

NYS APPR Appendix

Question 1

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Appendix 1.1 Strategic Plan Goals at a Glance

Strategic Plan Goals at a Glance

The ECAC developed a set of ten Goals, listed below. Each Goal has related Objectives and Activities, as well as Performance Measures and Progress Indicators that span three years (detailed on pages 14-33).

GOAL 1

- The Early Childhood Advisory Council (ECAC) strengthens its structures and capacity to provide strategic direction and formal recommendations to the Governor, while communicating to and engaging with its stakeholders and other agencies and organizations to ensure that every young child thrives in early childhood, particularly the most vulnerable populations.

GOAL 2

- Family engagement and leadership are strengthened and inform the ECAC's early childhood system building efforts.

GOAL 3

- All New York State ECCE programs and schools are prepared to provide young children and families with high quality settings and have supportive services and resources in place to improve quality.

GOAL 4

- All system building efforts are informed by a whole child perspective that includes mental health, oral health and physical health as integral for high-quality early care and education programs.

GOAL 5

- An increased number of successful partnerships will further develop the mixed-delivery system for high-quality early care and education programs.

GOAL 6

- Comprehensive interdisciplinary strategies are in place to grow the workforce and to support children from birth through age five and their families.

GOAL 7

- New York State's early childhood education workforce system, New York Works for Children, is fully implemented.

GOAL 8

- Actionable short- and long-term strategies are in place to fund essential elements for New York State's mixed-delivery system.

GOAL 9

- An early childhood integrated data system is created for tracking service delivery, outcomes and system improvements to drive accountability, policy development, funding and best practices across New York State.

GOAL 10

- Research findings and evaluation results are used to recommend policy, statutory and regulatory changes, as well as structures and best practices to strengthen the NYS early childhood system.

RACIAL EQUITY IN NEW YORK STATE EARLY CHILDHOOD PROGRAMS

Across New York State, early childhood programs responded to local and national racial injustices during the COVID-19 pandemic.



Hiring and Boards

Programs reviewed hiring practices and policies, with the goal of ensuring equitable hiring practices, for direct services providers to administrators, to better reflect the racial diversity of the communities they serve.



Strengthened Partnerships

Programs worked more closely with their partners to address injustices and inequities within the communities that they serve.



Policies and Procedures

Programs examined their policies and practices related to equity. Some published public statements that reaffirmed their commitment to equitable practices.



Community Activities

Programs participated in activities both within their organizations and in their communities, including holding equity circles, organizing peaceful marches, and more.



Professional Development

Programs sought out training and added classroom curricula to increase staff knowledge around equity and better reflect the families they serve.



Future Work

Programs committed to approaching their future work from a racial equity perspective.

Quotes from Early Childhood Professionals

"[The Black Lives Matter movement] has elevated our message further. It has allowed us to be more unapologetic about what we needed to say in regards to the importance of black lives and the impact of black and brown bodies and what that means historically and presently."

"There were lots of conversations about how to rethink some of our policies and procedures in early childhood so we are dismantling systematic oppressions and taking a more active role in building equity within our own practices with children and families... I think there were good conversations but hard conversations in early childhood spaces around equity."

Statewide Early Childhood Equity Resources

Equity: Zero to Three: <https://www.zerotothree.org/policy-and-advocacy/equity>

Racial Justice! Sesame Street in Communities: <https://sesamestreetincommunities.org/topics/racial-justice/>

The Council on Children and Families, Advancing Race Equity resources: <https://www.ccf.ny.gov/council-initiatives/achieving-race-equity/>

The Early Care and Learning Council, Leading with Racial Equity Training: <https://earlycareandlearning.org/special-projects/>

NYS Early Care and Learning Council, the New York State Equity Leaders Action Network/National Black Child Development Institute: <https://early-nys-elan-nbcdi.html/>

The Pyramid Model, an evidence-based framework to build social and emotional competence in early care and education programs: <http://www.nysecac.org/contact/pyramid-model>.

Equity Starts Early: <https://www.clasp.org/publications/report/brief/equity-starts-early-addressing-racial-inequities-child-care-and-early>

A Children's Book List that Embeds Race Equity and Social Justice: <http://www.nysecac.org/resources/childrens-book-list>



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CCR&RS OR CHILD CARE RESOURCE & REFERRAL AGENCIES RECEIVED POSITIVE REVIEWS FROM PROVIDERS FOR PROVIDING MENTAL HEALTH RESOURCES



RESOURCES



PYRAMID MODEL STRATEGIES & SUPPORTS

CHILD CARE RESOURCE & REFERRAL AGENCIES (CCR&RS)

NEW YORK CITY EARLY CHILDHOOD MENTAL HEALTH



EARLY CHILDHOOD CAREER CENTERS

EARLY CHILDHOOD COLLEGE SCHOLARSHIPS

NYS ASSOCIATION FOR INFANT MENTAL HEALTH

STRENGTHENING PROTECTIVE FACTORS TRAINING



Appendix 1.4 Family Guide

Front:

Family Guide to NYS Early Childhood Services - Prenatal through Age 5

A resource guide for families to connect and link children to early childhood services in New York State

Home Visiting (prenatal – 5)

Home visitors offer support to pregnant women and families with children birth to age 5 and promote healthy child development. Home visiting is provided at no cost to your family. To find a home visiting program near you: www.bit.ly/homevisitingnys

Home Visiting Programs connect families to community resources such as:

- Medical, Dental & Mental Health Services
- Child Care
- Early Head Start and Head Start
- Early Intervention Services
- Food, Housing and Employment

Early Intervention (age 0 – 3)

Every county has an Early Intervention Program (EIP) to support infants and toddlers ages birth to 3 years with disabilities or developmental delays. Services are provided at no cost to eligible families. Find your county provider at: www.bit.ly/earlyinterventionnys

Head Start (age 0 – 5)

Head Start and Early Head Start offer services and supports to eligible families to help reach their goals. Programs offer full-day, half-day and home visiting options at no cost for families. To find a program near you go to: www.bit.ly/headstartprograms

Head Start Supports:
 Early Learning • Health • Mental Health
 School Education • Family Well-Being

Child Care (age 6 weeks up through age 12)

NYS Office of Children and Family Services (OCFS) provides information on:

- Finding care
- Paying for care

The website includes helpful videos and handouts and local child care resource and referral agency contacts: www.ocfs.ny.gov

QUALITYstarsNY (QSNY)
 QSNY is the NYS quality rating and improvement system to ensure that young children in early care and education programs have access to an education and care experience that meets the quality of the program. For more information: www.qualitystarsny.org

Preschool Special Education (age 3 – 5)

Preschool Special Education provides services to meet the needs of identified preschool students with disabilities. Services are provided through your local school district at no cost to your family. www.bit.ly/preschoolsedsnys

Preschool Special Education includes an Individualized Education Program (IEP) annual review:

1. IEP: An Individualized Education Program (IEP) is developed to meet your child's needs and goals.
2. Annual Review: Each year, a meeting is held to review your child's progress and decide on next year's goals.

Play Grow Learn

State-Funded PreKindergarten (age 3 – 4)

Prekindergarten helps prepare children for school. Programs are offered through your local school district or community based organizations at no cost to your family. Check with your local school district for more information. www.bit.ly/earlylearningnys

Back:

Family Guide to NYS Early Childhood Services - Prenatal through Age 5

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Family Support

Paid Family Leave
 NYS offers job-protected, paid leave to bond with a new child, care for a loved one with a serious health condition, or help relieve family pressures when someone is called to active military service abroad. Call the Helpline at 1.844.337.6303 or visit www.bit.ly/paidleave

The NYS Department of State, Office for New Americans
 Provides free services to all immigrants and includes community navigators, workforce development, mobile English language learning and legal services. Call 1.800.566.7636 or visit www.bit.ly/onasny

The NYS Office of Temporary and Disability Assistance, Enhanced Services to Refugees Program
 Supports newly arrived refugee families in obtaining services like language training, health services and employment. Call 518.402.3096 or visit www.bit.ly/rsny

Kinship Care
 Provides information, referrals and assistance via their website www.nysnavigator.org and toll free number 1.877.454.6463

Prevent Child Abuse NY
 Offers parenting support and resources including a parent helpline. Call 1.800.244.5373 or visit www.preventchildabuse.org

Developmental Disabilities
 Parent to Parent of NYS Empowers families who care for children with developmental disabilities. Call 1.800.305.8817 or visit www.parentoparents.org

Families Together of NYS
 Supports families and children with social, emotional and behavioral problems. Call 518.432.0333 or visit www.ftnys.org

Local Contacts

Pediatrician:

WIC Center:

Food Pantry:

Home Visiting Program:

Child Care Resource & Referral Agency:

County Early Intervention:

Early Head Start / Head Start Coordinator:

School District:

Mental Health

The NYS Office of Mental Health Connects you to local resources and services for perinatal depression, child mental health and other socio-emotional needs for your family. If in crisis, you can anonymously text **GOTS to 741741**. You can also call 1.800.273.TALK (8255) or visit www.bit.ly/mentalhealthnys

Postpartum Resource Center of New York
 Ensures families receive needed mental health support after giving birth. Call the Helpline at 1.855.631.0001 or visit www.postpartumny.org

SNAP (Supplemental Nutrition Assistance Program)

SNAP helps buy healthy food for you and your family. www.bit.ly/snappys

HEAP (Home Energy Assistance Program)
 HEAP helps pay the cost of heating your home. www.bit.ly/heapnys

Regional Food Bank
 For help connecting to your local food pantry visit the NYS Department of Health website www.bit.ly/foodbanknys

Shelter Support
 If you are currently homeless or at risk of homelessness, contact your local Department of Social Services www.bit.ly/housingnys

211nys
 211 is an easy to remember phone number that helps connect NY families with basic needs and supports

*Eligibility and enrollment for Assistance Programs, health insurance and tax credit information can be found at <https://mybenefits.ny.gov/mybenefits/begin>

SNAP (Supplemental Nutrition Assistance Program)

SNAP helps buy healthy food for you and your family. www.bit.ly/snappys

HEAP (Home Energy Assistance Program)
 HEAP helps pay the cost of heating your home. www.bit.ly/heapnys

Regional Food Bank
 For help connecting to your local food pantry visit the NYS Department of Health website www.bit.ly/foodbanknys

Shelter Support
 If you are currently homeless or at risk of homelessness, contact your local Department of Social Services www.bit.ly/housingnys

211nys
 211 is an easy to remember phone number that helps connect NY families with basic needs and supports

*Eligibility and enrollment for Assistance Programs, health insurance and tax credit information can be found at <https://mybenefits.ny.gov/mybenefits/begin>

Addiction Supports

The NYS Office of Addiction Services and Supports If you or a loved one is struggling, you can find help and hope by calling, 24-hour, 7-days-a-week **1.877.4.HOPE (1.877.846.7469)** or texting **HOPE (Short Code 467369)**. For addiction treatment, crisis/detox, inpatient, residential, or outpatient care go to FindAddictionTreatment.nys.gov or www.bit.ly/oasasny

Health and Safety

Domestic Violence
 NYS Offices for the Prevention of Domestic Violence If you or someone you know is a victim of domestic violence and want help, emergency shelter or information, call the domestic violence program in your community. www.bit.ly/dvhelpnys or call the NYS Domestic and Sexual Violence Helpline: 1.800.943.6900. English & Spanish/Multi-language Accessibility, Deaf or Hard of Hearing: 711.

Growing Up Healthy Hotline

Provides information about health care, nutrition, and other family needs. Available 24 hours/day, 7 days a week in English, Spanish and other languages. All calls are confidential. 1.800.522.5006

Medicaid + Child Health Plus
 Your family may qualify for Medicaid or CHP if you meet certain financial requirements. Apply through the NY State of Health marketplace, or by calling the Medicaid or CHP Helpline at 1.800.698.4KIDS

NYS State of Health Marketplace
 Online resource to help you shop, compare and enroll in a low-cost quality health insurance plan. www.nystateofhealth.ny.gov

Dental Services and Resources
 Find resources for prenatal and childhood oral health. Call 1.855.355.5777 TTY 1.800.662.1220 or visit www.bit.ly/dentnys

Injury Prevention
 SAFE KIDS NY is an organization dedicated to preventing injuries to children and have local coalitions. Call 516.881.7000 or visit www.bit.ly/safekidsnys

Basic Needs (Food, clothing, shelter)

WIC (Special Supplemental Nutrition Program for Women, Infants and Children) WIC promotes and supports the good health of qualifying infants, children, and women who are pregnant, breastfeeding or postpartum. www.bit.ly/wicnys

THE NYS PARENT PORTAL

www.nysparenting.org

Connects parents to family friendly websites including:

- The NYS Parent Guide
- The NYS Child Care and After School Program Locator
- The Multiple Systems Navigator
- Every Student Present

Sign up for Health Insurance: www.nystateofhealth.ny.gov 1.800.541.2831

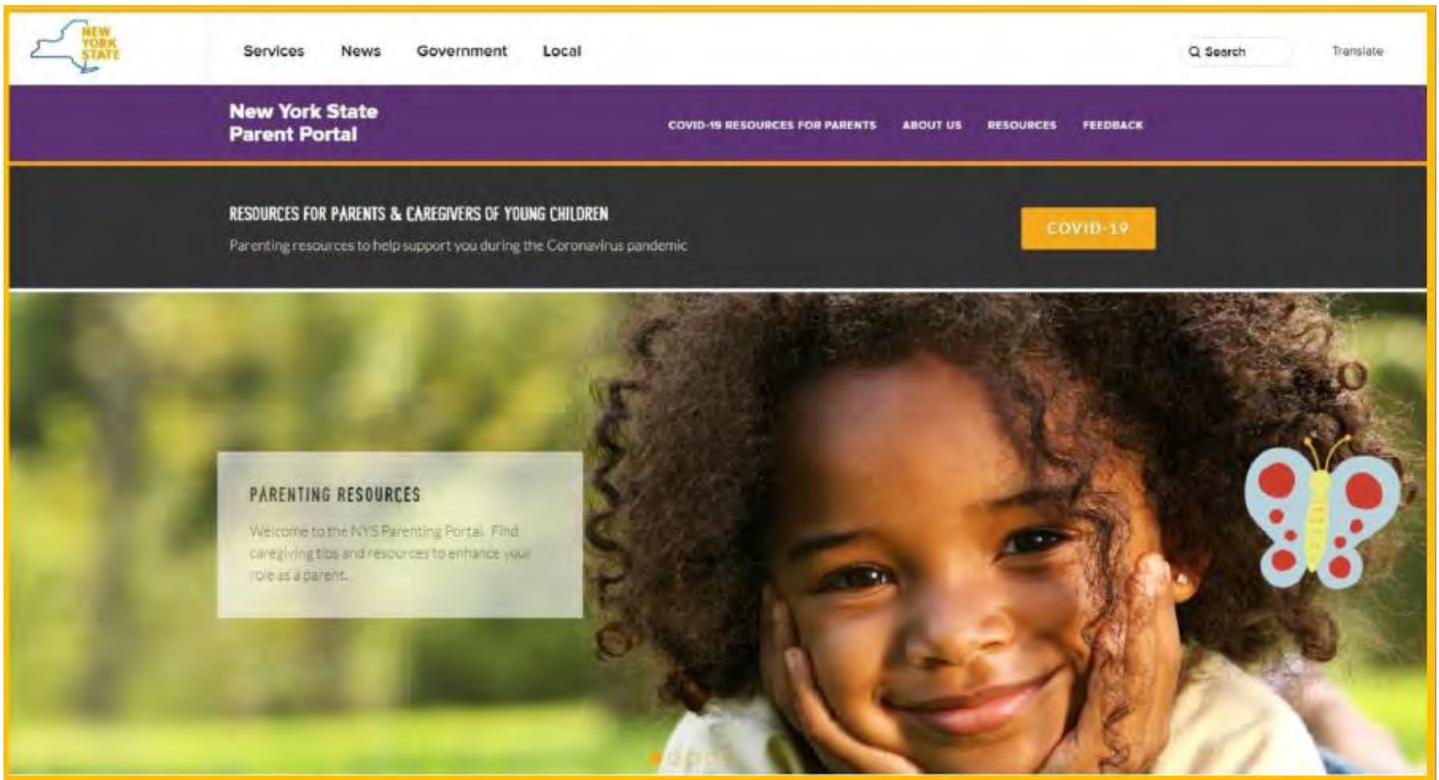
Poison Control: 1.800.222.1222

Crisis Text Line: Text "Go15" to 741-741

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10/11/2021

Appendix 1.5 Parent Portal Images





NYS CHILD CARE, AFTER SCHOOL, AND HOME VISITING PROGRAMS LOCATOR

FIND CHILD CARE AND HOME VISITING PROGRAMS NEAR YOU

This website provides information on child care, after school and home visiting programs in one easy-to-access location. View the last tab to learn more about child care and after school oversight agencies.

[VISIT](#)

[CHILD CARE OPTIONS VIDEO](#)

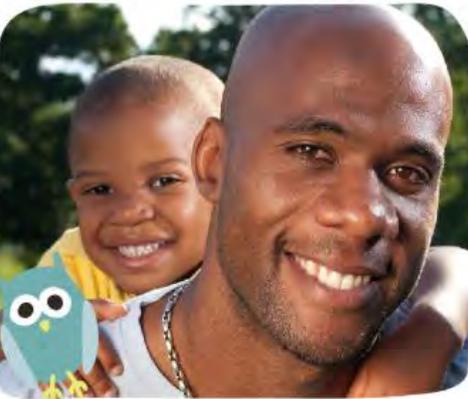


PARENT GUIDE

STARTING LIFE TOGETHER

This is your Guide, the story of the first five years of your parenting journey. Whether you are the mother or father (through birth, adoption, or foster care), a grandparent, partner, family friend, aunt or uncle with parenting responsibilities, what you say and do in your role as a parent matters.

[VISIT](#)



MULTIPLE SYSTEMS NAVIGATOR

LEARN TO EASILY NAVIGATE MULTIPLE HUMAN SERVICE SYSTEMS

Access helpful health, education, human service and disability information on one user-friendly website. Built for youth, parents, family members and caregivers that rely on supports from multiple child and family serving systems.

[VISIT](#)

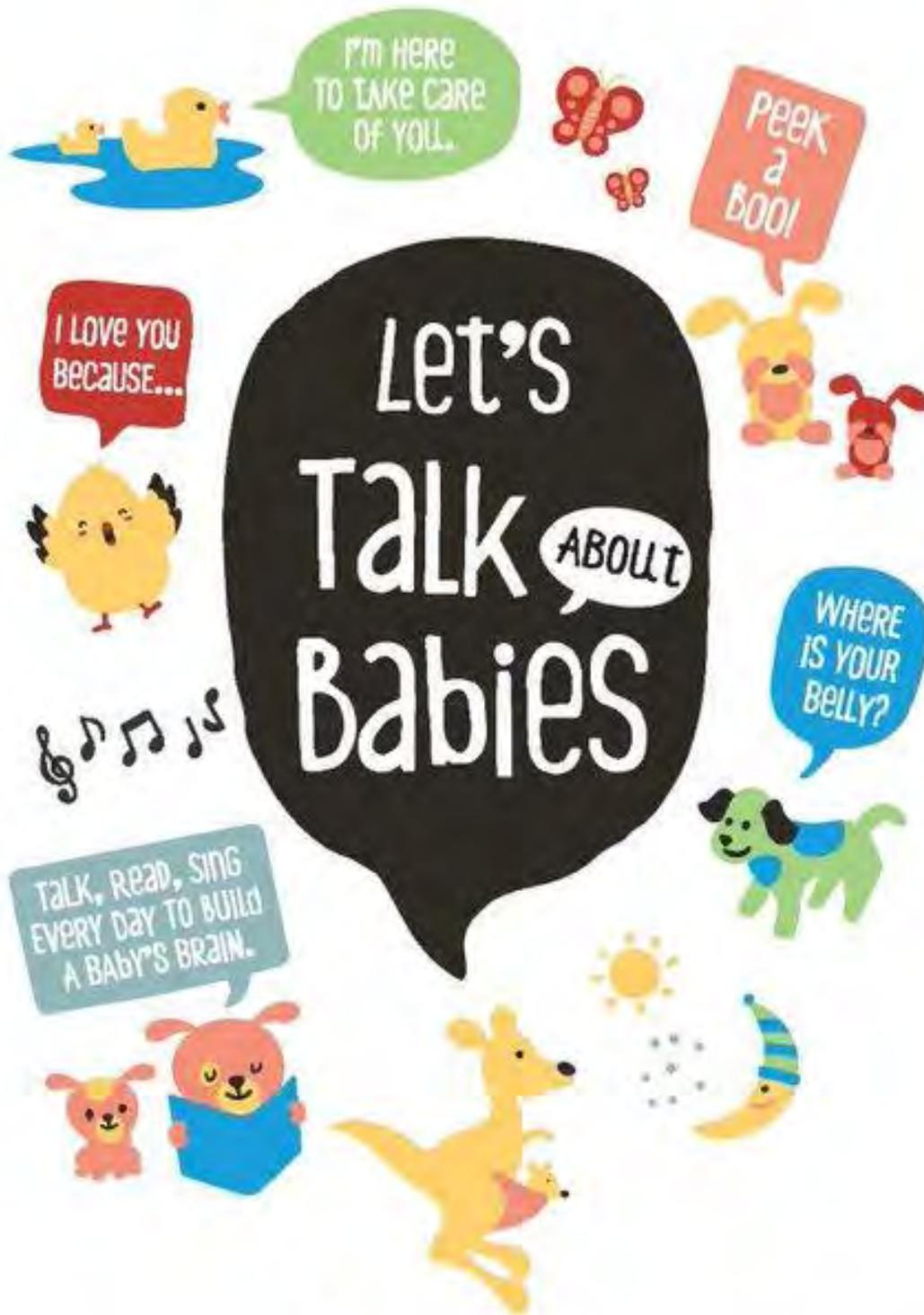


EVERY STUDENT PRESENT

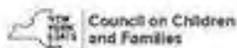
WAYS TO HELP YOUR CHILD ATTEND SCHOOL EVERY DAY

Learn how to boost your child's confidence, keep your child on track with school work, protect your child from bullies and keep your child healthy.

[VISIT](#)



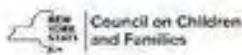
DOWNLOAD THE NYS PARENT PORTAL



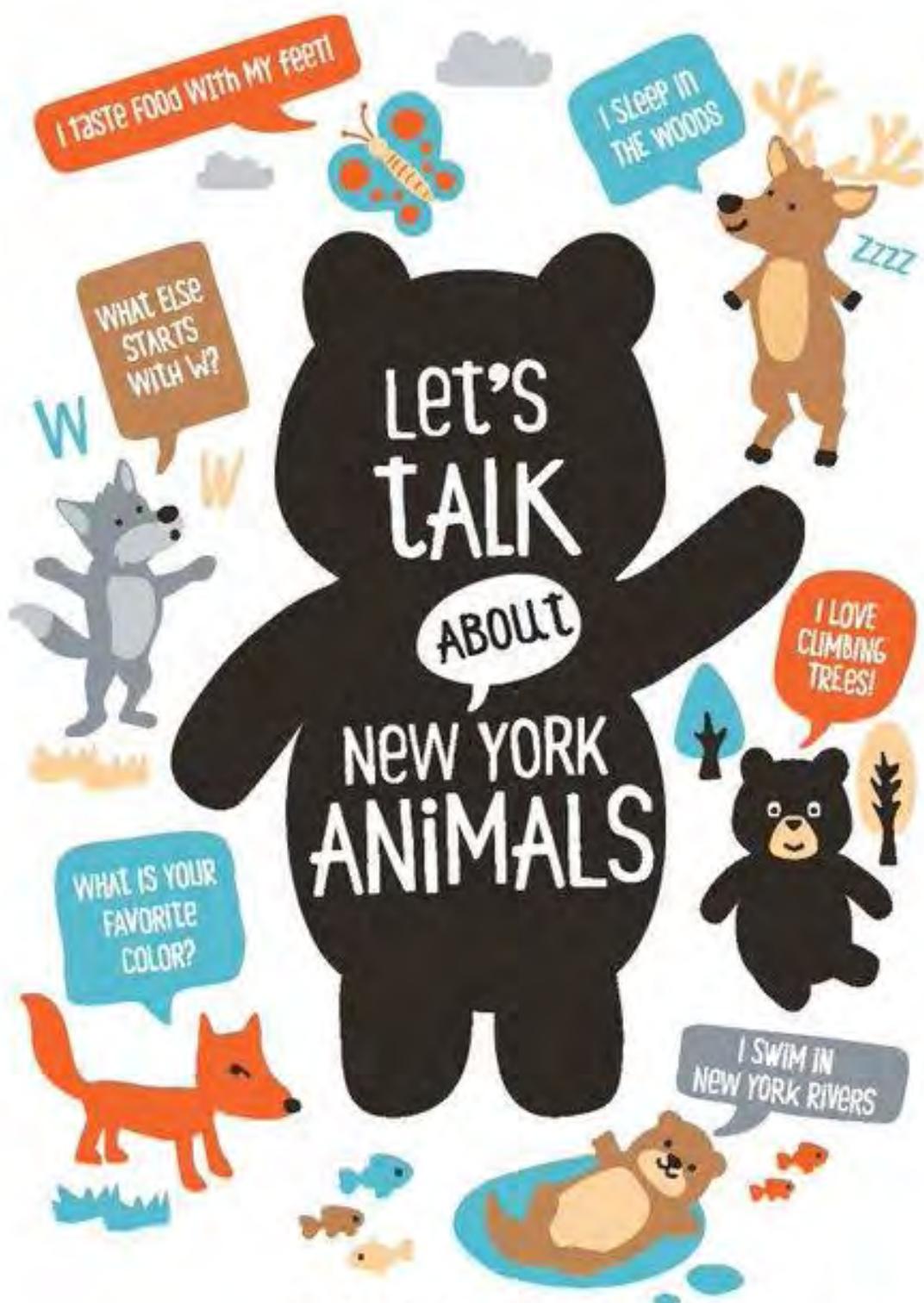
Supported by Grant Number 90TP001901-01 from the U.S. Department of Health and Human Services.



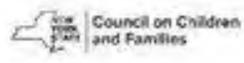
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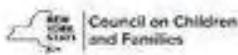
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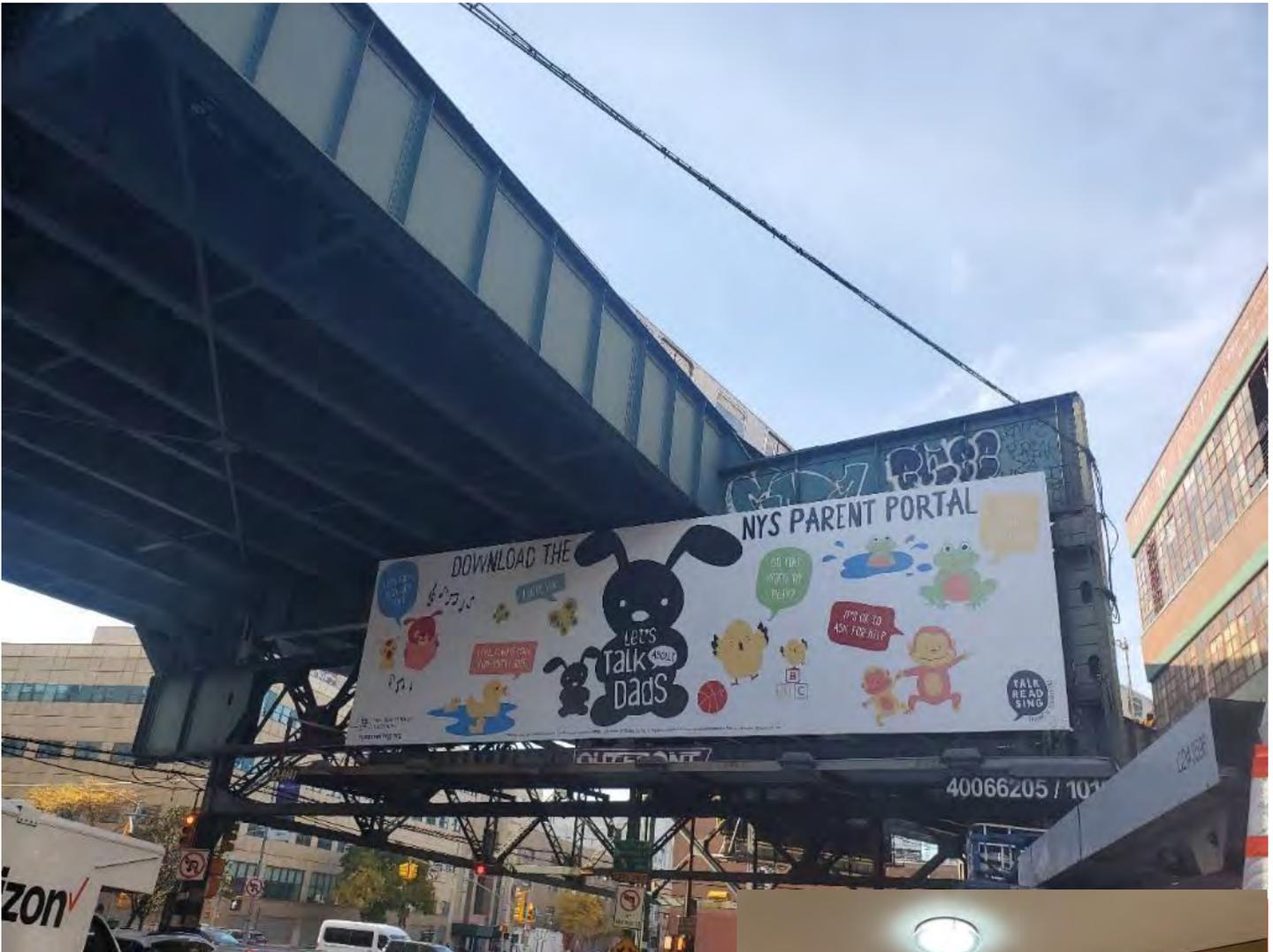


DOWNLOAD THE NYS PARENT PORTAL



Supported by Grant Number 90T7001901-01 from the U.S. Department of Health and Human Services.

