

NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES

# NEW YORK STATE BIRTH THROUGH FIVE (NYSB5) PRESCHOOL DEVELOPMENT GRANT NEEDS ASSESSMENT REPORT

OCTOBER 1, 2019

Conducted by



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# Executive Summary

## Overview

New York's commitment to building a stronger and more effective Early Childhood Care and Education system (ECCE) system is evident. Under Governor Cuomo's leadership, the actions and support for young children and their families have been demonstrated by:

- More than doubling the state-administered prekindergarten program, bringing the total amount of funds in NYS from \$385 million to just under \$900 million in six years;
- Codifying the Governor's Early Childhood Advisory Council (ECAC) to make recommendations to improve the early care and education system in New York State (NYS). The ECAC is engaged in analyzing the needs identified in this NYSB5 report to develop a responsive Strategic Plan;
- Enacting the nation's strongest and most comprehensive Paid Family Leave policy;
- Directing the NYS Department of Health (DOH) to lead the First 1,000 Days on Medicaid Initiative, which brought together a cross-section of over 200 experts from education, child development, healthcare, child welfare, and mental health, to create a groundbreaking 10-point plan on how to improve outcomes for our youngest New Yorkers;<sup>1</sup>
- Ensuring all children have access to health insurance; and
- Creating the Child Care Availability Task Force, co-chaired by the Lieutenant Governor, and the Commissioners of the NYS Department of Labor (DOL) and the NYS Office of Children and Family Services (OCFS) and comprised of early childhood experts to address access to quality, affordable child care in NYS.<sup>2</sup>

New York was pleased to be awarded the NYS Preschool Development Grant Birth through Five (NYSB5), which supported a Statewide Birth through Five Needs Assessment to analyze the current landscape of the NYS ECCE system. This Needs Assessment was conducted by the Center for Human Services Research (CHSR) at the University of Albany, State University of New York (SUNY), in partnership with the NYSB5 grantee, the NYS Council on Children and Families, the ECAC, and the State's child-serving agencies and stakeholders. Conducted from January 2019 until September 2019, this NYSB5 Needs Assessment used a methodical approach to comprehensively analyze the NYS birth through five ECCE system, and this resulting report includes the components and methodology followed. Notably, this Needs Assessment provides a first-ever opportunity for the State to examine the interrelatedness of the national, state, and local ECCE services and supports and to focus on historically overlooked populations.

To understand the nuances of the ECCE system, a significant amount of data was collected from the early childhood field. It should be highlighted that unprecedented and significant feedback was collected from direct care staff, administrators, and families based on approximately 2,200 survey responses and over 30 regional in-person focus groups. In addition, interviews were conducted with policymakers from State partner agencies. Gathering information from the families, providers, and administrators of the State's vast early childhood system using various modalities has provided data rich in experiences and areas for improvement.

***An overarching finding of this Needs Assessment is that a more coordinated ECCE system is needed to provide children and families with swift access to resources, clear quality standards, and easy navigation to the service system.*** Two coordinating bodies in NYS are dedicated to improving services for children and families – the NYS Council on Children and Families (CCF)<sup>3</sup> and the Governor's ECAC.<sup>4</sup> Since 1977, CCF has worked to coordinate the New York State system of services and supports for children and families. In 2009, the ECAC was established to provide counsel to the Governor on issues related to young children and their families. The ECAC is comprised of approximately 50 experts, representing all sectors of the State's ECCE system, and is codified under CCF.

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1 Zero-to-Three (2018). New York Launches First 1000 days on Medicaid Initiative. Retrieved from <https://www.zerotothree.org/resources/2520-new-york-launches-first-1000-days-on-medicaid-initiative>

2 Cuomo, A.M. (2018). Governor Cuomo Announces Launch of the Child Care Availability Task Force. Retrieved from <https://www.governor.ny.gov/news/governor-cuomo-announces-launch-child-care-availability-task-force>.

3 Per NYS Social Services Law § 483-b, CCF is authorized to coordinate the State health, education, and human services systems as a means to provide more effective systems of care for children and families and comprise commissioners and directors of 12 State agencies serving children and families.

4 In 2016, the ECAC was codified under CCF (NYS Social Services Law § 483-g).

Through the labors of the many dedicated members of the ECAC, progress has been made on system coordination and quality. These include:

- Developing early learning guidelines;
- Conceptualizing an early childhood coordinated data system;
- Promoting a coordinated approach to family involvement;
- Providing guidance to the ECCE field on reaching and enrolling more children experiencing homelessness;
- Promoting the implementation of maternal depression and universal developmental screenings;
- Providing resources to ECCE providers on how to braid and blend funding;
- Advancing the professional development of the early childhood workforce; and
- Developing QUALITYstarsNY, New York's statewide Quality Rating and Improvement System.

Significant strides to collaborate and collectively support children and families in NYS have been made; however, it is evident that more needs to be done to better align and coordinate ECCE services and supports. For years, early care and education experts have advocated for one agency to oversee NYS's ECCE system to ensure access to high-quality, equitable, and comprehensive early care and education programs and services so our youngest New Yorkers are healthy and developmentally on track for success in school and later in life.

## Needs Assessment Components

CCF, as the lead agency for the NYSB5 federal grant, worked with the ECAC and its partner agencies to develop the components of the Needs Assessment which include the following:

- Definitions of key terms including quality early childhood care and education, availability, vulnerable or underserved and children in rural areas;
- A description of the population of children who are vulnerable or underserved;
- Identification of the unduplicated number of children being served in existing early care and education programs;
- Identification of the current quality and availability of early childhood care and education, including availability for vulnerable or underserved children and children in rural areas;
- A description of the data gaps that are most important for the State to fill in to best support collaboration between ECCE programs and services and maximize parent knowledge and choice;
- Identification of gaps in data or research about the quality and availability of programming and supports for children birth through five, considering the needs of working families and families seeking employment or in job training;
- A description of the State's current measurable indicators of progress that align with the State's vision and desired outcomes;
- A description of key concerns or issues related to ECCE facilities;
- An analysis of the barriers to funding and provision of high-quality ECCE services and supports and identification of opportunities to more efficiently use resources; and
- A description of transition supports and gaps that affect how children move between early childhood care and education programs and school entry.

## Methodology

The NYSB5 Needs Assessment used a mixed methods approach to gather and analyze statewide data related to the ECCE system. The methods consisted of:

- **Environmental Scan:** Over 75 NYS and national reports, briefings, needs assessments, and published statistics were reviewed.
- **Census and Other Data:** An analysis of regional trends was conducted to identify vulnerable populations across NYS.
- **Electronic Survey:** A survey was designed with input from a variety of stakeholders across the mixed delivery system (MDS). It was disseminated through listservs, newsletters, and social media; a paper version also was available. The survey was translated into six languages (Spanish, Chinese, Haitian/Creole, Russian, Bengali, and Korean). Over 2,200 responses were received (818 administrators, 731 direct care staff, and 667 parents).

- **Focus Groups:** A total of 32 focus groups were convened with 77 administrators, 78 direct care and instructional staff, and 83 parents in nine regional locations in NYS.
- **Key Informant Interviews:** Seven telephone interviews were conducted with 17 key NYS agency staff.

## Summary of Findings

The NYSB5 Needs Assessment confirmed that the NYS ECCE system is complex. There are five different agencies with direct oversight responsibility and regulatory authority for ECCE programs in NYS, with multiple others providing additional services and supports to young children and their families. The scale of the system, cross-sector configuration, range of funding mechanisms, and different statutory and regulatory authorities contribute to a fragmented and inequitable system in terms of access, affordability, and workforce and program quality. Specifically, the NYSB5 Needs Assessment findings are described below and grouped according to the following categories: System Building; Data and Workforce Development; Access to Quality Programs; and Vulnerable Populations. Overall, the findings underscore the overarching need for better coordination and alignment of ECCE programs and services.

## System Building

- The State's expansive early childhood infrastructure and investment in ECCE programs and services reflect a strong commitment to supporting young children and families. Yet, the State's current ECCE system, with multiple oversight agencies and corresponding differences in governing laws, regulations, and policies, varying funding streams and eligibility requirements, and varying workforce qualifications and compensation scales, translate into inequitable accessibility and quality of ECCE opportunities, especially for the State's most vulnerable, and inefficiencies in the provision of services.
- Groundbreaking cross-sector ECCE collaborations exist, such as the First 1,000 Days on Medicaid Initiative led by the Department of Health (DOH) and Board of Regents' Early Childhood Workgroup's Blue-Ribbon Committee; however, more coordination is needed among these innovative collaborations.
- Programs are blending and braiding funds to better support early childhood programming, as illustrated by Early Head Start-Child Care Partnerships; however, this MDS example is limited in its reach.
- Transition processes between ECCE programs are supportive for many children and families, but transition supports do not currently reach all NYS children and families.
- NYS has a variety of unique ECCE program settings, yet many share common facility concerns, such as those related to locating affordable and safe space and building upkeep.

