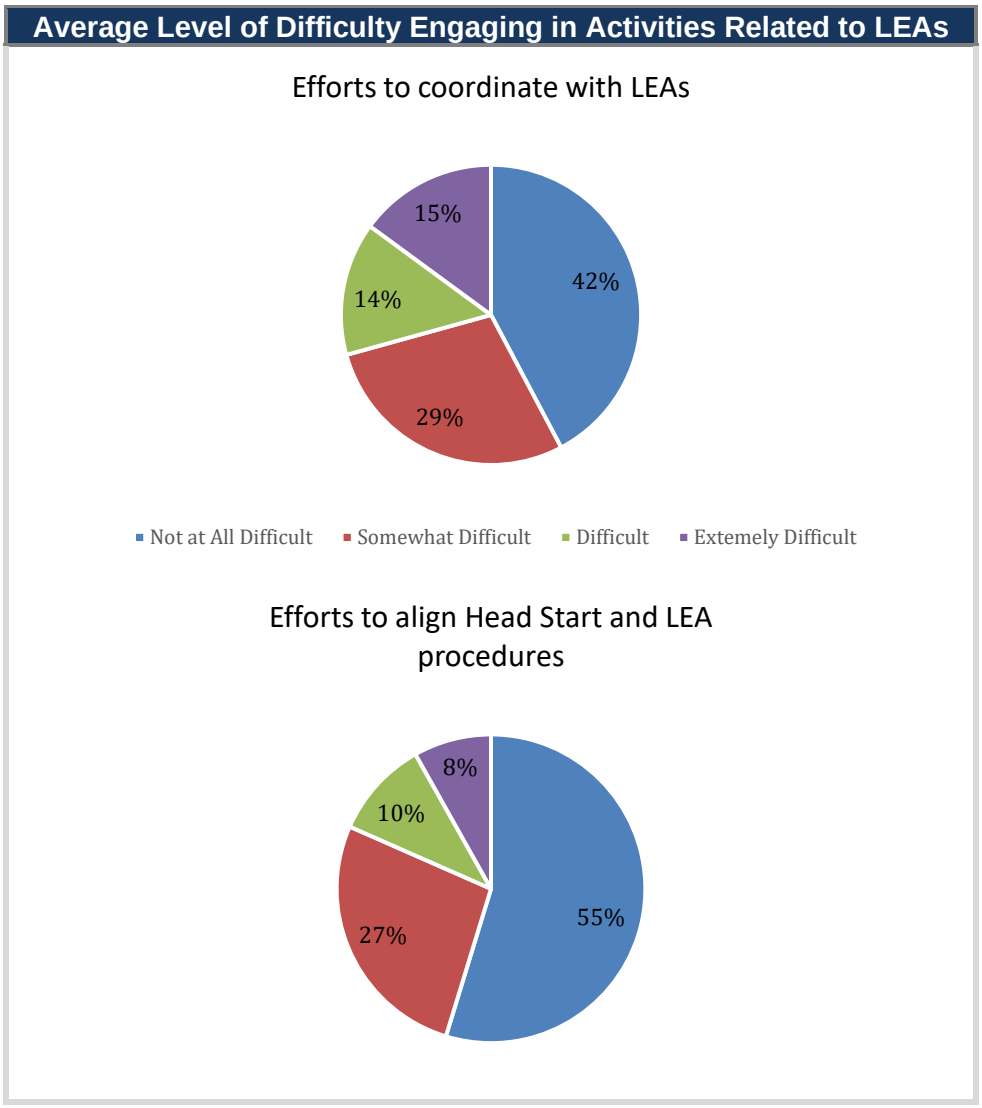
Expansion of PreK in New York The 2022 enacted New York State budget added an additional $105 million into universal prekindergarten for 4-year-old children, bringing the total spending to $955 million. The influx of new funding means that 623 out of 675 (92%) school districts now have prekindergarten allocation and provides an additional 14,000 full-day seats for four-year-olds. This has brought in challenges and new partnerships. Head Start programs that were ready and willing (and able) to partner with their LEAs have been able to cultivate incredible programs that combine the best of both Head Start and prekindergarten. But Head

Start programs that don't have positive partnerships with their local school districts to deliver some or all of the prekindergarten. Many Head Start programs have needed to shift to serving younger children in their Head Start program and some have lowered their enrollment numbers and/or converted slots to Early Head Start.



Source: https://nyassembly.gov/Reports/WAM/2022yellow/

If a grantee is struggling with prekindergarten collaboration they can contact the NYS Head Start Collaboration Director, Patty Persell, patricia.persell@ccf.ny.gov. Also, available on the website https://www.ccf.ny.gov/council-initiatives/head-start-collaboration-project/ are webinar recordings, and other resources that support prekindergarten/community based organization/Head Start collaborations.



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

School Readiness Goals

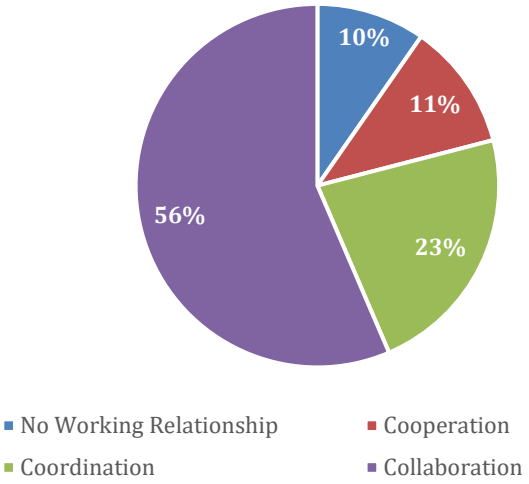
When respondents were asked about having written school readiness goals for 3–5-year-old children, 96% of them responded 'yes'. Out of these respondents, 94% share these goals with their parents, but only 65% share them with their school districts. When asked, 100% of all respondents indicated that their agency's school readiness goals address the domains of language and literacy development, cognition and general knowledge, approaches to learning, physical wellbeing and motor development, and social and emotional development. This is a significant improvement since the 2020 Needs Assessment.

Activities Related to Memorandum of Understandings (MOUs)

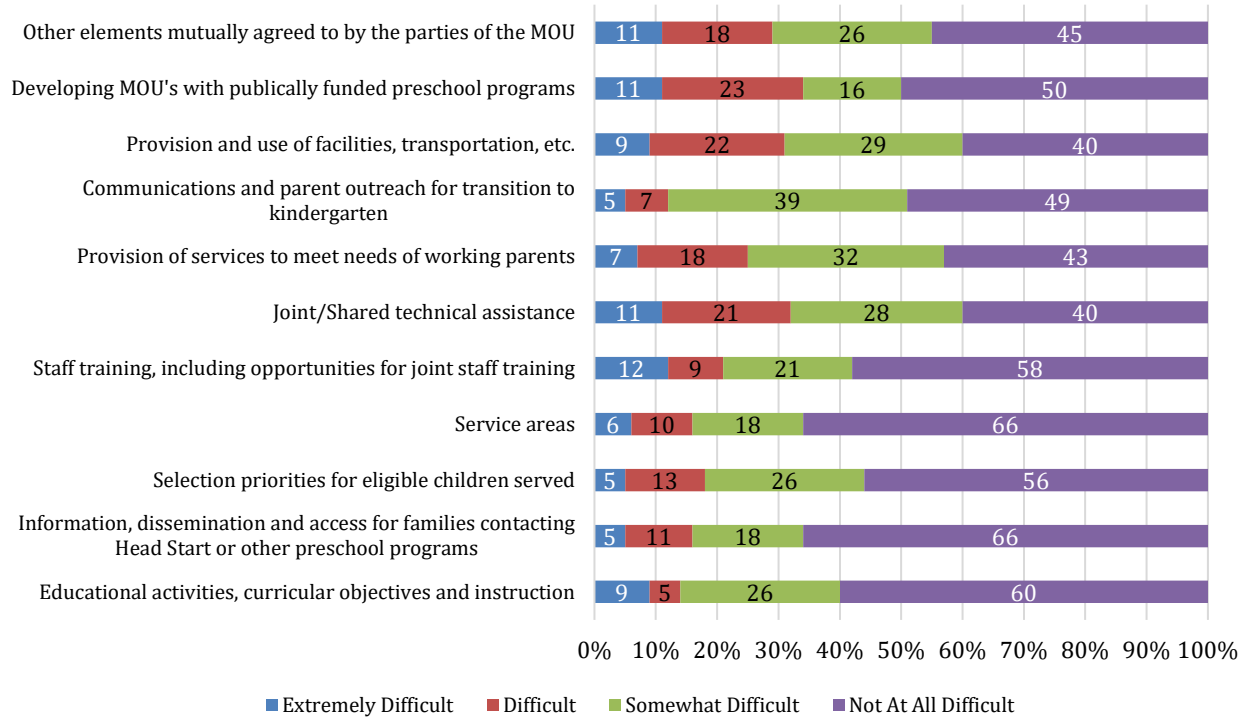
The results of the Needs Assessment suggest that activities related to the MOU are a relative strength for Head Start programs. Only 10% of respondents described having 'no working relationship' with the appropriate local entity responsible for managing publicly funded preschool programs and 56% described 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 PreK programs has remained relatively stable since 2020.

Extent of involvement with the appropriate local entity responsible for managing publicly funded preschool programs with regards to MOUs



Level of Difficulty Engaging in Activities Related to MOUs



Transitions: Into and Out of Head Start and Alignment with K-12

Respondents were asked to identify perceived obstacles to transitions due to the pandemic. Respondents mentioned that a lot of the transition activities shifted to a virtual format, which made it easier for families to attend (not having to transport themselves to the meeting place) and harder for other families due to lack of technology and/or a quiet space to meet virtually. Another notable comment was that the pandemic created an opportunity to work together (the program and school district) around safety protocols and contact tracing, allowing relationships to grow in a new way.

Obstacles to Achieving Smooth Transitions Between Programs	
Transitions from Early Head Start to Head Start	**Transitions from Head Start to School**
• Limited openings in the HS program, especially in the middle of the program year (3) • More difficult transition from home-based services to center services (2) • Lack of coordination between agencies • Maintaining eligibility (3) • Gap in services due to children's birthdays • Finding documentation to reapply for Head Start program	• Lack of cooperation/communication between HS and schools (3) • Transition from CPSE to CSE IEP • Language barriers of ELL parents • School zoning issues • Many school districts in agency's service area/different processes (4)

Respondents were also asked about if they have classroom space to expand their program services if additional funding became available. Thirty-seven percent of respondents indicated that they 'do have space', where as 63% indicated that they did not have space. Forty-seven percent of the respondents indicated that they partner with school districts to provide preschool instruction. While the majority (85%) of the districts partner with 3 districts or less, there are some programs that partners with multiple school districts.

Summary of Overall Results

The following figures and tables summarize the data collected in the 2022 Needs Assessment survey in the area of school transition and alignment with K-12.

School Transitions and Alignment with K-12 Strengths and Challenges[12]	
Strengths	**Challenges**
• Strong relationship with school districts; they look to us to provide information around transitioning, including steps for kindergarten registration (9) • Children and parents used to visit public school's classrooms and receive a mini workshop (2) • Family workers help to complete the paperwork for kindergarten registration • Setting up time to meet with LEAs (2) • Using every family event throughout the school year to talk about transitions and follow up with children and families after they transition from our program	• Little to no LEA participation in transition/Not invited to transition meetings from CPSE to CSE • LEAs duplicate screening, assessment and curriculum approaches that may not align with HSELOF • Confusion around asking for parental position when children are duly enrolled • No clear transition process of assessment data

[12]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	
Area for Improvement	***Action Steps***
Developing MOUs with publicly funded preschool program (NY State Education Department)	Revise the current State Disabilities MOU. Conduct more CBO/UPK collaboration webinars.
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. Expand B5 grant with activities like the P3 Summer Institute and the Kindergarten Transition Team building.
Transitioning between EHS and HS – limited availability of openings in HS programs at time of transition	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 federal 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. Ensure parents know they have the freedom to choose and understand the benefits of Head Start.
Misalignment between district and HS standards	Share more widely the 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 summits 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, including their local BOCES.

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 2020 Needs Assessment are presented, along with data from the 2021 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

	2021	
POPULATION	**# Children[1]**	**% Children**
Head Start & Migrant Head Start		
Enrolled children with an Individualized Education Plan (IEP)	5,367	17%
Enrolled children with an IEP who did not receive special education services	144	3%[2]
Enrolled children with the following primary disabilities	-	-
Health impairment	57	.2%
Emotional disturbance	16	<.1%
Speech/language impairment	1,164	4%
Intellectual disabilities	27	<.1%
Hearing impairment	8	<.01%
Orthopedic impairment	27	<.1%
Visual impairment	3	<.02%
Specific learning disability	111	.3%
Autism	119	.4%
Traumatic brain injury	1	<.01%
Non-categorical/developmental delay	3,476	11%
Early Head Start & Early Head Start Migrant Programs		
Enrolled children with an Individualized Family Service Plan (IFSP)	1,263	11%
Enrolled children with an IFSP who did not receive early intervention services	18	1.43%[3]

[1] Total cumulative child enrollment 2021 = 43,509
[2] Percentage reflects percent of # enrolled children with an IEP
[3] Percentage reflects percent of # enrolled children with an IFSP

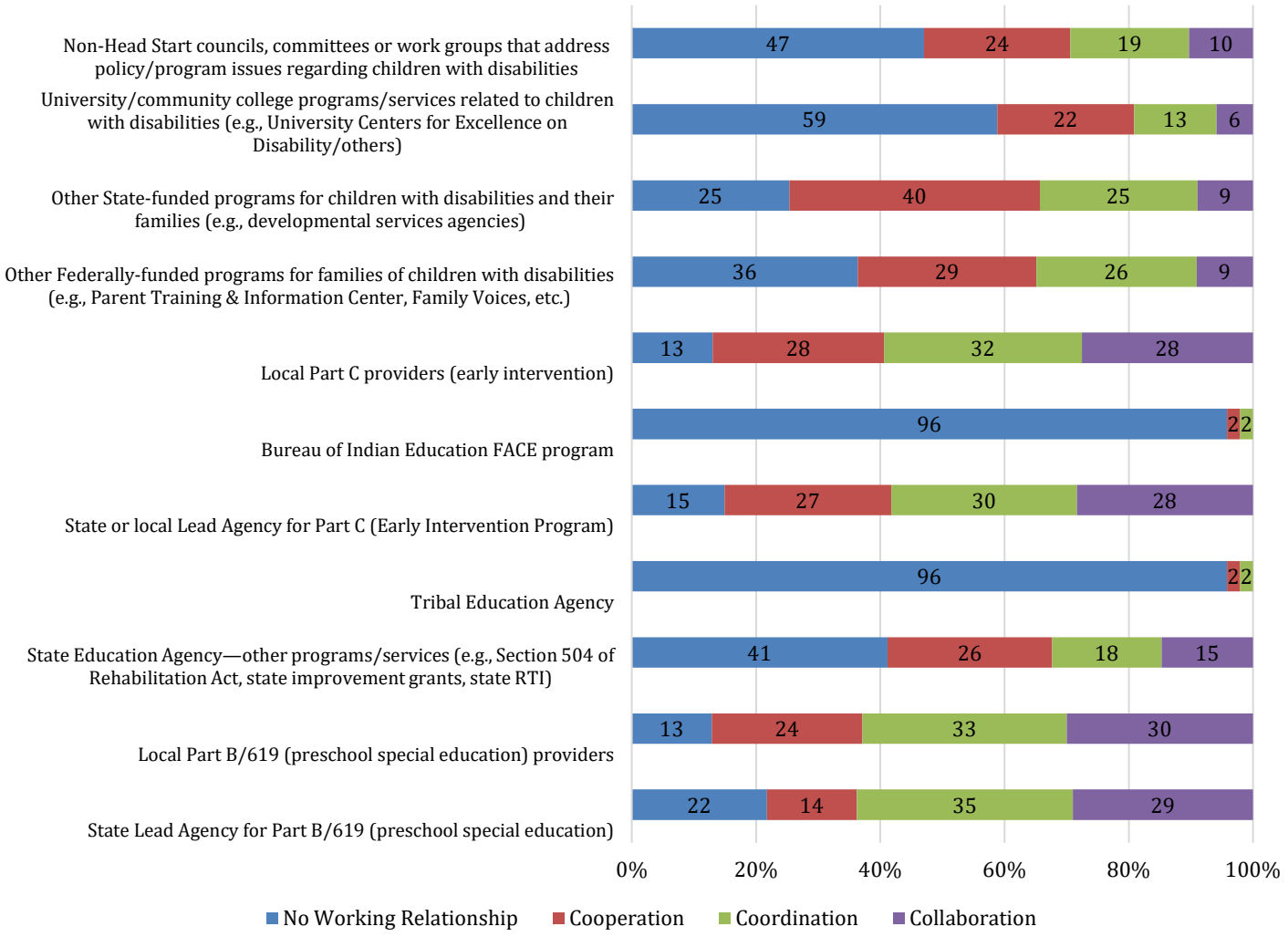
According to the 2021 PIR, 17% of children enrolled in Head Start programs and 11% of children enrolled in Early Head Start programs participate in special education or early intervention services. This is a 3% decrease compared to the 2018 PIR data that showed that 20% of Head Start children participated in special education services. But there is an increase of 9% from 2018 to 2021 in how many children in Early Head Start participated in 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, which follows the trend captured in the 2018 PIIR data.