Appendix 1.7 Talking is Teaching Out of the Home





 **CHILDREN DON'T COME WITH A MANUAL.**
HOME VISITORS PROVIDE ASSISTANCE WITH THINGS LIKE BREASTFEEDING SUPPORT, FEEDING YOUR PICKY EATER, POTTY TRAINING, AND SAFE SLEEP PRACTICES.

 **WANT PREGNANCY AND PARENTING SUPPORT?**
HOME VISITING IS A FREE, VOLUNTARY PROGRAM THAT MATCHES NEW AND EXPECTANT PARENTS WITH CARING PROFESSIONALS THAT HELP PARENTS UNDERSTAND THEIR BABY'S HEALTHY DEVELOPMENT.
HOME VISITORS COME TO YOU... WHEN YOU WANT THEM TO!

Let's
Talk  ABOUT
WHAT HOME
VISITING
is

 FUN



 FAMILY
FOCUSED



 FREE



 SUPPORTIVE
AND
FRIENDLY



 WELCOMING
OF ALL
FAMILIES





STRENGTHENS PARENTING SKILLS!

CONNECTS YOU TO COMMUNITY RESOURCES!

Children don't come with a manual. Home visitors provide assistance with things like breastfeeding support, feeding your picky eater, potty training, and safe sleep practices.



Home visitors help connect parents with resources they need, from finding local healthcare providers to formula and diapers, toys and books!

OFFERS ADVOCACY, PARTNERSHIP, AND SUPPORT!

Let's Talk ABOUT HOW HOME VISITING BENEFITS YOU

WELCOMES ALL!



You are the expert of your own life. Home visiting connects you to a larger community where you belong and your voice matters.

Parenting is one tough job! Want support? Home visiting is a free, voluntary, and proven program. Home visitors come to you... when you want them to.



VALUES YOUR EXPERIENCE!

Home visitors acknowledge and honor a person's experience, including those who face injustices based on race and from other parts of identity. Programs are committed to removing obstacles and inequities and home visitors can help families navigate through barriers.

LET'S TALK ABOUT THE IMPACT OF HOME VISITING



As a trusted healthcare provider, you are a source of support for families. You answer questions that are medical in nature, yet also connect families to community resources. We're here to help you connect new and expectant families to one of the most transformative and vital resources in our community – evidence-based/evidence-generated maternal, infant and early childhood home visiting.

Various programs have different outcomes; but all programs demonstrate effectiveness in one or more of the following areas:

- Decreasing child abuse and neglect
- Improving health and mental health outcomes for mother and child
- Increasing school readiness
- Reducing the likelihood of maternal mortality
- Increasing self-sufficiency among families

Home visitors—whether they are nurses, social workers, or paraprofessionals—empower parents by working with them to better understand child development and social determinants of health and connect them to community services such as Early Intervention (EI) and nutrition assistance.

LET'S TALK ABOUT DATA AND STATS

Prenatal Care



One study found a **48%** reduction in low birth weight (LBW) deliveries among women who enrolled before the 31st week of pregnancy.

Return on Investment



Cost-benefit analyses show that high-quality programs offer returns on investment ranging from \$1.75 to \$5.70 for every dollar spent, due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses.

ER Visits



ROI for Medicaid recipients' emergency room usage in the first year of a child's life alone is \$3 for every \$1 invested. One study found that children whose families received home visits were 35% less likely to have to visit an ER.



Council on Children and Families



50% reduction in subsequent confirmed child protective (CPS) reports after 7 years for mothers with a confirmed report prior to program entry.

Healthy Families NY

One model's graduates scored **2 times higher** on social-emotional skills than their peers.

ParentChild+

RESOURCES IN YOUR COMMUNITY

One study found that a focus on lifestyle can effectively minimize excess maternal weight gain during pregnancy and through 12 months.

Parents as Teachers

- 79.7% of postpartum clients engaged in prenatal care during the 1st trimester
- 68% of referrals for child primary care were completed

Maternal and Infant Community Health Collaboratives (MICHC)



Mothers had **18%** fewer preterm births, **21%** more breastfed at 6 months, and **19%** more infants were immunized at 6 months compared to a similar reference group of low-income women nationally.

Nurse-Family Partnership

SUMMARY OF TASK FORCE RECOMMENDATIONS

1 CHILD CARE AFFORDABILITY

- 1.1 Set a statewide standard for affordability and enact a path to get there.
- 1.2 Adopt subsidy market rates that reflect the real cost of high-quality child care.
- 1.3 Make phase-in decisions based on racial equity and other equity priorities.
- 1.4 Maximize available funding across all sources.

2 EQUITABLE ACCESS TO CHILD CARE

- 2.1 End disparities caused by inequitable county-by-county fragmentation.
- 2.2 Increase provider capacity in order to eliminate "child care deserts."
- 2.3 Improve fiscal stability for child care providers to give families confidence and stability.
- 2.4 Eliminate policies that force children out of early childhood care.
- 2.5 Engage employers as a key partner in establishing an affordable and accessible high-quality child care system.



3 HIGH-QUALITY CHILD CARE

- 3.1 Support program quality and provide transparency to families.
- 3.2 Pay the early childhood workforce fairly.
- 3.3 Provide pathways for early childhood educators to advance in their careers and professional learning.

4 COORDINATED SYSTEMS

- 4.1 Publicly communicate the status and impact of the child care system and New York State's progress toward achieving the vision and steps proposed by the Task Force.
- 4.2 Develop a data system to support quality, efficiency, and transparency.
- 4.3 Streamline and coordinate across agencies to better serve families and child care providers.
- 4.4 Increase pre-kindergarten collaboration with community-based organizations.

Appendix 1.10 B5 Partner Meeting List

First name	Last name	Organization
Yessenia	Adon	QUALITYstarsNY
Alejandra	Alvarez-Ibanez	Intermediate Care Facilities
Cynthia	Amato	Economic Opportunity Council of Suffolk
Mary	Amendola	NYS Department of Health
Dona	Anderson	NY Early Childhood Professional Development Institute
Kim	Avery	Children's Institute
Emily	Badalamente	New York State Executive Chamber
Louise	Baldassano	NYS Office of Children and Family Services
Pam	Balmer	New York State Association for Infant Mental Health
Shaka	Bedgood	NYS Office of Children and Family Services
Tyler	Bellick	UAlbany Center for Human Services Research
Carly	Belmonte	Early Care and Learning Council
Kyle	Belokopitsky	New York State Congress of Parents and Teachers Inc.
Wendy	Bender	New York State Association for Infant Mental Health
Barbara	Bennet	Office of Addiction Services and Supports
Erin	Berical	UAlbany Center for Human Services Research
Erika	Bezio	Saranac Lake CSD
Neenah	Bland	Albany Community Action Program
Mike	Bobbitt	Department of Youth and Community Development
Cate	Bohn	NYS Council on Children and Families
Suzanne	Bolling	NYS Education Department
Daniel	Bonnet	Westchester Community Opportunity Program (WestCOP)
Matthew	Boyer	NYS Department of Health
Donna	Bradbury	NYS Office of Mental Health
Jason	Breslin	NYSED Office of Early Learning
Amanda	Briell	NYS Council on Children and Families
Carolyn	Brown	PEACE
Jen	Brown	Child Care Council of OC
Beth	Brumaghim	GOER
Lynne	Burke	Reach Out and Read
Shannon	Burke	Reach Out and Read
Claudine	Campanelli	The City University of New York
Leslie	Capello	QUALITYstarsNY
Lucinda	Caruso	NYS Department of Health
Kevin	Casey	School Administrators Association of NYS
Samantha	Cassidy	NYS Department of Health
Bonnie	Catlin	NYS Office of Mental Health
Divya	Chhabra	New York State Psychiatric Institute
Meredith	Chimento	Early Care & Learning Council
Jacquelyn	Christensen	NYS Parent Advisory Council (PAC)
Lesley	Christman	ACCORD
Maryann	Ciskal	Child Care Resource Network
Sherry	Cleary	NY Early Childhood Professional Development Institute, CUNY

Geri	Cone	Children's Institute
Vicki	Connely	Child Care Resources of Rockland , Inc
Joy	Connolly	Child Care Council of Nassau, Inc.
Stephen	Cook	Golisano Children's Amb Care Fac
Pedro	Cordero	ACF, Head Start
Christina	Costa-Daley	NYS Department of Health
Reginald	Cox	Fatherhood Connection
Stephanie	David	Common Ground Health/NYSAIMH
Patti	Dema	Mohawk Valley Community Action
Maggie	Dickson	Prevent Child Abuse NY
Susan	Dinatale	Child Care Resource Network
Stephanie	Dockweiler	QS2 Training and Consulting
Erin	Donahue	Maternity & Early Childhood Foundation
Felicia	Dumas	St. Lawrence County Community Development Program
Karen	Dwyer	NYS Department of Health
Melanie	Faby	NYS Education Department
Amelia	Fisher	Catholic Charities of Onondoga County
Andrea	Gansky	NY Association for the Education of Young Children
Sandra	Garcia	Child Care Council of Nassau, Inc.
Lauren	Gardner	People Inc
Samantha	Gerken	UAlbany Center for Human Services Research
Amanda	Gesing	YWCA of Jamestown
Lisa	Ghartey Ogundimu	NYS Office of Children and Family Services
Laura	Gonzalez Murphy	NYS Department of State and the Office for New Americans
Rose	Greene	Center for Human Services Research
Deborah	Gutierrez	NYS Department of Health
Nancy	Hampton	NYS Council on Children and Families
Teresa	Hargrave	SUNY Upstate Medical University
Celeste	Harp	NYS Department of Health
Alexis	Harrington	NYS Office for People with Developmental Disabilities
Timothy	Hathaway	Prevent Child Abuse New York
Malika	Henriques	QUALITYstarsNY
Dirk	Hightower	Children's Institute
Yadia	Hinds	LIFQHC
Abbe	Hook	Early Care and Learning Council
Robin	Hooper	Rochester City District
Alma	Idehen	Bronx Healthy Start Partnership
Yvette	James	New York Early Childhood Professional Development Institute, CUNY/CCF
Kimberly	Jones	NYS Department of Health
Nicole	Kelley	NYS Office of Addiction Services and Supports
Jody	Kelly	NYS Office of Temporary and Disability Assistance
Shea	Kelly	St. Peter's Health Partners
Kristen	Kerr	NY Association for the Education of Young Children
Carolyn	Keyser	YWCA of Rochester and Monroe County
Kathleen	Kiblin	Child Care Resource Network

Michele	Kinzel-Peles	NYS Education Department
Karen	Kissinger	NYS Office of Children and Family Services
Francina	Kitchen-Hill	NYS Department of Labor
Brandy	Koproski	Integrated Community Planning Council of Oswego County, Inc.
Abbe	Kovacik	Brightside Up, Inc.
Lara	Kyriakou	Ed Trust New York
Patricia	Leo	The Florence M Muller Foundation
Rachel	Ludwig	Chautauqua County Department of Mental Hygiene
Susan	MacLennon	Governor's Office of Employee Relations
Elana	Marton	NYS Council on Children and Families
Misha	Marvel	Hunger Solutions New York
Jennifer	Maurici	NYS Office of Children and Family Services
Deborah	McGuire	Professional Development Program
Tamae	Memole	Prevent Child Abuse NY
Holly	Meredith	UAlbany Center for Human Services Research
Avril	Mills	NYS Association for the Education of the Young Children
Kimberly	Mitchell	New York State Education Building
Janice	Molnar	NYS Office of Children and Family Services
Heather	Mount	Coddington Road Community Center
Jenny	Munoz	NYS Department Of State and the Office for New Americans
Cindy	Myers	QUALITYstarsNY
Ciearra	Norwood	NYS Council on Children and Families
Jenn	O'Connor	Prevent Child Abuse New York
Jackie	Orr	NYS Community Action Association, Inc.
Iwona	Ostrowska-Sheedy	NYS Office of Temporary and Disability Assistance
Chris	Papas	UAlbany Center for Human Services Research
Karen	Payne	Healthy Families Steuben/Livingston
Patty	Persell	NYS Council on Children and Families
Mary	Pieper	Scotia-Glenville Children's Museum
Kimberly	Polstein	Brightside Up, Inc.
Rosemarie	Postighone	NYS Office of Children and Family Services
Bill	Przylucki	NYS Council on Children and Families
Amy	Questel	Healthy Schenectady Families
Michele	Reedy	Professional Development Program
Elizabeth	Rees	NYS Department of Health
Katherine	Reksc	NYS Council on Children and Families
Alissa	Repetti	Child Care of Nassau
Marcia	Rice	NYS Office of Mental Health
Renee	Rider	NYS Council on Children and Families
Moira	Riley	UAlbany Center for Human Services Research
Kristen	Rogers	NY Early Childhood Professional Development Institute
Jude	Rose	Child Development Council
Tina	Rose-Turriglio	NYSED Office of Early Learning
Laura	Rossmann	Pro Action of Steuben and Yates, Inc.
Kathryn	Russell	NYS Department of Health

Andria	Ryberg	Early Care and Learning Council
Faith	Scheibe	SRI International
Shannon	Scheilke	NYS Department of Health
Meghan	Sedorus	Cayuga County Health Dept EI
Marina	Sepowski	NYS Department of Health
Rosemary	Shader	Community Action for Wyoming County
Chad	Shearer	United Hospital Fund
Rosemarie	Shufelt	Child Care Council, Inc.
Kirsten	Siegenthaler	NYS Department of Health
Jessica	Simmons	NYS Department of Health
Amy	Siskind	UAlbany Center for Human Services Research
Simone	Smith	Child Care Resources of Rockland
Jenny	Spampinato	Child Care Resources of Rockland
Rebecca	Stahl	NYS Council on Children and Families
Erick	Stephens	Common Ground Health
Cynthia	Stewart	NYS Department Of State and the Office for New Americans
Lauri	Strano	Children's Institute
Suzanne	Swan	NYS Department of Health
Jeannie	Thomma	Early Care and Learning Council
Diane	Trentini	Children Institute Inc.
Natalie	Wedge	Wyoming County Health Department
Kristin	Weller	NYS Council on Children and Families
Barbara	Wischnowski	Monroe BOCES
Stephanie	Woodard	NYS Council on Children and Families
Linda	Wright	ABC Head Start
Nora	Yates	NYS Office of Children and Family Services
Eric	Zasada	NYS Department of Health
Tina	Zerbian	Connecting Communities in Action
Patricia	Zuber-Wilson	NYS Office of Addiction Services and Supports



Appendix 1.11 Rainbow Chart -TA Alignment

New York’s Early Care and Learning System has many supports and services.

Here is a collection of the many training and technical assistance/ professional development providers in New York.

Technical Assistance (TA) in New York State		Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
				Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
Statewide Technical Assistance and Professional Development Supports										
ASPIRE	New York Works for Children • The Aspire Registry https://nyworksforchildren.org/the-aspire-registry/learn-more/	<p>New York Works for Children is New York State's integrated workforce development system for those serving children from birth through 8. New York Works for Children is also the home of The Aspire Registry: New York's Registry for Early Childhood Professionals.</p> <p>The Aspire Registry is New York's Registry for Early Childhood Professionals, designed to help improve the quality of early childhood education by helping people who work with young children find and track high-quality professional development. The online system allows teachers, assistant teachers, directors and trainers to track their education, professional development, training, experience and career goals, as well as find or post professional development opportunities. Aspire is also used by public agencies to help monitor compliance with regulation.</p>	Diana Diaz info@nyworksforchildren.org	X	X	X			X	0-8 years old
QSNY	QUALITYstarsNY qualitystarsny.org/	<p>QUALITYstarsNY is New York State's Quality Rating & Improvement System (QRIS) for early childhood programs. QUALITYstarsNY is designed to systematically assess, improve, and sustain early childhood care and education quality in all regulated settings.</p>	Leslie Capello info@qualitystarsny.org	X	X	X	X		X	0-5 years old
OHS TA	Head Start Technical Assistance Team https://eclkc.ohs.acf.hhs.gov/about-us/article/training-technical-assistance-centers	<p>The Office of Head Start training and technical assistance (TTA) system supports the knowledge, skills, and practices of grantee staff to implement programs to improve the outcomes of children and families. The 2020–2025 OHS TTA System has three components, that have distinct and complementary function: national centers, regional TTA network, and grantee funding.</p> <p>The National Centers promote excellence through high-quality, practical resources and approaches that build early childhood education program capacity. They also support consistent practices across communities, states, tribes, and territories. The Regional TTA Network provides targeted TTA to individual grantees, clusters of grantees with similar interests or needs, and at state and regional events. There are up to five categories of regional TTA specialists: early childhood specialists, grantee specialists, health specialists, family engagement specialists, and, in some regions, systems specialists.</p>	Jorge Saenz De Viteri jorge.saenzdeviteri@acf.hhs.gov	X	X	X			X	0-5 years old
NYS-AIMH	New York State Association for Infant Mental Health http://www.nysaimh.org/	<p>The New York State Association for Infant Mental Health (NYS-AIMH) is a professional organization and home for specialists whose work is relationship-based and supports the developmental and emotional well-being of infants, toddlers, preschoolers and their parents.</p> <p>Members include social workers, psychologists, early childhood educators, childcare providers, nurses, speech and language pathologists, occupational therapists, physical therapists, administrators, legislators, child welfare professionals, judges, pediatricians, home visitors and many others.</p>	Wendy Bender reachus@nysaimh.org	X	X	X				0-5 years old
NYSPEP	New York State Parenting Education Partnership nyspep.org/	<p>The New York State Parenting Education Partnership (NYSPEP), consisting of public and private New York State agencies, is focused on how to increase families' ability to nurture positive development in their children. This includes a yearly training institute to support those who work with families, along with training opportunities that are offered throughout the year.</p>	Tim Hathaway nyspep@nyspep.org	X	X	X		X		4-21 year old

Technical Assistance (TA) in New York State		Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
				Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
Statewide Technical Assistance and Professional Development Supports contd.										
NYAEYC	New York Association for Education of Young Children www.nyaeyc.org	The New York Association for the Education of Young Children’s mission is to promote excellence in early care and education for New York State children and families through education, advocacy and the support of the profession. NYAEYC’s vision is for all children in New York State have access to high quality early care and education programs with sufficient resources to meet children’s physical, educational, and social/emotional needs in environments that support diversity, all individuals working in the early care and education profession are well educated, receive equitable compensation, and support in their continuing professional development, and for all New York State families have access to affordable, high quality early care and education programs in which they actively participate.	Kristen Kerr contactus@nyayec.org	x	x	x				0-8 years old
CAREER DEVELOPMENT CENTERS	New York Early Childhood Professional Development Institute’s Early Childhood Career Development Center https://www.earlychildhoodny.org/cdsc/	The New York Early Childhood Professional Development Institute’s Early Childhood Career Development Centers are in all 10 regions of New York State. Career advisors at each site provide career advisement and comprehensive career development services to those interested in or currently working in the field of early childhood. These services include academic planning and advisement, career and vocational assessment, scholarship and financial aid guidance, resume preparation, interview and job search strategies, teacher certification support and professional development planning.	Claudine Campanelli careeradvisor@earlychildhoodny.org	x	x	x				0-8 years old
NYS PYRAMID MODEL	New York State Pyramid Model	The Pyramid Model is a research-based framework that promotes healthy social and emotional development for teachers, children and families. The model provides leadership coaching for implementing programs, along with classroom coaching for teachers, teaching assistants or family child care providers by a Pyramid Model Classroom Coach.	Sheridan Povemba or Deborah Fitzgerald NYSpyramidmodel@gmail.com	x	x	x	x	x	x	0-5 years old
PDP	Professional Development Program at SUNY Albany pdp.albany.edu/ and ecetp.pdp.albany.edu	The Professional Development Program is one of the largest University-based continuing professional education programs in the country. PDP designs and delivers training and evaluation programs in a wide variety of subject areas and methodologies. Under contract with the NYS Office of Children and Family Services, PDP provides professional development opportunities for child care providers and child care regulatory staff. PDP offers classroom and virtual classroom training, a catalog of e-learning courses, hosts a video library and manages the Educational Incentive Program (EIP) and Preschool Development Grant: Birth to Five scholarship programs for eligible child care providers.	Debbie McGuire pdp@albany.edu	x	x	x				0-12 years old
PDI	New York Early Childhood Professional Development Institute www.earlychildhoodny.org	The New York Early Childhood Professional Development Institute leads the work to establish and implement an early childhood workforce system to ensure funding, standards and competencies, career development resources, qualifications and credentials, professional development (training and strengths-based coaching), and program quality assurance and improvement for individuals who work with young children throughout New York.	Sherry Cleary Sherry.cleary@cuny.edu	x	x	x				0-12 years old

Technical Assistance (TA) in New York State		Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
				Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
Statewide Business Supports										
LIIF	Low Income Investment Fund https://www.liifund.org/programs/child-care/	<p>Low Income Investment Fund supports the early childhood education field to build, expand and improve facilities and grow the sector’s reach and capacity. LIIF’s investments and capacity building go directly to child care small business owners and operators, primarily women of color and immigrants, supporting access to the tools they need for financial sustainability. This also increases the number of families able to access quality care, particularly in low-income neighborhoods and for communities of color.</p>	Yari Gonzalez ygonzalez@liifund.org	X	X					0-8 years old
SBDC	Small Business Development Centers https://www.nysbdc.org	<p>The New York Small Business Development Center (NYSBDC) provides small business owners and entrepreneurs in New York with the highest quality, confidential business counseling, training, and business research at no cost. The 22 SBDCs located at two- and four-year state colleges and partner with Child Care Resource and Referral (CCR&Rs) agencies. NYS SBDC is connected to the U.S. Small Business Administration and administered by the State University of New York.</p> <p>SBDC trainers currently provide certificates to participants for training credit. In the future, they may seek the Content Specialist Credential, which would allow training credit to be provided to those with OCFS licensure.</p>	Erica Chase chasee@farmingdale.edu	X	X	X				0-8 years old
CDFI	Community Development Financial Institutions https://www.nyscdfi.org/nyscdfis	<p>New York State’s Community Development Financial Institutions (NYS CDFIs) are uniquely positioned to leverage funds for economic development, small business expansion, and job creation. NYS CDFIs provide loans to borrowers creating affordable homes, supporting the start-up and expansion of small businesses and not-for-profit facilities like healthcare centers, ECCEs and community centers across NYS.</p> <p>NYS CDFIs work as a coalition which provides advocacy and resources to Community Development Financial Institution Assistance Program through their collaboration and partnerships with financing networks, empire state development, National Federation of Community Development Credit Unions, and the U.S. Treasury CDFI Fund. Their efforts include the prevention of credit deserts through the Guide to Native Community Development Financial Institutions.</p> <p>All CDFIs offer TA and business trainings, however, the Community Loan Fund of the Capital Region will establish an Early Child Care Accelerator Initiative in 2023. This program will offer child care providers with business course and training to allow access to funds to support facility projects. Other CDFIs can offer child care business initiatives as well.</p>	Molly Belmont molly@mycommunityloanfund.org	X	X	X				0-8 years old
CCR&R:BDTA	Child Care Resource and Referral: Business Development Technical Assistance	<p>ECCE providers who participated in the Infant Toddler Core Business Courses trainings are eligible to receive individual business development technical assistance. ECCE providers receive a toll-free phone number and centralized email address to request help from a Business TA specialist for TA and can receive up to eight hours weekly TA. The TA will be tracked in the Empire State Child Care Match system.</p>	Andria Ryberg aryberg@earlycareandlearning.org	X	X	X				0-8 years old
NYELA	NY Early Learning Alliance https://www.nyearlylearning.org/	<p>The New York Early Learning Alliance is comprised of a diverse group of child care providers coming together to achieve common goals. Each member is provided with five core Shared Services which stabilize programs by supporting directors and owners that ensures longevity. Alliance members have direct access to two years of business coaching that focuses on strengthening programs’ business practices and stabilizing them financially (marketing, enrollment, rates & fees, collection, compensation, risk management, human resources, debt & liquidity, and fiscal management).</p>	Andrea Gansky agansky@nyaeyc.org	X	X	X				0-8 years old

Technical Assistance (TA) in New York State		Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
				Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
New York State Education Department (NYSED)										
OSE	Office of Special Education http://www.p12.nysed.gov/specialed/	<p>NYSED Office of Special Education promotes educational equity and excellence for students with disabilities by:</p> <ul style="list-style-type: none"> • Overseeing the implementation of federal and State laws and policy for students with disabilities. • Providing supervision and monitoring of all public and private schools serving New York State preschool and school-age students with disabilities. • Establishing a broad network of technical assistance centers and providers to work directly with parents and school districts to provide current information and high-quality professional development and technical assistance to improve results for students with disabilities. • Ensuring a system of due process, including special education mediation and impartial hearings. • Meeting with stakeholders through the Commissioner’s Advisory Panel for Special Education Services. 	Suzanne Bolling speced@nysed.gov	X	X	X	X	X	X	3-21 years old
OSE Partnership	Office of Special Education Educational Partnership https://osepartnership.org/	<p>NYSED Office of Special Education (OSE) supports 12 Regional Level Teams that are made up of the 12 Regional Partnership Centers (RPC), 14 Early Childhood Family and Community Engagement (FACE) Centers, and 14 School-age FACE Centers. These regional teams provide direct training and support to families, approved preschool and school-age programs, public schools and districts, and community partners.</p> <p>The RPCs and FACE Centers:</p> <ul style="list-style-type: none"> • Promote meaningful change within the educational system; • Build collaborative school/community relationships; • Promote family and community engagement within the educational system; • Provide information and training in the areas of literacy, behavior, transition, specially designed instruction, and equity; as well as • Provide information and training about available service options for students from early childhood through high school. 	Kathleen Milliman speced@nysed.gov	X	X	X	X	X	X	3-21 years old
OEL	Office of Early Learning www.p12.nysed.gov/earlylearning/	The Office of Early Learning provides oversight and technical support to school districts in the development, implementation and evaluation of programs and policies related to educating students in prekindergarten to third grade that are aligned with the NYS Board of Regents Early Childhood Policy. The Office works closely with parents, early care and education agencies, school districts, state agencies and other community advocates to coordinate programs and resources, with the goal of making New York's early learning system as comprehensive and seamless as possible.	Jason Breslin oel@nysed.edu	X	X	X			X	3-8 years old
NYS-TEACHS	Technical and Education Assistance Center for Homeless Students nysteachs.org/	New York State Technical and Education Assistance Center for Homeless Students (NYS-TEACHS) provides information, referrals, and trainings to schools, school districts, social service providers, parents, and others about the educational rights of children and youth experiencing homelessness.	info@nysteachs.org	X	X	X	X		X	3 – 21 years old
RBERNS	Regional Bilingual Education Resource Network New York University Metro Center 726 Broadway NY, NY 10003 (212) 998-5101 www.nysed.gov/bilingual-ed/regional-supportrberns	<p>The New York State Education Department (NYSED) Office of Bilingual Education and World Languages (OBEWL) supports eight (8) Regional Bilingual Education Resource Networks (RBERNs) (technical assistance support centers) in the State, with seven (7) regional RBERNs and one (1) Statewide Language RBERN. As a network, the RBERNs work in partnership with OBEWL staff to provide technical assistance and professional development to districts/schools in order to improve instructional practices and educational outcomes of students who are English Language Learners (ELLs).</p> <p>The goal of the RBERNs is to help each district/school create for ELLs an educational environment which engages everyone in meaningful teaching and learning, respects diversity, provides opportunities for all children to achieve at the highest levels, and enables them to become skilled in the English language while capitalizing on their strengths in terms of their native language and heritage.</p>	Ronald D. Woo ron.woo@nyu.edu		X	X			X	Kindergarten through Grade 12