## Data/Workforce Development

- Gaps in understanding the ECCE needs of families exist; additional gaps exist in the State's ability to evaluate the success of its investment in ECCE programs and services.
- Existing professional development tracking systems for the early childhood profession are siloed and underutilized, creating a missed opportunity for professional growth in the ECCE field.
- Significant strides to professionalize the ECCE workforce in NYS have been made; however, compensation for professionals in the ECCE field lags behind other fields, making it challenging to attract and retain high-quality staff. This challenge is especially significant for child care professionals who earn a lesser wage than those working in the education system.
- NYS receives and provides extensive technical assistance (TA) to all ECCE programs. Examples of cross-system training exist, such as the Pyramid Model for Supporting the Social and Emotional Development of Infants and Young Children, which is concurrently delivered to multiple types of ECCE programs/professionals; however, generally, there is limited professional development or TA alignment between systems.

## Access to Quality ECCE Programs

- To date, NYS does not have the necessary data to comprehensively analyze ECCE needs, though these Needs Assessment findings support the general view that the State does not have a sufficient supply of ECCE programs and support services, especially in rural areas and statewide for infants and toddlers.
- Due to the multiple state and local agencies overseeing and administering ECCE programs, each with its own

mission, priorities, governing rules, regulations, and laws, it is a challenge to agree upon a common lexicon. Notably, with respect to “quality” programs, NYS does not currently have a definition of quality that is universally applied across all ECCE settings.

- Many parent-friendly resources exist, yet the majority of families participating in the Needs Assessment reported not being aware of them.

## Vulnerable Populations

- Quality ECCE programs remain inaccessible, especially for low-income families.
- Pathways to connect families to support services exist and are being expanded but could be further strengthened to better connect families to needed services throughout the State.
- Families may opt not to send their children to formal care settings for a variety of reasons, including hours of care being insufficient, lack of transportation, care being too expensive, children having special needs, or preferring care by a family member or neighbor.
- More special education and early intervention providers are needed throughout the State and additional efforts are needed to ensure that children in special education receive services in the least restrictive environment.
- When viewing prekindergarten teacher shortages, there is a particular lack of bilingual special education prekindergarten teachers throughout the State, and a shortage of prekindergarten teachers with discipline of Deaf/Hard of Hearing and Blind/Visually Impaired in the State’s largest school districts: Buffalo, New York City, Rochester, Syracuse, and Yonkers.

## Conclusion

It is evident that NYS has an expansive and complex ECCE system, with successful initiatives in areas of the state that comprehensively address the needs of young children and families to promote school readiness and lifelong success. However, the scale of the State’s ECCE system, cross-sector configuration, range of funding sources, and different regulatory and statutory authority are challenges that NYS must face and wholeheartedly tackle to build a more efficient and equitable high-quality ECCE system for all of the State’s young children and families.

The findings set forth from the NYSB5 Needs Assessment will be further reviewed by the CCF, the ECAC, and its partnering agencies as the new, coordinated Strategic Plan is developed for NYS and adopted by the ECAC.

Once the NYSB5/ECAC Strategic Plan is developed, NYS will be well-positioned to take the necessary next steps to build a stronger, more coordinated, comprehensive early childhood care and education system that will provide equitable access to high quality ECCE programs and services to promote the optimal development and lifelong success of all young New Yorkers.

## Acronyms

<b>APR</b> , Annual Performance Report	<b>CHW</b> , Community Health Worker
<b>BOCES</b> , Boards of Cooperative Educational Services	<b>CPSE</b> , Committee on Preschool Special Education
<b>CACFP</b> , Child and Adult Care Food Program	<b>CSE</b> , Committee on Special Education
<b>CBK</b> , Core Body of Knowledge	<b>CSHCN</b> , Children with Special Health Care Needs
<b>CBO</b> , Community-Based Organization	<b>DCC</b> , Day Care Center
<b>CCCCNC</b> , Child Care Coordinating Council of the North Country	<b>DHHS</b> , U.S. Department of Health and Human Services
<b>CCF</b> , New York State Council on Children and Families (NYSB5 grantee)	<b>DOH</b> , New York State Department of Health
<b>CCR&amp;R</b> , Child Care Resource & Referral	<b>DOL</b> , New York State Department of Labor
<b>CCTA</b> , Child Care Time and Attendance	<b>ECAC</b> , New York State Early Childhood Advisory Council
<b>CDA</b> , Child Development Associate Degree	<b>ECCE</b> , Early Childhood Care and Education
<b>CED</b> , Committee for Economic Development	<b>EDI</b> , Early Development Inventory
<b>CHIP</b> , Children’s Health Insurance Program	<b>EHS</b> , Early Head Start
<b>CHP</b> , Child Health Plus	<b>EHS-CCP</b> , Early Head Start Child Care Partnerships
<b>CHSR</b> , Center for Human Services Research	<b>EI</b> , Early Intervention Program
	<b>ELG</b> , Early Learning Guidelines
	<b>EPSDT</b> , Early and Periodic Screening, Diagnostic, and Treatment

<p><b>ERS</b>, Environmental Rating Scales  <b>ESL</b>, English as a Second Language  <b>ESOL</b>, English for Speakers of Other Languages  <b>FDC</b>, Family Day Care  <b>FPL</b>, Federal Poverty Level  <b>GFCC</b>, Group Family Child Care  <b>HEAP</b>, Home Energy Assistance Program  <b>HIPPY</b>, Home Instruction for Parents of Preschool Youngsters (Home Visiting Program)  <b>HS</b>, Head Start  <b>HUD</b>, U.S. Department of Housing and Urban Development  <b>HV</b>, Home Visiting  <b>ICE</b>, US Immigration and Customs Enforcement  <b>IDEA</b>, Individuals with Disabilities Education Act  <b>IEP</b>, Individualized Education Program  <b>IFSP</b>, Individualized Family Service Plan  <b>KWIC</b>, Kids' Wellbeing Indicators Clearinghouse  <b>LDSS</b>, Local Departments of Social Services  <b>LEP</b>, Limited English Proficiency  <b>LM</b>, Logic Model  <b>LRE</b>, Least Restrictive Environment  <b>MDS</b>, Mixed Delivery System  <b>MSHS</b>, Migrant and Seasonal Head Start  <b>NYC</b>, New York City  <b>NYC ACS</b>, New York City Administration for Children's Services  <b>NYC DOE</b>, New York City Department of Education  <b>NYC DOHMH</b>, New York City Department of Health and Mental Hygiene</p>	<p><b>NYCHA</b>, New York City Housing Authority  <b>NYS</b>, New York State  <b>NYSB5</b>, New York State Preschool Development Grant Birth through Five  <b>OASAS</b>, New York State Office of Alcoholism and Substance Abuse Services  <b>OCFS</b>, New York State Office of Children and Family Services  <b>OMH</b>, New York State Office of Mental Health  <b>OPRE</b>, U.S. Office of Planning, Research, and Evaluation  <b>OSE</b>, Office of Special Education  <b>OTDA</b>, New York State Office of Temporary and Disability Assistance  <b>PAI</b>, Program Access Index  <b>PDG 1</b>, Preschool Development Grant 1 (2016-2019)  <b>PIR</b>, Program Information Report (Head Start)  <b>POC</b>, Person Of Color  <b>REDC</b>, Regional Economic Development Council  <b>ROS</b>, Rest of State  <b>SED</b>, New York State Education Department  <b>SNAP</b>, Supplemental Nutrition Assistance Program  <b>SPOE</b>, Single Point of Entry  <b>SPP</b>, State Performance Plan  <b>SSI</b>, Supplemental Security Income  <b>SUNY</b>, State University of New York  <b>TA</b>, Technical Assistance  <b>TANF</b>, Temporary Assistance for Needy Families  <b>USDA</b>, United States Department of Agriculture  <b>WIC</b>, Women, Infants, and Children</p>
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## Definitions of Terms

The definitions below help to establish a common lexicon of terms for the New York State (NYS) Birth through Five (NYSB5) Needs Assessment and the development of the corresponding Strategic Plan to improve the Early Childhood Care and Education (ECCE) system in NYS. Some of the terms were expressly defined for the NYSB5 application submitted by the NYS Council on Children and Families (CCF) to the U.S. Department of Health and Human Services' Administration for Children and Families, dated November 6, 2018 (HHS-2018-ACF-OCC-TP-1379).<sup>5</sup> These definitions were established through a review of documents and in partnership with NYSB5 project stakeholders, including the child-serving state agencies and other early childhood stakeholders. As the NYSB5 Needs Assessment process progressed, some definitions were revised to be more operational and helpful in creating a shared understanding of the state's ECCE system.

It should be noted that the definition of the ECCE system has been updated for the purposes of the NYSB5 grant. Other definitions of key terms have also been updated based on Needs Assessment findings and input from stakeholders. The goal of updating these definitions is to operationalize and define the programs and services encompassing the NYS ECCE. Going forward, these definitions will be used by the state's child-serving agencies and other early childhood stakeholders to frame the development and implementation of the NYSB5 strategic plan.

A key challenge related to creating a common lexicon is the need for some child-serving agencies to modify existing agency definitions, which may have been in existence for many years. Updates to internal agency definitions also raises the potential for policy and procedure updates, which can be challenging in a complex system. The extent of the impact of this barrier will be better understood as definitions are clearly communicated to agencies and stakeholders.

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<sup>5</sup> The grant application included the following definitions of key terms used in the proposal: Access, Availability, Children in Rural Areas, Early Childhood Care & Education Programs, Early Childhood System, Mixed Delivery System (MDS), Parent, Quality Early Childhood Education and Care, Underserved/Vulnerable Children.