Summary of Results

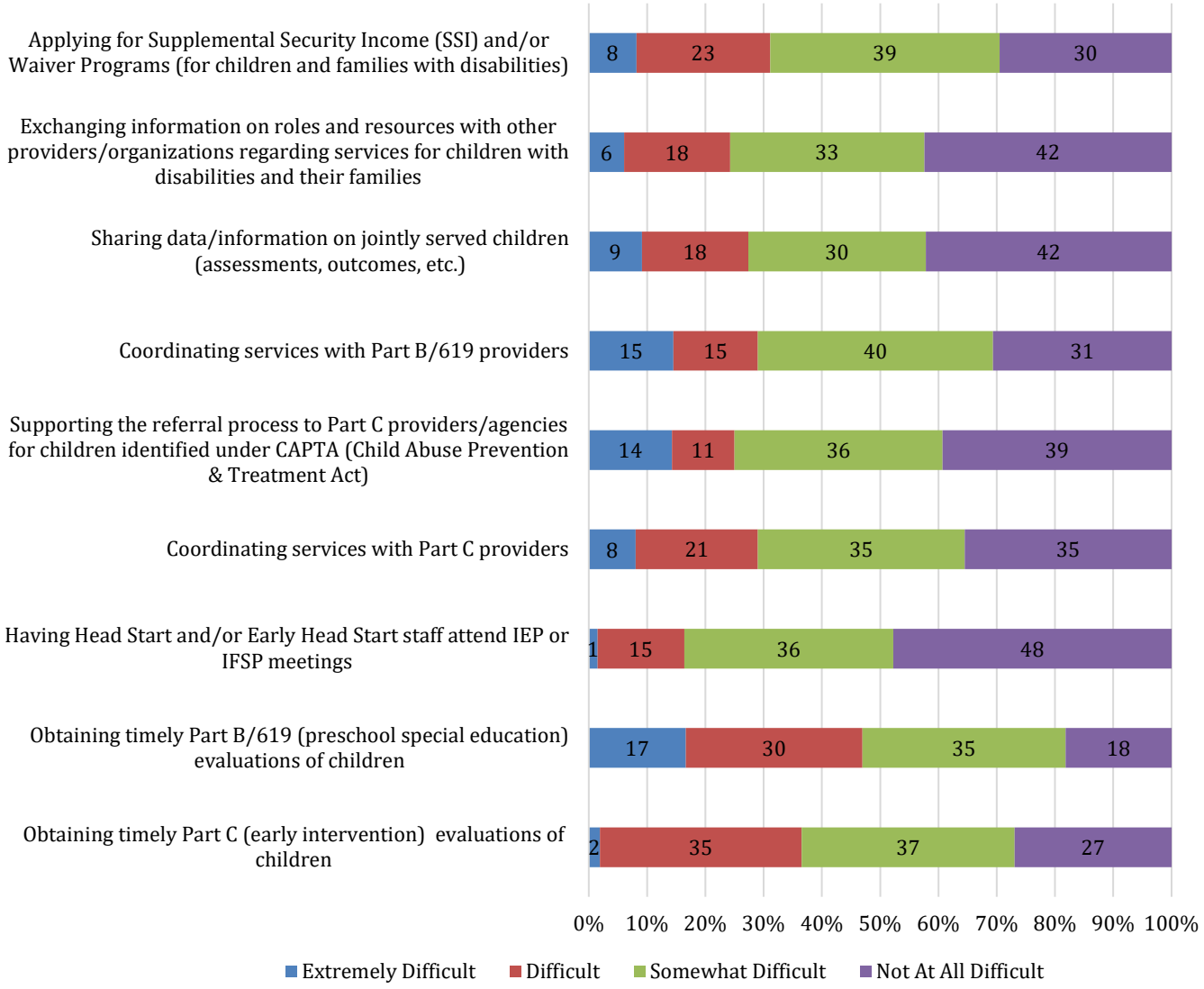
The results of the Needs Assessment Survey revealed strengths of Head Start programs in the area of services for children with disabilities. Responses suggest that having Early Head Start/ Head Start staff attend IEP or IFSP meetings is relatively easy and that the majority of Early Head Start programs 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 'coordinated' (32% and 30%, 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, likely a due to limited access to these programs in many areas. Other providers of disability services that 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 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 for children with disabilities, as well as obtaining timely Part B/619 (preschool special education) evaluations, were rated as 'difficult' or 'extremely difficult' by many respondents (31%, 47% respectively).

Change Over Time. In comparison to the 2020 Needs Assessment[16], 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 state lead agency for Part B/ 619 (special education) appear to have improved with increases in the percentage of respondents rating these relationships at the level of 'coordination' (12% and 11% increases, respectively). However, an increased percentage of respondents indicated having 'no relationship' with non-Head Start Councils, committees or workgroups that address policy/program issues regarding children with disabilities in comparison to the previous Needs Assessment (16% increase). Results also suggest that engaging in different activities related to disability services has become more difficult in few areas. For example, there were decreases from 2020 noted in the percentage of respondents rating the following activities as 'not at all difficult' obtaining timely Part C (early intervention) evaluations (16% decrease), having Head Start/Early Head Start staff attend IEP or IFPS meetings (17% decrease) and exchanging information on roles and resources with other providers (23% decrease). All of these decreases could be due to the ongoing pandemic.

Extent of Involvement with Various Disability Services



Level of Difficulty Engaging in Various Disability Services



Disability Services Strengths and Challenges

Strengths	Challenges
• Having Early Head Start/Head Start staff attend an IFSP or EIP meetings • Sharing data/information on jointly served children (assessments, outcomes, etc.) • Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families	• Obtaining timely Part B/619 evaluations of children • Coordinating services with Part B/619 providers • Supporting the referral process to Part C providers/agencies for children identified under CAPTA

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[17]	
What is working well	**Other issues**
• NYC DOE is a strong advocate and partner (3) • Making referrals to CPSE for special needs children for evaluation so that they can receive services. • Collaboration with therapists and other service providers (4) • Timely evaluations and Inclusion classrooms • Strong relationships with districts and EI (4) • Separate staff responsible for EI and CPSE coordination to develop stronger relationships. • Center staff and Special Services manager work together to assist parents in the referral process (3). • Establishing a working relationship with LEA's. • Disability Coordinator who arranges meetings, calls families to remind, ensures teachers attends meetings & networks with district. • Our agency provides social services and that gives families easy access.	• Difficulty communicating with CPSE (2) • Virtual service provision was challenging for a number of children (2). • Some LEAs are easier to work with than others. • The School District going remote - delayed implementation and follow ups with the families. • All agencies are short staffed-registrars, providers, and evaluators (5) • Medical providers in the area are not referring children to Child Find. • Families are hesitant to register for evaluations, yet more children are in need of them. • Access to supportive services has been impacted by extended wait times (7) • Services are difficult to obtain due to lack of in-person therapy (6) • The school districts that are partners have different processes and level of cooperation (2) • Shortage of dual language learner providers (3) • Securing documentation for registration at districts (2)

[17]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 SED OSE and others to strengthen connections to higher education. 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)	Suzanne Bolling is working on ways to make it more accessible for Head Starts to become 4410 programs.
Limited therapists available, particularly bilingual and specialized therapists	Connect the workforce to early childhood positions. Connect to Aspire data and Career Center job boards.

5. Professional Development

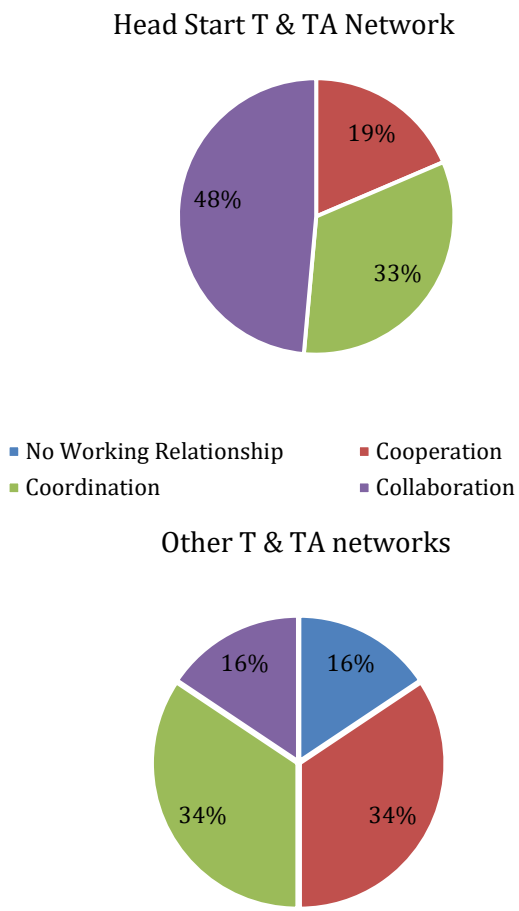
This section of the survey asked respondents to rate the extent of their involvement with various professional development providers and organizations during the past 12 months, as well as the extent to which they experienced difficulty in their efforts to participate in professional development opportunities. 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 2020 Needs Assessment are also presented, along with specific information regarding rates of membership of the New York State Head Start Association.

Summary of Results

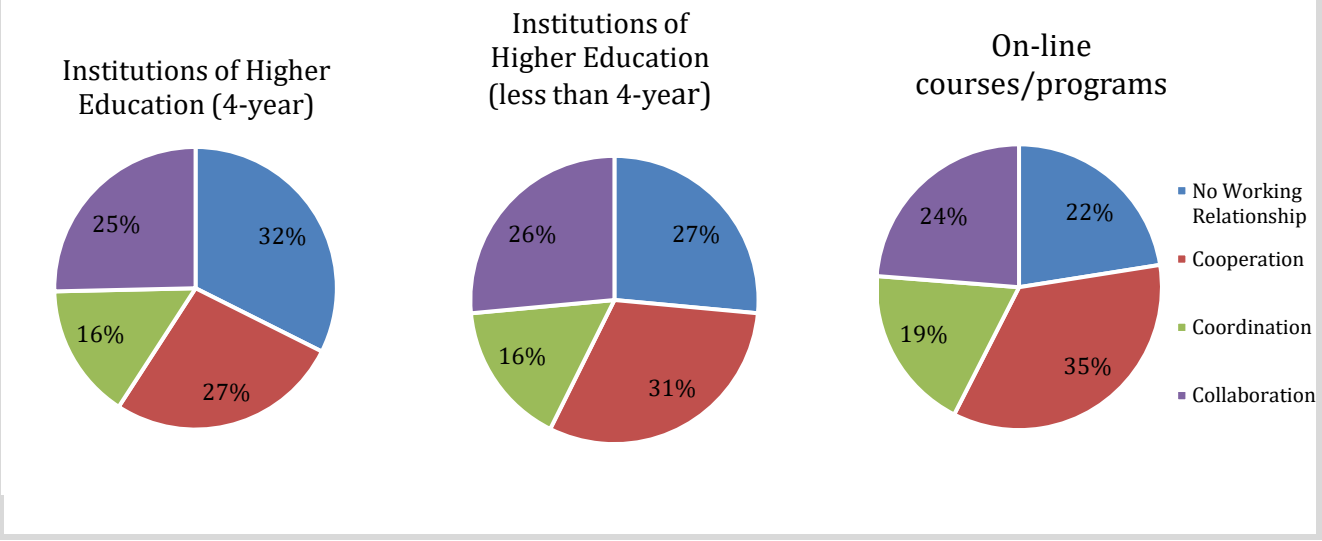
The results of the Needs Assessment revealed both strengths of Head Start programs in the area of professional development as well as challenges faced. Responses suggest that most programs have established relationships with the Head Start Training & Technical Assistance (T&TA) network, more than half of which were rated as being 'collaborative' in nature. Relationships with other T&TA networks do not appear to be as well established, with 16% 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 10% 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, and 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 (24%, 24%, and 23% reported having 'no established relationship', respectively.)

Extent of involvement with Head Start and other T & TA networks



Extent of Involvement in Different Types of Higher Education Programs



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 and allowing for staff release time to attend professional development activities (34% and 46% rated as 'difficult' or 'extremely difficult', respectively).

NY State Head Start Association. 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.