Technical Assistance (TA) in New York State		Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
				Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
New York State Office of Children and Family Services (OCFS)										
FRC	<p>Family Resource Centers</p> <p>ocfs.ny.gov/main/trust_fund/parenting_support.asp</p>	<p>The Family Resource Center model is one key strategy implemented that provides families access to the programs and resources needed to help children grow into healthy and productive members of their communities. Family Resource Centers:</p> <ul style="list-style-type: none"> • Deliver flexible services responsive to community needs; • Are universally available with no eligibility criteria; • Provide welcoming and accessible places in the community; • Offer comprehensive, varied, and integrated services; • Link families to other local resources; and • Partner with families and other community services. 	<p>Bernard Pratt</p> <p>Bernard.pratt@ocfs.ny.gov</p>				x	x	x	0-12 years old
CCR&R	<p>Child Care Resource and Referral Agencies</p> <p>earlycareandlearning.org</p>	<p>Child Care Resource and Referral programs (CCR&Rs) are coordinating and planning agencies for local child care services. They provide support to child care providers, parents, businesses and local governments. There are 35 CCR&Rs across New York State.</p> <p>New York's CCR&Rs:</p> <ul style="list-style-type: none"> • Assist families by providing a highly visible, centralized source of information for child care consumers • Identify sources of financial aid to help families pay for their child care choices; • Improve the quality of available services by providing a broad range of support services to providers, including training, technical assistance, and publicity; • Expand the supply of child care by recruiting and training new providers; • Educate parents about high-quality child care and how to evaluate their child care arrangements on an ongoing basis. 	<p>To find contact information for your local CCR&R, please visit:</p> <p>https://earlycareandlearning.org/our-members/</p>	x	x	x	x	x	x	0-12 years old
PDP	<p>Professional Development Program at SUNY Albany</p> <p>pdp.albany.edu/ and ecetp.pdp.albany.edu</p>	<p>The Professional Development Program is one of the largest University-based continuing professional education programs in the country. PDP designs and delivers training and evaluation programs in a wide variety of subject areas and methodologies. Under contract with the NYS Office of Children and Family Services, PDP provides professional development opportunities for child care providers and child care regulatory staff. PDP offers classroom and virtual classroom training, a catalog of e-learning courses, hosts a video library and manages the Educational Incentive Program (EIP) and Preschool Development Grant: Birth to Five scholarship programs for eligible child care providers.</p>	<p>Debbie McGuire</p> <p>pdp@albany.edu</p>	x	x	x				0-12 years old
PDI	<p>New York Early Childhood Professional Development Institute</p> <p>www.earlychildhoodny.org</p>	<p>The New York Early Childhood Professional Development Institute leads the work to establish and implement an early childhood workforce system to ensure funding, standards and competencies, career development resources, qualifications and credentials, professional development (training and strengths-based coaching), and program quality assurance and improvement for individuals who work with young children throughout New York.</p>	<p>Sherry Cleary</p> <p>Sherry.cleary@cuny.edu</p>	x	x	x				0-12 years old

Technical Assistance (TA) in New York State		Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
				Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
New York State Department of Health (DOH)										
EI	Early Intervention Technical Assistance and Training https://www.health.ny.gov/community/infants_children/early_intervention/training.htm	<p>A major component of the New York State Early Intervention Program (NYS EIP) is the provision of training to EIP stakeholders (e.g., parents, providers, municipal staff). This training improves outcomes for infants and toddlers with disabilities and their families. DOH's training contractor offers live interactive online training, as well as online self-paced training, on a variety of EIP topics. DOH, through the Family Initiative Coordination Services Project, also sponsors leadership and advocacy skills training for parents of children in the EIP, which is offered throughout NYS. In addition to training, the EIP provides technical assistance to stakeholders via phone and through a dedicated email address.</p>	<p>Bureau of Early Intervention beipub@health.ny.gov</p>	x	x	x	x	x	x	0-3 years old
New York State Office of Mental Health (OMH)										
CTAC	Community Technical Assistance of New York www.ctacny.org	<p>The Community Technical Assistance Center of New York (CTAC) is a training, consultation, and educational resource center that offers a variety of trainings, tools, and support to help improve direct services, program operations, and development of the family and youth peer workforce.</p>	<p>Kara Dean-Assael Kara.dean@nyu.edu</p> <p>Lydia Franco Lydia.Franco@nyu.edu</p>	x	x	x				0-21 years old
Unions and Membership Organizations										
NYSUT	New York State United Teachers www.nysut.org/	<p>NYSUT is united in a common commitment to improve the quality of education and healthcare for the people of New York. They represent Pre-K-12 educators and other school related professionals by providing courses and seminars for professional growth and certification purposes.</p>	https://memberbenefits.nysut.org/about/contact-information/secure-message	x	x	x				3-18 years old
CSEA/ Voice	Civil Service Employees Association cseany.org	<p>CSEA is one of New York's largest worker unions. CSEA is built on the foundation of strength in numbers. CSEA offers scholarship opportunities for professional development, credentials and advanced degrees. They also offer technical assistance around professional and personal development skills, civil service test preparation workshops and materials, job training opportunities, work and life skills and resources for child care providers.</p>	https://cseany.org/contact-us?page_id=938	x	x	x				Infant to 12 th grade
UFT	United Federation of Teachers www.uft.org/	<p>The UFT, which represents nearly 200,000 members, is the sole bargaining agent for most of the non-supervisory educators who work in the New York City public schools. They represent approximately 75,000 teachers and 19,000 classroom paraprofessionals, along with school secretaries, attendance teachers, school counselors, psychologists, social workers, adult education teachers, speech therapists, family child care providers and 64,000 retired members. They also represent teachers and other employees at a number of private educational institutions and some charter schools. UFT offers adult education classes such as English as a Second Language and Career and Technical Assistance, along with offering Continuing Teacher and Leader Education (CTLE) activities for certification.</p>	<p>Inez Chillous LChillou@uft.org</p>	x	x	x				0-18 years old
SAANYS	School Administrators Association of New York State www.saanys.org	<p>The School Administrators Association of New York State (SAANYS) supports New York's public-school leaders and their communities. Their mission provides direction, service, and support to its member in effort to improve the quality of education and leadership in New York State schools. SAANYS offers professional development workshops, along with mentor coaching services that can satisfy the mentoring requirements for administrators.</p>	<p>Karen Bronson kbronson@saanys.org</p>							PreK to 12 th grade
ECLC	Early Care and Learning Council earlycareandlearning.org	<p>Early Care and Learning Council (ECLC) is a statewide, not-for-profit membership organization that represents the 35 Child Care Resource & Referral (CCR&Rs) programs across New York State. ECLC works closely with the Office of Children and Family Services (OCFS) to support and strengthen the capacity of CCR&Rs agencies by providing them with comprehensive services and supports. ECLC provides training, advocacy and technical assistance.</p>	<p>Meredith Chimento (518) 690-4217</p>	x	x	x				0-12 years old

Technical Assistance (TA) in New York State	Description	TA Contact Info	PROFESSIONALS			PARENTS			Professionals who work with children ages/grades:
			Direct Access for Professionals	Professional Resources	Professional Training	Direct Access for Parents	Parent Training	Parent Resources	
New York City									
NYC DOHMH	New York City Department of Health and Mental Hygiene https://www.health.ny.gov/health_care/medicaid/redesign/ehr/registry/nycdohmh.htm	The New York City Department of Health and Mental Hygiene (NYC DOHMH) participates with Eligible Professionals (EPs), Eligible Hospitals (EHs), and Critical Access Hospitals (CAHs) inside the five boroughs of New York City.	Monica Pollack Shanaya John nycsyndromic@health.nyc.gov	X	X				0-5 years old
TTAC	NYC Early Childhood Mental Health Training and Technical Assistance Center (TTAC) (A collaboration between New York Center for Child Development and NYU McSilver Institute for Poverty Policy and Research, funded by the New York City Department of Health and Mental Hygiene) www.TTACNY.org	New York Center for Child Development (NYCCD) is a leading provider of childhood mental health services in New York. NYCCD builds on decades of direct practice experience and research initiatives to create high-impact trainings, advocate for better policies, and shape best practices in the field of early childhood mental health. NYU McSilver Institute for Poverty Policy and Research supports behavioral healthcare providers to transform systems, enhance business processes, and improve clinical care. TTAC offers in-person and web-based trainings, posts archived webinars, and curates a range of resource materials for professionals who work with children age birth through five. We focus on topics covering: Foundational Capacities to Advanced Competencies, Evidence-based practices, Trauma-informed practice and Mental Health Consultation Services. TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance.	TTAC Contact Email: Ttac.info.nyu.edu Evelyn Blanck, Executive Director, NYCCD ejblanck@msn.com Meg Baier, NYU McSilver Institute, meg.baier@nyu.edu Shirley Berger, NYC DOHMH sberger1@health.nyc.gov	X	X	X			Prenatal to 5 years
NYC DOE	NYC Department of Education-Department of Early Childhood Learning https://www.schools.nyc.gov/learning/student-journey/grade-by-grade/early-childhood-learning	NYC DOE provides high-quality early childhood care and education to children from birth to five years old and beyond. Through Pre-K for All, 3-K for All, and EarlyLearn, they provide high-quality early childhood education opportunities that offer all children and families a strong start in school and life.	CCapplication@schools.nyc.gov	X	X		X	X	Prekindergarten to 12 th grade
ACS	Administration for Children's Services https://www1.nyc.gov/site/acs/index.page	The Administration for Children's Services (ACS) protects and promotes safety and well-being of New York City's children and families by providing child welfare, juvenile justice, and early care and education services.	(212) 341-0900	X	X	X	X	X	0-12 years old

NYS APPR Appendix

Question 2

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Appendix 2.1 List of Resources Distributed in 2021

Resources	Quantity Distributed
Types of Resources Distributed	
Talking is Teaching Coloring Book (English)*	4,875
Breastfeeding (English)*	4,715
eWIC (English)*	4,715
Ready, Set, Grow (WIC Fact Sheet) (English)*	4,715
Early Learning Guidelines (English)	4,467
Starting Life Together (English)*	3,131
Talking is Teaching Coloring Book (Spanish)*	2,730
Core Body of Knowledge (2012 version)	2,041
Starting Life Together (Spanish)*	1,825
Breastfeeding (Spanish)*	1,800
eWIC (Spanish)*	1,800
Ready, Set, Grow (WIC Fact Sheet) (Spanish)*	1,800
Braiding and Blending Guide	1,000
Guide to Special Education Support Services	330
NYS PreKindergarten Learning Standards	319
NYS Kindergarten Learning Standards	308
DAP briefs (1-8) Includes PLAY	301
Early Learning Guides (Spanish)	154

Appendix 2.2 ECAC Goal Team List: Last Updated 11/19/2020

Last name	First name	Goal(s)	Email:	Organization:	Membership Status:
Armorgarb	Alison	7	alison.armorgarb@nysed.gov ;	NYS Education Department office of Higher Education	Non-member
Infantino	Merideth	8	Merideth.Infantino@ocfs.ny.gov	Office of Children and Family Services	Non-member
Alexander	Melissa	1, 8, 10	Melissa.alexander@otda.ny.gov	NYS Office of Temporary and Disability Assistance	Member
Alexander	Yasmin	7	yasmin.moralesalexander@lehman.cuny.edu	Lehman College, CUNY	Non-member
Antos	Susan	8	SAntos@empirejustice.org	Empire Justice Center	Non-member
Baker	Melodie	2	melodiebaker81@gmail.com	United Way of Buffalo and Erie County	Pending Member
Becque	Averi	4	ABecque@schools.nyc.gov	NYC Department of Education	Non-member
Belmonte	Carly	7	CBelmonte@earlycareandlearning.org	Early Care and Learning Council	Non-member
Belokopitsky	Kyle	2	execdirector@nyspta.org	NYS Parent Teacher Association	Non-member
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Jimerson	Amy	2, 5	amy.jimerson@sni.org	Seneca Nation of Indians	Pending Member
Johnson	Bernadette	2	Bernadette.Johnson@ocfs.ny.gov	Office of Children and Family Services	Pending Member

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McCormick	Kate	7	kate.mccormick@cortland.edu	Courtland, SUNY	Non-member
McLeish	Wendy	7	mcleisw@buffalostate.edu	Buffalo, SUNY	Non-member
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				Childhood Center	
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The ECE Business Collaboratory

Strengthening Child Care Systems

Implementation Check In Agenda

December 2021

Below are some questions to consider prior to meeting with First Children's Finance for your April 2022 Implementation Check In.

Implementation Phase Progress Updates

What activities have been completed?

- **Braiding & Blending Training:**
 - Developed a Train the Trainer (TOT) protocol based on the NYS Braiding and Blending Guide. The TOT protocols included scripts for reflective exercises that were used throughout the stages of the Braiding and Blending fiscal model to allow the trainer to engage participants and assess their knowledge. Reflective exercise took into consideration the audience of child care providers and staff. In addition, the protocols included handouts to accompany the 1-day training. Protocols are applicable for both in-person and virtual training.
 - Provided 1-day Training of Trainers course for people who are certified as Training and Technical Assistance Professionals (T-TAP) trainers in NYS in the child care field.
 - Distributed the *Braiding and Blending Guide* to training participants
- **Infant Toddler Core Business Training:**
 - Finalized the Infant Toddler Child Care Business Development Course to support the business operations of programs serving infants through 5-year-olds
 - Conducted infant/toddler business development courses (6 weeks each) to ECCE business
 - Provided seed money to ECCE business as start-up grants for centers and/or family child care provider who met the eligibility requirements
 - Will conduct virtual site visits to oversee seed money implementation and report on findings
- **Shared Services Alliance: New York Early Alliance Pilot:**
 - Customized Shared Source web platform with CCA Global
 - Conducted at least 10 regional trainings to promote the new features of the customized site,
 - Launched a single statewide alliance, with NYAEYC serving as the hub, targeting recruitment of 15 family child care providers and 15 center-based programs in three different communities
 - Explored the development of an API to connect selected child care management system to new Early Care and Learning Council referral database to allow for NY Early Alliance members' enrollment to be automatically updated to provide real-time enrollment date. (a possible demonstration project)
- **CDFI Statewide Support & Initiatives:** A partnership was created between the Capital District Loan fund and Bright SideUp (Capital District CCR&R). They will work together to develop the Capital District Loan Fund Early Child Care Accelerator Initiative and Capital District Loan fund is providing funding support for ECCE businesses.

- Small Business Development Center (SBDC) Trainers – Content Specialist: The NYS TA team and State University of New York - Professional Development Program (SUNY-PDP) connected with the Long Island NY SBDC trainer to start the process of becoming a Content Specialist. This credential will better enable ECCEs to access business training and allow for ECCE staff to receive training credits. Once the credential is approved by SUNY-PDP the training will be entered into Aspire. Aspire is NYS’s professional development registry for the early childhood workforce.
- Early Childhood Educator Scholarship: Currently, there is a partnership between the SUNY -PDP and the City University of New York - Professional Development Institute (CUNY-PDI) in which ECCE staff can receive up to \$4,000 for attending college and working with a Career Center to pursue their career. ECCE professionals who meet the criteria of the state’s Educational Incentive Program (EIP) and working with a Career Center are receiving the Enhanced NYS B5 SUNY-CUNY Workforce Scholarship: Early Childhood.
- U.S. Chamber -Untapped Potential: How Child Care Impacts NYS Economy: CCF has developed a plan to create a NYS *US Chamber Untapped Potential: How Child Care Impacts NYS Economy* report with a contract with Cicero Research, LCC. Cicero works directly with the U.S. Chamber of Commerce Foundation (Chamber Foundation) to support states in developing a report that provides information to better understand how their early care and learning programs impact working parents, their employers, and the state’s economy.

a. What is currently in progress?

- Infographics for tax credit and ECCE business: Council on Children and Families (CCF) will hire a graph designer. Expected completion Fall 2022
- Braiding & Blending Fiscal Model Training and Infant Toddler Core Business Training: Train an additional T-TAP trainers to continue the Braiding and Blending training workshops. CCF will continue to work with NYS Office of Children and Family Services’ Division of Child Care Services (OCFS-DCCS) to include in the upcoming Request for Proposal (RFP) Braiding and Blending trainings for both trainings (braiding and blending and business trainings).
- Infant Toddler Core Business Training:
 - Conduct another round of infant/toddler business development courses (6 weeks each) to the ECCE community
 - Finish allocating seed money to ECCE programs who were eligible
 - Create local business development community of practice in each of the 7 OCFS regions.
 - Continue to conduct virtual or in-person site visits to oversee seed money implementation and report on findings
- Shared Services Alliance: New York Early Alliance Pilot will include:
 - Statewide implementation plan
 - Seeking support from NYS- CDFIs
- CDFI Statewide Support & Initiatives: CCF will partner with Community Loan Fund of the Capital Region & Brightside Up as they develop and implement the Early Child Care Accelerator Initiative and expand support between CDFIs, CCR&Rs and ECCEs.
- Small Business Development Center (SBDC) Trainers – Content Specialist: Need to develop a plan to get SBDC trainers the Content Credential. This will remove a barrier to allow ECCE professionals to receive a certificate for attending the business training. CCF, SUNY – PDP, and OCFS-DCCS will work with the SBDC Directors to encourage their trainers to get the credential so they can support ECCE business in receiving professional development training hours.
- Early Childhood Educator Scholarship: Waiting for confirmation from CUNY-PDI on its intent to continue funding the Career Centers after the B-5 grant is over and OCFS-DCCS on scholarship funding.
- U.S. Chamber -Untapped Potential: How Child Care Impacts NYS Economy: Expected and should be completed Fall 2022

b. What are next steps to move that work forward?

- Inform & Engage Infographics: Design the following infographics:
 - Let's Talk Tax Credits Infographics for Families: NYS Preschool Development Birth to Five Grant has a media campaign to provide information and resources for parents with young children. The media campaign includes the NYS Parent Portal that will push notifications to inform families about the tax credits they are eligible to receive. One infographic will notify families about the Dependent Child Care Tax and the second infographic will be generic and provide families with information about the other tax credits they may be eligible for. This media campaign is part of the Clinton Foundation Talking is Teaching campaign.
 - Let's Talk Employer Tax Credit: This tax credit infographic will be used to notify NYS employers about the importance of supporting ECCE business. This infographic will be shared with NYS businesses communities.
 - Let's Talk Business: This infographic will be distributed to the ECCE's so they can receive training information from CCR&R, SBDC's, and CDFI's. The NYSB-5 grant includes a Needs Assessment to assess not only the parent's need, but the ECCE director and staff needs. A focus group will occur in the summer of 2022 in which CCF will add questions regarding ECCE business needs. The questions will result in a deeper dive from what we have already received from the initial Need Assessment Responses. Questions such as where do they receive training information and where would they like to receive training information.
 - Develop a metric to measure progress
- Capital District Community Loan Fund: Continue our partnership with the Capital District Community Loan Fund to expand their work supporting ECCEs statewide. Determine metric to measure progress.
- SBDC: CCF will work with OCFS-DCCS, SUNY-PDP to develop a plan to get all SBDC trainers their Content Credential. Determine metric to measure progress
- CCR&R Fiscal Modeling (Braiding & Blending) and Business Trainings: The trainings will continue through the CCR&R's and the Early Care and Learning Council will offer the ToT in following years.
- Early Childhood Educator Scholarship: Need confirmation from CUNY-PDI on its intent to continue funding the Career Centers after the PDGB-5 grant is over and OCFS-DCCS to fund the scholarship.
- Shared Services Alliance: New York Early Alliance Pilot: The intent is for NYSAEYC to continue statewide implementation of the Alliance through another funding mechanisms. CCF will continue this support.

2. Have you identified/confirmed metrics? Some of the initiatives have performance metrics because they are funded by the New York State Birth to Five (NYSB-5) grant through a contract with the SUNY Research Foundation Center for Human Services Research. The following business and financing initiatives has a metric.

Confirmed Metrics	
Braiding and Blending Training	Infant Toddler Core Business Training
Shared Services Alliance: New York Early Alliance Pilot	Early Childhood Educator Scholarship

We believe data is being collected by the SBDC's and CDFI, for business training. We may need technical assistance to develop metrics for assessing the training. There isn't a metric related to the Untapped Report, so therefore we will need TA for that as well to measure implementation recommendations.

How will you know if you've made progress?

- Statewide spread for all the initiatives.
- ECCE business growth due to the training
- Increase funding to ECCE businesses by receiving low interest, no interest and grants that are provided by CDFI
- The success of ECCE business by measuring the increase to the number of ECCE businesses.
- Increased quality in their programs due to the ability to receive additional funds outside of government funding sources, how to maximize funding by using techniques from the braiding & blending and business trainings
- Increase in workforce credentials from working with Career Centers

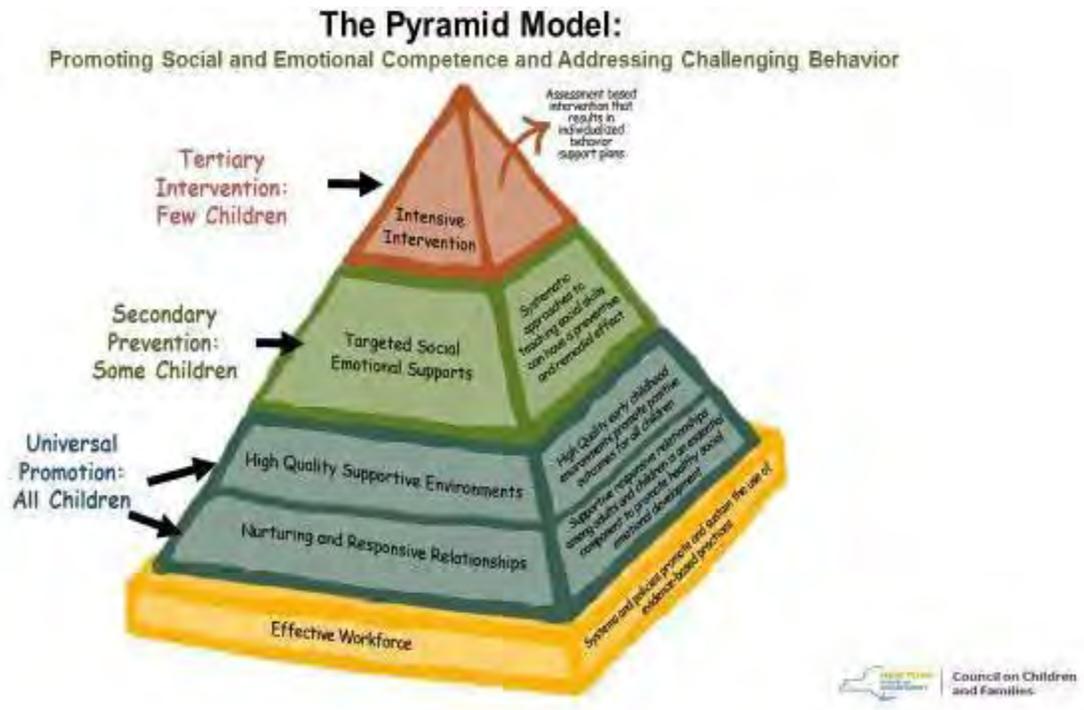
New York
Pyramid Model
State



Promoting Social & Emotional Competence in New York's Young Children

2021 Progress Report

New York State Pyramid Model Leadership Team



Vision

All New York State infants, toddlers, young children and their families and educators will be supported in their social and emotional development and learning to promote positive early childhood experiences in school and life.

Accomplishments of 2021

- Created a Pyramid Model State Leadership Team Workgroup that will focus on equity within Pyramid Model implementation. This workgroup will start to meet in early 2022.
- Sheridan Povemba and Deborah Fitzgerald have joined as the NYS Pyramid Model Training Coordinators at New York Association for the Education of Young Children (NYAEYC). They will support the work of the Master Cadre.
- Added 20 additional Master Cadre Trainers, bringing the total to 40
- 24 new programs joined as Cohort 5.
- Held the first Pyramid Model Virtual Statewide Summit
- Translated the Positive Solutions for Families workbook into Arabic
- Added 38 new Book Nooks; currently having all of them translated into Spanish
- Added two more CCR&R Pyramid Model Hubs; for a total of 5

To meet the social and emotional development of young children in early childhood care and educational settings, the SLT works collaboratively to:

- ▲ Increase the number of early childhood trainers and coaches
- ▲ Provide professional development to the early childhood workforce
- ▲ Support partnerships between practitioners and parents
- ▲ Support the implementation and sustainability of the Pyramid Model
- ▲ Evaluate the effectiveness of the Pyramid Model in New York State
- ▲ Eliminate the suspension and expulsion of children under 5-years-old in New York State.

The Pyramid Model aligns with many other New York State early childhood social and emotional and mental health initiatives. For more information about these initiatives, see **Appendix B**.

Since 2015, New York State has been implementing the Pyramid Model. Under the leadership of the New York State Council on Children and Families (CCF), the New York State Pyramid Model State Leadership Team (SLT) was formed. To date, five cohorts of implementing programs have been launched, 1,087 trainings on the Pyramid Model have been conducted across the state and nearly 16,000 early care and education providers and families received training on the Pyramid Model. Notably, a statewide data system – the Pyramid Model Implementation Data System (PIDS) – was created to better track Pyramid Model implementation and to provide data for the programs, communities, and the state to make informed decisions.

With unprecedented challenges due to the COVID-19 pandemic, implementation of the Pyramid Model was especially important as child care providers were reporting an increase in challenging behaviors due to the uncertainty of the pandemic.

STATE LEADERSHIP TEAM

Statewide implementation of the Pyramid Model is led by CCF, with support from many agencies, including funding from the New York State Office of Children and Family Services, the New York State Office of Mental Health, the New York State Education Department. See **Appendix C** for a complete list of organizational members of the SLT. The SLT, formed in April 2015, works collectively to advance and sustain the implementation of the Pyramid Model in New York.

Various State agencies have supported Pyramid Model Implementation to become statewide.

The New York State Education Department Office of Special Education (OSE) Educational Partnership (commonly referred to as the OSE Partnership) has the ability to train and support its network of specialists in Pyramid Model implementation and training so that regional specialists can support programs identified for this type of support, based on a regional planning process. Currently several of the regions across the state are offering the Positive Solutions for Families modules in training sessions that are open to any interested stakeholder. Data on the number of Pyramid Model trainings including the Positive Solutions for Families is shared with the NYS Pyramid Model Partnership on a quarterly basis.

MASTER CADRE

With the assistance of the New York Association for the Education of Young Children (NYAEYC) and support from SLT members, there currently 40 Master Cadre who provide Pyramid Module trainings, coaching and observations throughout New York state. The Master Cadre include early childhood professionals working in Child Care Resource and Referral agencies, Quality Improvement Specialists, Infant Toddler Specialists and others with expertise in early childhood. All Master Cadre trainers are registered in the New York Works for Children professional development system, the Aspire Registry, and are recognized as Verified Trainers in the Registry as well. All Master Cadre hold the Training and Technical Assistance (T-TAP) Professional Credential-Professional Development Specialist and Coaching Credential. This credential, administered by NYAYEC, is a designation for individuals providing non-credit bearing, professional development on general early childhood and/or school-age content, and is the standard used to assure quality professional development.