**Availability of Early Childhood Care and Education:** The sufficient supply of early childhood care and education programs to meet the needs of NYS families with young children seeking early care and learning opportunities.

**Early Childhood Care and Education (ECCE) system:** The ECCE system is a broad system that encompasses an array of programs for young children and their families. In NYS, the ECCE system is composed of early care and education program settings, such as child care, Head Start and prekindergarten, plus comprehensive support services, such as Early Intervention (EI), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and home visiting (HV) programs. Some settings and services are defined below:

**Child Care Modalities:**<sup>6</sup> (parent/federal/state/county funded)

**Day Care Center (DCC):**<sup>7</sup> A licensed program or facility that is not a residence in which child care is provided on a regular basis to more than six children for more than three hours per day per child for compensation.

**Small Day Care Center:** A registered program or facility that is not a residence in which child care is provided to three through six children for more than three hours per day per child for compensation.

**Family Child Care Home:** A registered provider caring for children for more than three hours per day per child in which child care is provided in a family home for three to eight children, if no more than six of the children are less than school age.

**Group Family Child Care Home:** A licensed program/provider caring for children for more than three hours per day per child in which child care is provided in a family home for seven to 12 children of all ages, and four additional children if such additional children are of school age.

**Legally Exempt Child Care:** An individual or program providing child care services that is not required to be licensed or registered. Legally Exempt Enrollment is a mandatory process for those individuals and programs that wish to become eligible to be paid for legally exempt child care services provided to low-income families receiving local child care subsidies.

**Early Head Start (EHS):** A federally funded, full-year, full-day community-based comprehensive program for pregnant women and children up to three years old living in poverty, foster care, and families experiencing homelessness. The goal of EHS is to support families as they move out of poverty through family support, home visiting, center-based programs, and locally-designed options, including family child care.

**Head Start (HS):** A federally funded, comprehensive, school-readiness program for three- and four-year-old children living in poverty or otherwise eligible. Services include early learning, health, and family well-being. HS programs in NYS are licensed center-based child care sites, and some offer HV options.

**Migrant and Seasonal Head Start (MSHS):** A federally funded, community-based HS program that specifically serves migrant and seasonal agricultural workers' families, some of the most vulnerable children and families.

**Nonpublic Nursery Schools and Kindergartens:** Early education for young children provided in center-based locations generally for less than three hours per day. Programs may choose to be registered with the NYS Education Department (SED), but registration is not required.

**Preschool Special Education:** State-funded programs and services regulated by SED that provide special education programs and services in the least restrictive environment (LRE) for children, ages three and four, determined by the Committee on Preschool Special Education (CPSE) to be a preschool student with a disability.<sup>8</sup>

**State-Administered Prekindergarten:** Early education programs for three- and four-year-old children, administered and overseen by SED offered through local school districts and community-based organizations. Programs may be part- or full-day.  
**Support Services:**

**Community Health Worker (CHW) services:** CHWs provide outreach, information, assistance with access to services, enhanced social support and home visiting to pregnant and parenting families. CHW services are delivered by local

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<sup>6</sup> New York State Office of Children and Family Services. (2016). *Child Day Care Definitions, Enforcement and Hearings*. Retrieved from <https://ocfs.ny.gov/main/childcare/regs/413-Definitions.pdf>.

<sup>7</sup> New York City center-based child care is licensed by the New York City Department of Health and Mental Hygiene.

<sup>8</sup> New York State Education Department. (n.d.). Information for Parents of Preschool Students with Disabilities AGES 3-5. Retrieved from

health departments and community-based organizations.

**Early Intervention Program (EI):** Therapeutic and support services regulated by the NYS Department of Health (DOH) and provided on the county level to eligible children ages birth through three years diagnosed with a developmental delay or disability, as defined by the state.

**Home visiting (HV) programs:** Voluntary programs that provide direct support and coordination of services for pregnant women and families with young children, age birth through five years, in their home setting.<sup>9</sup> NYS has more than 10 different HV program models, with varying funding streams, eligibility requirements and services provided.

**Women, Infants, and Children (WIC):** A federally-funded supplemental nutrition program that offers nutrition education, breastfeeding support, referrals, and nutritious foods to low-income pregnant, breastfeeding, and non-breastfeeding women, and infants, and children up to age five years who are found to be at nutritional risk.<sup>10</sup>

**Mixed Delivery System (MDS):** Early care and education programs for children birth through five that are delivered in co-located programs/sites and supported by a combination of funding sources that are blended or braided to maximize resources. An example of a successful MDS model is the Early Head Start-Child Care Partnership (EHS-CCP) where state child subsidy dollars are layered with federal EHS funds to raise the quality of the whole classroom or family child care setting.

**Parent:** Person(s) responsible for the primary care and well-being of a child birth through five years. Term is inclusive and includes, but is not limited to, grandparents, foster parents, guardians, and caregivers.

**Quality Early Childhood Care and Education:** Programs distinguished by a dedicated, educated, trained, and appropriately compensated staff. High-quality staff demonstrate knowledge and competence in family systems, child development, positive guidance strategies, and culturally competent, strength-based, child-centered teaching practices.

**QUALITYstarsNY:** Quality rating and improvement system for licensed and regulated early childhood care and education programs in NYS.

**Rest of State (ROS):** All parts of NYS except New York City (NYC).

**Vulnerable or Underserved Children:** Children in the following categories have been identified as vulnerable and/or underserved:

1. Young children of minority/ethnic groups
2. Young children living in low-income households
3. Young children experiencing homelessness (as defined by McKinney-Vento)
4. Young children receiving EI or preschool special education Services
5. Young children living in multi-language households
6. Immigrant, migrant, or refugee children
7. Young children living in rural areas

Below are specific definitions that are related to these categories:

**Young Children Of Color:** Children in race and/or ethnicity categories defined as Hispanic, African-American, Native American, Alaskan Native, Hawaiian Native, Pacific Islander, Asian, and biracial or multiracial for ages birth through five (for the purpose of this grant).

**Poor Households:** A household where residents are living below 100% of the Federal Poverty Level (FPL).

**Low-Income:** Living below 200% of the FPL.

**Young Children Experiencing Homelessness (as defined by the McKinney-Vento Act<sup>11</sup>):** Children who lack a fixed,

<sup>9</sup> The Schuyler Center for Analysis and Advocacy. (2015). Home Visiting Programs in New York State. Retrieved from

<sup>10</sup> United States Department of Agriculture. (2019). Food and Nutrition Service. Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Retrieved from <https://www.fns.usda.gov/wic>.

<sup>11</sup> National Center for Homeless Education. (n.d.). The McKinney-Vento Definition of Homeless. Retrieved from <https://nche.ed.gov/mckinney-vento-definition/>.

regular, and adequate nighttime residence and includes those: who are sharing the housing of others due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and who are migratory children who live in one of the above circumstances.

**Children Receiving Early Intervention or Special Education Services:** Children who receive EI, also referred to as Part C of the Individuals with Disabilities Education Act (IDEA), and children who receive special education services, also referred to as Part B of IDEA.

**Young Children Living in Multi-Language Households:** Children of parents who speak a language other than English, also known as household with limited English proficiency (LEP).

**Immigrant:** A child whose family is originally from a foreign country and is living in the United States permanently.

**Migrant:** A child whose family moves across the country seeking seasonal or temporary work in the agricultural, dairy, or fishery industry.

**Refugee:** A child from a family who is unable or unwilling to return to his or her home country because of a "well-founded fear of persecution" due to race, membership in a particular social group, political opinion, religion, or national origin.<sup>12</sup>

**Young Children Living in Rural Areas:** Children who live in rural areas as defined by the 2013 Rural Urban Continuum, which was established by the federal Office of Management and Budget. Of NYS's 62 counties, 24 are classified as rural (see **Appendix A**).

## Findings and Challenges Associated with Definitions

Due to the multiple state and local agencies overseeing, administering, and funding early care and education programs in NYS, each with its own mission, priorities, governing rules, regulations, funding levels and laws, it is a challenge to agree upon a common lexicon.

As detailed in the section on Quality and Availability of Care and Early Education in this Needs Assessment, there is no single definition for the term "quality" across the NYS ECCE system. For example, the NYS Office of Children and Family Services (OCFS), which oversees child care, sets rigorous health and safety standards, high staff-to-child ratios, routine oversight, training requirements, and age appropriate programming and materials that are equated with quality programming. Yet, this is different than the working definition of quality used by QUALITYstarsNY, NYS's quality improvement rating system. Another illustration of a definition challenge relates to the term "early childhood." While the accepted and general definition of early childhood in NYS spans birth through eight years, the OCFS child care system typically refers to early childhood as birth through five years.

The creation of a shared lexicon for the ECCE system is a step towards improving cross-system communication between state agencies. This is a foundational goal that the ECAC has worked to address and one that the NYSB5 initiative is furthering.

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<sup>12</sup> American Immigration Council. (2019). Fact sheet: An overview of U.S. refugee law and policy. Retrieved from <https://www.americanimmigrationcouncil.org/research/overview-us-refugee-law-and-policy>.