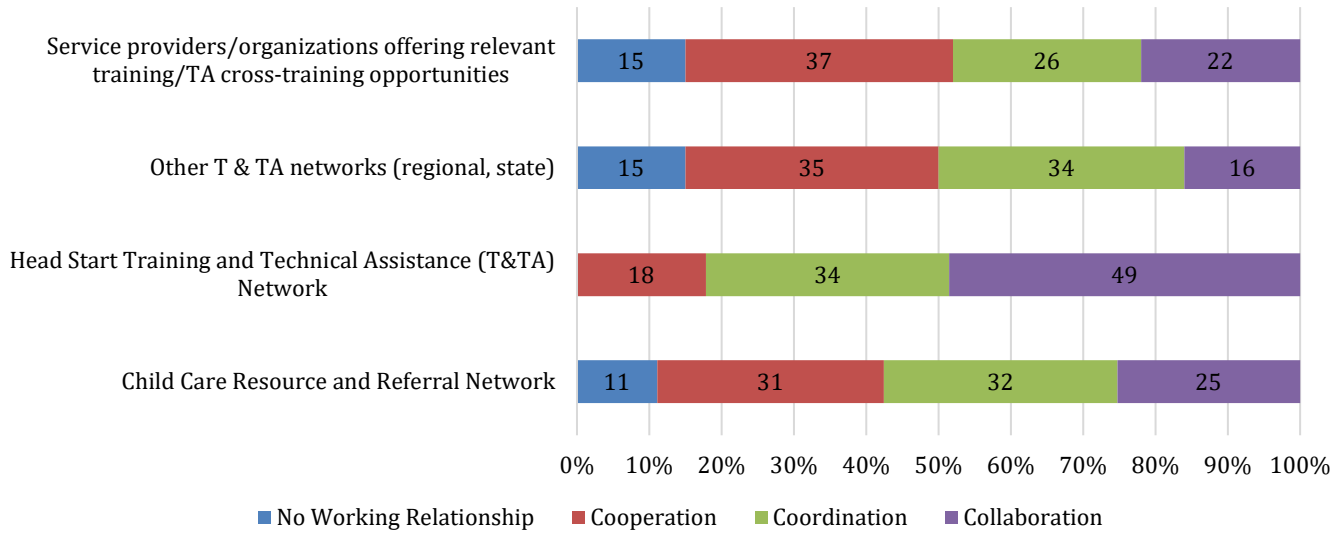
Reasons for Not Being a Member of NYS Head Start Association

- Unaware of NYSHSA or process for joining (2)
- Does not view NYSHSA membership as beneficial
- Unsure of the reason

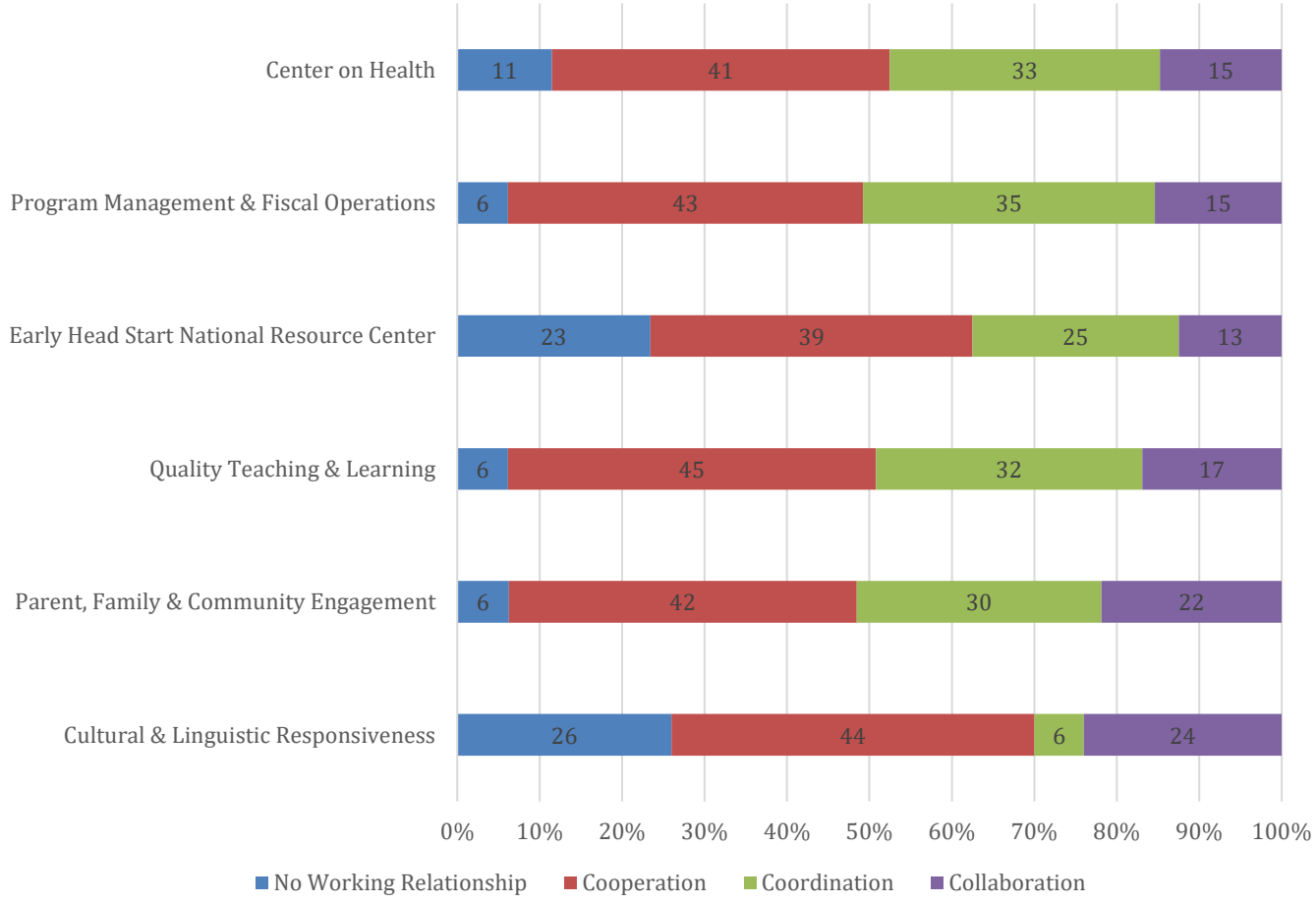
Change Over Time. Results suggest that the level of difficulty experienced by Head Start agencies when engaging in activities related to professional development has remained relatively stable since the 2020 Needs Assessment[18]. At the same time, several improvements were noted in the relationships 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 2020 (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.

[18] Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.pdf

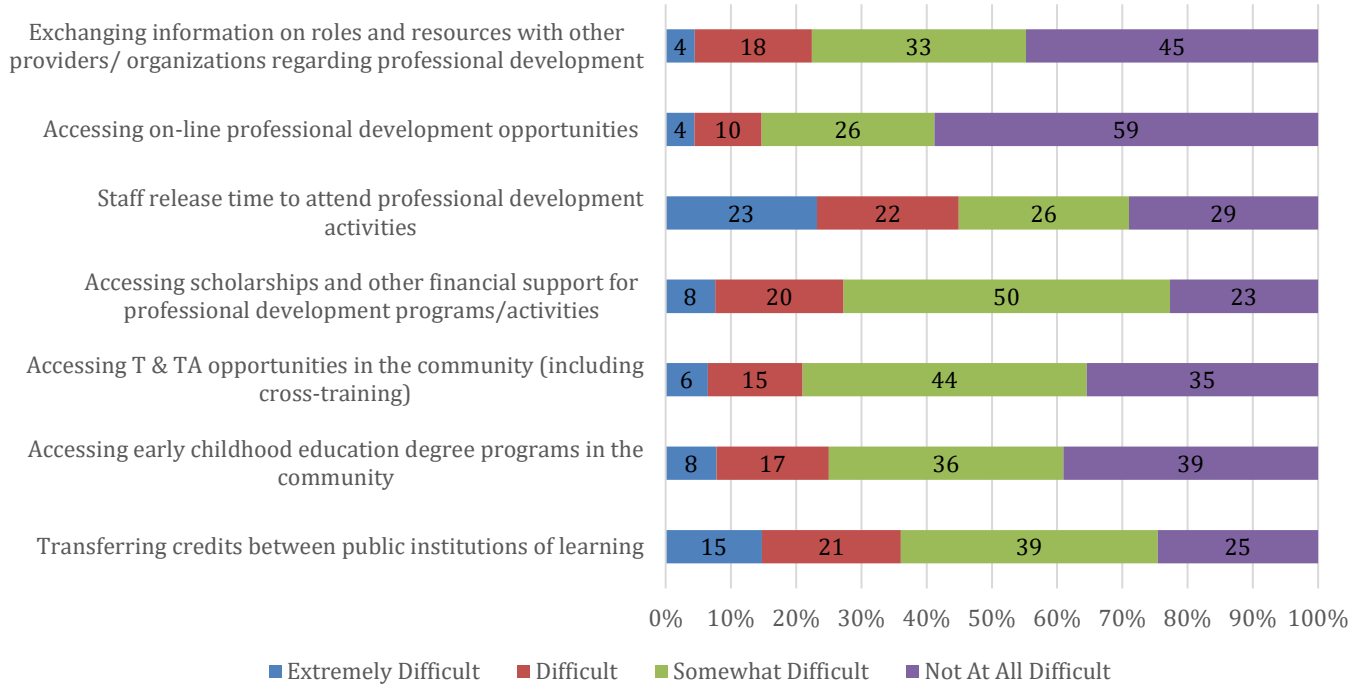
Extent of Involvement in Other Professional Development Programs/Services



Extent of Involvement in National Centers



Level of Difficulty Engaging in Professional Development Programs/Services



Professional Development Strengths and Challenges

Strengths	Challenges
• Establishing relationships with Child Care Resource & Referral Network • Establishing relationships with Head Start T & TA Network • Establishing relationships with service providers offering relevant training opportunities • Transferring credits between public institutions of learning • Accessing scholarships and other financial support for professional development activities • Establishing relationships with on-line programs	• Establishing relationships with national centers • Establishing relationships with cultural & linguistic responsiveness • Establishing relationships with Early Head Start National Resource Center

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[19]	
What is working well	**Other issues**
• Utilizing online resources/webinars (3) • Closing Head Start program once per month to allow for professional development needs • Partnerships with some of the colleges to support our staff in completing their education. (2) • Observation of staff, engaging staff to find out their individual and collective need. • Staff have a wonderful variety of opportunities for virtual training from NAEYC, NYAEYC, OHS National Centers, Aspire, etc. • Program adjusted well to virtual/remote sessions. • Providing in-house professional development tailored to teacher needs. • Staff establishes goals and we use Protraxx to help them attain their goals.	• Limited release time/resources to cover responsibilities to allow staff to attend professional development (3) • Limited professional development in certain areas of the state/unable to travel/cost with travel too high • Pandemic related limits on in person training (all staff vaccinated, limited space, difficult to do certain trainings virtually) (2) • Staff waiting to finish CDA requirements for in person observation. Short notice for professional development opportunities does not allow time to process purchase orders and process per diem payment • Differentiated training for teachers, assistant teachers and aides given educational background.

[19]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 higher education programs	Work on EarlyEdU partnerships in the state. Set up meeting with Niagara University to see if they are interested. Share information about Career Centers and Early Childhood scholarship at CUNY and SUNY
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 to HS/EHS directors.

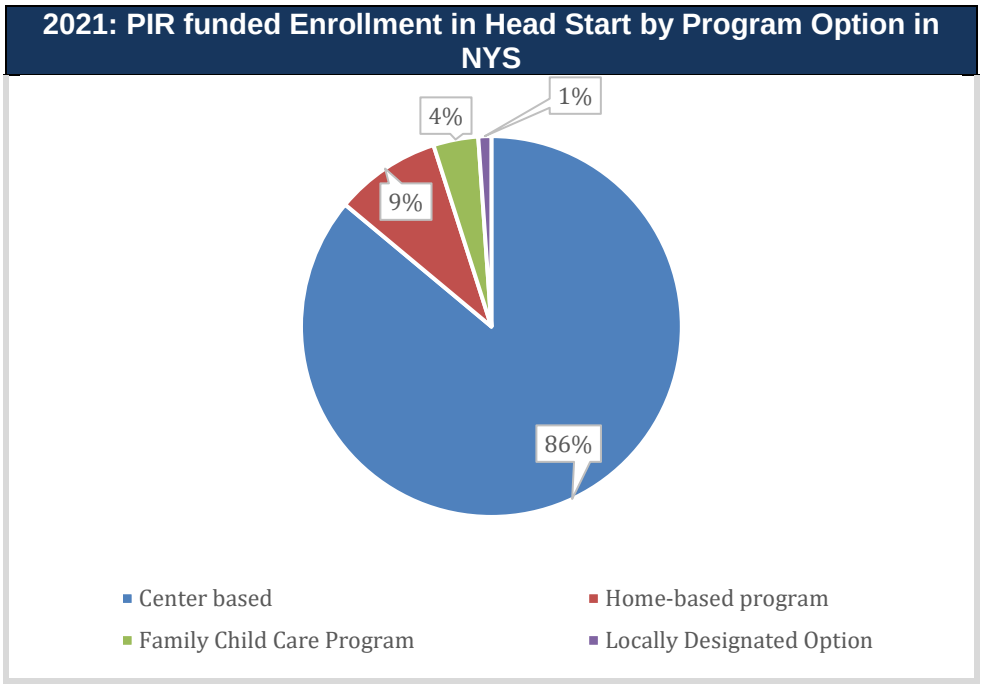
6. Child Care

In this section of the survey, respondents were asked to rate the extent of their involvement with various child care 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 child care to enrolled students and their families. Data retrieved from the 2021 PIR and the 2021 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 2020 Needs Assessment are presented.

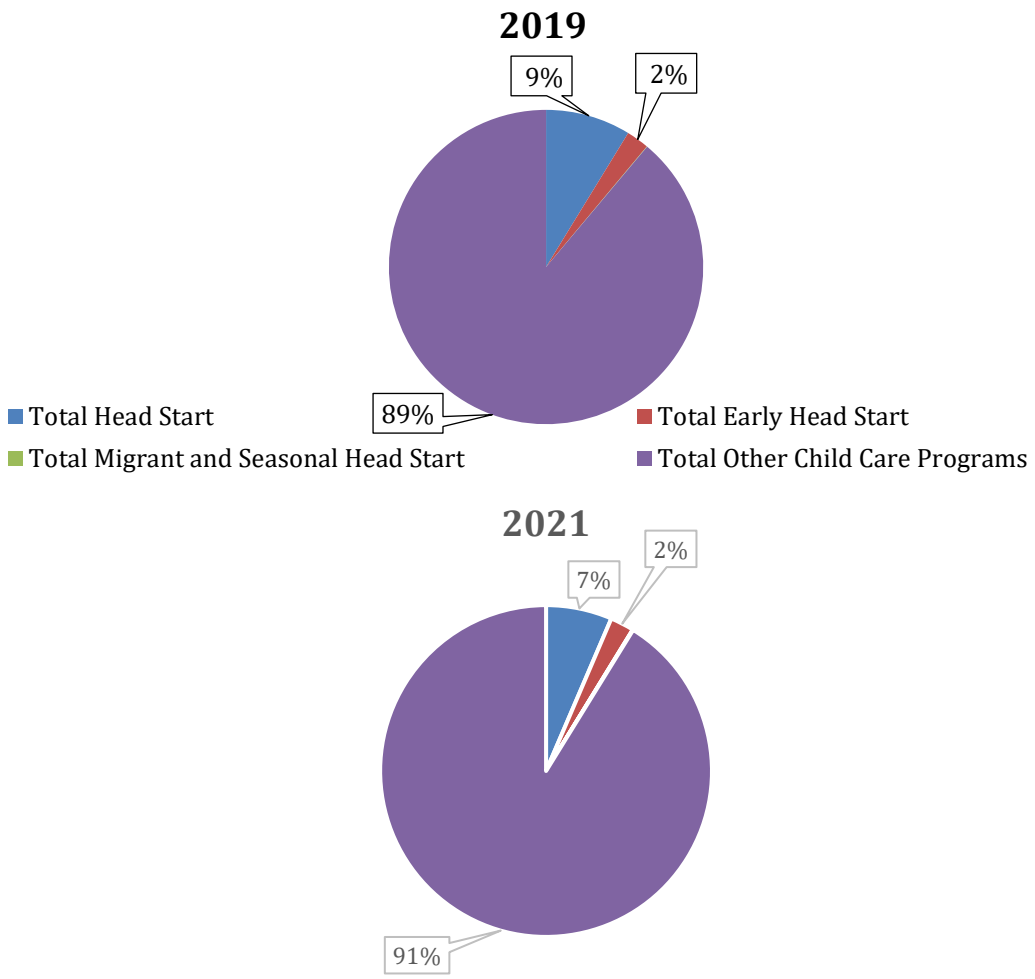
Enrollment in Different Child Care Programs Across New York State

The 2021 PIR indicates that center-based programs are by far the most prevalent Head Start program option in New York State, with 78% of enrolled children participating in this option. An additional 8% of enrolled children participate in a home-based program. Combination option programs, family child care programs, and local designed options are much less common, with 3% of enrolled children participating in these options combined.