Master Cadre 2020 added 20 additional Master Cadre trainers, including 4 trainers who are bilingual in English and Spanish. As of 2021, all of these Master Cadre trainers are fully trained in the modules and are providing training, coaching and observations throughout the state. **Appendix D** provides a list of the Master Cadre and the region of the state they cover.

2021 PYRAMID MODEL VIRTUAL STATEWIDE SUMMIT

The first Statewide Summit was held over 3 weeks between November 2 and November 18 and included 12 individual events over 7 days (see **Appendix E** for a list of events). Events ranged in attendance dependent on the focus, there were over 120 participants signed up to attend the open event, others joined us for specific offerings. The primary focus of the Summit was to highlight the progress made throughout the state with regard to expanding the implementation of the Pyramid Model and to reinvigorate interest and commitment to the project moving forward.

This statewide focus provided both a challenge and an opportunity. The opportunity was to bring voices and experiences from across the state together. The summit opened with an overview of how far we have come from a National, State, Hub, Leadership Coach/Implementing programs perspective, which included a panel discussion and opportunities for breakout session where we considered our future. Here are just a few comments recorded in the breakout sessions:

- *I had no idea so much work happened to get us to the place we are at now (statewide implementation)*
- *Nice to see the state-level efforts working together (QSNY, IMHC, OCFS, SED, OMH)*
- *I am so excited to learn more - I am only in day 12 of my position, my school is an implementing program.*

The challenge lay in deciding how to touch so many different audiences with information that felt relevant to their work. Summit events included Pyramid Model Alignment with the NYS Early Learning Guidelines, How do I know if my FCC or Center-Based is Program is Ready for Implementation, and a presentation by Deanna Hibbard from Georgia around Getting Community Buy-in, ECE and Elementary Schools. Here is some of the feedback that was received:

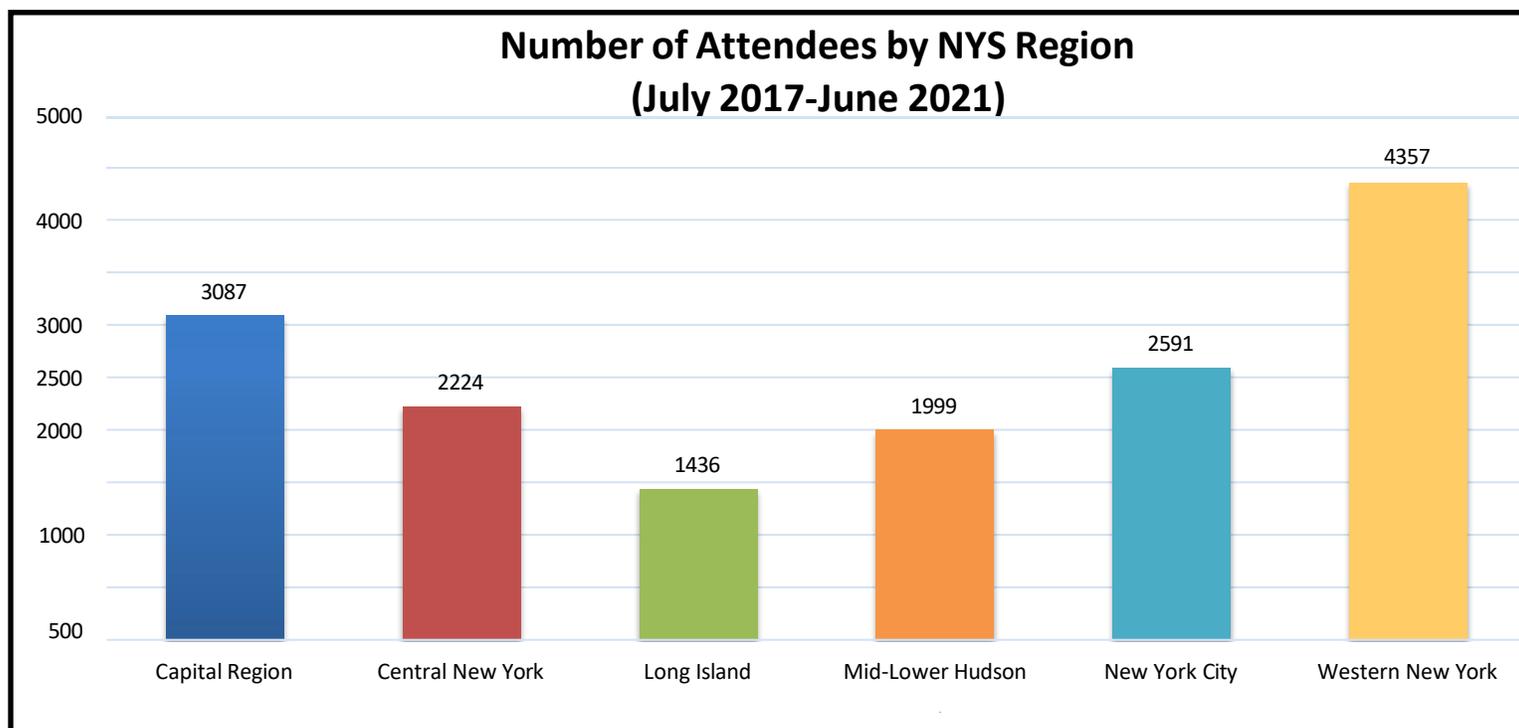
- *The Pyramid Model provides a framework that the Early Learning Guidelines delve into. The Early Learning Guidelines allow educators to see age-appropriate development and the bands surrounding our students. This allows us to meet students where they are and reach to achieve a classroom pyramid model.*

- *Everything is all connected. One layer of the pyramid flows into the next.*
- *I can't wait to have the push up from Pre-K to K and above. It was inspiring to see what Deanna and her team have accomplished and so grateful that she has shared those resources with us. I hope to move on the family engagement immediately and utilize the resources for our classrooms who are struggling.*

Also included were facilitated conversations for the State Leadership Team, Hub Leadership representative, and with our Master Cadre. We also celebrated both our Implementing Programs and the Master Cadre in separate events, ending on a high note that had everyone excited about the future of our Pyramid Model work.

PYRAMID MODEL TRAININGS

As of June 2021, 1,077 trainings have been completed, and 15,694 people (including early childhood staff, administration and families) have been trained in the Pyramid Model in New York state. Below is a graph that shows the nearly 16,000 people who attended a Pyramid Model module by region. This includes 3,027 people trained from July 2020-June 2021, during the COVID-19 pandemic.



As in previous years, family, group family and child care providers received Pyramid Model Preschool, Family and Infant Toddler module trainings, along with Practice Based Coaching (PBC) and Parents Interacting with Families (PIWI). In prior years in New York, Practice Based Coaching was only offered by the Pyramid Model Consortium, but now 12 Master Cadre are able to administer this training, which supports sustainability.

Also, during 2021, 108 people were trained to reliability in the Teaching Pyramid Observation Tool (TPOT), and 63 people were trained to reliability in The Pyramid Infant-Toddler Observation Scale (TPITOS), and all Master Cadre who were previously reliable TPOT/TPITOS observers were recertified successfully. Families and caregivers also participated in Positive Solutions for Families, including being a cohort of foster families.

When the COVID pandemic began in March of 2020, all trainings were shifted into a virtual form. New York State's Office of Children and Families; Division of Child Care quickly created an approval process to allow these trainings to proceed virtually and still allowed participants to receive training credit towards their licenses. This shift in training delivery allowed trainers to reach participants outside of their geographical area, and though less trainings were held during this period, the same number of participants per training stayed constant. In-person trainings were able to resume in July 2021, though most chose to continue to train virtually due to safety concerns.

From July 1, 2021, to November 20, 2021, the majority of trainings occurred virtually and more people attended per training.

Delivery Method	Number of Modules	Number of Attendees ¹
In-Person	17	107
Virtual	66	852

¹Many of these trainings had low attendance numbers (0-3) attendees so do not fully represent the number of attendees that participated in these trainings.

Program-Wide Implementation

Cohort 5 was officially launched in 2020 and despite the pandemic, started to train and implement the Pyramid Model, and enter data into PIDS. Cohort 5 consists of 10 child care programs, and 12 family/group family child care programs, all located in the Western and Greater Capital Region of New York state. These 22 Cohort 5 programs brings the total to 69 implementing Pyramid Model programs. Of these 69 implementing programs, there are 26 total family/group family child care programs, and 336 classrooms, located in schools and centers. with data related to 3,045 children in PIDS.

Classroom Implementation

	# of classrooms
School Districts	35
Infant/Toddler	103
Preschool	198
Total	336

Community-Wide Leadership Implementation

Currently there are 5 Pyramid Model Hubs that are located within CCR&Rs. The Hubs are located at:

- ✓ Brightside Up
- ✓ Child Care Council, Inc. (Rochester)
- ✓ Child Care Resources (Rockland)
- ✓ Child Care Resource Network (Buffalo)
- ✓ Child Care Council of Nassau (Long Island)

The Hubs are focused on creating a Community-Wide Leadership Team (CWLT). Hubs are responsible for annually recruiting 10- 20 additional programs/schools, and providing support, coordination and training

to their regional programs/schools that are implementing the Pyramid Model.

Notably, the New York City Department of Education (NYCDOE) participated in the most recent Master Cadre Training of Trainers, and currently have 7 people on staff who will help implement the Pyramid Model in their early childhood and universal prekindergarten programs. The NYCDOE has created a new Statement of Positive Behavior Guidance, which is slowly being evolved to better represent a multi-tiered Pyramid Model structure. Since April 2021, the NYC DOE have had 95 participants who have completed all three of the Preschool Pyramid Model Modules, with others who have started to be trained in these modules.

Feedback from the sessions included:

- *Both training provided detailed strategies where educators can connect with the students and have a supportive relationship that includes positive, feelings, positive communication and most important respect.*
- *Self-examination was extremely rewarding, I discovered that I need to give children more time to respond since I needed it myself to be able to respond in Breakout rooms. I also appreciate Tucker Turtle, the story and will introduce it.*
- *You covered everything! Rich materials! Professionally well developed!*

Further implementation of the Pyramid model occurred with the support of state funded Program Leadership Coaches and Leadership Teams. The Leadership coaches are assigned to specific programs in their region and help to support the programs by guiding them through the monitoring and implementation of the Pyramid Model. Overall, these leadership coaches held a total of 204 meetings which equates to 408 hours for all of the 5 cohorts.

Leadership Coach Funding 2019	Cohort 1 (12/2016)	Cohort 2 (3/2018)	Cohort 3 (12/2018)	Cohort 4 (6/2019)	Cohort 5 (2021)
Self-Funded	1	2	0	0	0
Child Care Development Block Grant (OCFS)	14	13	12	2	10**
Preschool Development Grant Birth through Five (CCF)	-	-	-	16*	10
Preschool Development Grant (SED)	0	4	0	NA	NA
Total	15	19	12	18	20

*7 centers and 9 Family Child Care providers working with FCC Coaches via the Pyramid Model Hubs.

** 10 Family Child Care providers working with FCC Coaches via the Pyramid Model Hubs.

Program Leadership Teams		
Cohorts	# of Meetings	# of Hours
Cohort 1	7	14
Cohort 2	34	68
Cohort 3	31	62
Cohort 4	52	104
Cohort 5	80	160
TOTAL	204	408

In addition to the 336 classrooms that are adding their Pyramid Model data into PIDS, it's important to note that there are other programs that have decided to continue implementation without state funding. Another approximately 20 classrooms are implementing the Pyramid Model to fidelity; however, these additional classrooms are not submitting all data. In addition, Niagara County has 60 classrooms that are being led by teachers/staff who have attended Pyramid Model modules, have their own classroom coaches, but are not currently submitting data into PIDS. Also, NYCDOE sites are not currently using PIDS to record their Pyramid Model data.

NYS Pyramid Model Implementation Data System (PIDS)

The New York State Pyramid Model Implementation Data System (PIDS) collects Pyramid Model Data from early childhood programs that are implementing the Pyramid Model in state-funded Cohorts. The Pyramid Model data tools include:

- Program Benchmarks of Quality (BoQs)
- Community- Wide Benchmarks of Quality,
- Behavior Incident Reports (BIRs),
- Teaching Pyramid Observation Tool (TPOT) for Preschool Classrooms
- Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)
- Classroom Coaching logs
- Ages and Stages Questionnaire: Social/Emotional-2 (and other social and emotional screening tools)

Data Collector enters their implementation data directly into PIDS, which allows the programs a streamlined way of recording and analyzing their data. PIDS supports the Program Leadership team data-based decision-making process through analyzing various data reports that aggregate and visualize program data (see **Appendix A**). There are multiple reports for each data tool that can be filtered by various criteria (i.e., classrooms, race(s)) and each report can be exported or printed for practical use and used by the Pyramid Coach to help plan and guide coaching sessions (see **Appendix G**).

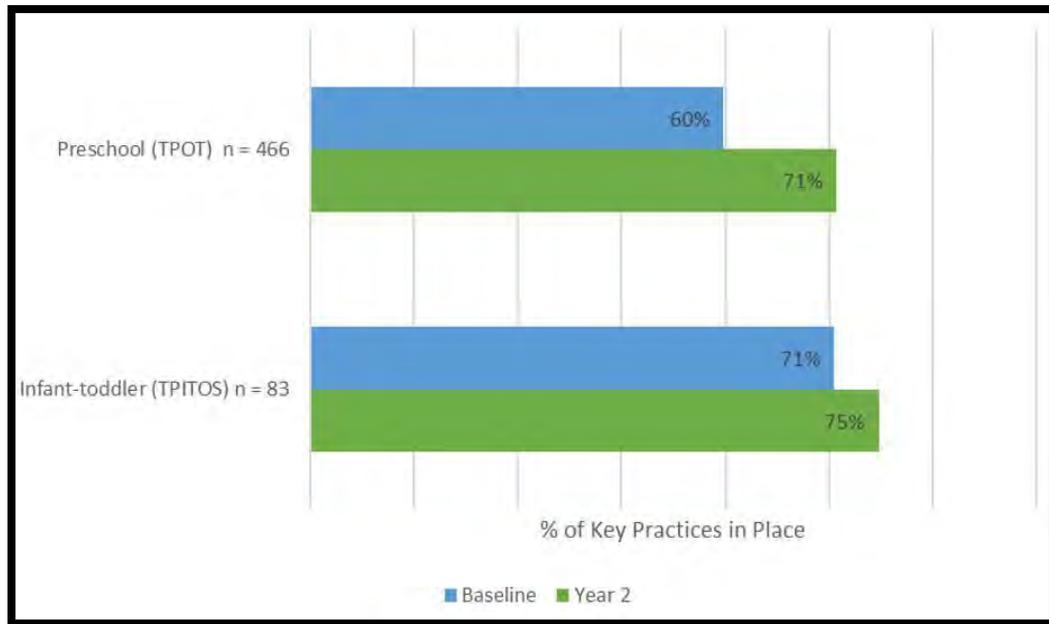
Authorized state and community leadership team members are able to use PIDS reports to analyze data from the implementing programs. For both the implementing programs and the State, the system provides a more effective and efficient method to assess and measure the implementation of the Pyramid Model.

In 2021, a PIDS training session was conducted on a live webinar and was recorded for newly implementing programs to teach them how to gain access and use PIDS, to enter and analyze their program's data (located at bit.ly/3wlMy0l). Furthermore, the State University of New York Center for Human Services Research (SUNY-CHRS) created YouTube training videos (bit.ly/3JwGq91) and a FAQ support page, within the PIDS system for users, as well as a help line for additional support for more specific questions or technical support as needed.

Future plans for PIDS includes working with the Pyramid Model Consortium to expand PIDS by replicating the system within other states. Currently, there are six other states (Illinois, Iowa, Massachusetts, Tennessee, Washington and Wisconsin) that are implementing PIDS. For more information on Pyramid Model activities for 2021, please see **Appendix F**.

Cohort 1- 4 TPOT and TPITOS

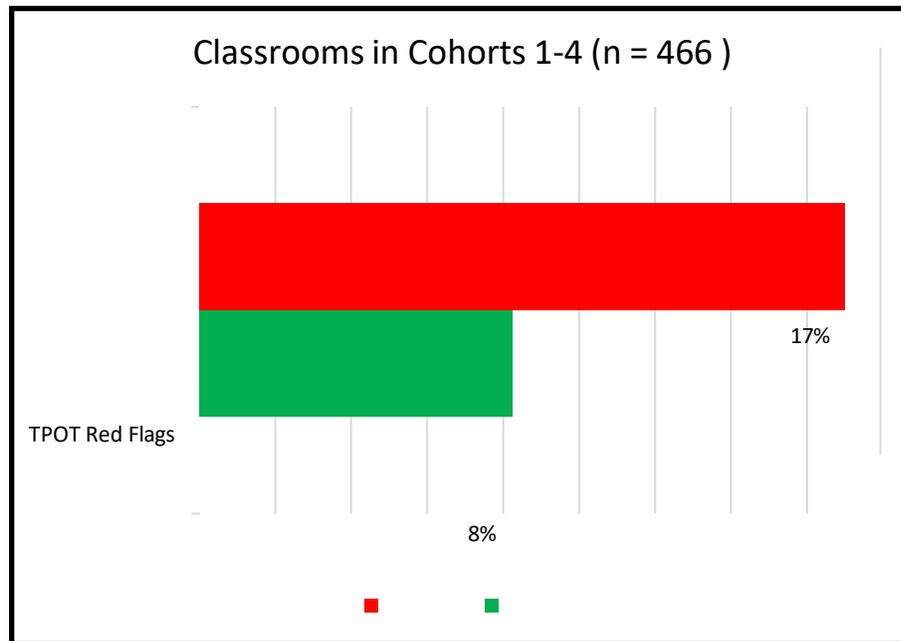
The Teaching Pyramid Observation Tool (TPOT) and the Teaching Pyramid Infant/Toddler Observation Scale (TPITOS) are classroom level observation tools used to objectively measure the degree to which Pyramid Model practices are being implemented. TPOT and TPITOS Observers attend a reliability training and must pass a test so they can conduct classroom observations. The TPOT/TPITOS observers assess the classrooms based on three subscales that account for: key practices, red flags, and responses to challenging behavior in the classroom. This measures the extent to which Pyramid Model practices are evident in the classroom, showing how the environment impacts classroom function and child interactions as well as healthy social and emotional development.



This graph represents the percentage of key practices “In Place” for TPOT and TPITOS observations for Cohort 1-4 classrooms from their baseline year to their second year of implementation.

- The TPOT scores from programs increased from 60% in place at the baseline to 71% in year 2
- The TPITOS scores for programs increased from 71% in place at the baseline to 75% in year 2
- Pyramid Model practices have shown to be more evident in classrooms in the second year of implementation, implying that this is helping to establish more conducive learning environments.

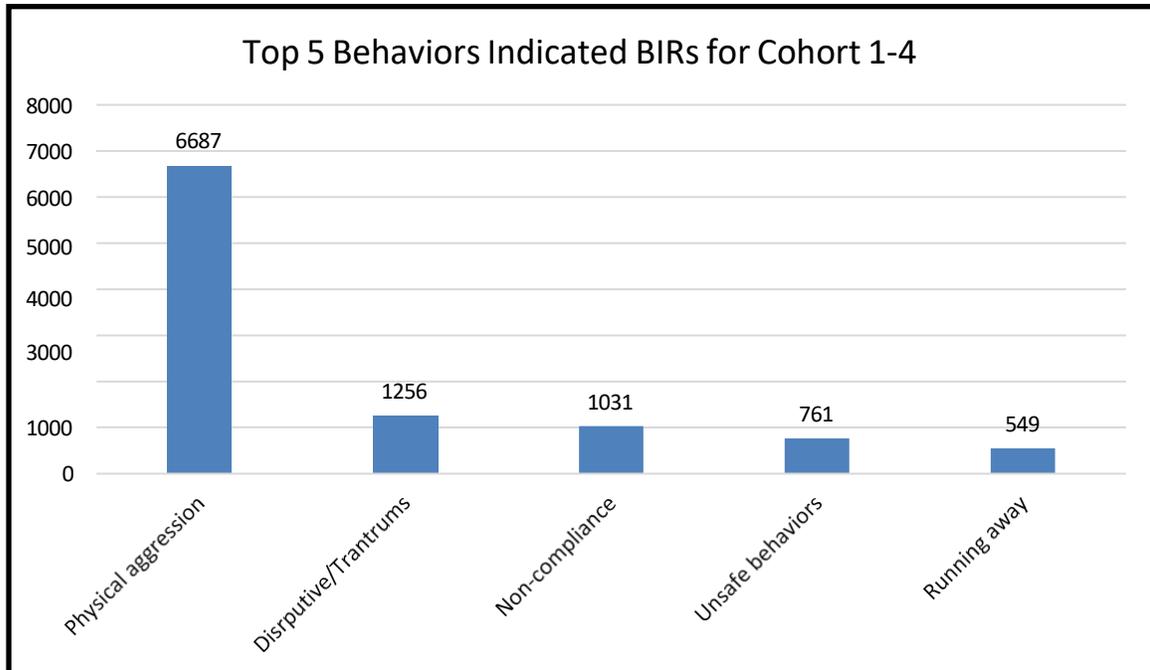
Red Flags are items that are counterproductive to positive learning environments for children such as most of the day is spent in teacher-directed activities or children are reprimanded for engaging in disruptive or challenging behavior. When a Red Flag is observed, the observer marks 'Yes' on a score sheet and marks what wasn't observed as 'No'. This tally yields a percentage represents the number of Red Flags observed relative to the total number of potential Red Flags.



Above is the percent of all the Red Flags observed for the classrooms in Cohorts 1-4 from their baseline year to their second year of implementation. The above chart shows that that the Red Flag percentage decreased from a high of 17% to 8% in year 2, a 9% decrease in red flags that were observed.

Cohort Program BIRs

The Behavior Incident Report (BIR) is a child-level tool used to document incidents of challenging behaviors that occur. BIR trends can be used to support child-specific interventions or additional services. Teachers can also use BIR data to identify classroom trends, identify implicit biases, target supportive classroom practices, and tailor teaching strategies and responses to prevent challenging behavior for all children in the classroom.



The BIR data in the above chart shows the top 5 most reported behavior on 11,877 BIRs. Also the adult who is completing the BIR can only indicate one primary behavior from a list of 14, therefore may choose the most prevalent behavior, though others may be occurring for the same incident. It should also be noted that:

- Physical Aggression (PA) represents 56% of all reported behaviors.
- DT (disruption/tantrums), NC (non-compliance), UB (unsafe behaviors), and RA (running away) comprising 11%, 9%, 6%, and 5% of all reported behaviors, respectively.

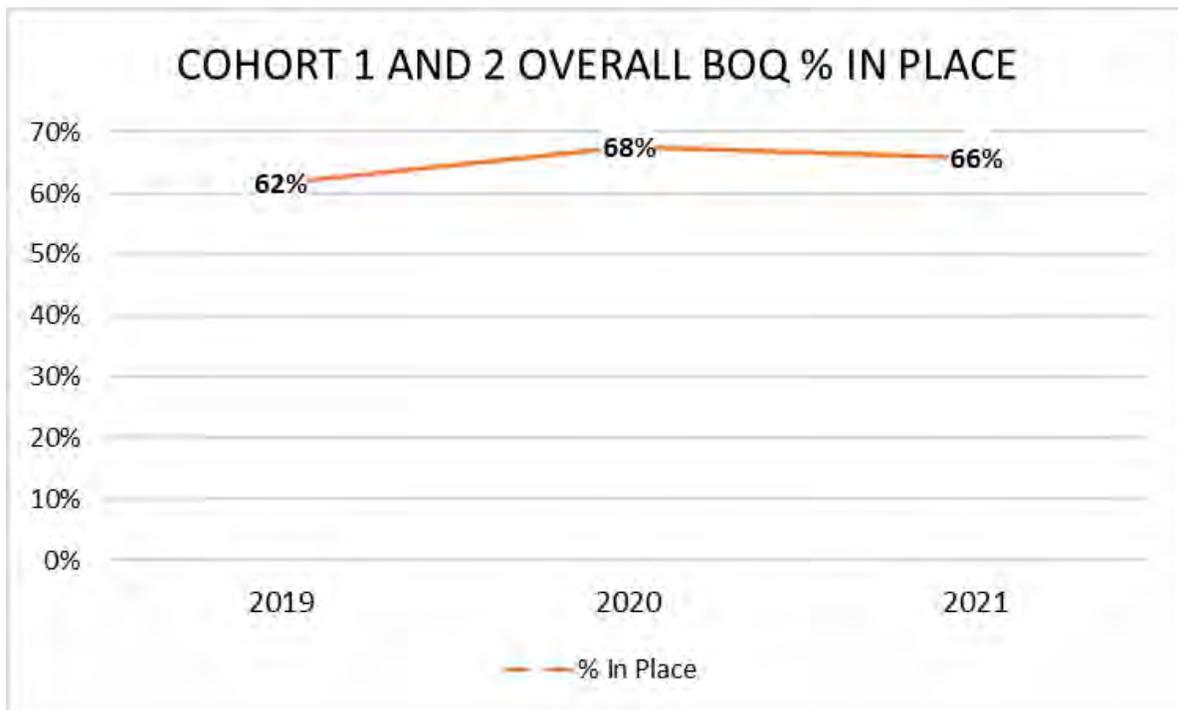
The other behaviors that were indicated on these BIRs were verbal aggression (2%), breaking/destroying objects or items (2%), repetitive behaviors (2%), inappropriate language (2%), inconsolable crying (2%), hurting self (1%), social withdrawal/isolation (>1%), trouble falling asleep (>1%) and other (2%).

Behavior incidents for each child are dependent on many factors, but it is very useful for teachers and programs, and parents to use the BIR data, so they are aware of overall trends of the problem behaviors. It helps the teacher be prepared to provide supports to the child and children in preventing the challenging behavior before it occurs.

Cohort Program Benchmarks of Quality

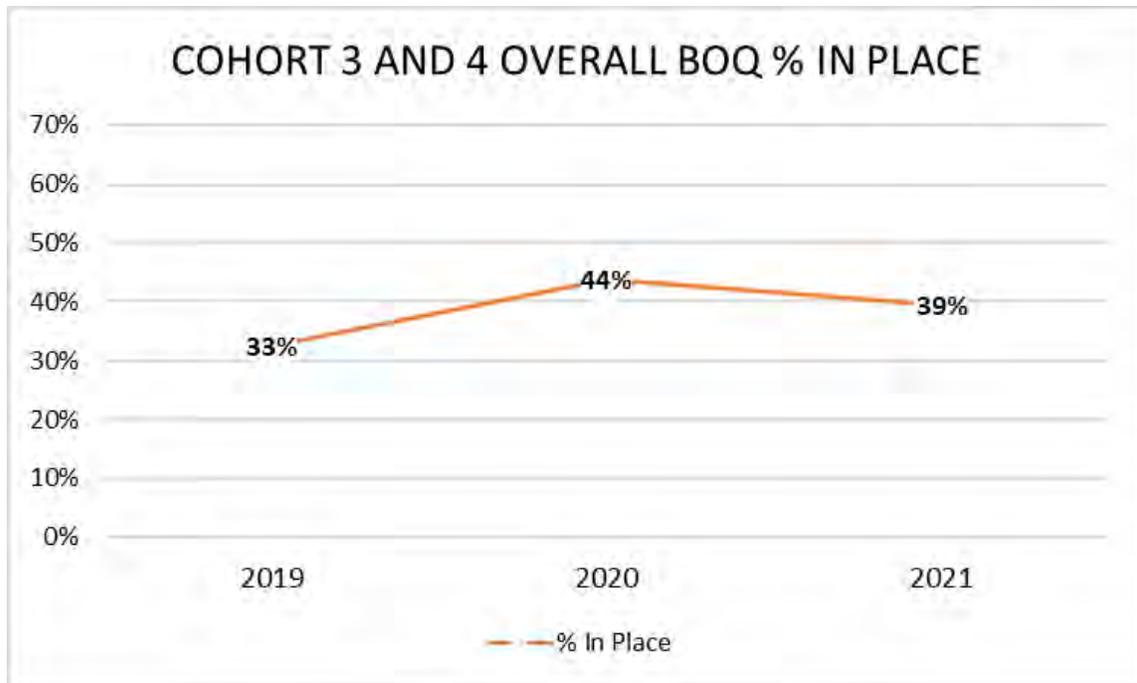
All programs in Cohorts 1-4 have established a Program Leadership Team and shown progress implementing the Pyramid Model to fidelity. Cohort 5 is not included in this data as they were in the beginning stages of implementation, therefore may be gathering and organization their Program Leadership team, along with receiving training and entering data into PIDS. Programs use a standard tool, the Benchmarks of Quality (BOQ), to document their achievements and plan the next focus of work. The tool is a required answer Likert scale that includes all of the Critical Elements needed for implementation either 1. (not in place), 2. (partially in place), or 3. (in place). The Critical Elements for the BOQ v2 include Establish Leadership Team, Staff Buy-In, Family Engagement, Program-Wide Expectations, Professional Development and Staff Support Plan, Procedures for Responding to Challenging Behavior, and Monitoring Implementation and Outcomes.