# Introduction

The New York State Birth Through Five (NYSB5) Preschool Development grantee, the New York State Council on Children and Families (CCF), partnered with the Center for Human Services Research (CHSR) at the University at Albany, State University of New York (SUNY), to conduct New York's first-ever comprehensive birth through five needs assessment of its early childhood care and education (ECCE) system. As found and detailed in this Needs Assessment, the state's expansive ECCE system points to a strong commitment to supporting young children and their families. Yet, the scale of the ECCE system, cross-sector configuration, range of funding mechanisms, and different statutory and regulatory authorities contribute to fragmentation and inequities in terms of access, affordability, workforce, and program quality.

The purpose of this NYSB5 Needs Assessment is to provide a comprehensive view and nuanced understanding of the state's ECCE system's strengths and weakness so that the state can design and build a mixed delivery system (MDS) that is informed by parent voice and provides access to high quality, equitable, and comprehensive ECCE programs and services essential for successful development and lifelong success. Accordingly, this Needs Assessment is informed by approximately 2,500 early childhood administrators, direct care staff, parents, policymakers, and stakeholders in NYS. The key public agencies involved include:

- NYS Council on Children and Families (CCF);
- NYS Early Childhood Advisory Council (ECAC);
- NYS Office of Children and Family Services (OCFS);
- NYS Education Department (SED);
- NYS Department of Health (DOH);
- NYS Head Start Collaboration Office;
- NYS Office of Mental Health (OMH);
- NYS Office of Temporary and Disability Assistance (OTDA);
- NYC Department of Education (DOE); and
- NYC Department of Health and Mental Hygiene (DOHMH).

This NYSB5 Needs Assessment examines the current availability, accessibility, and quality of the ECCE system and the possibility of a MDS where more than one funding stream is used to enhance or expand services for children and families, especially as it pertains to vulnerable or underserved populations. It identifies areas of success and promise, and analyzes areas in need of improvement. As described in this report, NYS is actively engaged in a number of innovative, cross-sector initiatives to break down silos; yet, much work remains to ensure that efforts are not duplicated and program efficiency and quality are increased.

Several methods were used to conduct this NYSB5 Needs Assessment. These methods include conducting an environmental scan, gathering and analyzing available data, and conducting surveys, in-person focus groups, and key informant interviews.

# Methodology

The NYSB5 needs assessment process was discussed during NYB5 partner meetings and ECAC meetings held between December 2018 and June 2019. Attendees of these meetings included agency staff from each of the NYSB5 partners (OCFS, SED, OTDA, SUNY/CHSR, CUNY/PDI, OMH and DOH) as well as ECAC members, a parent representative, and other key early childhood stakeholders. These meetings provided a collaborative forum to review the objectives of the NYSB5 needs assessment with NYSB5 partners, to seek their input and guidance, and to share progress updates.

**Appendix B** provides a diagram of partner agencies and names, and **Appendix C** provides a list of ECAC members and the organization each member represents.

## Environmental Scan

Over 75 documents compiled by staff from the NYS agencies serving children and families (e.g., CCF, OCFS, SED, DOH, OMH) were organized and reviewed by researchers. Documents included national reports, briefings, needs assessments, and published statistics and background information on the ECCE system, as well as program details. The documents were categorized by topic area (e.g., early childhood system, child care, prekindergarten, funding, workforce). Documents were further categorized by the NYSB5 Needs Assessment domains to facilitate the preparation of the Needs Assessment. Additionally, internet searches were conducted to insert other relevant information to the initial cache of documents.

## Census and Other Data

An analysis of regional trends was conducted to identify vulnerable populations across NYS using U.S. Census data and other data sources (e.g., the 2013–2017 American Community Survey 5-Year Estimates; SED 2017–2018 Student Information Repository System). See Definition of Terms for the definition of vulnerable populations.

## Primary Data Collection: Survey, Focus Groups and Key Informant Interviews

This Needs Assessment relied on three distinct data collection methods for primary data: a survey, regional focus groups, and key informant interviews. A multi-prong strategy to disseminate information and recruit participants for the survey and focus groups was developed.

## Recruitment

A webinar was conducted in early May 2019 for statewide and local partners to: 1) communicate the purpose of the Needs Assessment; 2) provide details about the survey and focus groups; and 3) solicit help with distribution of information and recruiting Needs Assessment participants. After the webinar, attendees received an email with the survey link and a request to widely distribute the survey to administrators, direct care staff and parents. NYSB5 grantee and partner agencies also posted the survey link on their websites and social media.

Additional recruitment was conducted for focus groups. CCF, through its established relationships with ECCE providers and networks statewide, worked with community-based organization (CBO) staff to identify dates, times, and locations for focus groups. The local CBO staff were primarily responsible for recruiting participants, coordinating logistics, and communicating with CCF. CCF offered cost reimbursement through the NYSB5 grant funds for recruitment and room rentals for hosting the focus groups.

## Survey

The survey was designed to gather data primarily online from a variety of people within the ECCE system. Three distinct surveys were developed for specific ECCE roles:

- Administrators of early childhood programs;
- Direct care staff, teachers, and direct instruction staff; and
- Parents, grandparents, foster parents, guardians or caregivers of at least one child age birth through five years old who lives with them at least part of the time and who participates in the early childhood system (i.e., center-based child care, Head Start, prekindergarten, nursery school, family child care).

Participation was voluntary, and all personally identifiable information was removed prior to analysis. The survey was informed by the National Survey of Early Care and Education and designed with input from a variety of stakeholders; it covered topics such as organization/program information, access and availability, affordability, program satisfaction (parent), and demographic information.<sup>13</sup> It included both forced-choice and open-ended questions. The Administrator and Parent Surveys took approximately 20 minutes to complete while the Direct Care Survey took approximately 10–15 minutes. The complete text for all three surveys can be found in **Appendix D**.

The survey was offered both online (using the Qualtrics platform) and paper (by request). The online version was translated into six languages: Spanish, Russian, Korean, Bengali, Creole/Haitian and Chinese. A single, reusable survey link was created and disseminated via a variety of email channels detailed below. Respondents were asked to select their ECCE role and answered a number of qualifying questions before being automatically directed to the appropriate survey. Ineligible participants were thanked for their time and directed to the end of the survey.

The link to the electronic survey was disseminated on May 17, 2019. The NYSB5 grantee's distribution plan involved emailing stakeholder groups both with an initial message and then a follow-up message. It was estimated the initial email reached close to 700 individuals. The email was sent via a Constant Contact e-news with instructions to complete the survey and distribute the link to other potential respondents. It was closed on June 21, 2019.

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<sup>13</sup> Office of Planning, Research & Evaluation. (2019). National survey of early care and education (NSECE), 2010–2015. Retrieved from <https://www.acf.hhs.gov/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>

There were a total of 2,216 eligible survey respondents. There were 667 eligible parents, 731 direct care staff, and 818 administrators. Parents were disqualified if they did not have a child birth through five that was currently in an ECCE program or service. Direct care staff and administrators were ineligible if they were not currently working in an ECCE program or service. The survey was answered in the following languages: English (2,194 responses), Spanish (20 responses), Chinese (1 response), Haitian/Creole (1 response). The responses were stratified by rural/urban using the 2013 Rural-Urban Continuum established by the federal Office of Management and Budget. The responses were also stratified by regions established by the Regional Economic Development Councils (REDC),<sup>14</sup> but these results were only reported if there were notable differences.

See **Appendix E** for a full demographic analysis of survey respondents and a comprehensive analysis of survey findings. Survey results have been incorporated into sections of this report to substantiate findings where relevant. This includes responses to open-ended questions, which were coded and analyzed. Unless otherwise specified, any reference to survey data or results refers to the NYSB5 survey.

## Regional In-Person Focus Groups

The 90-minute in-person focus groups augmented the survey by garnering contextual information and providing an opportunity to hear the experiences, opinions, and suggestions from administrators, direct care staff, and parents.

Thirty-one focus groups in nine economic development regions of the state, plus a statewide session, were conducted by two staff members—a facilitator and note taker. Groups were conducted from May 30 to August 1, 2019. Refreshments and gift cards (\$25) were provided to participants.

In preparation for the focus group launch, data collection and administrative instruments and procedures were developed. These included:

- *Focus Group Guides*: Included an introduction script that covered purpose, ground rules, confidentiality and questions/probes by topics (e.g., organization/program information, access and availability, affordability). The full text of each focus group guide/protocol can be found in **Appendix F**.
- *Topic Guide*: Outlined the topics covered in the *Focus Group Guide*.
- *Attendance Sheet*: Tracked attendance and gift card distribution. Participants initialed at sign-in, and upon receipt of the gift card at the end of each group.
- *Reference Sheet*: Provided information to participants regarding NYSB5 programs, vulnerable populations, and CHSR and CCF contact information.