Data from the most recent OCFS Child Care Facts & Figures 2021 (Appendix C) indicated that the maximum capacity of licensed and registered child care providers was 450,731, while the total Head Start program enrollment according to the 2021 PIR was 43,509. Given that the PIR provides the total cumulative enrollment while OCFS provides the maximum capacity, the following figure provides only a rough estimate of Head Start slots within the context of child care in New York. According to this rough estimate, Head Start slots make up approximately 9.6% of New York's child care slots.



Total Slots/Children in Head Start Programs Compared to Total Enrollment in Other Child Care Programs in NYS in 2019 and 2021



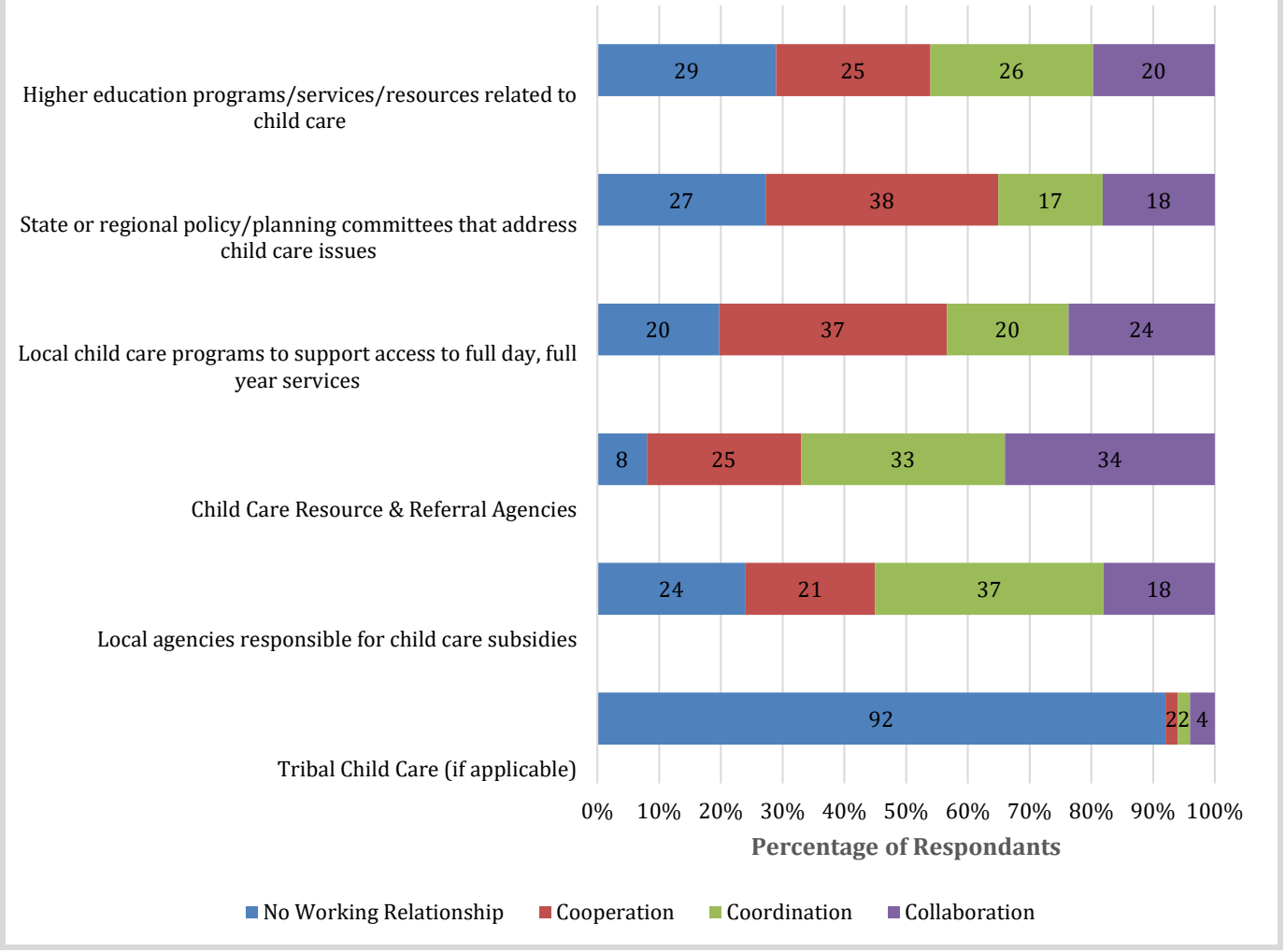
Summary of Results

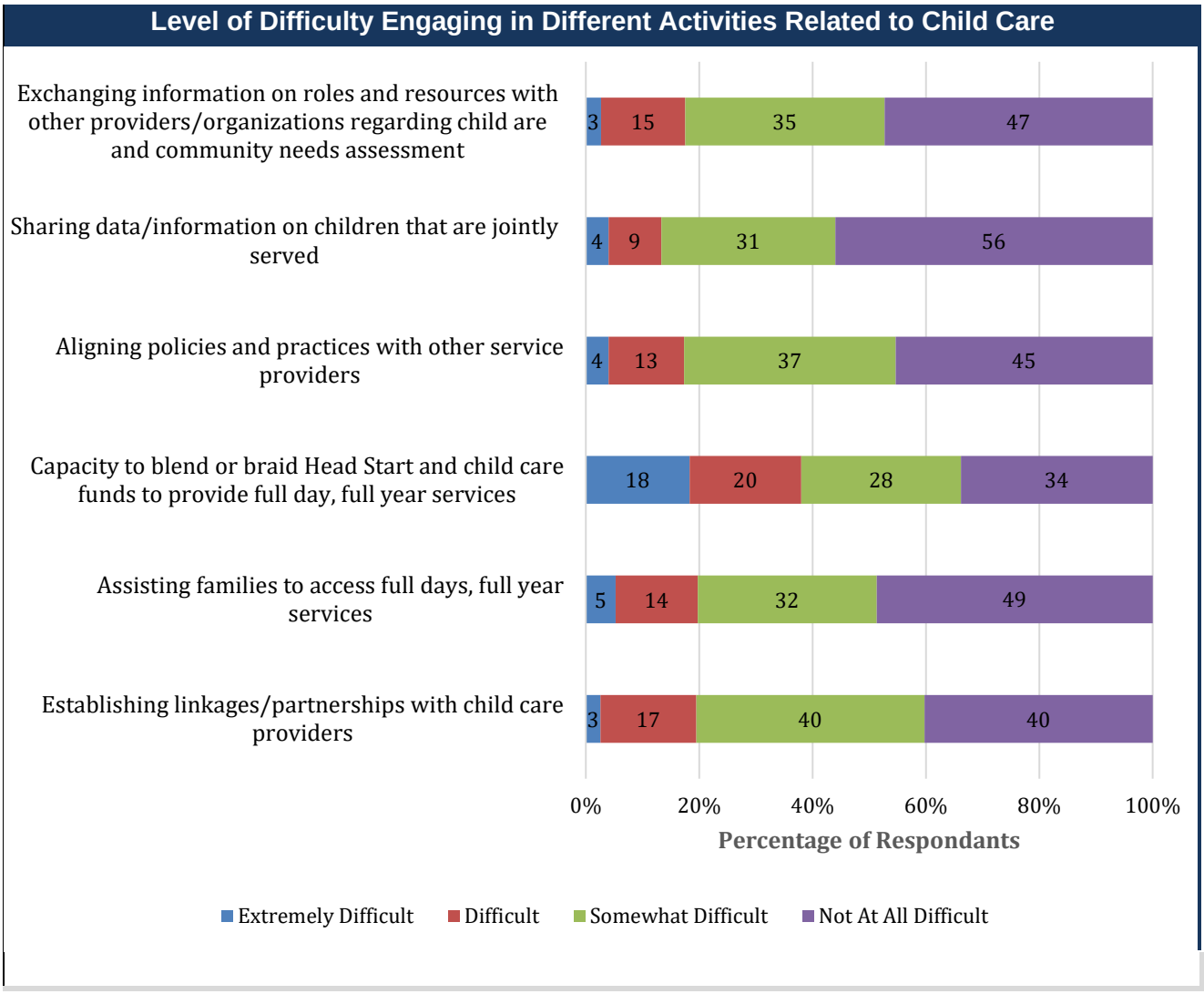
The results of the Needs Assessment revealed both strengths of the Head Start programs in the area of child care, as well as challenges faced by these programs in this area. Responses suggest that the majority of Head Start programs have established 'working relationships' with Child Care Resource and Referral agencies, many of which are 'collaborative' in nature (33%). Establishing relationships with local child care programs to support access to full-day, full-year services also appear to be a strength for Head Start programs, with only 19% of respondents reporting having 'no working relationship' with these services and 27% describing this relationship as 'collaborative'. However, other areas appear to be more challenging at this time. With the exception of tribal child care, which is not applicable to many Head Start programs, the organization with which respondents identified as having the least well-established relationship with were higher education programs/services/resources related to child care (e.g. lab schools, student interns, cross-training) (29% 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 2020 Needs Assessment the extent of involvement with various child care programs/services has remained relatively stable[20]. However, some changes in the level of difficulty experienced by Head Start agencies when engaging in child care related tasks were noted. Results suggest that establishing partnerships with child care providers has become more difficult, as there was an 8% increase in those respondents rating this activity as 'extremely difficult', 'somewhat difficult' and 'difficult'.

[20] Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.pdf

Extent of Involvement in Different Types of Child Care Programs





Agencies' Answers on Effect of Relationships due to the Pandemic

Respondents were also asked how the pandemic affected their answers to this section. While all answers are summarized below, one program offered this quote:

> *"Our program was able to remain open throughout the pandemic however only one of our two centers. We lost 13 out of 22 teachers and would need to hire when care is a demand again from a workforce that pay is higher than we can budget for. It is extremely difficult to find candidates. However, we have been very appreciative of child care relief subsidies supports to families. Also, support with referrals and advocacy from our local CCRR. Our commission on child care was a huge support with paid absences and COVID exposure absences support. We are thankful for the support."*

Agencies' Answers on Effect of Relationships due to the Pandemic	
Better	**Worse**
• Virtual meetings made attendance increase • Volunteers helped to make packets for students when they were digitally learning and also to coordinate supplies for families	• Referral process was much harder • Programs were under enrolled • Unable to have interns physically in the program • Other programs were unable to have any interns, limiting the quality of candidates graduating in the field of ECE (2) • Enrollment was harder (2) • Delays in offering both CDA classes and college courses (2)

Child Care Services Strengths and Challenges	
Strengths	**Challenges**
• Establishing relationships with child care resource and referral agencies • Establishing relationships with local child care programs to support access to full-day, full-year services • Sharing data/information on children that are jointly served	• Establishing relationships with local agencies responsible for child care subsides • Capacity to blend or braid Head Start and child care funds to provide full day, full year services • Establishing linkages/partnerships with child care providers

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[21]	
What is working well	**Other issues**
• Collaboration with other child care providers including home based providers in the neighborhood, (3) • Strong relationship with the CCCR&R, including referring families there when they do not qualify for Head Start (3) • Connection and having a strong relationship with the families, including offering local and community resources (4) • Ongoing recruitment activities to families to share out COVID health and safety protocols • Providing transportation	• Many families do not qualify for services due to high income. • The eligibility process takes too long • Lack of infant/toddler slots that are needed • Low Enrollment due to UPK program, or time it takes to be approved for subsidy (4) • NYC needs a better data base • Reduction or elimination in child care services due to the pandemic (2) • Families need either full time or wrap-around care (3)

[21]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 Child Care Services	
Area for Improvement	***Action Steps***
Capacity to braid Head Start and child care funds to provide full day, full year services	To help all understand that the meaning of 'supplanting' you can add additional funds to pay for more services, or longer hours. Share the PDGB5 Braiding and Blending Guide and offer the Braiding and Blending Fiscal workshops for 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 2020 Needs Assessment are discussed, and data from the 2019 PIR is included to provide additional information about this population and the services for addressing homelessness.

Access to Housing

Most recent data from the 2021 PIR indicated that 4% of enrolled children and families identified as being homeless at some point last year. Of these families, 26% acquired housing during this time. This was a decrease of 8% since the 2020 Needs Assessment, where in 2018, 34% of families who were experiencing homelessness acquired housing.

PIR NYS Homelessness Services Data		
	2021	
Population Served	**# Individuals/Families[22]**	**% Individuals/Families**
Enrolled families experiencing homelessness	2,253	5%
Enrolled children experiencing homelessness	2,389	5%
Families experiencing homelessness that acquired housing	587	26%

[22]Total number of families at enrollment 2021 = 41,495, total cumulative child enrollment 2021 = 43,509

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 2020 Needs Assessment, Head Start programs have continued the same level of involvement with different homelessness programs[24]. Results suggest that relationships between Head Start programs and local housing agencies and

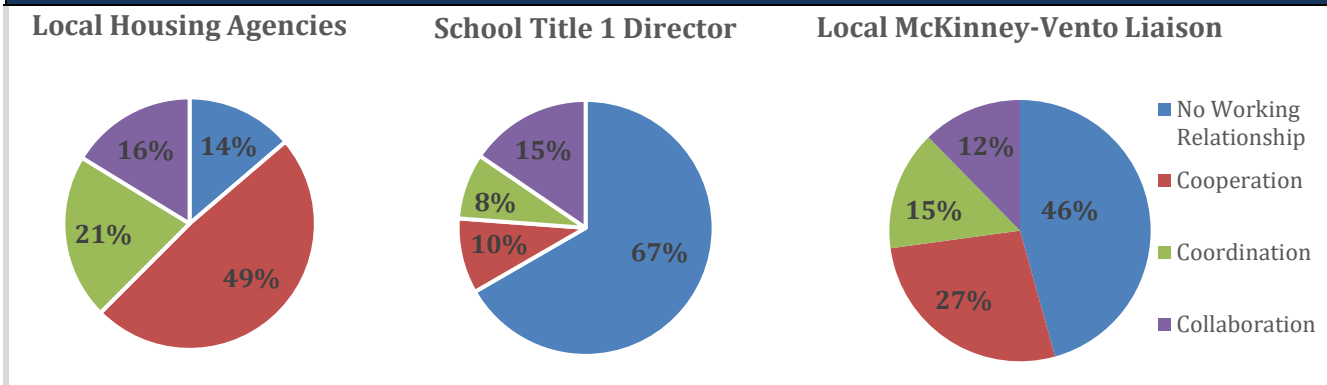
planning groups serving families experiencing homelessness, along with local McKinney Vento liaisons have stayed steady with the percentages of involvement almost the same between 2020 and 2022. However, relationships appear to have deteriorated with school Title I directors, as there was a 12% increase in those respondents indicating that they have 'no working relationship' with these individuals.

When agencies were asked to comment if the pandemic affected their relationships with these service providers/organizations, 16% of programs indicated their relationships were better, 39% indicated that their relationships were the same, another 39% indicated that their relationships were worse, and 6% of the responses did not fit into one of these categories.