Cohort 1 and 2



- Average of the BOQ Critical Elements (%) that are “In Place” for Cohorts 1 and 2 from 2019-2021 increased
- Cohorts 1 and 2 surpassed the number of overall BOQs that were “In Place” during their second year of implementation in 2019 and increased by even more in 2020
- The % “In Place” BOQs remained relatively the same from 2020-2021.

Cohort 3 and 4

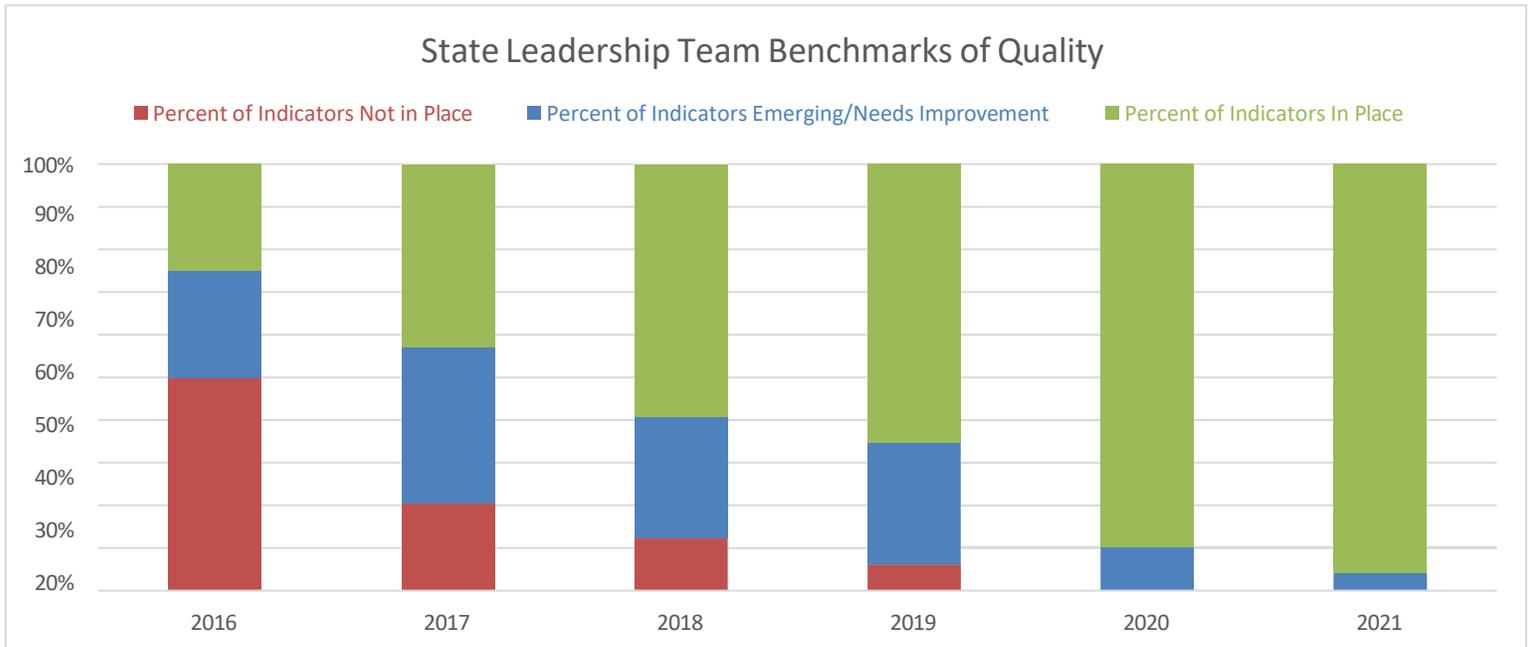


- The average of the BOQ Critical Elements (%) “In Place” for Cohorts 3 and 4 from 2019-2021 increased
- In 2019, Cohort 3 and 4 programs were in year 1 and 2 of implementation
 - Implementation increased by 11% between 2019 to 2020
- Between 2020-2021, implementation decreased by 5%

It should be noted that many programs did not submit their annual BOQs for 2021 because they were not active due to COVID-19. Also, there is currently no BOQ data for Cohort 5, due to programs being trained on how to enter data into the PIDS system. For 2022, implementing programs will be required to submit their BOQ to remain active in Pyramid Model Implementation.

State Leadership Team (SLT) Benchmarks of Quality

SLT Benchmarks of Quality are used to assess progress and determine future actions to support implementation across New York. As the bar graph illustrates, there are no indicators that are currently “not in place”, with three indicators moving from “emerging/needs improvement” to “in place” in 2021. The one indicator which is emerging/needs improvement is in the Family Participation and Communication section; #30: “The SLT develops and employs mechanisms for communication with families about this initiative [Every Stage]”.



Shared Financial Support for The Pyramid Model

From 2015 through 2021, a total of \$5.8 million (not including \$1 millions of in-kind support from SLT members) has funded Pyramid Model implementation in New York. This is a 19.5 percent increase over six years. In which funding increase by 15 percent between Year 5 to Year 6.

Combined Funding, April 2015 – March 2021

Funding Year	Amount
Year 1 (2015)	\$1,226,355
Year 2 (2016)	\$318,064
Year 3 (2017)	\$664,981
Year 4 (2018)	\$972,823
Year 5 (2019)	\$1,245,540
Year 6 (2020)	\$1,172,079
Year 7 (2021)	\$1,487,389
Grand Total	\$7,087,231

Funding History: In 2015, initial funding for the implementation of the Pyramid Model was provided by CCF, the New York State Head Start Collaboration Project, and New York State Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health). Since then, the funding has steadily increased, with grant funds and In-Kind administrative hours from SLT members and other organizations.

In 2019, most of the recent years, primary support for Pyramid Model implementation was from the federal Child Care and Development Block Grant (administered by the New York State Office of Children and Family Services) and the federal Preschool Development Birth through Five Grant. Due to Covid – 19, in 2020 a 4 percent qualifier was used to represent the decrease to the in-kind amount causing a decrease of \$73,461 but the funding amount staid relatively stable. Consequently, a 15 percent qualifier was used for 2021 to represent a slight increase to the in-kind amount. As Statewide Leadership Team members become more active with participating in the Pyramid Model work groups, the in-kind amount will steadily increase. Funding sources for 2021 include:

- NYSB5
- CCDBG and CCDBG Infant and Toddler
- Head Start State Collaboration
- Office of Mental Health

Appendices

Pyramid Model Implementation

Steps

Build your Agency Leadership Team

Create Implementation Plan

Teachers attend Module Training for the ages they teach (Infant/Toddler or Preschool)

Infrastructure

Leadership Team Members

- External Leadership Coach
- Internal Coach
- Administrator
- Data Collector
- Behavior Specialist
- Teacher Representative

- Identify number of implementation classrooms for the first year.
- Set up monthly Leadership Team meeting dates.
- Complete training plan (see form).
- Complete baseline Benchmarks of Quality (see form).

- Positive Solutions for Families
 - Involve families in buy-in
- Parents Interacting with Infants
- Start using new strategies in classrooms and involve parents at home!

Events & Trainings

This team attends an Implementation Kick-Off Event.

Internal coach must attend training Modules for age group (I/T or Preschool) and then attend training for Practice Based Coaching.

Reliability Training
TPITOS = Infant/Toddler
TPOT = Preschool

Data Collection

- **Teachers** are responsible for completing *Behavior Incident Reports* and giving them to the **Data Collector**.
- The **Internal Coach** is responsible for classroom coaching – *Coaching Logs* are given to the **Data Collector** for tracking at least once a month.
 - *Benchmarks of Quality* should be completed at the beginning of implementation and then bi-annually.

Whoever attends the TPOT and/or TPITOS should complete Modules 1, 2, and 3 for the respective age group prior to the reliability training(s). The same person can do the TPOT and TPITOS.

For more resources, visit

<http://www.nysecac.org/contact>

[/pyramid-model](#)

Please contact Patty Persell at Patricia.Persell@ccf.ny.gov

Other State Efforts Aligned with the New York State Pyramid Model

	Effort and Website
NYS Early Childhood Advisory Council (ECAC)	The ECAC strategic plan includes an intention to advance the statewide Pyramid Model training on social-emotional development: www.nysecac.org .
NYS Office of Children and Family Services (OCFS)	Child Care and Development Fund (CCDF) Plan recognizes the Pyramid Model as the approach to address children's social-emotional development and includes funding to support the Pyramid Model rollout: http://ocfs.ny.gov/main/childcare/stateplan/ .
NYS Education Department	Promotes positive school climates by implementing Positive Behavioral Interventions and Supports (PBIS): www.nyspbis.org and http://www.p12.nysed.gov/specialed/publications/2015-memos/preschool-suspensions-expulsions-memo-july-2015.pdf .
New York City Department of Education	Issued jointly with the NYC Administration for Children's Services, the Statement on Positive Behavior Guidance in Pre-K for All and EarlyLearn NYC Programs. http://schools.nyc.gov/NR/rdonlyres/0C9C8A8A-3FE4-4F7D-A880-DD3D86B3C94D/0/StatementonPositiveBehaviorGuidance.pdf . http://schools.nyc.gov/NR/rdonlyres/0C9C8A8A-3FE4-4F7D-A880-DD3D86B3C94D/0/StatementonPositiveBehaviorGuidance.pdf
New York Association for the Education of Young Children	Pyramid Model Training Coordinator through the NYS B5 grant. Will provide logistical support for the additional Master Cadre in 2020. SED PDG work in 2018 – 2019.
New York Works for Children	The home of the state's integrated professional development system for the early childhood and school age workforce, including the Aspire Registry, the early childhood workforce registry and statewide training calendar, and state resources for the field. The Aspire Registry is a resource to keep track of early childhood professional career information (i.e., coursework, continuing training, coaching and work experience). http://nyworksforchildren.org/Home.aspx .
The Office of Head Start	The updated Head Start Performance Standards (effective as of November 2016) reflect the latest research on early education and help ensure that all Head Start programs produce the best possible outcomes for the children and families they serve. https://eclkc.ohs.acf.hhs.gov/policy
NYS Association of Infant Mental Health	The formation of a mental health endorsement/credential for professionals working with infants: http://www.nysaimh.org/ .
NYS Department of Health	The provision of evidence-based services for children with social-emotional development and mental health issues through the redesign of New York's Medicaid Program and the First 1,000 Days of Medicaid: https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm .
NYS Board of Regents Early Childhood Workgroup Blue Ribbon Committee	Recommendations to transform New York's early care and education system, improve outcomes for the State's youngest learners and ensure they are ready for kindergarten and beyond: http://www.p12.nysed.gov/earlylearning/documents/ECBRCFinalReport2018.pdf

New York State Pyramid Model Leadership Team Organizational Members 2021

Achievements PLLC
ACS Early Care and Education
Brightside Up, formerly known as Capital District Child Care Coordinating Council
Docs for Tots
Early Care & Learning Council
Head Start Region II Technical Assistance Network
New York Association for the Education of Young Children (NYAEYC)
New York Center for Child Development
New York Early Childhood Professional Development Institute, CUNY
NYC Administration for Children's Services, Division of Early Care and Education
NYC Department of Education, Division of Early Childhood Education
NYC Department of Health and Mental Hygiene, Bureau of Children, Youth and Families
NYS Association for Infant Mental Health (NYSAIMH)
NYS Council on Children and Families
NYS Department of Health, Bureau of Early Intervention
NYS Department of Health, Bureau of Maternal and Child Health
NYS Department of Health, Division of Family Health
NYS Early Childhood Advisory Council
NYS Education Department, Office of Early Learning
NYS Education Department, Office of Special Education
NYS Head Start Collaboration Office
NYS Office of Children and Family Services, Child Protective Services
NYS Office of Children and Family Services, Division of Child Care Services
NYS Office of Mental Health, Division of Children and Family Services
NYS Parenting Education Partnership (NYSPEP)
Prevent Child Abuse New York
Professional Development Program, State University of New York at Albany
Pyramid Model Consortium

Master Cadre 2022

Region	Master Cadre Trainers
Greater Capital District/North Country	Jackie Farmer-Gurbey Ligia Hendrie* Jess Orellana Racquel Saddlemire* Debbie Collett-Crompt Tami Callister Sarah Gould-Houde Lynn Morris
Central NY	Rose Shufelt Catherine Turco Rachel Zielinski Tracy Lyman Lynn Lubecki Ellen Leopold Colleen Wuest Kristi Cusa Rachele VerValin Pettit
Long Island	Bonnie Spencer Emily Torres * Jacqueline Zaita Stephanie Dockweiler Colleen Farrell Karin Sperb
Mid-Lower Hudson Valley	Aniberca Rosario * Caroline Doty Kathy Moss Michelle Friedel
New York City	Channing Edson ** Jennifer Edwards-Saul Wanda Nedderman Taylor Passmore** Ke'Shon Mack-Brown Paula Mack Gem Moriah
Western New York	Kathleen Kiblin Marilyn Ballard MaryEllen Monafio
*Spanish-Speaking Master Cadre Trainer **NYC Department of Education	

The New York State 2021 Virtual Pyramid Model Summit

Join us in November for Special Celebrations, National & Statewide Pyramid Model Updates,

Save the dates in your Calendar – Registration coming soon



Use this key to help you find the events most relevant for you. We hope you will join us for the Kick-off and other celebrations. If you know someone who is interested in the Pyramid Model, please share this information and invite them reach out to the Summit coordinators for registration.

Everyone
Implementing Programs
Pyramid Model Master Cadre
External Leadership Coaches
Community Hubs
Committee Meetings

Schedule of Events

Date	Time	Audience	Presentation
Tuesday Nov 2 nd	5:00 to 8:00 pm	EVERYONE	Summit Kickoff Event – National & NYS Pyramid Model Updates <i>Keynote by Rob Corso, Executive Director Pyramid Model Consortium</i> Panel Discussion - Implementation Perspectives.
Wednesday Nov 3 rd	1:00 – 3:00 pm	State Leadership Team	NY State Pyramid Model Visioning Session – <i>Facilitated by: Patricia Persell, New York State Head Start Collaboration Director NYS ECAC Chair: NYS Pyramid Model Co chair NYS Council on Children and Families</i>
Thursday Nov 4 th	9:00 – 12:00	Pyramid Model Master Cadre	Pyramid Model Alignment w/ the Revised Early Learning Guidelines – <i>Presented by: Helen Frazier, Director of Early Childhood, NY Early Childhood Professional Development Institute</i>
Wednesday Nov 10 th	10:00 – 11:30 am	Pyramid Model Leadership Coaches	Updates, Feedback, Support Needs, Planning for Growth - <i>Facilitated by: Deb Fitzgerald, NYS Pyramid Model Training Coordinator, NYAEYC</i>
Wednesday Nov 10 th	10:00 – 11:30 am	Pyramid Model Hub Leadership Teams	Updates, Feedback, Support Needs, Planning for Growth - <i>Facilitated by: Sheridan Povemba, NYS Pyramid Model Training Coordinator, NYAEYC</i>
Wednesday Nov 10 th	1:00 – 3:00 pm	Leadership Coaches & Hub Leadership Teams	Getting Community Buy-In, ECE & Elementary schools. <i>Presented by: Deanna Hibbard – Georgia Early Learning</i>
Wednesday Nov 10 th	4:30 – 6:30 pm	Pyramid Model Implementing Programs	Pyramid Model Alignment w/the Revised Early Learning Guidelines - <i>Presented by: Helen Frazier, Director of Early Childhood, NY Early Childhood Professional Development Institute</i>
Tuesday Nov 16 th	1:00 – 3:00 pm	Center Based Programs Considering Pyramid Model Implementation	How do I know if I am ready for Pyramid Model ProgramWide Implementation? <i>Presented by :Marilyn Ballard & Debbie Collette-Crompt, of the Pyramid Model Master Cadre</i>
Tuesday Nov 16 th	6:30 – 8:30 pm	Family Child Care Homes Considering Pyramid Model Implementation	How do I know if I am ready for Pyramid Model Implementation? <i>Presented by: Rose Shufelt & Karin Sperb, of the Pyramid Model Master Cadre</i>
Wednesday Nov 17 th	4:00 – 5:30 pm	EVERYONE	Implementing Cohorts Recognition Event – Surprise Guest, Pyramid Model Resources, and more Highlights from programs – A Celebration!
Thursday Nov 18 th	1:00 – 4:00	Pyramid Model Master Cadre approved to present Family Child Care Modules	Family Child Care Work Group Preparing for revisions – Feedback on current modules, items you use with participants, etc....
Friday Nov 18 th	6:00 – 8:00 pm	Pyramid Model Master Cadre	Celebration

If you have any questions about this event please contact Deborah Fitzgerald dfitzgerald@nyaeyc.org or Sheridan Povemba spovemba@nyaeyc.org, Event Coordinators for the Summit.

2019-2022 Preschool Development Birth to Five Renewal (NYSB5 -R)

The vision of the New York State Preschool Development Grant Birth through Five project is for every child in New York to be supported by a mixed-delivery system that is informed by parent voice and provides access to high quality, equitable and comprehensive early care and learning environments and services essential for successful development and lifelong success. The 2019-2022 NYB5-R grant will allow the support:

▲ PIDS:

- ✓ Provide program adjustments to data entry functions;
- ✓ Create new reports and functionality,
- ✓ Respond to helpline calls, maintain online ticketing system, and allow for desktop control, when needed; and
- ✓ Update data entry and report functions

It is anticipated by the end of the three years PIDS will be connected to Aspire Registry to track and verify Pyramid Model module training.

In addition, the NYB5-R funds supported the following:

▲ Child Care Resource and Referral Pyramid Model Hubs: There are five Pyramid Model Hubs that are in 5 areas of the state and run in the following CCR&Rs:

- ✓ Capital District Child Care Coordinating Council
- ✓ Child Care Council, Inc. (Rochester)
- ✓ Child Care Resources (Rockland)
- ✓ Child Care Resource Network (Buffalo)
- ✓ Child Care Council of Nassau (Long Island)

These Hubs serve communities and support early childhood care and education programs (child care, Head Start, Early Head Start, schools with PreK, 4410s, Family Child Care providers) within their region who are interested in implementing the Pyramid Model. These Hubs created Community-Wide Leadership Teams to implement the Pyramid Model, with the intent to increase local coordination of services that support the early childhood community as well as support best practices.

PIDS Reports

Appendix G

Report Name	Category	Description
ASQ:SE Score Type Percentage Report	ASQ:SE	This report displays the percentage of the total number of ASQ:SE screenings for each score type by month.
ASQ:SE Trend Report	ASQ:SE	This report is designed to track changes to the ASQ:SE score types for active children. This is accomplished by displaying a line chart with the score type for each ASQ:SE that has been recorded for each child.
Benchmarks of Quality Change Report	BOQ	This report displays the changes in indicator status for the most recent 5 Benchmarks of Quality 2.0 forms across time.
Benchmarks of Quality FCC Change Report	BOQ	This report displays the changes in indicator status for the most recent 5 Benchmarks of Quality FCC forms across time.
Benchmarks of Quality FCC Trend Report	BOQ	This report displays details about critical elements for each Benchmarks of Quality FCC form in the reporting window. A graph of average ratings for each critical element over time is also displayed.
Benchmarks of Quality Trend Report	BOQ	This report counts of ratings of critical elements for each Benchmark of Quality in the reporting window for the selected programs. A graph of average ratings for each critical element over time is also displayed.
BIR Children Summary Report	BIR	This report displays information about BIRs with a focus on child analysis.
BIR Classroom Summary Report	BIR	This report displays information about BIRs with a focus on classroom analysis.
BIR Equity Profiles Report	BIR	This report displays information about BIR equity and can be used to analyze incident frequency, suspensions, and dismissals. Also, the analysis can be grouped by child demographics such as race, ethnicity, and gender to give a more detailed understanding of the data.
BIR Item Detail Report	BIR	This report displays information about BIRs in the context of the problem behaviors, activities, others involved, possible motivations, strategy responses, and admin follow-ups that were selected on the BIRs.
BIR Program Incidents Summary Report	BIR	This report displays information about BIRs with a focus on total BIRs grouped by problem behaviors, activities, others involved, possible motivation, strategy responses, and admin follow-ups.
BIR Program Summary Report	BIR	This report displays summary information for BIRs.
CCL Counts Report	Coaching Log	This report calculates the total number of "Yes" responses for each item in the coaching log for all coaching logs entered within the specified dates for the specified programs.
CCL Duration Report	Coaching Log	This report calculates the total count and duration of coaching logs for a given period of time for the selected Programs, Coaches, or Teachers.
CCL Trend Report	Coaching Log	This report displays changes in Coaching Log items over time via a chart and details section.
Child Demographic Report	Analysis	This report displays demographic information for children that have not been discharged and that have an active classroom assignment.
Child Discharge Details Report	Analysis	This report displays information about children that have been discharged from the program(s) included in the report. It also includes information about why the children have been discharged.

Child Inactivity Report	Analysis	This report shows inactive children that haven't been updated in over a year as of the point in time selected.
Completed Trainings Report	Training	This report displays counts of the trainings completed between the selected start and end dates. It also shows the employees that completed the trainings.
Employee Training Report	Training	This report is designed to help track the number of active employees that have done each training module.
Invalid Forms Report	Analysis	This report displays invalid forms for programs and the reason that the forms are invalid.
Login History Report	Analysis	Login History for all users
TPITOS Change Report	TPITOS	This report calculates the year-to-year differences of the frequency of 'Yes' responses for all TPITOS indicators.
TPITOS Indicator Counts Report	TPITOS	This report calculates the percentage of 'Yes' counts for each indicator on the valid TPITOS forms completed within the dates specified for the programs or classrooms specified.
TPITOS Red Flag Counts Report	TPITOS	This report displays the number of times that each TPITOS red flag was observed between the selected start and end dates.
TPITOS Red Flag Trend Report	TPITOS	This report shows changes in TPITOS red flags over time by displaying the percentage of red flags observed in a chart and displaying the number of times each red flag was observed during a time period in a details section.
TPITOS Trend Report	TPITOS	This report displays changes in the TPITOS items over time via a chart and details section.
TPOT Change Report	TPOT	This report calculates the year-to-year differences of the frequency of 'Yes' responses for all TPOT indicators.
TPOT Indicator Counts Report	TPOT	This report calculates the percentage of 'Yes' counts for each indicator on valid TPOT forms completed within the dates specified for the programs or classrooms specified.
TPOT Red Flag Counts Report	TPOT	This report displays the number of times that each TPOT red flag was observed between the selected start and end dates.
TPOT Red Flag Trend Report	TPOT	This report shows trends in TPOT red flags over time by displaying the percentage of red flags observed in a chart and displaying the number of times each red flag was observed during a time period in a details section.
TPOT Trend Report	TPOT	This report displays changes in the TPOT items over time via a chart and details section.
Tracking Report	Analysis	A tracking report for programs that displays the types of forms submitted into PIDS, the number of forms submitted, and when the forms were submitted.

NYS APPR Appendix

Question 3

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Appendix 3.2 Strong By Six 3

Appendix 3.1 Aspire Registrants Demographics

Table 3.1.A Aspire Registrants Gender 2021

Gender	
Female	7,055
Male	493
Unknown	87

Tables 3.1B Aspire Registrants Race and Ethnicity 2021

Race and Ethnicity	
American Indian, Alaskan Native, Native Hawaiian or other Pacific Islander	45
Asian, Hmong	516
Bi-Racial or Multi-Racial	215
Black or African American	1,208
Hispanic or Latino	1,832
Other or Unspecified	341
White or Caucasian	3,379

Table 3.1C Aspire Registrants Education 2021

Education	
Associate's Degree	3,646
Bachelor's Degree or Some Graduate Work	9,733
Child Development Associate or Some College	6,127
High School Diploma	40,970
Master's Degree or Higher	9,538

Appendix 3.2 Strong By Six



Get Ready to GROW (Rochester, NY) - Refer Outcomes 1-1-2021 to 12-31-2021						
	Vision			Hearing		
AGE	Refer	52	% Refer	Refer	Screened	% Refer
1	3	51	6%	6	47	13%
2	34	200	17%	17	182	9%
3	73	413	18%	18	316	6%
4/5	73	377	19%	9	256	4%
Refer/Total%	183	1041	18%	50	801	6%
	Dental			BMI		
AGE	Refer	Screened	% Refer	Refer	Screened	% Refer
1	0	51	0%	6	23	26%
2	14	169	8%	61	150	41%
3	28	333	8%	156	352	44%
4/5	33	324	10%	212	470	45%
Refer/Total%	75	877	9%	435	995	44%
	Motor			Speech		
AGE	Refer	Screened	% Refer	Refer	Screened	% Refer
1	3	52	6%	12	60	20%
2	59	218	27%	116	295	39%
3	90	338	27%	139	482	29%
4/5	53	269	20%	82	315	26%
Refer/Total%	205	877	23%	349	1152	30%
	Development ASD			SEL ASD-SE		
AGE	Refer	Screened	% Refer	Refer	Screened	% Refer
1	10	22	45%	6	24	25%
2	17	31	55%	12	35	34%
3	9	17	53%	8	18	44%
4/5	3	6	50%	4	20	20%
Refer/Total%	39	76	0%	30	97	31%
AGE	Total Number		Total Number		Children =>1 Referral	
1	78	5%	46	3%	35	45%
2	324	19%	330	24%	202	62%
3	590	35%	521	38%	340	58%
4/5	717	42%	469	34%	379	53%
Total%	1709	100%	1366	100%	956	56%

Get Ready to GROW (HMG Rochester) is a NYS Affiliate of:



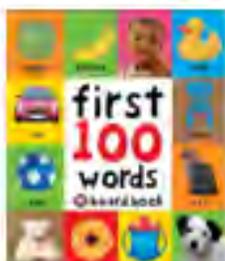
NYS APPR Appendix

Question 4

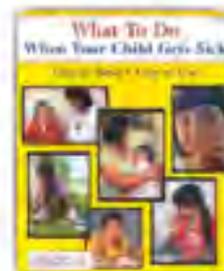
Appendix 4.1 Baby Bundle

NYS BABY BUNDLE

Here is what is included in the bag!