Procedures were developed to ensure consistency among NYSB5 Needs Assessment focus group staff:

- Each group and participant was assigned an ID number.
- The *Attendance Sheet* was circulated and instructions given at the start of each focus group.
- A facilitator used the *Focus Groups Guide* to lead the discussion, and referred to the Reference Sheet when relevant. Note takers used a template for written notes and audio recorded each session.
- The *Demographics Spreadsheet* was distributed and completed by participants at the end of each session. The note taker distributed gift cards using the *Attendance Sheet* (populated with participant ID and gift card numbers) to record disbursement.
- Administrative activities were completed after each focus group including: cleaning/saving notes, transferring recording to shared computer drive, and entered data on various tracking spreadsheets (e.g., focus group completion, demographics, gift card tracking).
- Focus group data was analyzed using the following process:
  - » Notes were read and coded
  - » Notes were then placed into a spreadsheet by focus group topic
  - » Spreadsheet was organized into ECCE and NYSB5 Needs Assessment themes

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14 New York State. (n.d.). Regional Economic Development Councils. Retrieved from <https://regionalcouncils.ny.gov/>.

Table 1 shows the number of focus groups conducted in each region by focus group type.

**Table 1: Number of Focus Groups by Region and Focus Group Type**

Regions	Administrator	Direct Care Staff	Parent	Total
North Country	2	6	5	13
Capital Region	1	0	2	3
Mid-Hudson	1	0	1	2
New York City	2	0	0	2
Long Island	2	1	0	3
Mohawk Valley	0	0	0	0
Central New York	0	1	0	1
Southern Tier	1	1	1	3
Finger Lakes	0	0	1	1
Western New York	1	0	2	3
Statewide	1	0	0	1
<b>Total</b>	<b>11</b>	<b>9</b>	<b>12</b>	<b>32</b>

Table 2 shows the number of participants in each region by focus group location.

**Table 2: Participants by Focus Group Location**

Regions	Administrator	Direct Care Staff	Parent	Total
North Country	24	55	38	117
Capital Region	8	0	9	17
Mid-Hudson	3	0	7	10
New York City	11	0	0	11
Long Island	12	7	0	19
Mohawk Valley	0	0	0	0
Central New York	0	7	0	7
Southern Tier	7	9	5	21
Finger Lakes	0	0	9	9
Western New York	4	0	15	19
Statewide	8	0	0	8
<b>Total</b>	<b>77</b>	<b>78</b>	<b>83</b>	<b>238</b>

A full analysis of the demographic characteristics of focus group participants can be found in **Appendix G**.

## Key Informant Interviews

Telephone interviews were conducted with leaders of child-serving NYS agencies. In total, five state agencies and one coordinating body (19 individuals) participated. These key informant interviews aimed to clarify each agency's role in the ECCE system, understand how each agency defines terms such as "availability" and "quality," understand how each agency collects and maintains data about young children, and discuss both strengths and barriers to interagency collaboration. Other topics of discussion included: gaps in knowledge about quality/availability of programming and supports for children ages birth through five, barriers and opportunities related to funding issues, and issues related to transition supports for children moving between programs or settings.

Agency staff were identified by CCF, with scheduling and interviews conducted by CHSR. Interviews were scheduled for 30-60 minutes around agency staff availability. A note taker used a template to collect relevant data and analyzed the data after the interview. Data was coded by theme and organized on a spreadsheet by topic (e.g., availability, quality, key gaps, barriers, efforts, and recommendations).

## Limitations

The majority of parents who completed the NYSB5 Needs Assessment survey were female (93%), white (88%), primarily spoke English (97%), and had at least one full-time job (72%). Thus, people who would be included in the “vulnerable populations” identified in this grant (e.g., households speaking limited or no English, children who are members of a racial or ethnic minority) were underrepresented in the survey. Additionally, survey participants did not include parents or expectant parents who do not have a child currently receiving care or education services.

The recruitment strategy for the survey relied on a snowball sampling method: participants were asked to recruit additional participants through their own contact lists. While this method allowed for a much larger sample than otherwise could have been recruited, snowball sampling is not random and can lead to biased results. Additionally, it is impossible to pinpoint the exact number of individuals who received a link to the survey. Consequently, the number of potential participants who declined to attempt the survey is unknown.

Additionally, individuals participating in the NYSB5 focus groups were mostly female (90.8%) and white (74.7%). Most of the parent participants were also educated (over 73% had at least some college credits) and made over \$24,999 in annual income (74%). Notably, about half of the participants (49%) in the NYSB5 focus groups live in the North Country, a largely rural and forested area of NYS. The demographic breakdown of participants gave the data collected both a regional and demographic perspective that is not meant to represent NYS as a whole. The purpose of focus groups is to gather detailed data about a given topic, not to generalize the findings to a wider audience. This is pointed out and reinforced throughout this report.

Only two focus groups were conducted in NYC, both in Manhattan. In NYC, recruitment of focus group venues was difficult due to the pending shift in child care program auspices from the NYC Administration for Children’s Services (ACS) to the NYC DOE.

It will be important for future focus groups to target regions and populations underrepresented in the current findings. By gathering information on the experiences of vulnerable populations, as was the intent of the NYSB5 grantee, targeted programming and supports can be better developed and implemented.

# Vulnerable and Underserved Populations in New York State

**Key Findings:** A substantial proportion of children in NYS are considered to be a member of a vulnerable population as defined by the NYSB5 grant. For example, the majority of children living in NYS are children of color and almost half of young children are low-income and one-quarter are poor. There are key differences in the distribution of vulnerable populations in rural and urban areas of NYS.

CCF monitors child well-being, through its Kids' Well-being Indicators Clearinghouse (KWIC), by collecting annual health, education, economic security, and other relevant data, such as community resources, that allow policymakers to chart, graph, and map indicators to answer key questions about how children are doing and where services are located. NYS has many state-funded initiatives that provide resources and support to families experiencing stressful situations such as homelessness or concerns about child development. Nevertheless, nearly one in four NYS children live in poverty and one in five experience food insecurity.<sup>15</sup> Similarly, while NYS leads the nation in access to childhood health insurance (approximately 98% of NYS children are insured),<sup>16</sup> 85% do not receive developmental screenings or have access to needed mental health services or dental care.<sup>17</sup>

To examine equitable access to these services for all children in NYS, the NYSB5 grant proposal identified seven groups of vulnerable children and families:

1. Young children of minority/ethnic groups
2. Young children living in low-income households
3. Young children experiencing homelessness (as defined by McKinney-Vento)
4. Young children receiving EI or Preschool Special Education Services
5. Young children living in multi-language households
6. Young immigrant, migrant, or refugee children
7. Young children living in rural areas

Relevant to the NYSB5 activities, NYS has begun to examine implicit bias and institutional racism as it relates to the birth through five population. For instance, in recent years, there has been more media attention and open dialogue about race equity and racial disparities. There have been numerous studies about the racial disparities associated with early childhood suspensions and expulsions. On average, a NYS study found that one in six early care and education programs reported suspending or expelling children under five years old during 2016.<sup>18</sup> This mirrors a nationwide study that showed prekindergarten programs are three times more likely to expel young learners than students in grades K 12 combined.<sup>19</sup>

There also has been a focus on racial disparities and maternal mortality and morbidity in NYS. In March 2019, the NYS Task Force on Maternal Mortality and Racial Disparities issued recommendations to improve maternal outcomes, with a focus on addressing racial disparities.

In NYS, the identified vulnerable populations for this grant include children of color and children of immigrants, refugees, and migrant workers. By making race equity and disparities a priority, the NYSB5 grantee's intention was to bring awareness in NYS, and in the early childhood field in particular, about existing inequities so that a collective response could be devised and implemented and services and outcomes for all children improved.

15 De Masi, M.E. (2012). *Nourishing New York's children*. Rensselaer, NY: NYS Council on Children and Families.

16 Annie E. Casey Foundation (2016). *Kids Count Data Book: State Trends in Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation.

17 New York State Department of Health (2017). *Maternal child health services title V block grant annual report*. Retrieved from [https://www.health.ny.gov/community/infants\\_children/maternal\\_and\\_child\\_health\\_services/docs/2018\\_application.pdf](https://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2018_application.pdf)

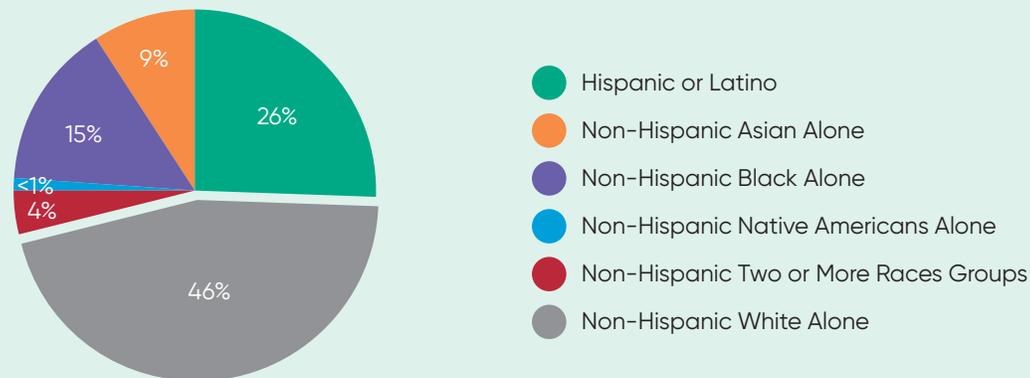
18 NYS Council on Children and Families (2016). *Building system capacity in New York to support children's social-emotional development*. Retrieved from [https://www.ccf.ny.gov/files/3515/1265/6373/Child\\_Care\\_Dismissal\\_Survey\\_May2016.pdf](https://www.ccf.ny.gov/files/3515/1265/6373/Child_Care_Dismissal_Survey_May2016.pdf).