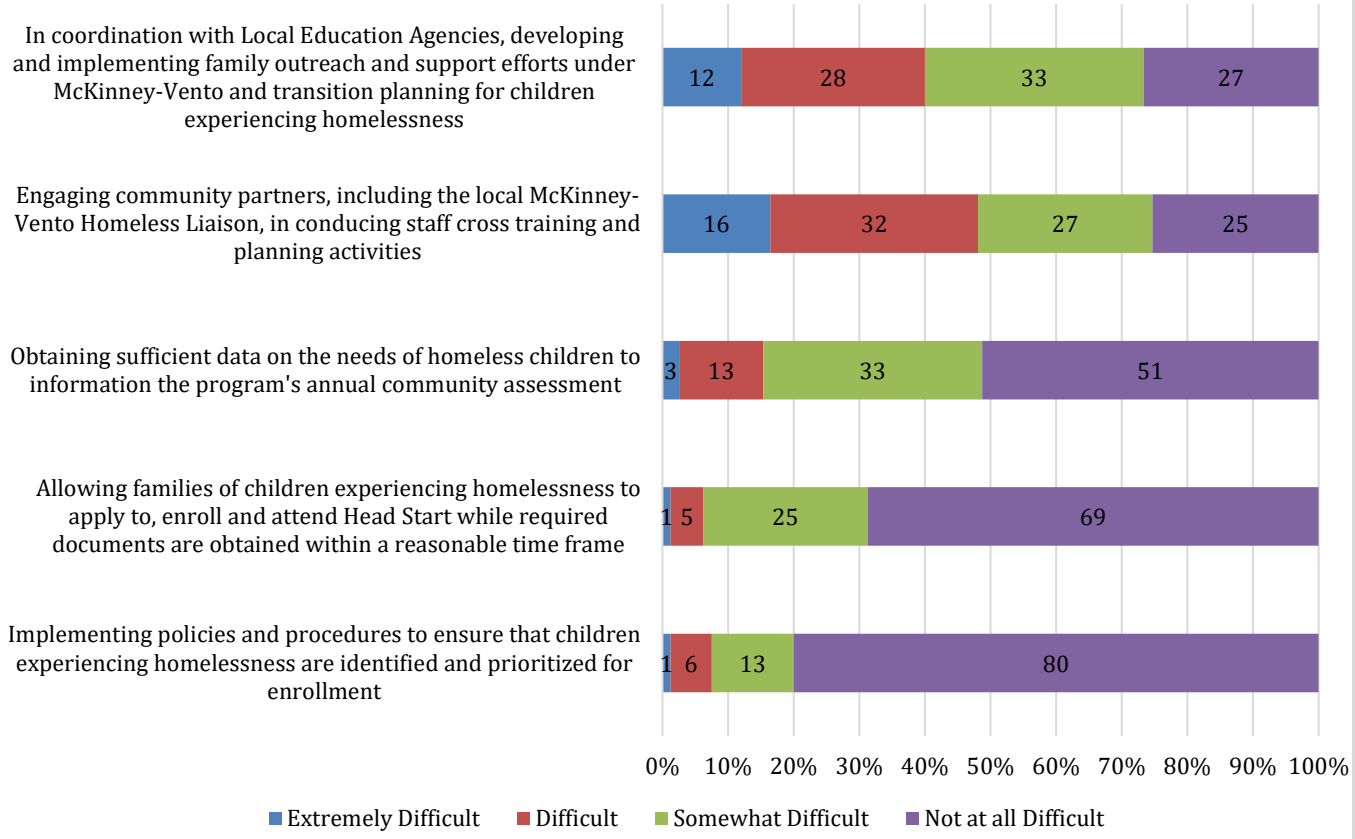
Agencies' Answers on Effect of Relationships due to the Pandemic		
Better	**Same**	**Worse**
• Better handle of family's needs • Forced agency to look at better and different ways to communicate with the families • Access to virtual meetings/Less of a time commitment which equaled more willingness (2) • Increased collaboration with other local agencies • Families were not being evicted due to mandates and directives	• Continued partnership with local shelters (2) • Continued partnership with local agencies (2)	• Closure of shelters/Staffing issues/Limited communication (8) • Staff morale • Increase in families experiencing homelessness due to job loss and pandemic • Hard to develop a strong/trusting relationship with families while virtual • Families who were looking for rentals could not find available housing

[24] Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.pdf

Extent of Involvement with Different Types of Homelessness Programs



Level of Difficulty Engaging in Different Activities Related to Homelessness Services



Homelessness Services Strengths and Challenges

Strengths	Challenges
• Implementing policies and procedures that ensure that children experiencing homelessness are identified and prioritized for enrollment • 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	• Engaging community partners in conducting staff cross training and planning activities • Developing and implementing family outreach and support efforts under McKinney-Vento and transition planning • Establishing relationships with local McKinney-Vento liaison • Establishing relationships with school Title I director

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[25]	
What is working well	**Other issues**
• Having good relationships with other agencies such as social services and other local resources (12) • 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	• Disruption in services due to factors such as frequent changes in placement and placements far from providers (9) • 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

[25]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 Homelessness Services	
Area for Improvement	***Action Steps***
Establishing relationships with local McKinney-Vento liaison.	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.
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. Build relationships with other non-profits that can help implement McKinney Vento.

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 2020 Needs Assessment are discussed, and PIR 2021 is included to provide information about this population and welfare/child welfare services.

Enrolled Families Participating in Welfare/Child Welfare Services

PIR NYS Welfare/Child Welfare Services Data		
	2021	
Population Served	**# Individuals/Families[25]**	**% Individuals/Families**
Child Welfare Services		
Enrolled children who were referred to Head Start/Early Head Start by a child welfare agency	1,058	2.4%
Enrolled children who were in foster care at any point during the program year	782	1.8%
Welfare Services		
Enrolled families who received the following services:		
Federal Temporary Assistance for Needy Families (TANF)	5,790	14%
Supplemental Security Income (SSI)	1,967	5%
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	19,236	47%
Supplemental Nutrition Assistance Program (SNAP)	17,090	42%

[26]Total # of families at enrollment 2021 = 41,195; total cumulative child enrollment 2021 = 43,509; total # of programs 2021 = 288

The 2021 PIR indicates that a significant percentage of families enrolled in Head Start programs also receive public benefits, particularly WIC and SNAP assistance, which continues the trend from the 2020 Needs Assessment. 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

12% 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 (35%, 32%, and 92%, 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 departments of social services to assist families with TANF, Employment and Training (45% and respectively rated as 'difficult' or 'extremely difficult').

Respondents were also asked to share specific information about their programs' involvement with WIC services. Seven percent of respondents indicated that they have a WIC office at their centers, and 91% 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 on site, results suggest that many more (81%) would be willing to host a WIC service worker on a regular basis to help with registration and re-certification. Additionally, 46% of respondents would like more information about having a WIC office at their center.

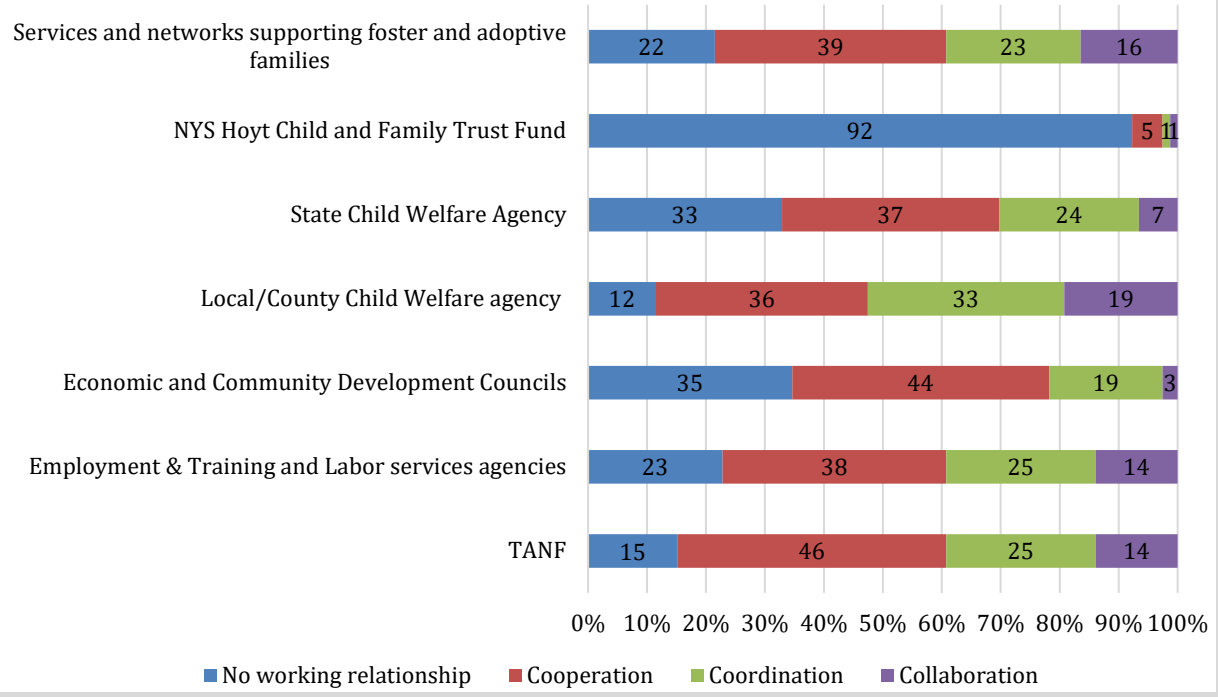
Reasons for not having a WIC office at the Head Start Center

- Easily accessible WIC centers in the community (21)
- Limited space (6)
- WIC provides outreach at center (3)

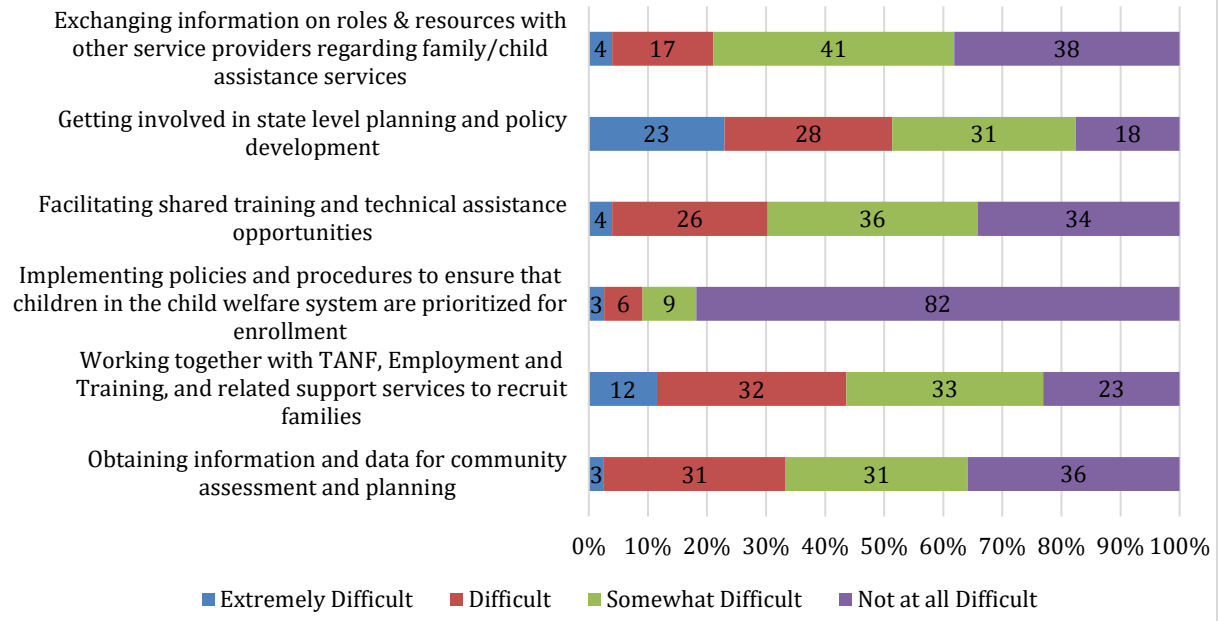
Change Over Time. From the previous needs assessment conducted in 2020, Head Start program activities in the area of welfare and child welfare appear to have remained diminished as there was an increase in all of the programs describing not having a working relationship with these groups[27]. However, improvements in getting involved in state level planning and policy development were reported, with a 10% increase in those describing this activity as 'not at all difficult'. All other areas of engagement in Welfare/Child Welfare efforts were relatively stable since the previous 2020 needs assessment.

[27] Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.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**
• Establishing relationships with county child welfare agency • Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	• Establishing relationships with economic and community development councils • Establishing relationships with state child welfare agencies • Establishing relationships with NYS Hoyt Child and Family Trust Fund • Working together with TANF, Employment and Training, and related support services to recruit families • Facilitating shared training and technical assistance opportunities • Getting involved in state level planning and policy development

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[28]	
What is working well	**Other issues**
• Ensure that information gathered from collaborative networks focused on child welfare is shared with early childhood staff, and vice versa. • Word of mouth...standing with balloons and literature and encouragement near high traffic areas, such as supermarkets and bodegas, foster families sharing their experiences with other foster families • Throughout the pandemic, keeping close tabs on the family and offering individual Zoom meetings was helpful and seemed to be more productive than phone calls as it provided the face-to-face conversational aspect to conversations that the phone lacks. • Collaborations with WIC, county Community Service Liaisons, CPS, the nearby Women's Domestic Violence Shelter, local Department of Social Services and Public Health, SNAP, Community Advocacy Groups, Salvation Army and TANF • SCO implemented an online referral system that allows to reach families directly. • PEBT cards to children who received free lunch was helpful to all families in need during the pandemic. • Close communication with families, sharing resources, helping them learn how to check their emails and become a bit more tech savvy.	• Some families are hesitant to utilize services due to lingering "Public Charge Rule" fears. • We have experiencing challenges with connecting with other community stakeholders for referrals especially with HRA, TANF etc. (2) • Case workers have a large caseload, which causes a delay when programs need consent from the caseworker for EI or CPSE evaluations. • Rural families have less access to services, including food, diapers, toilet paper, Wi-Fi access and transportation. • My concern revolves around the Community Needs Assessment and how specific information was left out • Lack of response from agencies in obtaining information and data for community assessment and planning. • The Department of Social Services has not resumed any of it work placement or job search mandates, therefore not able to fill slots with eligible children.

[28]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 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 a development council onto the ECAC team
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

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 2020 Needs Assessment are discussed.