- Starting Life Together NYS Parent Guide
- What to Do When Your Child Gets Sick
- Can Your Baby Hear You?
- Safe Sleep
- NYS Parent Portal
- Family Guide to NYS Early Childhood Services Prenatal through Age 5
- Talking is Teaching
- Board book for babies
- Local Resources



For more information please visit:

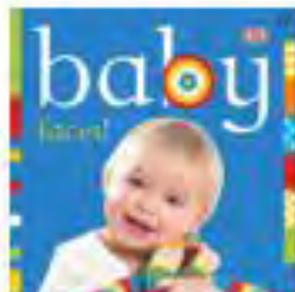
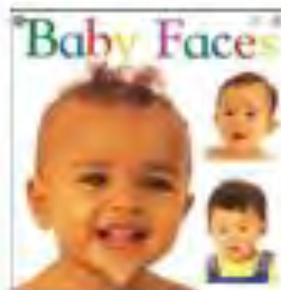
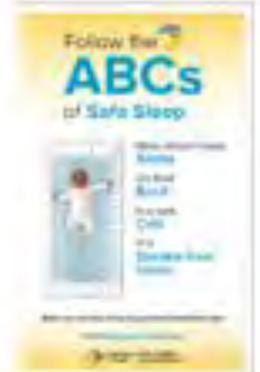
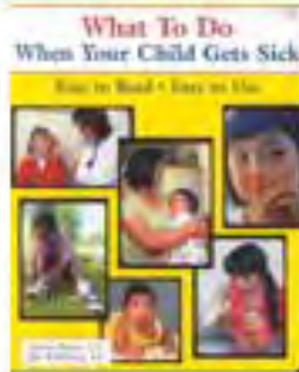
<https://www.ccf.ny.gov/council-initiatives/nysb5/other-information-2/>

Scan for the Parent Survey:



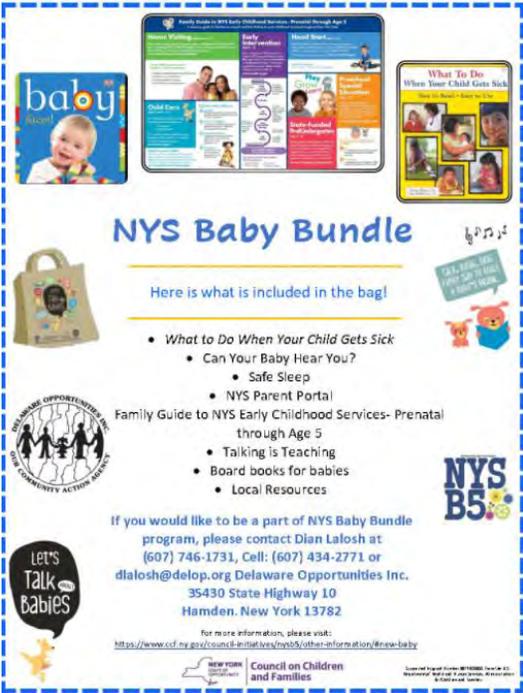
The Baby Bundle will include a reusable tote bag with:

Starting Life Together NYS Parent Guide	What to Do When Your Child Gets Sick	Can Your Baby Hear You? Safe Sleep	NYS Parent Portal
Family Guide to NYS Early Childhood Services - Prenatal through Age 5	Talking is Teaching	Children's board book	Local resources



Local Resources

- Child Care and CCR&R contact information
- Health Department information for your catchment area
- Hospitals & Urgent Care Centers
- Pediatricians and Dentists
- Libraries
- Local Government



NYS Baby Bundle

Here is what is included in the bag!

- What to Do When Your Child Gets Sick
 - Can Your Baby Hear You?
 - Safe Sleep
 - NYS Parent Portal
 - Talking is Teaching
 - Board books for babies
 - Local Resources

Family Guide to NYS Early Childhood Services- Prenatal through Age 5

If you would like to be a part of NYS Baby Bundle program, please contact Dian Lalosh at (607) 746-1731, Cell: (607) 434-2771 or dialosh@delop.org Delaware Opportunities Inc. 35430 State Highway 10 Hamden, New York 13782

For more information, please visit: <https://www.ccf.ny.gov/counc&initialives/nysb5/other-information/#new-baby>

Council on Children and Families



Your Local Child Care Resource & Referral Agency

<https://www.familyofwoodstockinc.org/cc/>

PASTIEV Family of Woodstock, Inc.
 Family Child Care Center of Woodstock, Inc.
 345.2671 or Fax to 845.679.7465
 40 685-6618 679-6666
 Fax: 845-679-7465

Need Child Care

WELCOME BABY

CONGRATULATIONS!

This is a very exciting time for you and your family. Suffolk County is here to support you. This resource will provide you information, ideas and services that will help you through pregnancy and the early years to keep your child healthy, happy and successful in school and in life.

NYS APPR Appendix

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Appendix 5.1 Scholarships Awarded

Table 5.1A Awards

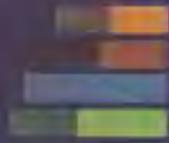
Training Type	
College Credit	285
CDA Training	225
Training/Conference	159
CDA Assessment	102
Training Leading to Credential	12
Non CDA Credential Fee	11
Coaching	7
Credential Distance	2
Distance Learning	1

Table 5.1B Years Working

Years Working	
1 to 5	310
6 to 10	123
11 to 15	61
16 to 20	37
21+ years	25
No Response	7

Table 5.1C Program Modality

Program Modality	
Day Care Center	307
Group Family Day Care	194
Family Day Care	30
School Age Child Care	30
No Response	2



Early Childhood Career Development Center

Are you considering a career in Early Childhood?

Interested in becoming a NYS certified Early Childhood teacher?

Do you need help earning credentials or working through your study plan?

Are you working in the field of early childhood and interested in making a career change?

Are you wondering what other ways you can serve children and families?

Would you like assistance putting together a winning resume or conducting an effective job search?

The **New York Early Childhood Professional Development Institute's Career Development Services Center's** team of capable career advisors are committed to providing comprehensive career development services to address your needs including:

- Academic Planning and Advisement
- Career and Vocational Assessment
- Scholarship and financial aid guidance
- Resume Preparation
- Interview and Job Search Strategies
- Teacher Certification Support
- Professional Development Planning



To schedule an appointment please contact:
Career Development Services Center
(718) 254-7735
careeradvisor@earlychildhoodny.org
earlychildhoodny.org/cdsc/

New York State Early Childhood Career Development Center
Claudine Campanelli, Ed.D. - Director

New York City Regional Early Childhood Career Development Center
Jenna Pettinicchi - Leadership Initiative Assistant Director
Mallory Tompkins - Leadership Initiative Program Manager
Antonee Lewis - Career Advisor
Shauna Frederick - Career Advisor
Bridget Turner - Career Advisor

Long Island Regional Early Childhood Career Development Center
Cristina Medellin - Regional Coordinator

Western New York Regional Early Childhood Career Development Center
Christine Duffy-Webb - Career Advisor

Capital Regional Early Childhood Career Development Center
Beth St. Dennis - Career Advisor

Southern Tier Regional Early Childhood Career Development Center
Christine Duffy-Webb - Regional Coordinator

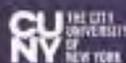
Fingerlakes Regional Early Childhood Career Development Center
Kristen Rogers - Regional Coordinator

Central Territory Regional Early Childhood Career Development Center
Lesley Lawrence - Regional Coordinator

Mid-Hudson Regional Early Childhood Career Development Center
Jennifer Geskie - Regional Coordinator

Mohawk Regional Early Childhood Career Development Center
Lesley Lawrence - Regional Coordinator

North Country Regional Early Childhood Career Development Center
Beth St. Dennis - Career Advisor



This project is supported in part by the Preschool Development Grant Birth through Five Initiative, Grant Number 90EP0019-01-01, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

Appendix 5.3 Early Childhood Leadership Initiatives Demographics

Tables 5.3A Early Childhood Leadership Initiative Participant Gender 2021

Gender	
Female	8,905
Male	364

Table 5.3B Early Childhood Leadership Initiative Participant Race and Ethnicity 2021

Race and Ethnicity	
American Indian, Alaskan Native, Nataive Hawaiian, or other Pacific Islander	53
Asian	591
Bi-racial or Multi-racial	248
Black or African American	2,301
Hispanic or Latino	2,089
Other or Unspecified	541
White or Caucasian	3,939

Table 5.3C Early Childhood Leadership Initiative Participant Education 2021

Education	
High School Diploma	428
Child Development Associate or Some College	462
Associate's Degree	268
Bachelor's Degree	1,371
Master's Degree or Higher	4,042

Appendix 5.4 Pyramid Model Training Participants Demographics

Table 5.4A Participants by Gender 2021

Gender	
Female	381
Male	23
Prefer to self-describe	2

Tables 5.4B Participants by Ethnicity 2021

Ethnicity	
Hispanic or Latinx	193
Non-Hispanic or Latinx	200
Other	16

Table 5.4C Participants by Race 2021

Race	
American Indian/Alaskan Native	0
Asian	15
Black/African-American	59
Native Hawaiian/Pacific Islander	6
Other	69
Prefer not to answer	72
White	194



TRAUMA INFORMED ORGANIZATIONAL TOOL KIT

The production of this Trauma-Informed Organizational Toolkit, First Edition is supported by the Preschool Development Grant Birth through Five Initiative (PDGB5), Grant Number 90TP005901, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Its contents are solely the responsibility of The Early Care & Learning Council and do not necessarily represent the official views of ACF.

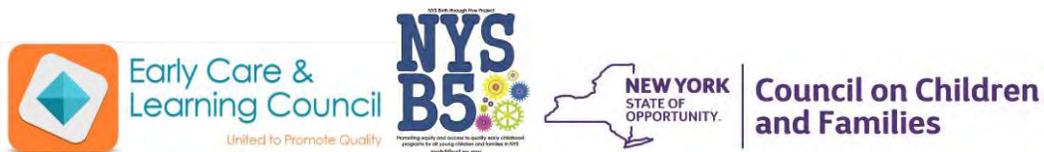


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Trauma Advisory Group

We believe that:

It is important for the CCR&Rs to reflect the trauma-informed organizational practices and values that we are working to promote within early care and education.

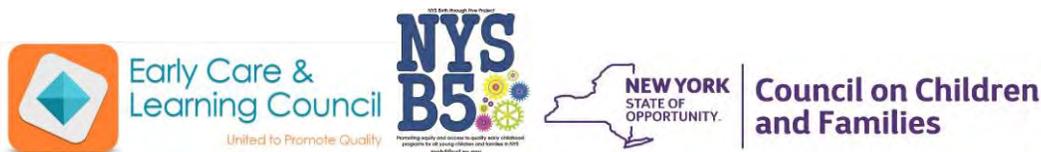
We envision a CCR&R Network that:

Nurtures practices and delivers services embedded with safety, choice, collaboration, trustworthiness, attention to cultural, historical, and gender issues and empowerment within our statewide network of CCR&Rs.

Together, we strive:

- To support the CCR&R agencies in building knowledge, skill, and practice consistent with best practices in trauma informed organizations
- To develop strategies and an action plan to inform delivery of the ACEs Institute Curriculum
- To ground our organizational practices, trainings, and technical assistance offerings to support our main target audience, adults, who may be survivors of trauma
- To develop strategies to support CCR&R staff, who may not be mental health professionals, in delivering training, technical assistance, and other CCR&R services with sensitive content

The Early Care & Learning Council would like to extend gratitude for the work of the Trauma Advisory Group, past and present, in the efforts of moving towards becoming trauma-informed and elevating knowledge about Adverse Childhood Experiences (ACEs) within our CCR&R network.



How to Use This Toolkit

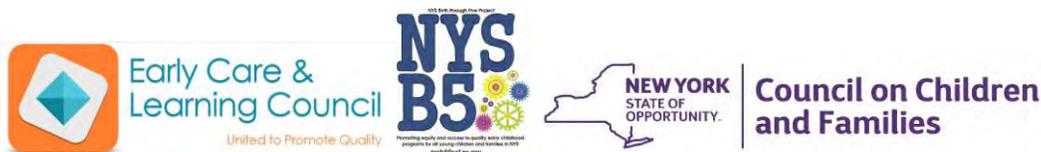
Becoming a trauma-informed organization is not a destination, but rather a continuous journey, aided by research and practices, past and present. This work requires an intentional dedication to incorporating themes, concepts, practices and policies of trauma-informed organizations in an ongoing and strategic manner.

This toolkit is for any staff member of the statewide network of Child Care Resource & Referral Agencies looking to increase their understanding of trauma-informed organizational practices and/or those looking to embed these themes, values, and practices into their greater agency culture. It is not a specific framework, blueprint, or model of implementation for incorporating a trauma-informed lens for your CCR&R Agency. Instead the first edition of this toolkit was designed to:

- Share the current “state of the state” as it relates to trauma-informed organizational practices;
- Identify current trauma champions in our network;
- Start to create a common language with concepts of trauma and trauma-informed practices to build a shared understanding;
- Share resources and considerations to inform strategies towards the creation of a trauma informed CCR&R statewide network.

Ultimately, the goal of this greater project is to work more intentionally and strategically towards navigating themes, concepts, and practices related to trauma-informed organizations. This work will also allow us to model the trauma-informed and adverse childhood experiences (ACEs) practices that we are sharing with our local early care and education partners and providers through the ACEs Institute trainings.

On behalf of the Early Care & Learning Council, and the CCR&R Trauma Advisory Group, thank you for your dedication to this work for children, families, and communities.

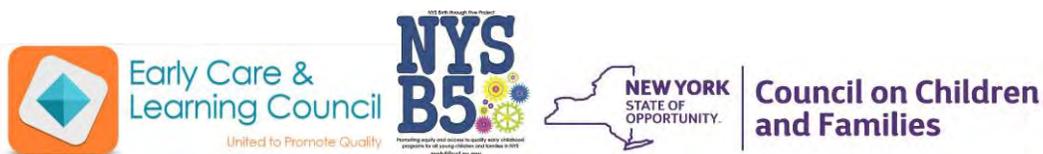


Why Now?

Reasons to Work Towards Becoming Trauma-informed CCR&Rs

Trauma has a widespread impact on communities across New York State. A trauma informed approach acknowledges the impact of trauma and looks at each individual as a whole. The Adverse Childhood Experiences (ACE) study conducted by the U.S. Centers for Disease Control and Prevention and Kaiser Permanente has made us painfully aware of the correlation between childhood trauma and an individual's physical and mental health later in life. We have learned that childhood trauma not only affects our physical and mental health, but it also negatively impacts education and employment status. This does not have to be our fate; we can prevent it with early intervention and education. We have the knowledge and now it is our obligation to ensure that our organizations are trauma informed.

Being trauma-informed does not begin with the populations and communities that we serve, but rather, it begins within our membership and with the staff at our respective organizations. A trauma-informed organization recognizes and responds to the impact of trauma on the mental and physical well-being of the clients it services and the individuals it employs. It allows the organization to provide services in an appropriate and compassionate manner. We are in the position to educate and train both the clients we serve and our employees in every department. Trauma informed practices will have the power to positively transform the culture of the organization by preventing re-traumatization and secondary traumatic stress, increase safety, increase staff retention and satisfaction, enhance engagement, and avoid staff burnout. A trauma-informed organization will not only increase the effectiveness of the services offered, it creates opportunities for choice, resiliency, healthy relationships and healing.



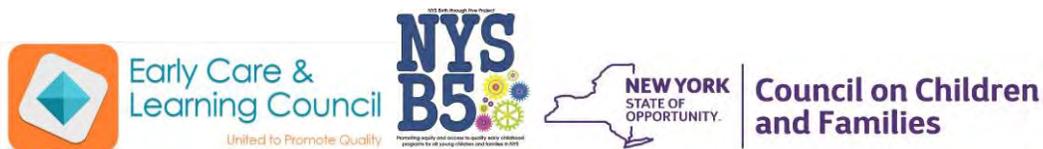
Overview of Key Concepts

Childhood trauma will affect more than five million children each year (Perry, 2006). These experiences include psychological, physical, or sexual abuse, neglect, or household dysfunction (divorce or separation, violent treatment of parent, substance abuse, mental illness, or criminal behavior) and are often referred to as adverse childhood experiences or ACEs (Bucci, et al., 2016). The implications of exposure to severe traumatic experiences such as these, can lead to changes in brain chemistry (overproduction of hormones), architecture (reduction in size and underdeveloped cortex), and function (irritability, excitability, impulsiveness, and cognition) (Bucci et al., 2016; Howard & Crandall, 2007; Perry, 2006; Rossen & Cowan, 2013).

Trauma: A subjective experience of extreme stress that overwhelms an individual's ability to cope. (Giller, 1999) Traumatic experiences are subjective in that the trauma survivor determines whether the event was traumatic or not based on their experience. An event may be considered traumatic if the person's ability to integrate their emotional experience is overwhelmed or if the person experienced a threat to life, bodily integrity or sanity. (Pearlman & Saakvitne, 1995)

Traumatic experiences may be a singular event, or repeated events. They may be naturally occurring (natural disaster) or man-made (abuse). Typically, traumatic events that are man-made, repeated and that happen in early childhood have the likelihood of more negative long-lasting effects on a person.

Adverse Childhood Experiences: The CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) study of the 1990's had profound and far-reaching impacts, likely beyond what was imagined or intended. Today, momentum continues, and communities strive to promote universal understanding and skill building as it relates to the findings, themes, and concepts. Committed to promoting and nurturing healthy childhood environments which support development and reduce adversity, the CDC specifically has developed guidelines such as *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments; Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence; and the Technical Package for Preventing Child Abuse and Neglect to identify strategies, approaches, and best practices for the national audience.* Attention to, and strategies that support the provision of quality early care and education are explicitly identified, and thus early care and education providers, and those who support them, are key partners in this work.

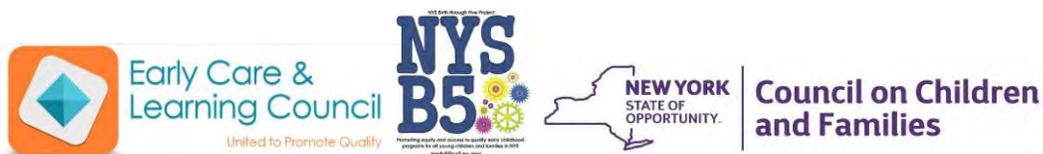


Impact of Trauma on Children

One in four children have been exposed to a traumatic event that can affect their learning or behavior. The impact of trauma on children varies. As we have learned by the definition, trauma is a subjective experience. It is understood, however, that early trauma impacts children's brain development, their social and emotional functioning, physical health and their overall life outcomes. From prenatal through the first year of life the developing brain is most sensitive to the external influences of a child's experience. This period is associated with the most rapid brain development and external experiences, good or bad, will impact the brain's architecture. Chronic and/or severe exposure can interrupt typical brain development. Exposure to chronic trauma or ACE's in early childhood can drastically increase the likelihood of negative impacts on an adult's physical and mental well-being. For example, the higher one's ACE score in early childhood greatly increases the likelihood there is of one developing a condition like heart disease, diabetes or cancer, engage in risky health behaviors like smoking or substance abuse, or to develop depression, anxiety or other mental disorder. Children who experience high ACE's are more likely to be suspended and expelled from school, in fact, children who have experienced high ACE's are three times more likely to be expelled from their early childhood program than children K-12. Roughly 17,248 children are expelled annually from their early childhood education program. Children with high ACE scores tend to engage in more bullying and argumentative behaviors, have a harder time attending to and finishing tasks, and a more difficult time making and maintaining friendships.

Impact of Trauma on Adult Learners

The effects of trauma are real. Over half of all adults have experienced at least one traumatic event in childhood (ACES); many experiencing three or more (Bucci, et., al, 2016). As discussed, traumatic events can lead to changes in brain architecture which can impair learning in adulthood. Starting in early childhood, the effects of trauma can be seen through changes in brain architecture and functioning. The amygdala which controls our emotions, especially fear, leads to a heightened state of arousal (Rinne-Albers, et al., 2013). The hippocampus (important for cognitive functioning) which controls new memory formation and memory retrieval can be impaired by changes in its volume and levels of cortisol that are produced, and the prefrontal cortex which plays a role in the ability to pay attention and in stimulus response, can be reduced in size and symmetry (Rinne-Albers, et al., (2013). These changes in brain architecture have implications that last a lifetime.

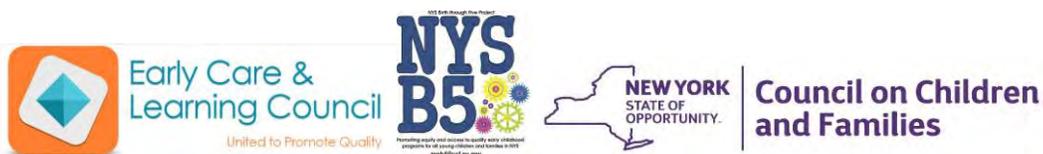


The effects of these changes lead to implications for adult learning. Adults who have experienced a traumatic event, especially in childhood, learn to live in a state of fear. This fear leads to the inability to focus attention, learn new material, miss classes, avoid tests, disassociate, or space out, fear risk taking, have an inability to concentrate, have difficulty starting new tasks, have low self-esteem or confidence, and may experience panic attacks. For the adult learner who is returning to the classroom, the implications from this can affect their ability to participate in class and learn new material. According to Horseman (2004):

Unless educators at all levels acknowledge the violence in the lives of women and children and its impact on learning, many students will not only fail to learn, but may also experience the educational setting as a silencing place, or another site of violence, where they are controlled, diminished, and shamed by institutional structures or classroom interactions. (p. 5)

There is a need for change in adult education to meet the individual needs of students. The effects of trauma may not be readily seen so the adult educator needs to stay vigilant in observing student behaviors to meet those needs. This can be done by providing culturally relevant adult learning opportunities within a holistic perspective to learning; including the mind, body, spirit, and emotions, providing a safe environment where everyone feels comfortable, by implementing strategies of storytelling which can prove to be therapeutic, collaboration and referrals by knowing reporting requirements and laws, educator self-care by enlisting the help of a trusted colleague or supervisor, and advocating for policy change and funding structures needed to make those changes (Kerka, 2002).

Educators and trainers should allow students and training participants the opportunities to work cooperatively on assignments and activities, and to share stories through art, movement, songs, poetry, theatre, and dance. Creating collaborative ground rules and allowing for the choice of opting out of activities, eliminating classification testing, and enabling students to take ownership of their space provides a sense of safety. Artfully honoring silence as well as words, being a caring listener, and creating activities that allow learners to share as much or as little of their stories as they feel comfortable will help create a sense of caring and community. Knowledge of community resources and reporting laws is critical should outside resources deem necessary. This, combined with professional development that focuses on understanding and recognizing trauma in the classroom, will help provide educators and trainers with the tools needed to provide a safe learning environment for students and training participants (Kerka, 2002).

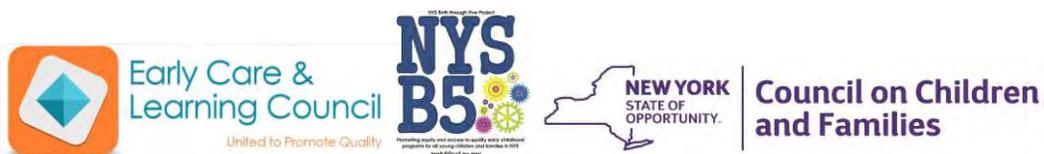


Trauma Informed Organizations

Research continues to show that roughly 62% of adults surveyed have experienced at least one ACE before the age of 18, meaning that these experiences are still common and have potential impacts for children, families, providers, CCR&R staff and our local communities. Having a high ACE score, although does not equate to “destiny”, does increase one’s risk for social, emotional, and physical health problems, which ultimate can impact not only the well-being of individual staff members, but the organizational culture and climate, as a whole.

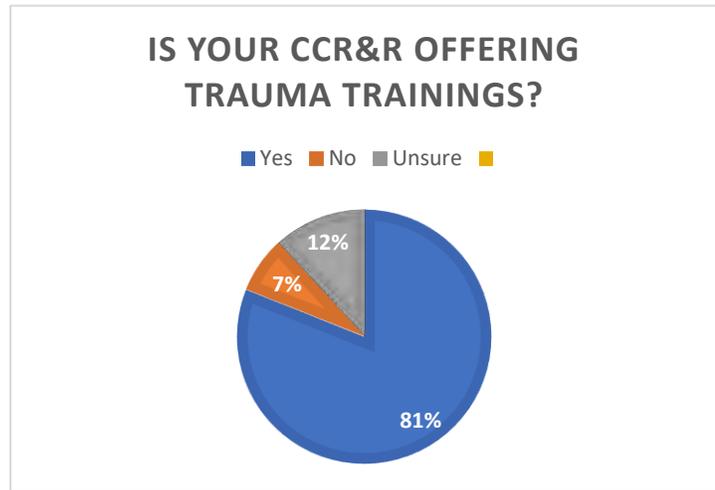
Embedding trauma-informed practices, policies and values allow us to implement universal precautions with all staff and those served by the organizations. Guided by the principles of safety, choice, collaboration, empowerment, trustworthiness, and attention to cultural, historical and gender issues, this includes:

- Realizing and understanding the widespread impact of traumatic experiences and understanding the potentially harmful or helpful practices in your organization to support both the clients and the staff members;
- Recognizing the signs and symptoms of trauma, secondary or vicarious trauma, and burnout in themselves, coworkers, and the families they serve;
- Seek to resist re-traumatization and;
- Incorporate the science of trauma and resiliency into policies, procedures and practices.

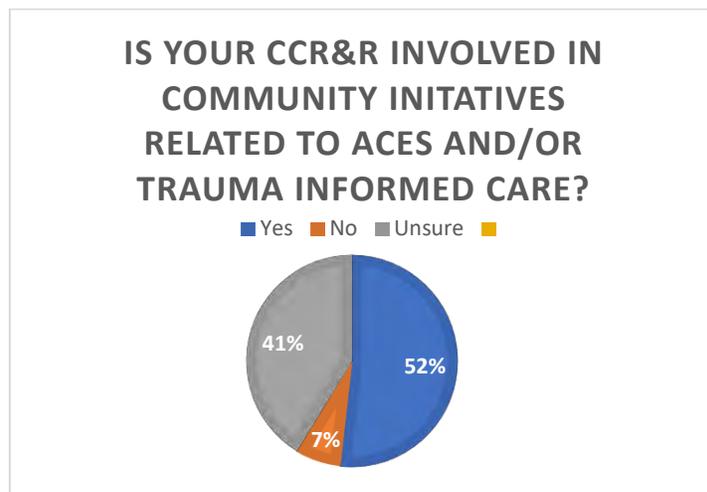


Voices from the Membership

Although the 10th Training Topic Area related to Adverse Childhood Experiences was formalized with a *Dear Provider Letter* that was shared on January 8th, 2021, trainings about trauma and childhood are not new to the statewide network of CCR&Rs:



Additionally, CCR&Rs have been working at a systems level to engage in trauma-informed work in their respective communities. Specifically, 52% of respondents in a recent trauma-informed organizational survey identified that their agency is involved with ACEs and trauma-informed work on a larger scale:



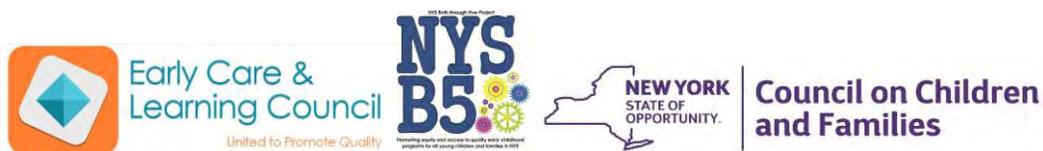
Some examples that were shared of the ways in which CCR&Rs are engaging in this work on a community, regional and/or state-level include, but are not limited to:

- Attention to Trauma Informed Care During New Staff Orientation
- Initiating Trauma-Informed Care Committees Internally, at the CCR&R
- Resilience in Action Grant, Health Foundations for Western & Central New York
- County-Specific Resilience Initiatives (IE Chautauqua County Resilience Initiative; Oswego County Trauma Informed Collaborative, Dutchess County ACEs Task Force)
- Collaborations with:
 - Local United Way Foundations
 - Regional Networks of Child and Family Service Agencies
 - Local Departments of Mental Health
 - County-Specific Trauma Informed Collaboratives (IE - Oswego County Trauma Informed Collaborative, Allegany County Coalition, Schoharie County ACEs Committee, Building Resiliency in Essex Families)
- Participation in Coalitions Such As:
 - New York State Infancy Leadership Circles
 - Drug Free Irondequoit
 - Pyramid Hubs
 - NYS HEARTS Initiative
 - Local “Be the One” Committees with Child and Family Welfare Organizations
- Participating in Statewide Awareness and Prevention Efforts, Such As:
 - Pinwheels for Prevention
 - Screening of Documentaries (IE: “Resilience”)

Finally, during March 2021, the following staff and departments have been identified by their peers as trauma informed champions locally, regionally, and statewide:

Region 1:

- Amy Lehman, Belinda Knight, Jennifer Morgan Burt, Allegany County Community Opportunities and Rural Development, Inc.
- Beverly McArthur, Niagara Community Action Programs, Inc
- Beth Faulkner, Chautauqua County Child Care Council
- Infant & Toddler Specialists and Infant and Toddler Mental Health Consultants, Child Care Resource Network



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- Community Opportunities Staff, Allegany County Community Opportunities and Rural Development, Inc.
- Training Staff, Niagara Community Action Programs, Inc

Region 2:

- Jeff Pier, Rose Shufelt, Child Care Council, Inc
- Carla Hibbard, Elizabeth Ryder, and Margie Lawlor, Child Care Aware of Steuben and Schuyler
- Infant and Toddler Mental Health Consultant Staff, Child Care Council, Inc

Region 3:

- Richelle Singer, Tammy Ablang, Ellen Olsen, Lindsey Behr, Child Care Council of Oneida County, Cornell Cooperative Extension
- Casey Miner, Kristy Sherman, Lisa Potter, Child Care Solutions
- Cori Leshner, Angie Vanwormer, Community Action Planning Council of Jefferson County, Inc
- Executive Director and Program Coordinator, St. Lawrence Child Care Council Inc.
- Jude Rose, Melissa Perry Child Development Council of Central New York, Inc.
- Christina Wilson, Brandi Korproski, Integrated Community Planning Council of Oswego County, Inc
- Leslie Vermaat, Family Enrichment Network, Inc.
- The Family Support Services Staff, Child Development Council of Central New York, Inc
- Infant Toddler Mental Health Consultants, Infant Toddler Mental Health Specialist, Child Care Solutions
- The Training Department, Child Care Solutions

Region 4:

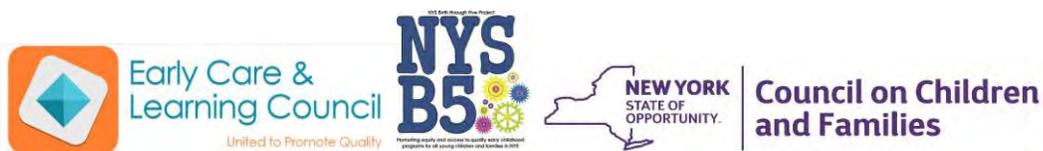
- Kim Polstein and the Mental Health Team, Brightside Up
- Shelly Bartow, Demetra Alberti, Delaware Opportunities, Inc.
- Adverse Childhood Experiences Training Staff, Brightside Up

Region 5:

- Sumon Chin, Amy Eng, Chinese-American Planning Council

Region 6:

- Kathy Halas, Child Care Council of Westchester, Inc
- Kathleen Murphy, Child Care Council of Dutchess & Putnam, Inc.