19 Gilliam, W. (2016). *Issue brief: Early childhood expulsions and suspensions undermine our nation's most promising agency of opportunity and justice*. Princeton, NJ: Robert Wood Johnson Foundation.

## Young Children of Minority/Ethnic Groups (Children of Color)

Since 2017, the majority (54%) of children in NYS ages birth through four years are children of minority/ethnic groups (heretofore referred to as children of color).<sup>20</sup> People of color experience low economic development, poor health conditions, and low levels of educational attainment as compared to White non-Hispanics.<sup>21</sup> The NYSB5 defines young children as ages five and under and children of color as non-White or Hispanic. Census Bureau estimates indicate that there were approximately 1.2 million children ages birth through four years in NYS in 2017 (see **Figure 1**). More than half (54%) of these children are children of color: non-White or Hispanic, including 15% Black, 26% Hispanic, and 9% Asian. A report on the currently available metrics at the county level is provided in **Appendix H**. The state level data that follow describe the vulnerable children in families that would benefit from more targeted support.

**Figure 1: Children Birth Through Age Four by Race and Ethnicity in NYS (2017)**

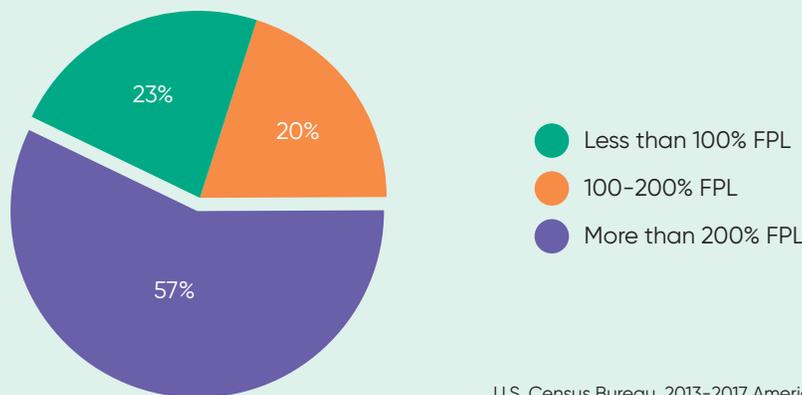


Modified from U.S. Census Bureau, Population Division Release Date: June 2019.

## Young Children Living in Low-Income Households

Young children in families that are struggling economically experience many challenges. They are more likely to have parents who are unemployed<sup>22</sup> and do not have a high school degree.<sup>23</sup> They are also more likely to experience housing instability.<sup>24</sup>

**Figure 2: Children Birth Through Age Five by FPL in NYS (2017)**



U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

20 The Annie E. Casey Foundation, Kids Count Data Center (2019). Child population by race and age group in New York. Retrieved from <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=34&loct=2#detailed/2/34/false/871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13/62/17077,17078>

21 American Psychological Association. (n.d.). Ethnic and racial minorities & socioeconomic status fact sheet. Retrieved from <https://www.apa.org/pi/ses/resources/publications/factsheet-erm.pdf>

22 Isaacs, J. (2013). *Unemployment from a child's perspective*. Washington, DC: The Urban Institute.

23 Addy, S., Engelhardt, W., & Skinner, C. (2013). *Basic facts about low-income children: Children under 18 years, 2011*. Retrieved from [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

24 Murphey, D., Bandy, T., & Moore, K.A. (2012). *Frequent residential mobility and young children's well-being* (Publication #2012-02). Retrieved from [https://www.childtrends.org/wp-content/uploads/2012/01/Child\\_Trends-2012\\_02\\_14\\_RB\\_Mobility.pdf](https://www.childtrends.org/wp-content/uploads/2012/01/Child_Trends-2012_02_14_RB_Mobility.pdf)

In 2017, 10% (144,164) of children under five years of age were living below 50% of the Federal Poverty Level (FPL), also known as extreme poverty (\$12,550 annually for a family of four). Children experiencing this level of poverty are known to be exposed to additional family and developmental risks (e.g., exposure to stress, violence).<sup>25</sup> Approximately 23% (311,103) of all young children in NYS live below 100% of the FPL (\$25,100 for a family of four). In NYS, 43% (586,182) of children (age birth through four years) were in a low-income status in 2017 (see **Figure 2**). Low income is defined as family income that is less than twice the FPL (\$50,200 for a family of four).<sup>26</sup> An understanding of the number of children living in poverty also can be gleaned from observing children participating in the Supplemental Nutrition Assistance Food Program (SNAP), receiving public assistance, and receiving supplemental security income (SSI). According to the U.S. Census Bureau, American Community Survey, approximately 43% of all households with children in NYS participated in SNAP in 2017. Caseload data from OTDA reports that 1,016,795 (25%) children from birth through 17 years and 22% of children ages birth through four years received SNAP benefits in 2017. The rate for NYC was substantially higher than for the state as a whole. In NYC, 26% of children ages birth through four years received SNAP benefits, compared to 21% for the ROS.<sup>27</sup> The Program Access Index (PAI) is one of the measures used by the Food and Nutrition Service of the U.S. Department of Agriculture (USDA) to indicate the degree to which low-income people have access to SNAP benefits. For NYS, the SNAP PAI was 87% in 2015, indicating good coverage.<sup>28</sup> County-level metrics for young children participating in the SNAP program can be found in **Appendix I**.

While the SNAP program coverage in NYS generally is high, participation of eligible families with young children in another nutrition program – Special Supplemental Nutrition Program for Women, Infants and Children (WIC) – is faltering. In recent years, the number of counties with low rates of participation (40% or less) of eligible participants has increased from 12 counties in 2014 to 27 counties in 2018, indicating a need for improved outreach to families in need.<sup>29</sup>

## Young Children Experiencing Homelessness

Early care and educational experiences benefit children experiencing homelessness by offering them a safe, stable, and supportive setting to grow, explore and learn.<sup>30</sup> It also helps parents experiencing homelessness obtain employment and return to school. Parents of young children cannot look for work unless they have secured child care.<sup>31</sup> In 2015, U.S. Department of Health and Human Services (DHHS) estimated that in NYS, there were 129,809 children ages birth through five years who experienced homelessness (as defined by McKinney-Vento) in NYS (see Figure 3). This represented approximately 9% of all children in this age group.<sup>32</sup> The U.S. Department of Housing and Urban Development (HUD) reported that there were 19,517 (1%) children ages five and under in emergency shelters in the fiscal reporting period of 2016–2017<sup>33</sup> and SED reported 19,850 homeless children were attending public prekindergarten and kindergarten. This represents 4% of children ages four through five in NYS.<sup>34</sup> Additionally, OTDA reported that there were 1,554 children under age one living in homeless shelters in NYS (A. Warner, personal communication, October 5, 2019). Families facing homelessness, whether chronic or episodic, often face other barriers to affordable housing. For instance, parents of young children are often working (21%) but remain in poverty.<sup>35</sup>

25 Ekono, M., Yang, J., & Smith, S. (2016). *Young children in deep poverty*. New York, NY: National Center for Children in Poverty.

26 National Center for Children in Poverty (2018). *Basic facts about low-income children: Children under 18 years, 2016*. Retrieved from [http://www.nccp.org/publications/pub\\_1194.html](http://www.nccp.org/publications/pub_1194.html).

27 New York State Office of Temporary and Disability Assistance (2019). *Special date run for the NYSB5 needs assessment of the SNAP point in time count for children ages 0–4 years completed in May 2019 from the WRT summary table*. Albany, NY.

28 Center on Budget and Policy Priorities (2018). *Chart book: SNAP helps struggling families put food on the table*. Retrieved from <https://www.cbpp.org/research/food-assistance/chart-book-snap-helps-struggling-families-put-food-on-the-table>.

29 Hamilton, A. (2019). WIC participation in New York State. Presentation at the 2019 NYS WIC Association Conference, Syracuse, NY.

30 Institute for Children, Poverty & Homelessness. (2014). *Meeting the child care needs of homeless families: How do states stack up?* Retrieved from [https://www.icphusa.org/wp-content/uploads/2016/09/ICPH\\_policyreport\\_MeetingtheChildCareNeedsofHomelessFamilies.pdf](https://www.icphusa.org/wp-content/uploads/2016/09/ICPH_policyreport_MeetingtheChildCareNeedsofHomelessFamilies.pdf)

31 Haskett, M.E., Perlman, S., & Cowan, B.A. (Eds.) (2014). *Supporting families experiencing homelessness: Current practices and future directions*. New York, NY: Springer-Verlag.