Summary of Results

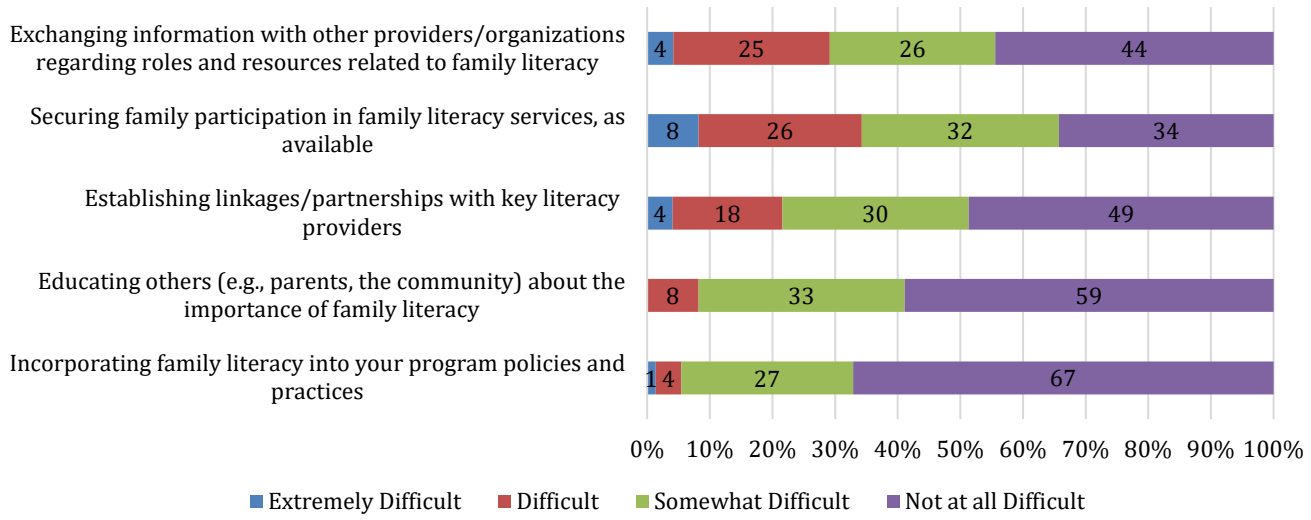
The Needs Assessment revealed both strengths of the Head Start programs in the area of family literacy services and challenges faced by programs. Head Start programs appear to have established relationships with a number of different family literacy providers; less than 10% reported having 'no working relationship' with public libraries, parent education programs/services, and services to promote parent/child literacy interactions and English language learner (ELL) programs and services. Public libraries appear particularly strong, with greater than 28% of respondents describing these relationships as 'collaborative'. Incorporating family literacy into program policies and practices 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, and higher education programs related to family literacy are not as well developed (58%, 41%, and 32%, respectively, rated as having 'no working relationship'). Additionally, securing family participation in family literacy service as available was rated as 'somewhat difficult', with 34% 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 New York Head Start Collaboration Project at this time.

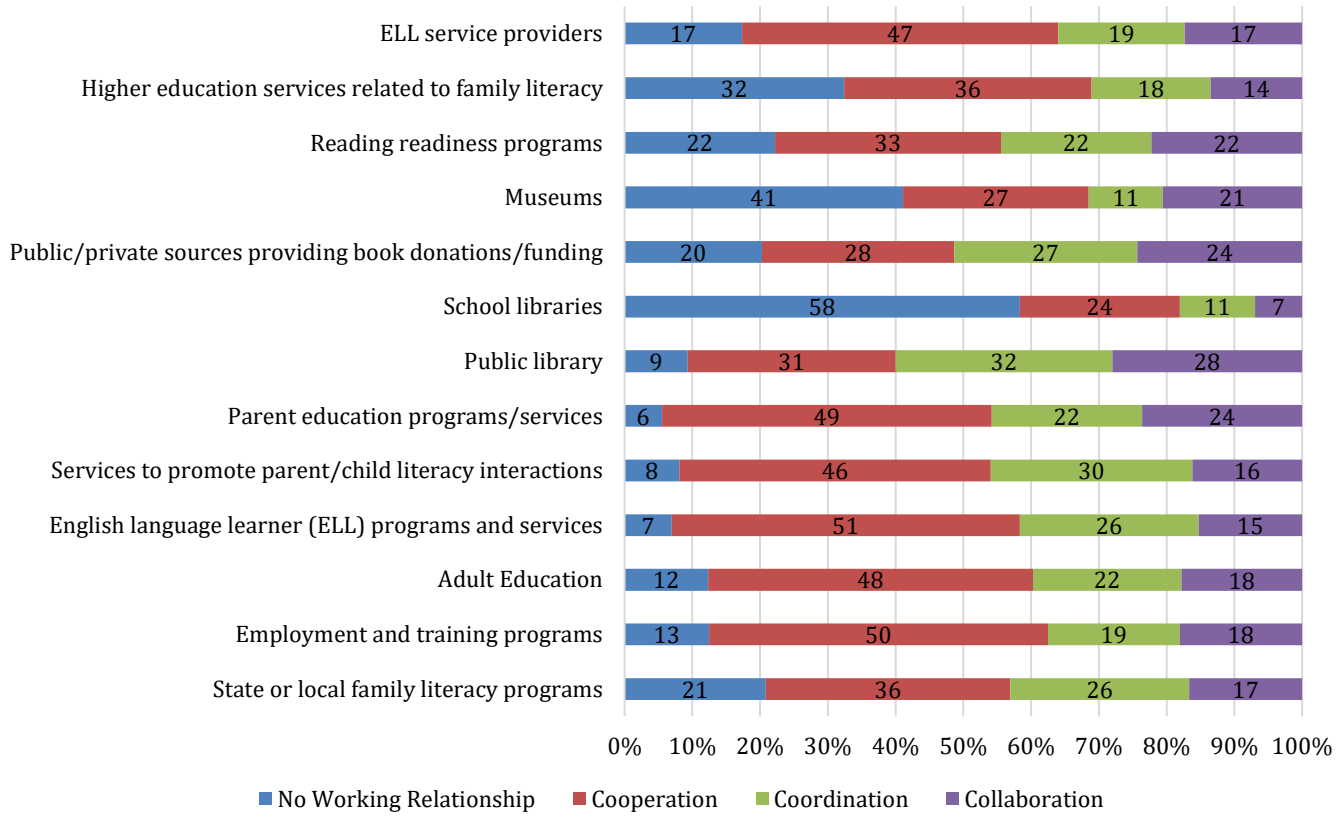
Change Over Time. In comparison to the 2020 Needs Assessment, the extent of involvement with various family literacy services providers has remained relatively stable, in terms of involvement with English language learners service providers, reading readiness programs, services to promote parent/child literacy interactions, and English language learner program and services. There have been improvements in relationships with public libraries (3% decrease in respondents describing having 'no working relationship' with these programs)[29]. However, a number of activities related to family literacy services appear to have become more difficult for Head Start programs since the 2020 Needs Assessment. Specifically, results indicated that respondents currently view securing family participation in literacy services as more difficult than in 2020 (those respondents rating these activities as 'not at all difficult' decreased by 5%).

[29] Data from the 2020 Head Start Needs Assessment is available at https://www.ccf.ny.gov/files/9115/8136/1367/2020HSNeedsAssessment.pdf

Level of Difficulty Engaging in Different Family Literacy Activities



Extent of Involvement with Different Family Literacy Providers



Family Literacy Services Strengths and Challenges	
Strengths	**Challenges**
• Establishing relationships with public libraries • Establishing relationships with public/private sources that provide book donations or funding for books • Incorporating family literacy into Head Start program policies and practices • Educating others about the importance of family literacy • Connecting with families through online outlets like social media and newsletters. • Alternate ways to provide literacy services (Zoom, Home Visiting)	• Establishing relationships with school libraries • Establishing relationships with museums • Establishing relationships with reading readiness programs • Establishing relationships with higher education programs/services/resources related to family literacy • Securing family participation in family literacy services as available • Acquiring books in various languages other than English.

[30]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 Family Literacy Services	
Area for Improvement	***Action Steps***
Establishing relationships with state librarian and local libraries	Establish a relationship with County librarians to incentives families to visit. Work with Lauren Moore to help HS/EHS families get the Internet Access Rebate.
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 2020 Needs Assessment are discussed in this section, as well as 2021 PIR data to provide additional information about the community services utilized by this population.

Access to Community Services

SERVICE	2021 # Families[31]	2021 % Families
Emergency/crisis intervention	14,215	35%
Asset building services	3,291	10%
Housing assistance	2,761	7%
Mental health services	5,599	14%
Substance misuse prevention	1,387	3%
Substance misuse treatment	339	1%
Assistance to families of incarcerated individuals	387	1%
English as a Second Language (ESL) training	2,472	6%
Assistance in enrolling into an education or job training program	3,682	9%
Education on		
Preventive medical and oral health	21,974	53%
Health and developmental consequences of tobacco product use	6,237	15%
Nutrition	23,103	56%
Postpartum care (e.g. breastfeeding support)	1,999	5%
Relationships and Marriage	2,942	7%

[31]Total number of families at enrollment 2021 = 41,195

The 2021 PIR indicates that families enrolled in Head Start programs access a number of different community services. Preventive medical and oral health education and nutrition education appear to be particularly well utilized, with over 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 domestic violence 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’ (16%).

However, some areas for improvement were also identified. Relationships with providers of services to military families were rated as the least well established (62% rating as having 'no working relationship') and most difficult (45% 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: as many of respondents did not indicate 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 (24% described having 'no working relationship'), establishing partnerships with law enforcement agencies (28% described having 'no working relationship'; 25% described as 'difficult' or 'extremely difficult'), establishing partnerships with private resources in this area (26% described having 'no working relationship', 18% described as 'difficult' or 'extremely difficult'), and obtaining in-kind community services for children/families (40% described as 'difficult' or 'extremely difficult').

Respondents were also asked to share specific information about parenting education that their programs offer. Results indicated that 72% 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.

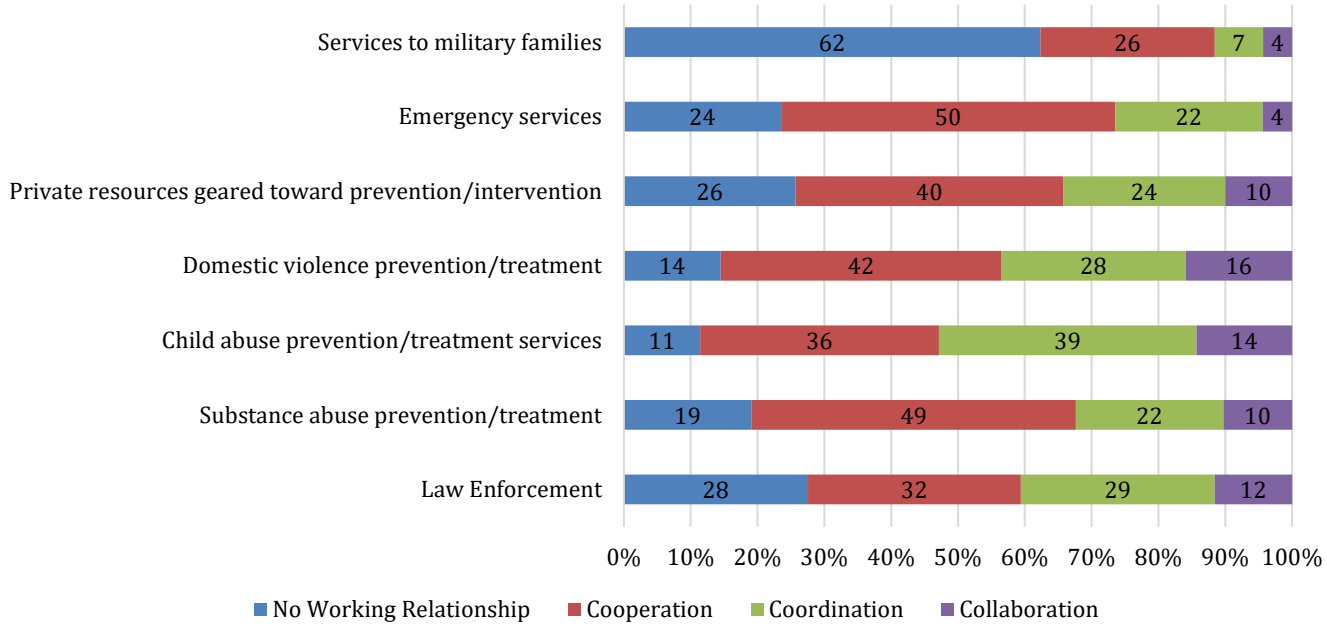
Curriculum Used by Programs That Offer Parenting Classes on Working with Children with Challenging Behaviors

- Pyramid Model: Positive Solutions for Families (18)
- Consultant created curriculum (6)
- Creative Curriculum (3)
- Parenting Journey (2)
- Opening Doors (3)
- Conscious Discipline
- Circle of Security (3)
- Shine on Families
- Strengthening Families
- Positive Parenting
- Triple P
- Parenting with Heart
- Making Parents
- Parenting Journey (2)
- Strengthening Families
- NYC DOE specific

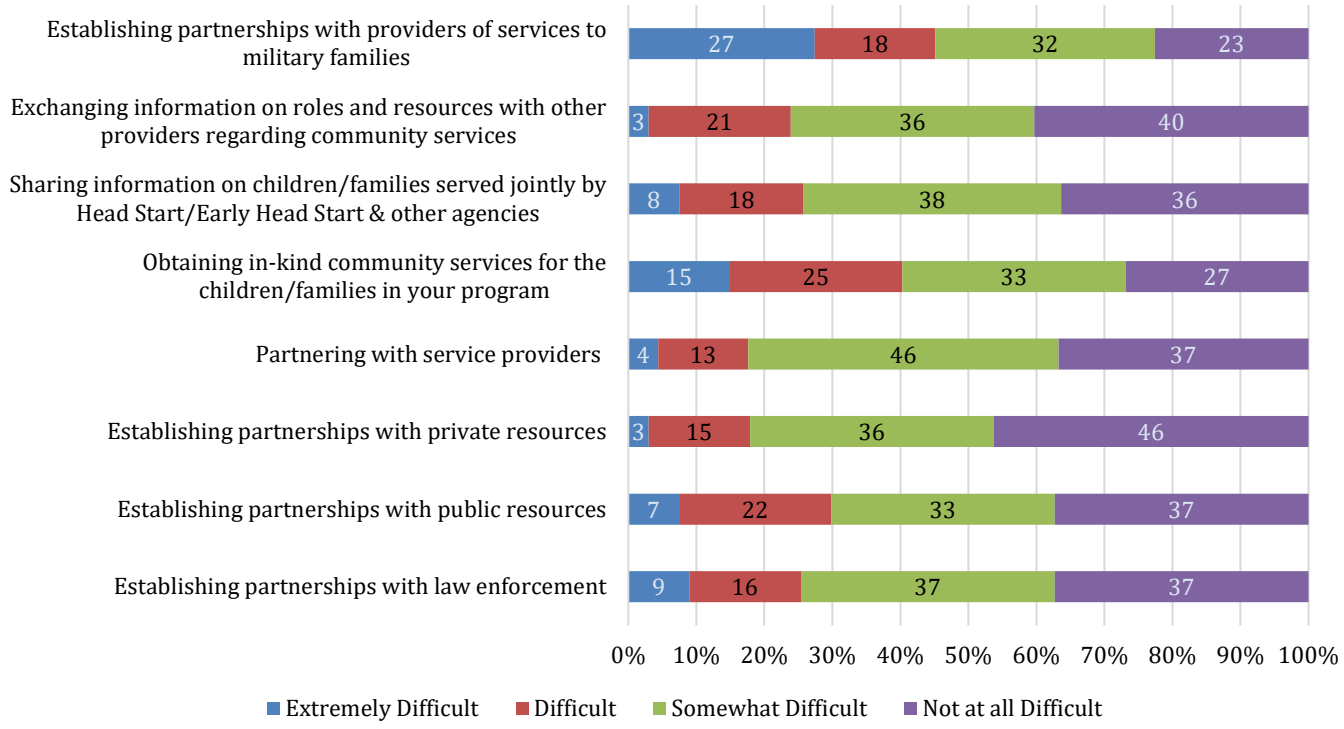
Change Over Time. Positive changes were noted in the extent of involvement of Head Start programs with various community service providers in comparison to the 2020 Needs Assessment[32]. Establishing relationships with private resources appear to have improved, as there was a 7% increase in the number of respondents rating this relationship as 'not at all difficult'. However, all of the activities that Head Start programs engage in with regard to community services appear to have become easire. For example, there was a 14% decrease in the number of respondents describing obtaining in-kind community services as 'not at all difficult'. There has also been a 10% increase of programs offering parenting programs on challenging behaviors. Additionally, sharing information on children/families served jointly by Early Head Start/Head Start and other agencies and exchanging information on roles and resources with other providers regarding community services appears to have become more difficult, with a 4% and 12% decrease in ratings of these activities as 'not at all difficult'.