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- Professional Development Staff, Registration Department, Child Care Council of Westchester, Inc
- Infant Toddler Specialists, Child Care Council of Dutchess & Putnam, Inc.

Region 7:

- Joy Conolly, Child Care Council of Nassau, Inc.
- Joan Rocchetta, Colleen Farrell, Emily Torres, Denise Ham, Child Care Council of Suffolk, Inc.

Trauma-Informed Organizational Domains

In March 2021, the Early Care & Learning Council launched a survey to executive directors and senior staff at the CCR&R agencies, which was adapted from an agency self-assessment that was created by the Trauma Informed Care Project, out of Iowa. The purpose of this survey was twofold. First, this gave the opportunity to survey the current landscape of trauma-informed organizational practices in the network, and also to provide an idea of where support could be offered by providing training and technical assistance. Secondly, if a CCR&R and/or region was or is in a place where they were/are considering creating and implementing a trauma informed organizational plan, this gave them a starting place or a roadmap of where to begin.

Organizational Domains Explored by the Self Assessment

1. Supporting Staff Development;
2. Creating a Safe and Supportive Environment;
3. Referral, Assessing and Planning Services;
4. Involving Parents, Families,

In each section for each domain, participants had the opportunity to reflect on and respond based on the experiences at their CCR&R over the past twelve months. Respondents were not asked to evaluate individual performance, but rather the practices of the agency as a whole. Ultimately, the Executive Director and Senior Leadership of a CCR&R determined how much or little their agency would participate.

Overall, the network was responsive to this trauma-informed agency self-assessment, with feedback provided from seven out of seven of the regions. Responses were most received from full time employees (92.2%), although some part time employees did share their feedback as well (7.2%). Specifically, Senior Leadership (15.7%), Licensors and Regulators (13.1%), Trainers (9.8%), Infant & Toddler or Early Childhood Specialists (9.2%) and CEOs/Executive Directors (9.2), and those who identified their roles as “Other” (15.7%) were among staff represented with the highest response rate. Perspectives and feedback were also shared by staff in with the following roles and/or titles: Data Administrators, CACFP, Referral Specialists, State or Local Advocacy Staff, Member of the Finance Department, Marketing and/or Communications Staff, Administrative or Front Office Staff, Director/Coordinator of ITS/ITMHC Services, and Infant and Toddler Mental Health Consultants.

One area to consider is that the survey asked respondents to consider their organizational practices over the past twelve months, a timeline that coincided with a global pandemic and many instances of social unrest.

Consistent with the mission and values of the Trauma Advisory Group, it is the ultimate recommendation that:

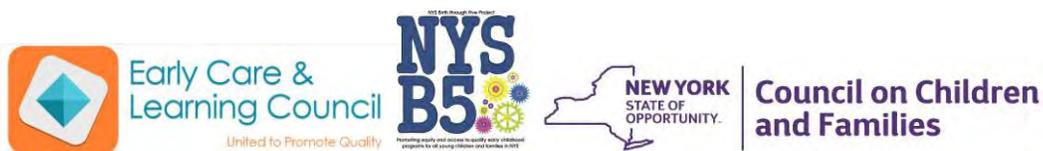
CCR&Rs strive to reflect the trauma-informed organizational practices and values that they are trying to promote within early care and education. It would be best practice for CCR&R's to strive to nurtures practices and deliver services embedded with safety, choice, collaboration, trustworthiness, attention to cultural, historical, and gender issues and empowerment within our statewide network of CCR&Rs.

From a broad perspective, guided by the Trauma Informed Organizational Survey and current practices of the CCR&Rs, this includes:

- Developing written statements that outline a commitment to understanding trauma and engaging in trauma informed practices.
- Providing universal training about traumatic stress and adverse childhood experiences to all staff at all levels of the organization.
- Creating opportunities to learn about ways in which their own stress impacts the work they guide with providers, children, and families.
- Creating opportunities for providers, families, and others who utilize CCR&R services to provide ongoing feedback, or to serve in an advisory capacity to improve the agency.
- Providing multiple avenues of information that is digestible to different cultures and languages.

Concretely, this may include:

- Utilizing ACEs Institute Trainers to provide, at minimum, the 101-Level of the ACEs Institute Training to all staff.
- Work with Senior Leadership to build “buy in” and recognition that being trauma-informed is relevant for all staff, regardless of their role or responsibilities.
- Create a timeline, and further create a written commitment to this work.
- Developing a CCR&R-specific, or regional trauma work group to help to guide and pace work related to trauma informed organizational practices, intentionally.



- Review the statewide, regional, and local data shared in this survey. Find ways to continue to enhance the areas of strength and create an action plan to begin to address the areas of improvement.
- Revisit policies and practices that allow those served by CCR&Rs to provide feedback and enhance the quality of services that are provided.
- Review brochures, websites, one-page handouts, and flyers posted in the physical space of the CCR&R. Ask: is there attention to local and trauma specific resources that could benefit not only the community we serve, but also any staff member in need; are our resources available to those who speak and understand the English language? How would those who do not speak English gain full access to our resources?

The subsections that follow will further define, guided by the Trauma Advisory Group, and outline each domain. This will include statewide data, as shared by the CCR&R's in early 2021. Specifically, it will highlight the top areas of strength and the main areas of improvement, as guided by the Trauma Informed Organizational Survey and identified by the CCR&R staff. For a complete list of all topic areas identified within each domain, please refer to Appendix A (Page 22)

Supporting Staff Development

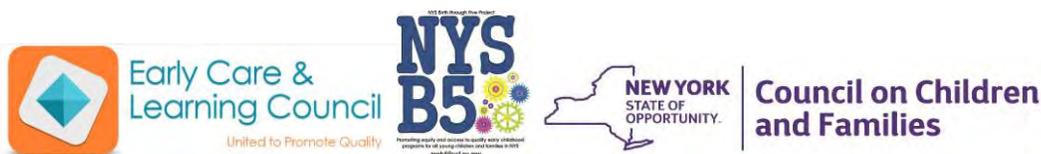
This domain, which includes attention to training and technical assistance, as well as opportunities for supervision, is defined as follows:

“The process of providing trauma-informed training, education and technical assistance, as well as, supervision, support, and self-care to cultivate each employee’s professional and personal growth”

Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Training and Technical Assistance: “Over the past 12 months, my CCR&R provided training, education, and technical assistance to its staff about...”
- Staff Supervision, Support and Self Care: “Over the past 12 months, my CCR&R provided the following opportunities related to supervision, support, and self care...”



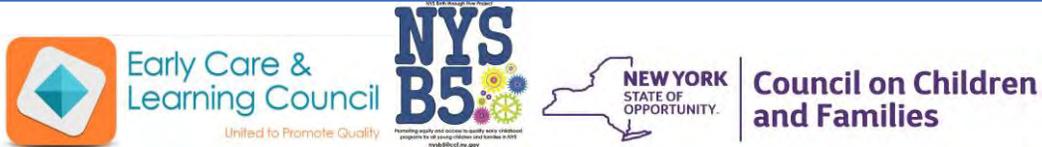
Areas to Consider	Areas of Strength	Areas of Improvement
<p>Training and Technical Assistance</p>	<ul style="list-style-type: none"> • How trauma affects a child’s development • Traumatic Stress • How trauma affects a child’s attachment to their caregivers 	<ul style="list-style-type: none"> • Cultural differences in how people understand and respond to trauma • How working with trauma survivors impacts staff • De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis)
<p>Staff Supervision, Support and Self Care</p>	<ul style="list-style-type: none"> • My CCR&R has a formal system for reviewing staff performance • Staff have regular staff meetings • My CCR&R provides opportunities for staff input into program and/or agency practices 	<ul style="list-style-type: none"> • Outside consultants with expertise in trauma provide on-going education and consultation • Part of supervision time is used to help staff members understand how their stress reactions impact their work with children, families, and providers • Part of supervision time is used to help staff members understand their own stress reactions

Creating a Safe and Supportive Environment

This domain, which includes attention to the physical and emotional environment of the CCR&R, is defined as:

“The ability to cultivate an environment where employees can safely process topics that come up during interactions with families and providers, as well as during training, education, and technical assistance. This may include attention to the physical setting, staff emotional wellness, ETC.”

Trauma Advisory Group, 2021



When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Establishing a Safe Physical Environment: “At my CCR&R, over the past 12 months ...”
- Establishing a Supportive Environment: “At my CCR&R, over the past 12 months ...”

Areas to Consider	Areas of Strength	Areas of Improvement
<p>Establishing a Safe Physical Environment</p>	<ul style="list-style-type: none"> • The common areas within the organization are well lit • The bathrooms are well lit 	<ul style="list-style-type: none"> • The organization provides a space for children to play • The organization provides families, providers and other visitors to the CCR&R with opportunities to make suggestions about ways to improve or change the physical space
<p>Establishing a Supportive Environment</p>	<ul style="list-style-type: none"> • My program is flexible with procedures if needed, based on individual circumstances • There are private spaces for staff and family members, providers and/or other visitors to the CCR&R to discuss personal issues • My CCR&R has policies in place to handle any changes in schedules (IE - weather related closures, crisis related closers or schedule changes) • Staff does not discuss the personal issues of one family and/or provider with another family and/or provider 	<ul style="list-style-type: none"> • CCR&R and program information is available in different languages • Staff, families, providers and other visitors to the CCR&R are able to be supported and understood in their native languages within the agency • My CCR&R has regularly scheduled procedures and opportunities for families, providers and other visitors to the agency to provide input • Outside agencies with expertise in cultural competence and humility provide on-going training and consultation

Referral, Assessing and Planning Services

This domain, which includes attention to four sub-categories, is defined as:

“Tools for administrators, providers, and survivor-consumers to use in the development, implementation, evaluation, and ongoing monitoring of trauma-informed programs.”

Trauma Advisory Group, 2021

When

considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Referral Services and/or Planning for IT, ITMH, Educational or Technical Assistance Services: “At my CCR&R, our documentation and processes for referral, licensing, regulation, IT, ITMH, Educational and/or Technical Assistance services include questions about...”
- The Process for Starting and/or Engaging in Services with the CCR&R: “At my CCR&R...”
- Referral, Intake and Assessment Follow Up: “At my CCR&R...”
- Developing Goals and Plans: “At my CCR&R...”

Areas to Consider	Areas of Strength	Areas of Improvement
Referral Services and/or Planning for IT, ITMH, Educational or Technical Assistance Services	<ul style="list-style-type: none"> • Children’s achievement of developmental tasks • Social supports in the family and the community 	<ul style="list-style-type: none"> • Cultural Backgrounds • Personal Strengths
The Process for Starting and/or Engaging in Services with the CCR&R	<ul style="list-style-type: none"> • We inform families, providers and others seeking CCR&R services the reasons why questions are being asked 	<ul style="list-style-type: none"> • We provide an adult translator for the referral and engagement process if needed
Referral, Intake and Assessment Follow Up	<ul style="list-style-type: none"> • Based on referral services and/or initial processes and discussions with families, providers or others seeking support from my CCR&R, adults &/or children are referred for specific services as necessary 	

<p>Developing Goals and Plans</p>	<ul style="list-style-type: none"> • Staff collaborate with family members, providers and others seeking CCR&R services in setting their goals for the service or support that will be provided 	<ul style="list-style-type: none"> • Before the delivery of any services, supports, training, and/or technical assistance are complete, family members, providers, and other's seeking CCR&R services, together with staff develop a plan to address any future needs
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Involving Parents, Families, Providers

This domain, which does not include any sub-categories, is defined as:

“Families, Providers and Others Seeking CCR&R Services have the opportunity to give feedback on the agency's services using strategies supported by principles of trauma informed organizational practices.”

Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompt:

- “Over the past 12 months, at my CCR&R...”

Areas of Strength	Areas of Improvement
<ul style="list-style-type: none"> • Current family members, providers, and others using CCR&R services are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g. suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc) 	<ul style="list-style-type: none"> • We recruit former family members, providers, and others using CCR&R services to serve in an advisory capacity

Adapting Policies

This domain, which includes attention to written policies and the process of reviewing existing policies, is defined as:

“Assesses how well the organization creates, or reviews and revises policies that reflect adherence to trauma-informed principles.”
Trauma Advisory Group, 2021

When considering the topics posed, CCR&R staff were guided with the following prompts for each sub-category in this domain:

- Creating Written Policies: “Over the past 12 months, my CCR&R has...”
- Reviewing Policies: “Over the past 12 months, my CCR&R...”

Areas to Consider	Areas of Strength	Areas of Improvement
Written Policies	<ul style="list-style-type: none"> • A written policy outlining professional conduct for staff (e.g. boundaries, responses to family members, providers and/or others seeking CCR&R services etc). • A written commitment to demonstrating respect for cultural differences and practices 	<ul style="list-style-type: none"> • A written policy outlining program responses to family member, provider and/or staff crisis (i.e. Self harm, suicidal thinking, and aggression towards others • A written statement that includes a commitment to understanding trauma and engaging in trauma-informed practices
Reviewing Policies	<ul style="list-style-type: none"> • Involves staff in its review of policies. 	<ul style="list-style-type: none"> • Reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors. • Involves family members, providers, and others who have sought out CCR&R services in its review of policies.

Direction for Future Work and Editions of the Trauma-Informed Organizational Toolkit

As we know, research continues to show that roughly 62% of adults surveyed have experienced at least one ACE before the age of 18, meaning that these experiences are still common and have potential impacts for children, families, providers, CCR&R staff and our local communities.

“The single most important thing that we need today is the courage to look this problem in the face and say, this is real, this is all of us. I believe that we are the movement”

Dr. Nadine Burke Harris

Implementing, and considering ways to implement a more intentional focus on trauma-informed values is not an end point, but rather an ongoing effort in continuous reflection and learning. Each CCR&R has a different beginning point. The Trauma Informed Organizational Survey and the launch of this first edition Toolkit, including the strategies shared by the network, are opportunities to start to consider approaches to this work, not only as individual CCR&R agencies, but as a collective statewide network.

Similarly, the recommendations and guidance shared in this toolkit are only the beginning. As opportunities arise to enhance our learning and practices in these areas, the Trauma Advisory Group also recommends, in addition to those strategies identified in previous sections, seeking opportunity to expand knowledge and practices related to:

- Integrating Trauma Informed Values and Practices into CCR&R Norms
- Enhancing Cultural Humility
- Developing Specific Human Resources Guidance (guided by these principles)
- Building a Better Understanding of the History of the Trauma Informed Movement
- Continuing to Find Opportunities for Attention to Staff Wellness
- Identifying Realistic Timeframes for Organizational Change
- Evaluating and Assessing Change Process Towards a Trauma Informed CCR&R Network

Appendix A

Statewide Responses to Each Domain from the Trauma-Informed Organizational Self-Assessment

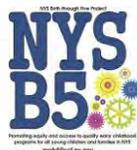
The section that follows identifies all topics identified in the trauma-informed organizational self-assessment, ordered from highest to lowest, based on CCR&R staff feedback. Specifically, each area was ordered based on the highest percentage of staff that responded with “strongly agree” and “agree”.

Supporting Staff Development:

Training, Education, and Technical Assistance	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
How trauma affects a child’s development	70.7%
Traumatic Stress	69.5%
How trauma affects a child’s attachment to their caregivers	68.4%
The relationship between mental health and trauma	66.9%
How traumatic stress affects the brain and body	65.2%
Different cultural issues (e.g. different cultural practices, beliefs, rituals).	62.9%
How to help children, families and providers manage their feelings (e.g. helplessness, rage, sadness, terror) when it is appropriate to do so, or within the scope of ones job responsibilities	60.4%
The relationship between childhood trauma and adult re-victimization (e.g. domestic violence, sexual assault)	55.7%
How to establish and maintain healthy professional boundaries	55.1%
Cultural differences in how people understand and respond to trauma	49.7%
How working with trauma survivors impacts staff	46.1%



Early Care & Learning Council
United to Promote Quality



Council on Children and Families

De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis)	42.8%
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Staff Supervision, Support and Self Care	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
My CCR&R has a formal system for reviewing staff performance	91.6%
Staff have regular staff meetings	90.3%
My CCR&R provides opportunities for staff input into program and/or agency practices	88%
My CCR&R provides opportunities for on-going staff evaluation of the program and/or agency	78.3%
My CCR&R offers help to staff members to debrief after a crisis	68.1%
Topics related to trauma are addressed in team meetings, when it is appropriate to do so	67.4%
Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies)	65.5%
Staff members have regularly scheduled time for individual supervision	59.9%
Outside consultants with expertise in trauma provide on-going education and consultation	46.2%
Part of supervision time is used to help staff members understand how their stress reactions impact their work with children, families, and providers	44%
Part of supervision time is used to help staff members understand their own stress reactions	42.5%

Creating a Safe and Supportive Environment

Establishing a Safe Physical Environment	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
The common areas within the organization are well lit	96.5%
The bathrooms are well lit	94.4%
Agency staff monitors who is coming in and out of the program and/or agency	93.8%
Families, Providers and other visitors to the CCR&R can lock bathroom doors	88.1%
The organization incorporates child-friendly decorations and materials	77.8%
The environment outside the organization is well lit	72%
The organization provides a space for children to play	70.4%
The organization provides families, providers and other visitors to the CCR&R with opportunities to make suggestions about ways to improve or change the physical space	36%

Establishing a Supportive Environment	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
My program is flexible with procedures if needed, based on individual circumstances	95.1%
There are private spaces for staff and family members, providers and/or other visitors to the CCR&R to discuss personal issues	95.1%
My CCR&R has policies in place to handle any changes in schedules (IE - weather related closures, crisis related closers or schedule changes)	90%
Staff does not discuss the personal issues of one family and/or provider with another family and/or provider	88.7%

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Staff, Families, providers and other visitors to the CCR&R are allowed to speak their native languages within the agency	85%
Staff does not talk about families and/or providers outside of the agency unless at appropriate meetings	84.5%
Staff does not talk about families and/or providers outside of the agency unless at appropriate meetings	84.4%
Staff uses descriptive language rather than characterizing terms to describe family members and/or providers (e.g. describing a person as 'having a hard time getting her needs met' rather than 'attention seeking').	79.1%
The CCR&R informs families, and providers about the extent and limits of privacy and confidentiality (kinds of records kept, where/who has access, dynamics of mandated reporting)	70.9%
My CCR&R uses "people first" language rather than labels (e.g. 'people who are experiencing homelessness' rather than 'homeless people')	70.7%
Staff members practice motivational interviewing techniques with family members, providers, and/or other visitors to the CCR&R (e.g. open-ended questions, affirmations, and reflective listening)	64.3%
CCR&R and program information is available in different languages	63.9%
Staff, families, providers and other visitors to the CCR&R are able to be supported and understood in their native languages within the agency	58.6%
My CCR&R has regularly scheduled procedures and opportunities for families, providers and other visitors to the agency to provide input	52.2%
Outside agencies with expertise in cultural competence and humility provide on-going training and consultation	51.9%

My CCR&R reviews rules, rights and grievance procedures with families and providers regularly	51.1%
The rights of families, providers and other visitors to the CCR&R are posted in places that are visible (e.g. grievance policies, mandatory reporting rules)	41.1%
Families, providers and other visitors to the CCR&R are informed about how the program responds to personal crises (e.g. suicidal statements, violent behavior and mandatory reports).	32.7%
Materials are posted about traumatic stress (e.g. what it is, how it impacts people, and available trauma-specific resources)	28.4%

Referrals, Planning and Services

Referral Services and/or Planning for IT, ITMH, Educational or Technical Assistance Services	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Children's achievement of developmental tasks	70.2%
Social supports in the family and the community	66.2%
Quality of relationship with child or children (i.e. caregiver/child attachment)	65.4%
Cultural Backgrounds	59.7%
Personal Strengths	59.3%

Processes for Starting and/or Engaging in Services with the CCR&R	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
We inform families, providers and others seeking CCR&R services the reasons why questions are being asked	83.8%
We inform families, providers and others seeking CCR&R services about what will be shared with others and why	79.4%

We provide an adult translator for the referral and engagement process if needed	57.8%
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Referral, Intake and Assessment Follow Up	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Based on referral services and/or initial processes and discussions with families, providers or others seeking support from my CCR&R, adults &/or children are referred for specific services as necessary	83.3%

Developing Goals and Plans	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Staff collaborate with family members, providers and others seeking CCR&R services in setting their goals for the service or support that will be provided	77.7%
Any goals that are identified are reviewed and updated regularly	71.3%
Before the delivery of any services, supports, training, and/or technical assistance are complete, family members, providers, and other's seeking CCR&R services, together with staff develop a plan to address any future needs	66.7%

Involving Families, Providers, and Others Seeking CCR&R Services

Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Current family members, providers, and others using CCR&R services are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g. suggestion boxes, regular satisfaction	66.9%

surveys, meetings focused on necessary improvements, etc)	
We recruit former family members, providers, and others using CCR&R services to serve in an advisory capacity	41.6%

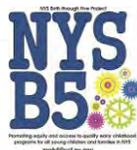
Adapting Policies

Written Policies	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
A written policy outlining professional conduct for staff (e.g. boundaries, responses to family members, providers and/or others seeking CCR&R services etc).	71.1 %
A written commitment to demonstrating respect for cultural differences and practices	69.7%
A written policy to address potential threats to staff, family members, providers, and/or others seeking CCR&R services from natural or man- made threats (fire, tornado, bomb threat, and hostile intruder).	48.6%
Written policies that are established based on an understanding of the impact of trauma on staff, families, providers, and the community.	36.7%
A written policy outlining program responses to family member, provider and/or staff crisis (i.e. Self harm, suicidal thinking, and aggression towards others	36%
A written statement that includes a commitment to understanding trauma and engaging in trauma-informed practices	29.8%

Reviewing Policies	
Survey Topic Area	Percentage of Respondents that Identified Strongly Agree and Agree
Involves staff in its review of policies.	61%
Reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.	36.3%
Involves family members, providers, and others who have sought out CCR&R services in its review of policies.	21.8%



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Appendix B

Resources for Trauma Informed Organizational Practices Implementation

Below are additional resources for consideration as it relates to adverse childhood experiences and trauma informed organizational practices:

- The National Child Traumatic Stress Network <https://www.nctsn.org/>
- Checklist for Early Childhood Providers on Trauma Informed Care <https://challengingbehavior.cbcs.usf.edu/docs/Informed-Care-Checklist.pdf>
- Fear and Learning: Trauma-Related Factors in the Adult Education <https://thereidsread.files.wordpress.com/2015/04/fear-and-learning-trauma-related-factors-in-the-adult-education-process.pdf>
- MentalHealth.org
- Traumainformedcare.chcs.org
- Nysaimh.org
- Center on the Developing Child: <https://developingchild.harvard.edu/>
- Key Ingredients for Successful Trauma Informed Care Implementation: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- SAMHSA's Trauma Informed Care in Behavioral Health Services: <https://www.ncbi.nlm.nih.gov/books/NBK207204/>
- Thrive, Guide to Trauma Informed Organizational Development: <https://nhhc.org/wp-content/uploads/2019/08/thrive-guide-to-trauma-informed-organizational-development.pdf>
- SAMHSAs Concept of Trauma and Guidance for a Trauma Informed Approach: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- SUNY Buffalo's Institute on Trauma and Trauma Informed Care: <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>
- National Council for Behavioral Health, Fostering Resilience and Recover: A Change Package for Advancing Trauma Informed Primary Care: https://www.thenationalcouncil.org/wp-content/uploads/2019/12/FosteringResilienceChangePackage_Final.pdf?daf=375ateTbd

Appendix 5.6 Strong Starts Fact Sheet



A Project of the
Center for Court
Innovation

The Strong Starts Mission:

There are approximately 10,000 children birth to three years of age known to the NYC Family Court in cases of neglect or abuse. These children often face serious adversities such as maltreatment, trauma, and attachment disruptions impacting their formative years. The Strong Starts Court Initiative brings expertise in early child development to all stages of Family Court proceedings and supports infants, toddlers, caregivers, and families so that the court becomes a catalyst for positive change in the lives of young children.

TO LEARN MORE ABOUT STRONG STARTS VISIT
[HTTPS://WWW.COURTINNOVATION.ORG/PROGRAMS/STRONG-STARTS-COURT-INITIATIVE](https://www.courtinnovation.org/programs/strong-starts-court-initiative). IF YOU HAVE
ADDITIONAL QUESTIONS OR WANT TO BRING THE
STRONG STARTS MODEL TO YOUR AREA, CONTACT
KATE WURMFELD, DIRECTOR OF FAMILY COURT
PROGRAMS AT CCI. AT
WURMFELD.K@COURTINNOVATION.ORG.

The Strong Starts Model:

An Intergenerational Approach:

A dual focus on children who remain with their parents under court and ACS supervision, as well as infants who have been placed in foster care, and an anti-racist approach that works to interrupt intergenerational cycles of system involvement through a trauma-responsive lens.

Dedicated Strong Starts Judge:

A Strong Starts Judge in each borough who has expertise in early childhood development and infant mental health and is a champion for young children within the court and community.

Strong Starts Clinical Coordinator:

The clinical coordinator, an expert in infant mental health and early childhood development, has a full-time presence in Family Court. Strong Starts Coordinators facilitate communication with the attorneys and caseworkers assigned to each child and family, and provide detailed reports to the Strong Starts Judge to promote developmentally and relationally-informed decision making.

Targeted Services:

A robust network of vetted, high-quality, community-based clinical service providers in the areas of early care and education, child development, infant mental health, adult development and mental health, and family support that are strongly committed to this population and project.

Focus on the infant-parent relationship:

A focus on infant-parent relational interventions, such as Child Parent Psychotherapy, and an emphasis on frequent contact between infants and birth parents working toward reunification. Strong Starts also reduces foster home changes to avoid causing further trauma. Strong Starts works to improve relationships between parents and foster parents, create supportive transitions for infants, and provide post-reunification support for families.

Monthly Clinical Conferences:

Monthly conferences in court that convene the family, attorneys, and all clinical service providers working with the child and family to share information, highlight progress, and address barriers to success in services.

Monthly Court Appearances:

Monthly conferences with the Strong Starts Judge to facilitate more oversight and to permit more efficient progress toward case resolution.

Infant Mental Health Training:

On-going interdisciplinary training for the court and provider communities on infant development, infant mental health, and effective evidence-based interventions.

The Strong Starts Impact

100% Of Infants and Toddlers Served:

- Receive developmental assessments and services to address developmental delays
- Receive clinical services to remediate the effects of trauma and attachment disorders and to support their social and emotional development.