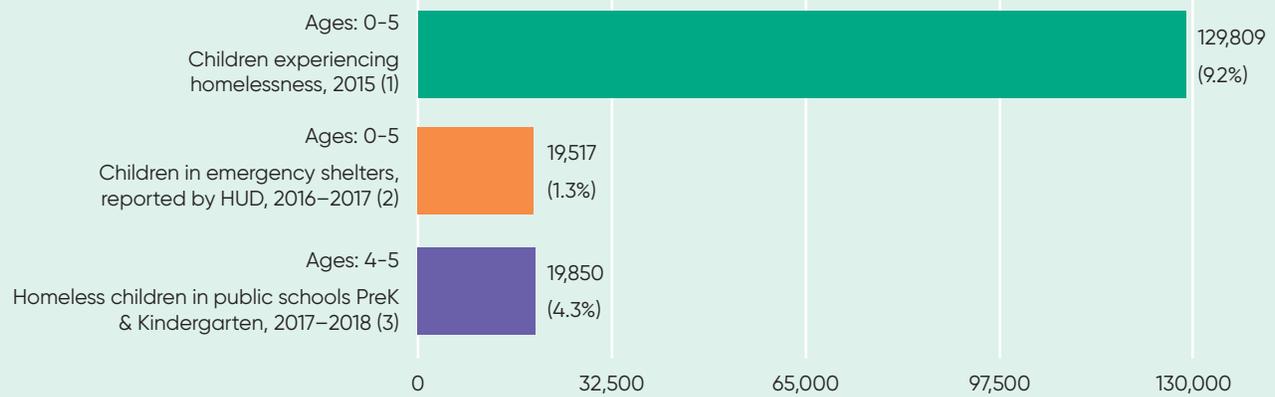
32 U.S. Department of Health & Human Services, Administration for Children & Families. (2017). *Early childhood homelessness in the United States: 50-state profile*. Retrieved from [https://www.acf.hhs.gov/sites/default/files/ecdf/epfp\\_50\\_state\\_profiles\\_6\\_15\\_17\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/ecdf/epfp_50_state_profiles_6_15_17_508.pdf).

33 Henry, M., Mahathey, A., Morrill, T., Robinson, A., Shivji, A., & Watt, R. (2018). *The 2018 annual homeless assessment report (AHAR) to congress – Part 1: Point-in-time estimates of homelessness*. Retrieved from <https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

34 New York State Education Department, Information and Reporting Services. (2019). Student information repository system (SIRS) guidance. Retrieved from <http://www.p12.nysed.gov/irs/sirs/>.

35 Annie E. Casey Foundation (2019). *Low-income working families with children in New York*. Retrieved from <https://datacenter.kidscount.org/data/tables/10381-low-income-working-families-with-children#detailed/2/34/false/871,870,573,869,36,868,867,133,38,35/any/20052,20053>

Figure 3: Young Children and Homelessness in NYS



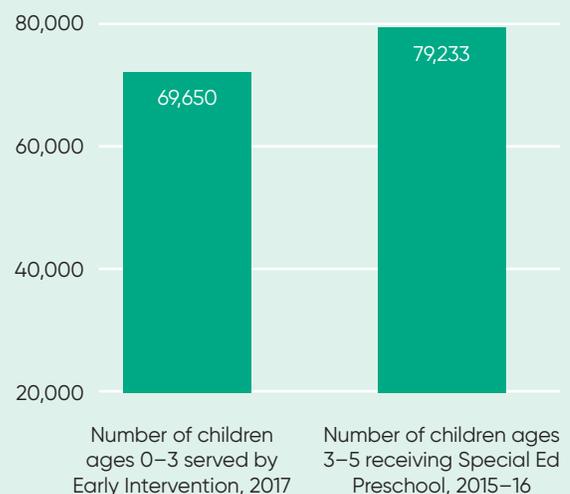
1 U.S. Dept. of Health and Human Services, Administration for Children and Families, 2016  
 2 U.S. Dept. of Housing and Urban Development, 2018  
 3 New York State Dept. of Education, 2019

## Early Intervention and Preschool Special Education Services

The NYS Early Intervention (EI) Program is the largest in the country and provides services and supports for children birth through two years with developmental delays or disabilities and their families. EI participation improves academic achievement, behavior, and academic progression and attainment.<sup>36</sup> In Program Year 2017-2018, DOH reported that there were 69,650 children enrolled in the EI Program (see **Figure 4**).<sup>37</sup>

Preschool special education provides specially designed instruction, support, and related services for children ages three and four years determined by the Committee on Preschool Special Education (CPSE) to be eligible for services in accordance with an individualized education programs (IEP) to meet their unique learning needs. The purpose of special education is to enable children with disabilities to develop to their fullest potential. Special education and related services offers a number of benefits to children with disabilities. Annually, approximately 79,000 children receive preschool special education services in NYS.<sup>38</sup> Complete metrics for young children participating in EI or Preschool Special Education by county can be found in **Appendix J**.

Figure 4: Special Education Services in NYS



## Young Children Living in Multi-Language Households

More than 25% of children under age six in the U.S. live in households that primarily speak a language other than English.<sup>39</sup> Some parents in these households may have difficulty finding suitable child care or early education programs for their children because information is not available in their primary language. As a result, these parents may be more likely to rely on unregulated care, including family, friends, neighbors, if it is available, and less likely to use licensed/regulated child care services.<sup>40</sup>

36 Karoly, L.A., Kilbourn, M.R., & Cannon, J.S. (2005). *Proven benefits of early childhood interventions*. Santa Monica, CA: RAND Corporation.

37 New York State Department of Health. (2019). *Early intervention program*. Retrieved from [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/](https://www.health.ny.gov/community/infants_children/early_intervention/).

38 New York State Department of Education. (2019). *Special Education Program based on claims for reimbursement for the 2015-2016 school year*.

39 Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., Passel, J.S. (2004). *The health and well-being of young children of immigrants*. Washington, DC: The Urban Institute.

40 Brandon, P.D. (2004). *The child care arrangements of preschool-age children in immigrant families in the United States*. *International Migration*, 42(1), 65-87.

Approximately 2.3 million households, or 31% of all households, in NYS speak a language other than English. The most common foreign language spoken in households is Spanish (15%). Other Indo-European languages combine to represent 10% of households. Table 3 provides data on multi-lingual households and household in which other languages than English are spoken (also referenced as limited English-speaking households and English language learners).<sup>41</sup>

**Table 3: Multi-lingual and Limited English-Speaking Households**

Languages	Number of multi-lingual households in NYS	Number of limited English-speaking (LEP) households (English language learners) in NYS
Spanish	797,015	287,470
French, Haitian, or Cajun	111,096	19,709
Russian, Polish, or other Slavic languages	114,445	65,321
Korean	28,316	14,975
Chinese (includes Mandarin and Cantonese)	123,047	104,967
German or other West Germanic Languages	77,119	8,327
Other Indo-European languages	246,990	53,382
Vietnamese	5,694	2,258
Tagalog (includes Filipino)	28,786	3,387
Other Asian and Pacific Islander languages	50,809	16,500
Arabic	27,877	8,652
Other/Unspecified	85,796	12,198
<b>Total Households speaking languages other than English</b>	<b>1,696,990</b>	<b>597,146</b>

Source: U.S. Census Bureau, 2013–2017 American Community Survey 5–Year Estimates

## Immigrant, Migrant, or Refugee Children

An immigrant child is one who comes to live permanently from a foreign country. Immigrant families are found to be less likely to enroll their children in ECCE programs.<sup>42</sup> This is a notable concern for NYS because of its large immigrant population. The Census Bureau estimates that there were over 4.4 million foreign-born people residing in NYS in 2017, which accounts for nearly 23% of the total population. Of the foreign born NYS residents, it was estimated that 29,512 were five years and under.<sup>43</sup> About one in three children in NYS have at least one parent who is foreign born (36%). In the age group of children under five years old, 27% have immigrant parent(s) and 33% have one parent who is native born and one parent who is an immigrant.<sup>44</sup>

A migrant child is one whose family moves across the country seeking seasonal or temporary work in the agricultural, dairy, or fishery industry. In NYS, the Migrant and Seasonal Head Start (MSHS) program serves 1,200 to 1,250 children per year. There is federal funding for 304 MSHS eligible children. The remaining children are funded through the NYS Department of Agriculture and Markets. According to the MSHS agency Chief Executive Officer, these children receive the same exact services as MSHS children and have the same eligibility requirements as MSHS (both parents must be working, one parent has to be working in agriculture), but because NYS wages are higher than federal poverty guidelines and requirements for MSHS eligibility, the income cap for state-funded children is 200% of the FPL (personal communication, July 31, 2019).

41 U.S. Census Bureau. (2017). *American community survey 2013–2017 5–year estimates*. Retrieved from <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2017/>

42 Matthews, H., & Ewan, D. (2006). *Reaching all children? Understanding early care and education participation among immigrant families*. Washington, DC: Center for Law and Social Policy.

43 U.S. Census Bureau. (2017). *American community survey 2013–2017 5–year estimates*. Retrieved from <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2017/>

44 New York State Council on Children and Families. (2019). *New York’s children in immigrant families*. Rensselaer, NY: NYS Council on Children and Families.

Migrant children can also be identified through the public-school system. SED reported that there were 1,754 kindergarten through 12th grade students from migrant families attending public schools, including charter schools, in the 2017–2018 academic school year.