[32] Data from the 2020 Head Start Needs Assessment is available at

Extent of Involvement with Different Community Services



Level of Difficulty Engaging in Different Community Services Activities



Community Services Strengths and Challenges	
Strengths	**Challenges**
• Establishing relationships with providers of child abuse prevention/treatment services • Establishing relationships with providers of domestic violence prevention/treatment services • Exchanging information on roles and resources with other providers/ organizations regarding community services • Partnering with service providers on outreach activities for eligible families • Establishing linkages/partnerships with private resources	• Establishing relationships with providers of emergency services • Establishing partnerships with private resources regarding prevention/treatment services • Establishing relationships with providers of services to military families. • Private resources geared toward prevention and intervention.

Respondent Comments About What is Working Well and Other Issues Not Addressed in the Needs Assessment[33]	
What is working well	**Other issues**
• Strong relationships and communication with community providers (3) • Availability of services in the area (2) • Providing families with resources, such as a community resource manual or community presentations • Receiving in-kind services and donations (2) • Continual outreach to community organizations • Identifying family goals to link to community services • Being able to have safe, socially distanced space to continue to connect with families during the pandemic. • Food pantries and other community partners were instrumental in helping serve and support families through the pandemic. • Outreach through networking and social media.	• Limited availability of services in general (3) • State and County agencies such as EI or DSS are hesitant to enter formal collaborations. • Limited availability of services due to the pandemic as well as shutdowns/closing of services (6) • Difficulty developing partnerships due to lack of staff dedicated to that specific work. • Reduction of volunteers or free resources (2)

[33]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 Community Services	
Area for Improvement	***Action Steps***
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 https://www.militarychild.org/

11. Miscellaneous Data

Fatherhood Involvement

Respondents were asked to describe both obstacles to fatherhood involvement in Head Start programming and successes in this area. Unfortunately, many programs stated that due to the pandemic, they were unable to offer fatherhood involvement activities. Those who were able to offer these activities had to hold the activities in a virtual setting, send the materials home with the children or hold the activity outside. Notable obstacles to fatherhood involvement included scheduling conflicts due to fathers' work and school obligations and working around the pandemic restrictions that were ever changing. A number of successful fatherhood engagement activities are 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 Dads Bring Your Child to School Day.

Biggest obstacles to fatherhood involvement

- Fathers' work and school obligations/scheduling (17)
- Pandemic/ Restrictions for in person activities (9)
- Interest from fathers to attend (3)
- Limited male staff to serve as coaches (4)
- Lack of staff to facilitate and plan activities

Most successful fatherhood involvement activity this past year

Dads bring your child to school day (8)

Cooking at home (2)

Sending home family kits during COVID (2),

Virtual Paint night

Financial Stability workshop

Fathers/Male Role Model Day celebration

Gardening activities

Breakfast with Dads and children.

Partnered with Home Depot to provide wooden car building kits for children and fathers to make together and offered dinner afterwards.

Donuts with Dads

Zoom dance sessions

Father's outdoor event

Read aloud to classes

Workshop topic of "Males as Father Role"

Father Daughter Dance

Father/Child dinner

Volunteering opportunities for Dads to work together.

Dad and Me Story Night

Brown Bear Outdoor Activity

Inviting dads to come in for gross motor activities with their child.

Preparing your tax return

Smiles with Smoothies with Dad

Fatherhood picnic

"Ice fishing" and bird house building

Goals Updated Since the 2020 Needs Assessment

A number of action steps were identified as part of the 2020 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 foster care managers statewide 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.	Slight decrease in the number of children in Foster Care enrolled in Early Head Start and Head Start.

Staff Qualifications

Finding	Action Steps/Goals from Refunding Application	Update
28% of early education staff, including 26% 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 preschool teacher assistants 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 continued.	The Head Start Collaboration Project will work to make grantees and delegates aware of the online coursework and resources available to early childhood teachers. 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 *Core Body of Knowledge* and the *Early Learning Guidelines.*	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.

School Transition and Alignment with K-12

Finding	Action Steps/Goals from Refunding Application	Update
There has been a 4% increase in programs reporting 'no working relationships' between Head Start Programs and LEAs.	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 www.earlychildhood.org, which provides comprehensive information on early learning professional career resources. 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.	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.	The Head Start Collaboration Project will share information about New York's home visiting programs with grantees and delegates. 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.	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.	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. More children will be linked with local health providers and more children will be healthy and ready to learn.	The ECAC is pushing the EPSDT schedule of developmental screenings.

The lack of access to pediatric dental services is a significant problem faced by many Early Head Start and Head Start programs across New York State and made more difficult during the pandemic.	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. Host an oral health summit with state partners.
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 an 8% increase in respondents who indicated having 'cooperation' with their local Economic and Community Development Councils since 2020, and declines in the levels of reported collaboration (down 11%).	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 and planning an annual ECAC Business Leaders' Summit.
11% fewer Head Start programs have working relationships with their local TANF agencies since 2009.	The Head Start Collaboration Project will work to collect and share information on local TANF agencies with program grantees and delegates. 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.	The Head Start Collaboration Director has a strong relationship with the leaders at TEACH/ Advocates for Children and together they created a Tip Sheet

	More homeless children will be enrolled in their local Head Start and Early Head Start programs.	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.

Family Literacy Services

Finding	Action Steps/Goals from Refunding Application	Update
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.

Partnerships with Local Educational Agencies

Finding	Action Steps/Goals from Refunding Application	Update
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%. 66% of Head Start programs have "no working relationship" with organizations serving military families.	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. The Head Start Collaboration Project will continue to develop relevant relationships at the State level while promoting the use of www.militaryonesource.com amongst program grantees and delegates.	Through work with the State Education Department Office of Early Learning, the Collaboration Director is encouraging a Developmentally Appropriate Practice brief on English language learning.
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.	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. Further, the Head Start Collaboration Director will continue to promote the LEA Memorandum of Understanding with the State Education Department and Head Start grantees and delegates.	The Collaboration Director worked with the SED Office of Early Learning, and OCFS to present a webinar about how to collaborate with state-funded prekindergarten. Also included were resources, such as a sample contract and tip sheets that were posted to the Head Start Collaboration webpage.

Services for Children with Disabilities

Finding	Action Steps/Goals from Refunding Application	Update
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 16% since 2020.	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. 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.	Updating the state disabilities MOU with a team that includes: OHS RO, SED, Head Start grantees. 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.
59% 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 (an increase of 10% since the 2020 Needs Assessment).	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.	This is still a challenge. Starting to look into micro-credentials with SUNY/CUNY.

Community Services

Finding	Action Steps/Goals from Refunding Application	Update
Respondents indicated that respondents have experienced significant, and also increasing difficulty in working with community service providers since 2020. 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.	The Head Start Collaboration Project will continue to work with the ECAC to develop a system of family supports and services.	Best practices for family engagement, modeled after the Head Start Family and Community Outcomes Framework were developed by the Parent Advisory Council (a group of parents of young children that serve on the ECAC).

Technology

Finding	Action Steps/Goals from Refunding Application	Update
Head Start programs across the State are underutilizing E-Rate funding to finance internet connections are related expenses.	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.	There are more approved E-Rate applications each year.

Child Care

Finding	Action Steps/Goals from Refunding Application	Update
The demand for child care subsidies has increased at the same time that the amount of subsidy funding has decreased due to budget cuts.	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. Families will be able to access appropriate subsidies and services for their children as early as needed. All early care and education programs, including Early Head Start and Head Start programs, will participate in QUALITYstarsNY, and use the *NYS Early Learning Guidelines* and *Core Body of Knowledge* to inform their work and professional development.	The Cost Model is complete and has been updated. Policy makers and state agencies can use it when looking at possible funding opportunities. New cost models are being developed by the ECAC and partners.

Services for Children Experiencing Homelessness

Finding	Action Steps/Goals from Refunding Application	Update
Respondents overwhelmingly reported having 'no working relationship' with homeless service providers and organizations, especially their local McKinney-Vento liaison and their Title I Director.	Collaboration Director will reach out to the McKinney-Vento liaison at SED to make a plan.	None at this time.

Conclusion

This report summarizes the response to New York State's 2023 Head Start Collaboration Project's Needs Assessment, administered in accordance with the Head Start Act (as amended December 12, 2012). The assessment gathered information from Head Start and Early 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. Child care
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 2019 and 2021 PIRs indicated that most Head Start participants in New York have adequate access to health care. Leading health issues of enrolled children included asthma and vision problems Access to mental health services appear to be more challenging than health services (31% 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 2020 Needs Assessment, getting children enrolled in CHIP or Medicaid has stayed the same, 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:

- Oral Health
- Developmental screening for all
- ACEs education for staff and others in the community, as now required in New York for licensed sites.

2. Early Childhood Systems Development & Education

Since the 2020 Needs assessment, improvements have been made in the percentage of non-credentialed preschool assistant teachers (2% decrease) despite the number of total staff significantly decreasing. When comparing the 2019 and 2021 PIR numbers, improvements are still needed as some infant toddler staff still do not have any degree or certification (decrease of 4%). Involvement with the coordinated and responsive systems within New York State appears to be a difficult area, as approximately 40% of respondents indicated that they have 'no working relationship' with state efforts to unify early childhood data systems. There has been a 30% improvement with programs' involvement with QUALITYstarsNY. 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:

- Continue to hold Kindergarten Transition summits across the state. Work with Head Start and school districts to overcome obstacles. See Strategic Plan at the end of this document for full list of areas that will be addressed.

4. Services for Children with Disabilities

Data from the 2021 PIR indicates that 17% of children enrolled in Head Start programs and 11% of children enrolled in Early Head Start programs participate in special education or early intervention services. There was a 9% increase of children who were enrolled in Early Head Start programs who participated in early intervention services compared to the 2020 Needs Assessment. Improvements were made in relationships with state or local lead agencies for Part C and state lead agency for Part B/ 619 (special education). However, some providers of disability services that Head Start programs appear to have limited relationships with university/community college programs. Relationships with non-Head Start councils or groups that address policy/program issues in particular appear to have decreased in quality since 2020. 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)
- Ensuring therapist availability, particularly bilingual and specialized therapists
- Updating the State MOU for serving children with disabilities

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 'collaborative' in nature, while about 16% of respondents indicated having 'no working relationship' with other T&TA networks. Institutes of Higher Education (4 years) are the least utilized type of the higher education program. Since the 2020 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 (e.g. partnership with EarlyEdU).
- Accessing scholarships and other financial support for professional development activities (e.g. QUALITYstarsNY funding, EIP Scholarships for teaching staff with low income, and other scholarships).

6. Child Care

Results of the 2022 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, higher education program/services/resource related to child care appear to be the least well established, with 29% of respondents describing having 'no working relationship' with these groups. Few respondents rated activities related to child care as 'difficult' or 'extremely difficult'; however, the capacity to blend Head Start and child care funds and establishing linkages/partnerships with child care providers were rated as 'most difficult' 38% and 20%, 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 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 2021 PIR indicated that 5% of children enrolled in Head Start programs were homeless at some point in 2020 and 26% 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 (67% 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 public benefits (e.g., 47% received WIC, 42% 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 (82% 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 (33%, 35%, and 92% rated as having 'no working relationship' with, respectively). Many 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, 81% 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. Relationships with school libraries, museums, reading readiness programs, and higher education programs related to family literacy appear to be less well established. Yet there have been improvements in relationships with public libraries (3% decrease in respondents 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 2020 (6% decrease in those respondents rating this activity as 'not at all difficult'). Some other areas appear to also have become more difficult since 2020, including involvement with museums and school libraries. In spite of these trends, because New York State currently has a number of programs outside of Head Start that address family literacy; these areas of improvement are less of a focus for the Head Start Collaboration Project at this time. However, the strategic plan will still include the following:

- Establishing relationships with local libraries.
- Establishing relationships with museums.

10. Community Services

The 2021 PIR indicated that a significant number of families enrolled in Head Start programs access a variety of community services. The most widely accessed programs are nutrition

education and preventative medical and oral health 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. Relationships with providers of military families continue to be 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.

Obtaining in-kind community services for child/families appear to have become more difficult for Head Start programs since 2020. Specific information gathered about parenting programs indicated that 72% of programs that participated in the Needs Assessment offer parenting classes on working to support children with challenging behaviors, an increase of 10% since the 2020 Needs Assessment. Unlike the 2020 Needs Assessment, where curriculum created by a consultant was most used, respondents indicated that the Pyramid Model, Positive Solutions for Families is now the most often used for this purpose.

Other activities that appear to have become more difficult since 2020 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 including establishing relationships/partnerships with providers of services to military families.

Completing the Head Start Needs Assessment is never an easy feat, but it is worth the effort because it provides useful information that can help the Collaboration Project address the needs in the state. It is work that involves many staff at the NYS Council on Children and Families, especially Elana Marton and Rebecca Stahl.

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	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. Conduct Early Childhood Oral Health Summits.
Mental Health Services	Establishing relationships with state agencies providing mental health prevention and treatment services	Educate the EHS and HS agencies on how to access local mental health screening and service providers. 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)

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	Work with the ECAC Data Development Team to create an early childhood data dashboard (Goal 9 on the ECAC strategic plan) Develop state unified CCRR and needs assessment
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 and assist with the kindergarten transition teams.
Involvement in, and participation with, the NYS Early Childhood Advisory Council	The Director is the ECAC Co-Chair so there is a seamless connection to the work of the ECAC.

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 preschool program (NY State Education Department)	Revise the current State Disabilities MOU. Conduct more CBO/UPK collaboration webinars.
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. Expand B5 grant with activities like the P3 Summer Institute and the Kindergarten Transition Team building.
Transitioning between EHS and HS – limited availability of openings in HS programs at time of transition	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. Ensure parents know they have the freedom to choose and understand the benefits of Head Start.
Misalignment between district and HS standards	Share more widely the 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 summits 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, including their local BOCES.

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 SED OSE and others to strengthen connections to higher education. 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)	Suzanne Bolling is working on ways to make it more accessible for Head Starts to become 4410 programs.

Limited therapists available, particularly bilingual and specialized therapists	Connect the workforce to early childhood positions. Connect to Aspire data and Career Center job boards.

Strategic Plan for Addressing Challenges in the Area of Professional Development

Area for Improvement	*Action Steps*
Establishing relationships with higher education programs	Work on EarlyEdU partnerships in the state. Set up meeting with Niagara University to see if they are interested. Share information about Career Centers and Early Childhood scholarship at CUNY and SUNY.
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 to HS/EHS directors.

Strategic Plan for Addressing Challenges in the Area of Child Care Services

Area for Improvement	*Action Steps*
Capacity to braid Head Start and child care funds to provide full day, full year services	To help all understand that the meaning of 'supplanting' you can add additional funds to pay for more services, or longer hours. Share the PDGB5 Braiding and Blending Guide and offer the Braiding and Blending Fiscal workshops for programs
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 Homelessness Services

Area for Improvement	*Action Steps*
Establishing relationships with local McKinney-Vento liaison.	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.
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. Build relationships with other non-profits that can help implement McKinney Vento.