400+ Parents, Foster Parents, and Family Members Served

- All parents and caregivers receive the clinical and family support service they need to provide safe and nurturing care based on initial and on-going assessment
- Parents and caregivers report improved family well-being related to participation in Strong Starts
- Increased parent and caregiver knowledge in the areas of (1) early child development (2) the impact of trauma (3) the importance of children's attachments to caregivers
- Improved relationships between caregivers and children

Strong Starts in Action:

The removal of a newborn from her mother was prevented when Strong Starts found a residential substance use disorder treatment program in which the infant could reside, preventing the attachment disruption that would have occurred if the child was placed in foster care.

Twin toddlers were returned to their mother once she was engaged in mental health services, the twins were enrolled in a high-quality childcare program, and the mother and children were benefitting from parent-child dyadic psychotherapy.

A toddler's foster home placement was preserved when the Strong Starts Coordinator explained the child's disruptive behaviors as trauma symptoms and provided responsive support to the foster mother whenever the behaviors increased.

Impact in the Court and Community

- Prevention of child removals from parents and children's moves in foster care result in more stability for very young children during the court process
- Judges and attorneys report that Strong Starts has impacted their practice through education about early childhood mental health, knowledge of best practices and interventions for young children and families, and connections to available resources
- Judges and attorneys report that they apply what they learn to other cases with young children
- Over 250 professionals have been trained on topics related to early childhood development since 2015. Strong Starts has promoted awareness within Family Court of the special needs of infants and has built capacity for meeting the needs of young children.

Appendix 5.7 Pyramid Model Training Participants Demographics

Table 5.7A Participants by Gender 2021

Gender	
Female	381
Male	23
Prefer to self-describe	2

Tables 5.7B Participants by Ethnicity 2021

Ethnicity	
Hispanic or Latinx	193
Non-Hispanic or Latinx	200
Other	16

Table 5.7C Participants by Race 2021

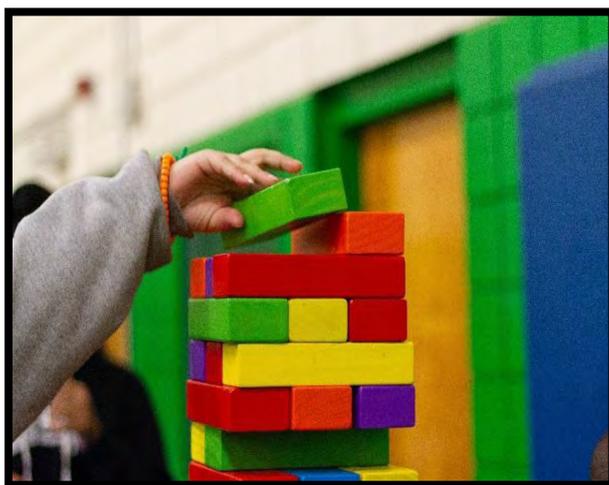
Race	
American Indian/Alaskan Native	0
Asian	15
Black/African-American	59
Native Hawaiian/Pacific Islander	6
Other	69
Prefer not to answer	72
White	194

NYS APPR Appendix

Question 6

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The New York State Parent Advisory Council (PAC) Manual



Voices Together Building and Improving New York State's Early Childhood System



Council on Children
and Families



December 2021

This publication is supported by the Preschool Development Grant Birth through Five Initiative (PDGB5), Grant Number 90TP005902, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration for Children and Families.

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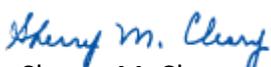
Staff Contact Information10

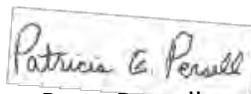
Dear Parent Volunteers,

Families want the best for their children, as do those who lead the state and its Early Childhood Advisory Council. We know that considering the voices of parents can help to inform policies, practices, and procedures meant to support each young child’s optimal development.

We are grateful to each and every one of you for volunteering to serve on New York’s Parent Advisory Council. We look forward to working with you!

Sincerely,


Sherry M. Cleary


Patty Persell


Yvette James

What is Early Childhood?

Early childhood is the period from birth to eight years of age. During this time, a child's brain is incredibly responsive to the forces of their environment. This is an important time for brain, language, and personality development, social skills acquisition, and physical growth. It is also a time that leaves children extremely vulnerable to stress and trauma. For these reasons, it is crucial to provide ample opportunities for positive relationship building, learning, and exploring.

What is the Early Childhood System?

The New York State Early Childhood system is defined as a group of public and private resources and services that work together, with families, to prepare young children for success in school and in life. Important pieces of the system include:

- Early childhood education and early learning experiences
- Health, social and emotional supports
- Social-emotional development
- Family support, engagement, and education

Early childhood learning and development takes place everywhere, especially in the home. The programs that comprise each category above are designed to work in partnership with parents and families to better support their young children and their overall development.



The Early Childhood Advisory Council (ECAC): An important part of the New York State's Early Childhood System

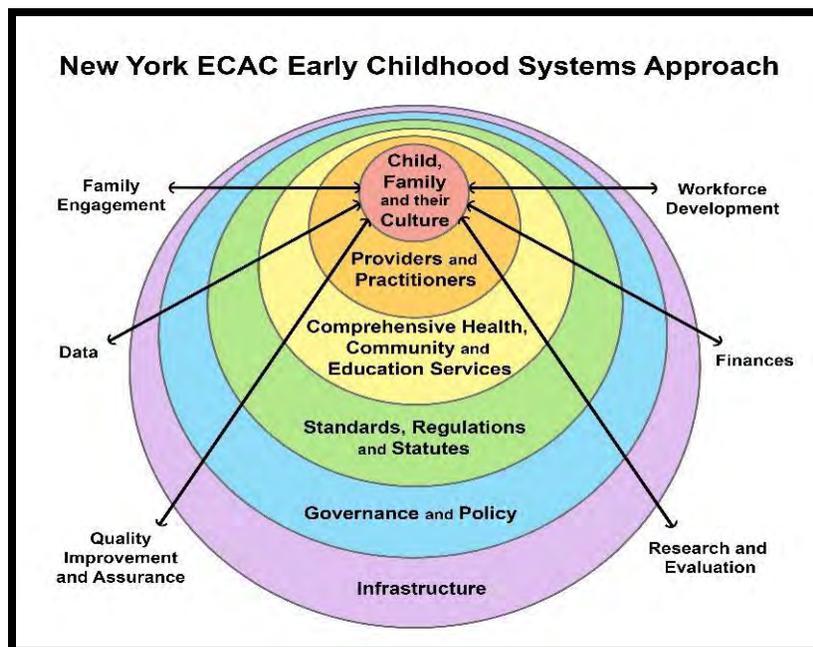
What is the ECAC?

The New York State Early Childhood Advisory Council (also known as the ECAC) was created to advise the Governor on issues related to young children and their families. Since its inception in 2009, the ECAC has included an emphasis on early childhood learning, family systems, human services, health, mental health, and social-emotional needs as it relates to these comprehensive systems.

What does the ECAC do?

The ECAC membership has leaders in education, health care, child welfare, mental health, business, and data. Members come from local and state agencies, non-profit organizations, advocacy groups, foundations, higher education, unions, and other key entities, as appointed by the Governor.

The ECAC members provides knowledge, experience and perspectives that help New York State create effective early childhood programs and policies.



The ECAC believes every child should be healthy, learning, and thriving in a family that is supported by a full range of services and resources essential for successful development.

The ECAC relies on FAMILY VOICE - The ECAC needs family input to inform policy recommendations.

What is family voice?

Families are experts on their children. Family engagement and participation in decision-making is essential when it comes to improving the early childhood system and when reaching better child and family outcomes. Family voice is:

- **Sharing** experiences and stories that can help shape early childhood system strategies, policies, and decisions.
- **Sharing** cultural perspectives, opinions, values, and beliefs and promoting inclusivity at the early childhood policy table.

Family voice provides a vital contribution to the creation, implementation, and evaluation of an effective early childhood delivery system. Family voice has an important impact on a child's life.



What is the New York State Parent Advisory Council?

The New York State Parent Advisory Council (PAC) is comprised of parents, guardians and other caregivers of children under the age of eight who live in New York State. The PAC functions as an advisory body to the ECAC to improve and strengthen New York's early childhood system.

The PAC provides invaluable family voice to the ECAC's work. This ensures that policy decisions are respectful and affirming and reflect the needs and preferences of families.

ECAC and PAC: How do they work together? Part One

The ECAC supports New York in building a far-reaching and workable early childhood system that will ensure that all young children are successful. ECAC members worked together to create a Strategic Plan to guide their work. Members work on activities within the plan throughout the year.

You can review the ECAC strategic plan here:

https://www.ccf.ny.gov/files/4015/9104/4661/ECAC_Strategic_Plan_2-20-2020.pdf

PAC members will be asked to provide crucial family voices to support the implementation of many sections of the strategic plan. For more information on the collaboration process, see [ECAC and PAC: How the work together – Part Two](#), later in this document.



What are some things I should know about the PAC?

Membership

The PAC seeks a variety of perspectives from parents and legal guardians with at least one child under the age of 9 years, across New York State to inform the on-going development of the early childhood system.

PAC membership concludes when:

- the member's child turns nine years old, or
- a parent moves out of New York State; or
- Chooses to resign from the PAC for any reason.

Membership represents a variety of geographic areas (rural, urban and suburban), diverse and vulnerable populations, persons with disabilities, and familial variety (single parent, same sex parents, grandparents, etc.). The number of members is limited yet recruitment may be continuous.

Members do not need special skills or specific subject area knowledge to be part of the PAC. We believe that all members bring wisdom and life experience to this work. Training is provided on topics such as advocacy, public speaking, reviewing data and budgets, and other subjects. Ongoing education is provided to PAC members to be better versed on subjects raised by the ECAC and members in their community.

Parents interested in becoming part of the PAC must complete a PAC application. The PAC application can be accessed via mobile application. pac eng app to [833 856 0474](tel:8338560474)



Orientation

Once a PAC member is invited to the PAC, a required virtual webinar and/or a virtual meeting will be held with the new member(s) to provide an overview of the PAC.

Participation

To accommodate the diverse needs of its members, flexibility in the planning and executing of PAC activities is a priority. The PAC Lead works with the schedules of the PAC members whenever possible for scheduling meetings and activities.

The PAC usually meets as a group, on a monthly basis, although additional meeting dates may occur.

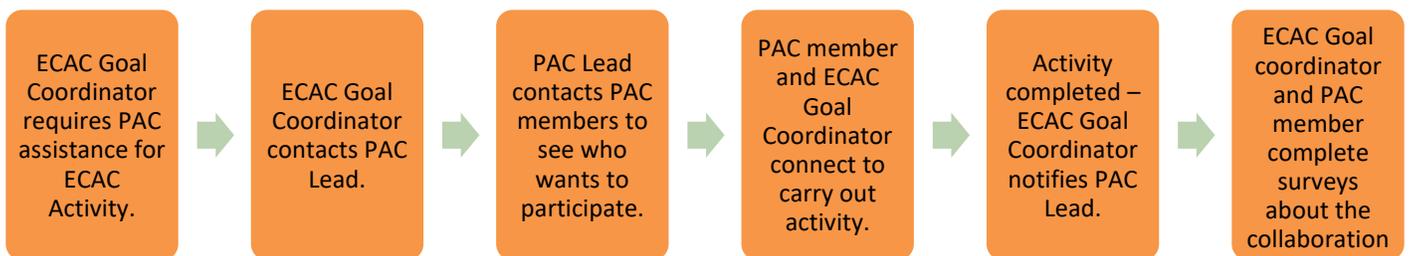
PAC meetings are usually one hour in duration. There are occasions where guest speakers are invited to meetings to inform PAC members about new state initiatives.



ECAC and PAC: How do they work together? Part Two

The PAC provides the family perspective to ECAC strategic goal activities. This collaborative process works as follows:

1. An ECAC Goal Coordinator is someone who organizes the work of each goal within the ECAC Strategic Plan. The PAC Lead is someone who organizes the connect between the PAC member (s) and the Goal Coordinator. When family voice is necessary to advance one of the Plan’s activities, the Goal Coordinator reaches out to the PAC Lead to discuss the need for PAC member engagement.
2. The PAC Lead reaches out to PAC members to gauge interest in the specific activity.
3. Once a PAC member has expressed interest in the activity, the PAC Lead will connect the PAC member with the ECAC Goal Coordinator. The team will begin to work on the assigned activity.
4. When the activity is completed, the Goal Coordinator notifies the PAC Lead. The Goal Coordinator and PAC member will complete surveys that will evaluate the collaboration.



How can I get involved in additional PAC activities?

In addition to working with the ECAC, there are other ways PAC members can actively participate in state/community activities:

- **Be an ambassador** for the PAC at local or state speaking engagements.
- **Help** create and/or evaluate ECAC/PAC materials.
- **Recruit** parents/caregivers/guardians to join the PAC.
- **Represent** the PAC at various ECAC workgroup meetings.
- **Assist** with the planning and execution of the annual Parent Leadership Conference.

Are PAC members reimbursed for PAC travel expenses?

The citizens of New York State and the ECAC appreciate PAC members for their service and their time. ECAC members, including the PAC members, are volunteers and contribute their time, effort, and knowledge to advance the early childhood system in New York State. The ECAC has limited funds to cover the expenses of the PAC members when they incur cost to travel to ECAC meetings.

PAC members who travel for in person activities must keep all receipts and follow reimbursement procedures. More information about reimbursement rules can be found on the PAC website coming in the near future.

Is there an attendance policy for PAC members?

PAC members are encouraged to attend all meetings and trainings whenever possible. There are occasions where a member must miss a meeting due to family obligations, emergencies, etc. In those instances, members should reach out to the PAC Lead as soon as possible to alert her/him of the absence.

If a member has three or more absences within a calendar year, the PAC Lead will contact the member to discuss the member's ability to fulfill the membership commitment of the PAC.

Staff Contact Information

If you have questions or comments about the Parent Advisory Council, please contact the PAC Lead, who is the Family Engagement Specialist, [Yvette James](#). Her contact information is:

Yvette James

Yvette.james@ccf.ny.gov

Office Telephone: 518 473-8081

Thank you for your interest in the Parent Advisory Council (PAC).

We look forward to working with you!



Thank you to the following people, organizations, and photographers for their contributions.

Free photos: Unsplash: Yuri Shirota, Easter La Rel, and Susan Holt Simpson. Pexels: Andreas Ohlfarhat, Yan Krukov and Naomi Shi.

Manual design and contents: SRI – Technical Assistance team: Faith Scheibe and Samantha Peyton and the NYS Council on Children and Families' Rebecca Stahl.

Collaborators: 2021 Parent Advisory Council

Family Engagement: Best Practices for State Agencies

State agencies benefit from the opinions, perspectives and stories that families provide. Families bring resiliency to the policy table, demonstrating their strength and resourcefulness as they navigate the work of raising children. These abilities and talents offered by families can assist agencies with system design and program monitoring, improvements and evaluation, as well as other agency needs. These are some of the benefits of amplifying and sharing family voice through family engagement.

Family engagement is defined as a collaborative and strengths-based process through which state administrators, early childhood professionals and families build positive and goal-oriented relationships to effectively support the healthy development of children and the greater community. Throughout this document, we will interchangeably use "families" and "parents." Given today's current dynamics, the shift and concept of parents has evolved.

When we speak of families, we mean a child's adult caretaker (biological parents, foster parents, siblings, grandparents, etc.), as all have a shared responsibility within family engagement with systems to ensure optimal growth within their homes, schools and communities. Family voice is the contribution to this process and viewed as the opinions, perspectives, ideas families and parents bring to the policy and outreach table.

The positive outcomes of engaged families are powerful: increased support for children's learning at home, empowered parents, well-informed agencies and policies, and improved family well-being.

This document was created by a team of non-profit organizations, state agencies, and parents to assist state agencies with a focus on early childhood education design. However, information in this document is applicable to all agencies considering family engagement.



We hope that this information will guide organizations with the implementation of this worthwhile concept.



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Why should state agencies consider family engagement as part of their general work?

Family voice provides opinions and insights on program usage, design and program services. Parents are the people who are targeted for these services; therefore their input is vital. If programs are to be successful and to learn about what changes might be needed, parents must be included.

What barriers are there to fostering family engagement?

A few examples of barriers that might impede state-level family engagement include:

- insufficient program funds and lack of resources;
- lack of awareness about the benefits of family engagement by state agencies;
- lack of meeting flexibility;
- lack of overall support to attract parents to family engagement activities;
- agency perceptions that families have limited abilities and understanding of agency information and operations; and
- lack of training provided to families about agency services.

What actions should a state agency consider when implementing family engagement strategies?

State agencies may consider:

- appointing an agency representative who oversees, supports and expands opportunities for family engagement;
- requiring state funded programs to create and implement family engagement within their programs;
- recruiting diverse family voices (same sex parents, families of different races, parents who speak a variety of languages, those who are affected by incarceration, parents who live in rural areas and/or are facing economic insecurity, etc.);
- providing honorariums/stipends/gift cards to families for the work they perform and offsetting costs (such as childcare, meals, paper resources, etc.) parents incur when participating;
- encouraging parents to use their stories and experiences in policy consideration;
- using information/computer systems that are user-friendly to parents;
- providing opportunities where parents can collaborate and network with other parents;
- translating documents to primary languages of parents and providing interpreter services;
- working with local community-based nonprofit agencies to bring family voice to the system design table;
- convening focus groups to get family voice perspectives and insights; and
- fostering cross-state agency collaboration to get a better understanding of family needs to attract family voice.

How should state agencies engage families?

Suggested actions include, but not limited to:

- demonstrate respect and empathy for all parents;
- be aware of biases and prejudices of agency staff when working with families and diverse groups;
- be aware of the wide range of experiences, assets, and challenges that families have;
- provide feedback through multiple pathways based on information provided by parents;
- facilitate positive relationships that require all agencies staff to be culturally and linguistically responsive to the parents; and
- provide supports and resources to parents equally and equitably across the state.

What incentives should be considered when engaging parents?

Stipends and/or gift cards are ways to encourage family engagement as they help to enable family participation.

Other ideas are:

- provide parent leadership and other training opportunities to increase parent knowledge;
- create flexible meeting schedules for families to participate in various activities; and
- provide for meals, childcare, transportation, or internet costs.

How should state agencies use family engagement?

Family voice can provide state agencies with the following resources:

- program monitoring/outcomes;
- ambassadorships;
- success stories and experiences with state programs;
- two-way evaluation – agencies evaluate family participation and families evaluate agency engagement; and
- asset and needs assessment on state agency issues or new program concepts.

Apply equity lens perspectives to family engagement work by:

- making sure all families get equitable supports and resources; and
- inviting a variety of families/parents to system designs (same sex families, immigrant, caregivers, foster parents, families of different races and ethnic groups, etc.).

For more information about family engagement here are some resources to consider:

Family Voices

This agency has developed tools to assess family engagement at both the systems-level (the Family Engagement in Systems Assessment Tool) and the individual-level (the Family-Centered Care Assessment).

<https://familyvoices.org/assessingfamilyengagement/>

Preschool Development Grant Birth through Five (PDGB5) Technical Assistance Center

How State Leaders Can Promote Meaningful Family Engagement at the State and Program Level.

https://childcareta.acf.hhs.gov/sites/default/files/public/state_role_in_family_engagement_acc.pdf

U.S. Department of Health and Human Services

Policy Statement on Family Engagement From the Early Years to the Early Grades.

<https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf>

Head Start - Early Childhood Learning and Knowledge Center

Parent, Family, and Community Engagement (PFCE) Framework is a road map for progress.

<https://eclkc.ohs.acf.hhs.gov/family-engagement>

For more information on family engagement, please contact:

Yvette James – yvette.james@ccf.ny.gov or 518-473-8081

This publication is supported by the Preschool Development Grant Birth through Five Initiative (PDGB5), Grant Number 90TP005902, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration for Children and Families.

New York State Early Childhood Advisory Council

ecac@ccf.ny.gov

<http://www.nysecac.org>

The New York State Early Childhood Advisory Council (ECAC) is a group of public and private sector leaders appointed by the Governor to develop a comprehensive and sustainable early childhood system in New York. Established in 2009, the ECAC is working to create a path for every child to succeed.

Council on Children and Families

council@ccf.ny.gov

www.ccf.ny.gov

The Council on Children and Families coordinates New York's health, education and human services systems as a means to provide more effective systems of care for children and families. The Council works with state and local organizations in both public and private sectors to foster interagency, collaborative approaches to solving the problems and meeting the challenges facing government, service providers and the private sector.

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Council on Children and Families



NYS APPR Appendix Question 9

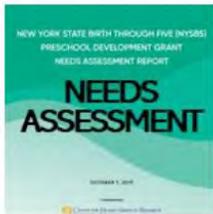
Appendix 9.1 NYSB5 Dashboards



PROGRAM PERFORMANCE
EVALUATION DASHBOARDS and
KEY PROJECT REPORTS

NYSB5 TABLEAU DASHBOARDS BY ACTIVITY

Needs Assessment



Lead: [State University of New York at Albany, Center for Human Services Research](#)

Strategic Plan



Lead: [NYS Early Childhood Advisory Council](#)

NYS Parent Portal
Coming 2022

Lead: [NYS Council on Children and Families](#)

Welcome Baby Bundles

Lead: [NYS Council on Children and Families](#)

Pyramid Model Statewide Implementation

Pyramid Model Hubs

Lead: [NYS Council on Children and Families](#)

Pyramid Data System

Lead: [NYS Council on Children and Families](#)

Increasing Parent Choice and Knowledge

Parent Advisory Council

Statewide Media Campaign
Coming Soon

Parent Leadership Conference

Parents Interacting with Infants

Lead: [NYS Council on Children and Families](#)

Positive Solutions for Families

Lead: [NYS Council on Children and Families](#)

Pyramid Model Return on Investment Study
Coming 2022

Lead: [Brookly Research and Consulting](#)

Sharing Best Practices

Braiding and Blending TOT

Lead: [Early Care and Learning Council](#)

Early Childhood Business Development Courses
Coming Soon

Lead: [Early Care and Learning Council](#)

Core Body of Knowledge and Early Learning Guidelines

Lead: [City University of New York, Professional Development Institute](#)

IMH Reflective Practice Training

Lead: [Early Care and Learning Council](#)

I/T CDA

Lead: [City University of New York, Professional Development Institute](#)

Strong Starts Court Expansion Pilot
Coming Soon

Lead: [NYS Association for Infant Mental Health](#)

Early Childhood Best Practices Sharing of Resources

Lead: [NYS Council on Children and Families](#)

Career Center Expansion

Lead: [City University of New York, Professional Development Institute](#)

Leadership Initiative Expansion

Lead: [City University of New York, Professional Development Institute](#)

P3 Summer Institute

Lead: [NYS Education Department](#)

ACES Training

Lead: [Early Care and Learning Council](#)

Protective Factors

Lead: [Prevent Child Abuse New York](#)

DC: 0-5

IMH Basics Courses

IMH Endorsement

Expanding Quality

Prek Transportation Study
Coming Soon

QUALITYstars Expansion

<p>Addressing Child Care Deserts</p> <p>Coming Soon</p> <p>Lead: Early Care and Learning Council</p>	<p>Aspire Registry Expansion</p> <p>Lead: City University of New York, Professional Development Institute</p>	<p>Early Childhood Shared Services Alliance</p> <p>Lead: City University of New York, Professional Development Institute</p>
<p>Home Visiting Coordination Initiative</p> <p>Lead: Prevent Child Abuse New York</p>	<p>Healthy Steps Data System Coordination</p> <p>Lead: NYS Office of Mental Health</p>	<p>Strong By Six Early Childhood System Pilot</p> <p>Lead: Children's Institute</p>
<p>Kindergarten Transition Summits & Innovative Practices</p> <p>Lead: NYS Council on Children and Families</p>	<p>Technical Assistance Alignment</p> <p>Lead: NYS Council on Children and Families</p>	<p>Fatherhood Coordination Initiative</p> <p>Coming Soon</p> <p>Lead: Fatherhood Connection, Inc.</p>

New York State Council on Children and Families



- [Baby Bundle Quarterly Survey](#)
- [Parent Advisory Council Quarterly Survey](#)
- [TA Systems Alignment Quarterly Survey](#)
- [KT Summit/Seed Money Projects](#)
- [Resource Dissemination Quarterly Survey](#)
- [Fatherhood Coordination Initiative](#)

The activities on this dashboard are funded by grant number 901P0089-02-00 from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. The NYS Council on Children and Families is awarded this grant. This dashboard reports on activities funded by this grant. Activities may have other sources of funding, therefore, the data here does not represent all the work completed by these activities. This dashboard shows work completed over the grant period and will be updated quarterly until the completion of the grant.

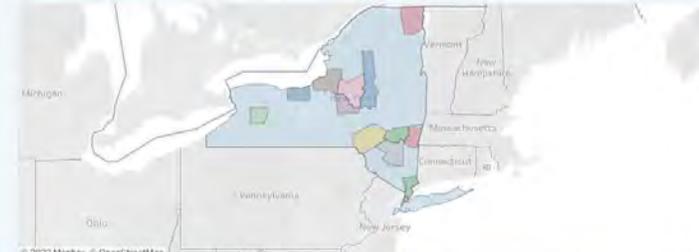
If you have a question about the grant, please contact the New York State Council on Children and Families at nysob@cct.ny.gov
 If you have a question about this dashboard, please contact Meira Riley, PhD at mriley@albany.edu

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New York State Council on Children and Families

Baby Bundles

[Description](#) | [Overview](#) | [Parent Category](#) | [Parent Income](#) | [Location](#)



Year Quarter

- 2021 Q1
- 2021 Q3
- 2021 Q4

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New York State Pyramid Model

Description	Gender	Ethnicity	Race	Roles	Programs	Population Served	Location
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Programs	2020	2021			
	Q4	Q1	Q2	Q3	Q4
After School Program	14	11	3	0	1
Babysitter/Nanny	4	8	0	1	0
Child Care Center	157	72	33	15	8
Community Based Organization	0	0	1	0	0
Department of Social Services	4	0	2	1	0
Early Head Start	46	17	4	0	15
Early Intervention	6	5	1	0	1
Head Start	108	27	12	0	6
Higher Education	2	7	2	0	0
Home Visiting Program	3	0	0	0	0
Hospitals	1	0	0	0	0
In-home Family Child Care	15	44	11	11	7
In-home Group Family Child Care	43	59	29	19	0
Legally Exempt Child Care	2	5	1	0	0
Migrant and Seasonal Head Start	7	7	0	0	0
Nursery School	14	1	0	6	0
Other County Provider	0	1	0	0	0
Prekindergarten at a Community Based Organization	17	5	0	0	0
Preschool Special Education	21	3	0	0	0
Private Practice	5	0	0	0	1
State Government	2	0	2	0	0
State-administered Prekindergarten (through a school district)	11	4	0	0	0
Other	21	21	7	8	2



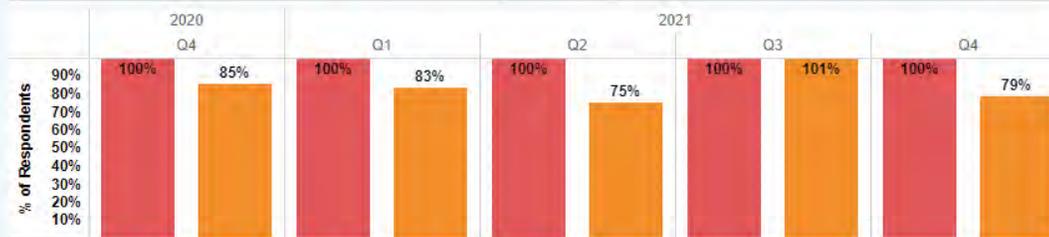
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Selection Tool | DC-05 | Healthy Steps

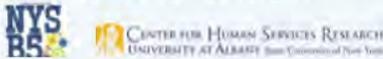
New York State Office of Mental Health DC: 0-5

Description	Trainings & Survey	Sessions	Respondents	Gender	Race	Ethnicity
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	2020	2021			
	Q4	Q1	Q2	Q3	Q4
Number of People that Attended at Least One Session	267	327	192	232	185
Number of People that Completed the Training	228	272	144	193	151



■ Number of People that Attended at Least One Session
■ Number of People that Completed the Training



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