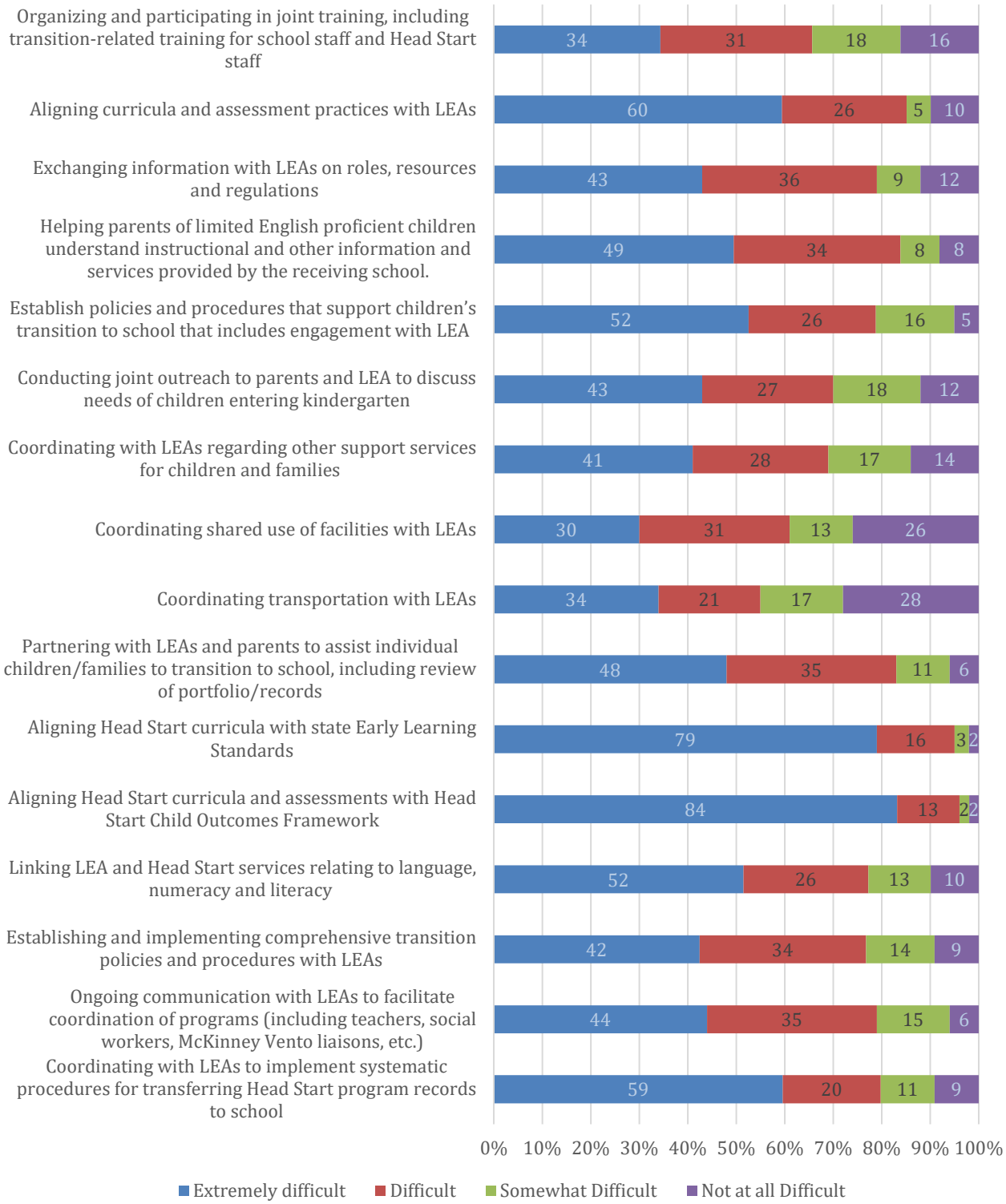
Strategic Plan for Addressing Challenges in the Area of Welfare/Child Welfare Services	
Area for Improvement	***Action Steps***
Establishing relationships with economic and community development councils	Through the ECAC Business Leaders Advisory group the Collaboration Director will work to share information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

Strategic Plan for Addressing Challenges in the Area of Family Literacy Services	
Area for Improvement	***Action Steps***
Establishing relationships with state librarian and local libraries	Establish a relationship with County librarians to incentivize families to visit. Work with Lauren Moore to help HS/EHS families get the Internet Access Rebate.
Establishing relationships with museums	Connect with director of the NYS museum in Albany about how to encourage parents to visit.

Strategic Plan for Addressing Challenges in the Area of Community Service	
Area for Improvement	Action Steps
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 https://www.militarychild.org/

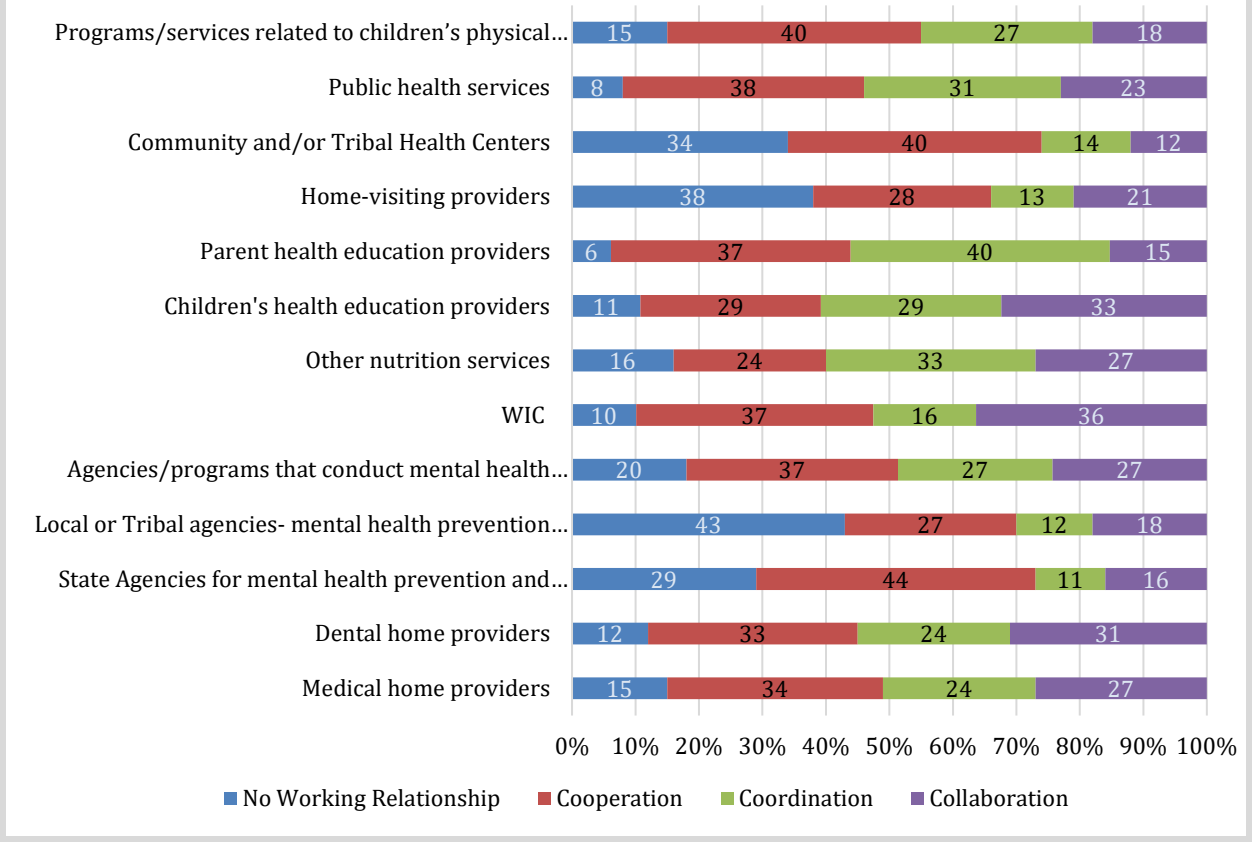
Priority Area: School Transitions & Alignment with K-12

Level of Difficulty Engaging in Specific Activities Related to LEAs



Priority Area: Health Care

Extent of Involvement with Specific Health Care Programs/Services



Appendix B: List of HS and EHS 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 2022 Head Start Needs Assessment Survey. Each program received a Pyramid Model Book Nook Book for meeting the deadline. Their 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	Action for a Better Community
Addie Mae Collins Community Services	Adirondack Community Action Programs, Inc.
Agri-Business Child Development	Albany County Opportunities Inc
Association to Benefit Children	Bank Street Head Start
BCA Early Childhood Education Center	Blanche Community Progress DCC, Inc.
Bronx Care Health System/ South Bronx Early Head Start	BronxWorks
Brooklyn Chinese-American Association	Catholic Charities Neighborhood Services, Inc.
CEO	Committee for Early Childhood Development
Community Action of Orleans and Genesee, Inc.	Community Action Partnership of Madison County
Community Parents Inc	Community Program Centers of LI
Dominican Women's Development Center	Early Childhood Learning Center of Greene County
East Harlem Council for Human Services, Inc.	East Side House Settlement
ECDO Child Start Center/ECDO ACP Early Learn Center	EOP Birth to Five School Readiness Program
Family Enrichment Network	FirstStepNYC
Fort George Community Services	Geneva City School Head Start
Grand Street Settlement	Greater Opportunities for Broome and Chenango, Inc.
Head Start of Eastern Orange County	Head Start of Rockland, Inc
Help Crotona Early Childhood Program	Hospital Clinic Home Center ACE Integration Head Start
Hudson Guild	Ibero Early Childhood Services
JCEO Head Start/Early Head Start	Kiryas Joel Head Start
La Peninsula Community Organization	Lenox Hi ll Neighborhood House Early Childhood Center
Lewis County Head Start	LIFE- Coney Island Learning Center
LifeWorks Community Action Head Start	Long Island Head Start
Mid Bronx CCRP ECC	Mohawk Valley Community Action Agency
National Association of Family Development Centers	New Life Child Development Ctr
Norther Manhattan	NSCIC Head Start and Early Head Start
Opportunities for Otsego, Inc. (Head Start,/Early Head Start)	Oswego County Opportunities, Inc
Phelps Community Center Head Start	Pro Action of Steuben and yates, Inc
Project Social Care Head Start, Inc.	Puerto Rican Family Institute, Inc.
Regional Economic Community Action Program, Inc.	SACFS
SCAP Early Learning Program	SCO Family of Services
Sharon Baptist Head Start	St. Lawrence County CDP Inc
Staten Island Head Start div of RUMC	Sullivan County Head Start, Inc.
The Child Center of NY	The New Life Child Development Center Inc
The Salvation Army	Tompkins Community Action, Inc.
Union Settlement	Warren County Head Start, Inc.
Washington County EOC, Inc. d/b/a L.E,A,P	Wayne County Action Program, Inc.
Y.M. & Y.W.H.A. of Williamsburg, Inc.	

Appendix C: OCFS Fact Sheet of Child Care in New York 2022

NEW YORK STATE | Office of Children and Family Services

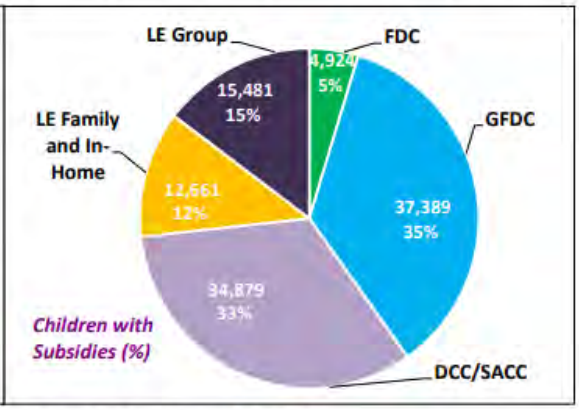
Child Care Facts and Figures 2022

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	2,179	1,572	887	5,054	9,692
	Rest of State	1,998	1,173	1,772	2,629	7,572
	Total	4,177	2,745	2,659	7,683	17,264
Maximum Capacity	New York City	143,327	235,955	6,741	76,976	462,999
	Rest of State	173,709	96,708	14,088	41,240	325,745
	Total	317,036	332,663	20,829	118,216	788,744

Subsidized Child Care in New York State (Federal Fiscal Year 2022)

- $894.6 Million allocated to local districts for the NYSCCBG child care subsidy program in SFY2022-23.
- Approximately 105,000 children in 62,000 families received child care subsidies in FFY 2022 (annual).
- Approximately 66,000 children in 39,000 families received child care subsidies each month.
- Approximately 59% of children served are from NYC.
- Approximately 31% of children with child care subsidies were in families receiving Temporary Assistance, while 69% were not in receipt of TA (low income cases).
- There are approximately 7,100 legally exempt providers enrolled to provide subsidized child care.



Number of providers caring for one or more children with child care subsidies in FFY2022.

	Licensed or Registered			Legally Exempt Enrolled			Total
	DCC/SACC	FDC	GFDC	LE Family	LE In-Home	LE Group	
New York City	943	435	3,795	317	946	138	6,574
Rest of State	2,131	1,135	2,190	3,084	2,103	60	10,703
Total	3,074	1,570	5,985	3,401	3,666	198	17,277

Division of Child Care Services Miscellaneous Contracts/MOUs for SFY 2022-23

- 32 Child Care Resource & Referral Contracts - $16.9 million - incl. NYC with one lead and three subcontractors.
- Seven Infant/Toddler Resource Center Contracts - $6.5 million.
- 37 Registration Contracts/MOUs - $22.6 million.
- 32 Legally Exempt Enrollment Agency Contracts - $26.9 million.
- Child Care Subsidy MOUs for income-eligible families: SUNY $2.213 million; CUNY $2.161 million.
- NYS Agriculture and Markets MOU supports Centers for children of migrant and farm workers - $750,000.
- Unified Court Systems MOU supports Children's Centers - $150,000.

https://ocfs.ny.gov/programs/childcare/assets/docs/factsheets/2022-DCCS-Fact-Sheet.pdf

Appendix D: New York State Prekindergarten Programs 2021-2022

(Serving 623 School Districts in total)	Targeted Pre-K (TPK) (1966)[1] $1,303,000	Universal Pre-K (UPK) (1997) $605,500,000	Statewide Full-Day Pre-K (SUFDPK) 2014-2019 $350,000,000	Universal Prekindergarten Expansion Grant for New Full Day Placements for Four Year Old Students $13,360,000
Number of Participating Districts	3 BOCES	623 School Districts	80 School Districts + 12 CBOs	31 School Districts
Rates per child	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 $7,000, with teacher in study plan to obtain certification	$10,000, with certified teacher $7,000, with teacher in study plan to obtain certification
Length of Day	Half-day or Full-Day (no rate differential)	Half-day or Full-Day (no rate differential)	Full-day	Full-day
Child Eligibility	High need 3's and 4's	All 4's and 3 year olds	All 4's	All 4's
Governance	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
Funding Strategy	Recurring grant, now part of Universal Pre-K program	Recurring formula-based, non-competitive grant	Competitive grant	Competitive grant

[1] Started as Experimental Pre-K, largely folded into Universal Pre-K in 1997, except for three BOCES-operated programs