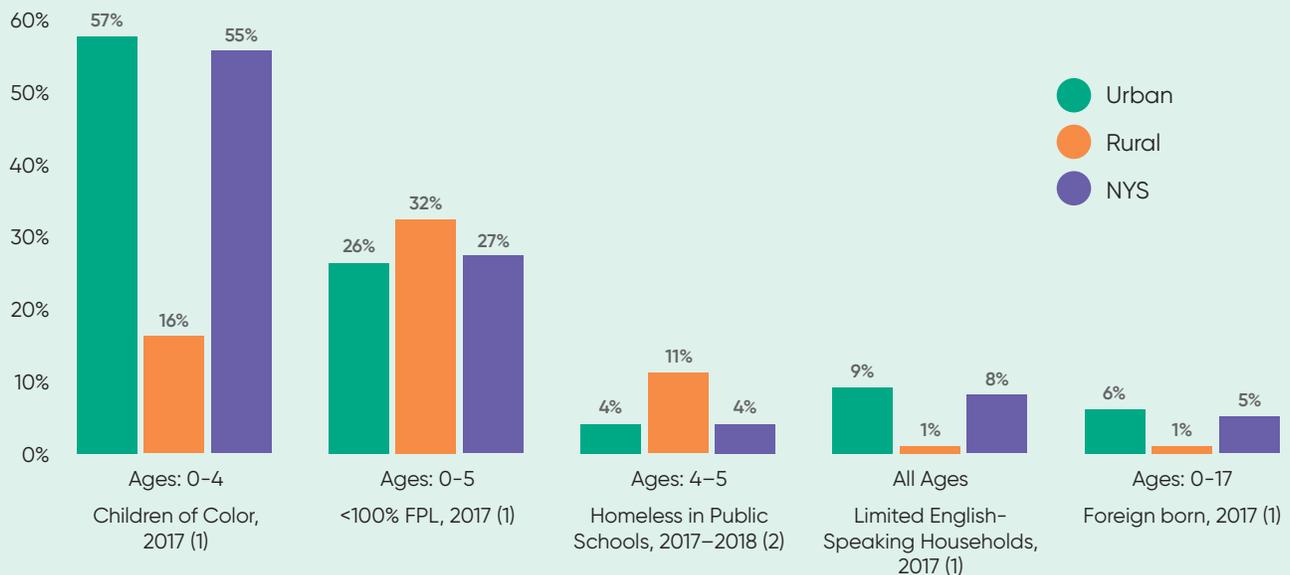
OTDA reports that there were 1,281 refugees during the 2018 federal fiscal year (October 2016–September 2017). This is a dramatic drop in settled refugees in NYS from the previous year, when there were over 5,000 refugees.<sup>45</sup> At the time of this Needs Assessment writing, a more recent count for young refugee children was not available.

## Young Children Living in Rural Areas

Child care in rural communities can be more complicated than in other more populated areas. A report from the Center on American Progress indicated that families in rural communities tend to spend 12% of their total income on child care, compared to 10% for non-rural families.<sup>46</sup> According to this same report, rural families are more likely to rely on family members and choose home-based care compared to non-rural families. Finally, rural communities are also more likely to have child care deserts, a census tract where there are more than 50 children under age five years and either no child care provider or so few options that there are more than three times as many children as licensed child care slots. In NYS, 73% of people in rural communities live in child care deserts.<sup>47</sup> A rural designation was applied at the county level using the federal Office of Management and Budget's 2013 definition of rural counties (see Appendix A). Complete metrics of young children living in non-English speaking households or foreign born by urban/rural county can be found in Appendix K.

This NYSB5 analysis of the vulnerable and underserved populations highlights the differences in a variety of variables. For example, it shows that there is a large difference between urban and rural counties in the prevalence of children of color (all race groups outside of non-Hispanic White). Urban counties have a majority (57%) of children (birth through age four) in this race/ethnicity category, while rural counties are only at 16%. Rural children, ages birth through five are more likely to be below 100% of the FPL (32% vs. 26%; see Figure 5). The rate of homeless four- and five- year- old children attending public schools in rural counties is over twice that found in urban counties (11% vs 4%). Both households classified as limited English speaking (English language learners) and having foreign-born children are much greater in urban than rural counties (9% vs. 1% and 6% vs 1%, respectively).

Figure 5: Vulnerable Population Metrics by Urban/Rural County Designation in NYS



1 U.S. Census Bureau, 2013–2017 American Community Survey 5–Year Estimates  
 2 New York State Dept. of Education, 2019

45 New York State Department of State. (2019). NYS recognizes June 20 as world refugee day [press release]. Retrieved from <https://www.dos.ny.gov/press/2019/recognize-6-20.html>.

46 Schochet, L. (2019). *5 facts to know about child care in rural America*. Washington, DC: Center for American Progress.

47 Malik, R., Hamm, K., Schochet, L., Novoa, C., Workman, S., & Jessen-Howard, S. (2018). *America's child care deserts in 2018*. Washington, DC: Center for American Progress.

Rural communities in NYS largely are concentrated upstate, hundreds of miles from any urban center. While NYS may be known for NYC, a metropolis with more than eight million people, the reality is that much of NYS is characterized by forests and farmland. Initiatives are underway to address the unique needs of rural communities. For example, Governor Cuomo’s “Broadband for All” initiative seeks to provide high-speed Internet access to all New Yorkers, enabling families who live in rural and remote areas of NYS to connect to needed resources. Additionally, regional health information organizations have been working to improve access to telemedicine and electronic records in rural areas of NYS.

## Strengths and Weaknesses of Data Collection

Most of the data used to measure underserved and vulnerable populations is publicly available from Open Data NY and the U.S. Census Bureau American Community Survey (see Table 4 for other data sources used for each population).

**Table 4: Data Sources Available for Vulnerable Population Metrics**

Vulnerable or Underserved Population	Data Source
Members of a minority/ethnic group	<ul style="list-style-type: none"> <li>• U.S. Census Bureau, Population Division Release Date, June 2019</li> </ul>
Low-income	<ul style="list-style-type: none"> <li>• U.S. Census Bureau 2013-17 American Community Survey 5-year estimates</li> <li>• CCF, KWIC</li> <li>• National Center for Children in Poverty</li> <li>• 2017 SNAP data from U.S. Census Bureau 2013-17 American Community Survey 5-year estimates</li> <li>• May 2019 point in time count for children ages birth through four from NYS OTDA.</li> <li>• NYS DOH, WIC</li> </ul>
Homeless	<ul style="list-style-type: none"> <li>• U.S. HUD</li> <li>• SED Student Information Repository System</li> <li>• OTDA</li> <li>• DHHS, Administration for Children and Families</li> <li>• NYC DOE</li> </ul>
Early Intervention or Special Education	<ul style="list-style-type: none"> <li>• DOH EI</li> <li>• SED, Special Education Program and STAT/Medicaid Unit</li> </ul>
Multi-language households	<ul style="list-style-type: none"> <li>• U.S. Census Bureau 2013-17 American Community Survey 5-year estimates</li> </ul>
Immigrants (migrants and refugee)	<ul style="list-style-type: none"> <li>• U.S. Census Bureau 2013-17 American Community Survey 5-year estimates</li> <li>• SED</li> <li>• U.S. Department of State</li> <li>• OTDA</li> </ul>
Living in Rural Community	<ul style="list-style-type: none"> <li>• U.S. Census Bureau 2013-17 American Community Survey 5-year estimates</li> <li>• SED</li> <li>• Center for American Progress</li> </ul>

Some of the data, however, are not available specifically for children ages birth through five, or not available at all. Some data are not reported in a format that is easily incorporated into the vulnerable populations listed. For example, the DHHS report on homelessness is based on a sophisticated modeling process that is not easily used to report beyond their specific parameter. The HUD report on homelessness does not report age by the same categories in all regions, making combining counts difficult. Better data is also needed on the migrant and refugee populations. The data used in this report comes from HS, SED, and OTDA. While the migrant and refugee populations are relatively small (less than 1% of the NYS population of young children), it is conjectured that they are likely underrepresented in early education.

This NYSB5 Needs Assessment has helped illuminate gaps in data. Moving forward, by more precisely identifying where vulnerable and underserved populations reside, more focused programs and interventions can be developed.

# Number of Children Being Served and Awaiting Services

**Key Finding:** Data challenges in enumerating children in the ECCE and awaiting ECCE services leads to gaps in understanding the needs of families in NYS. There are several challenges to obtaining an unduplicated count of children attending programs or receiving ECCE services. Further, there is no centralized data or formal system of tracking children awaiting ECCE programming or services. Some programs, like Head Start, collect robust data about program participants, but there is no integration of data between programs and services in the ECCE which limits the state's ability to understand and address issues of the ECCE such as availability, accessibility, and quality. An integrated data system would create a better understanding to allow NYS to better manage its resources and identify communities of greatest need.

## Number of Children Being Served

To provide a comprehensive assessment of the ECCE system, NYS must determine the number of children currently served by existing programs. A complete list of Early Childhood Programs in NYS (including either enrollment or capacity numbers) can be found in Appendix L.

Table 5 describes the method used to calculate this number for the NYSB5 grant proposal in 2018. First, OCFS provided child care capacity; this count included slots in licensed and legally exempt child care, EHS, HS, and community-based prekindergarten. Second, SED calculated the number of children in state-administered district-operated prekindergarten. Third, SED determined the number of children in preschool special education classrooms (not children receiving itinerant special education services in other settings). Finally, the counts obtained in steps one through three were added. The resulting sum represents the non-duplicated number of children served in most existing programs. This is NYS's best estimate using child care capacity and prekindergarten and special education numbers of children not counted in another category. This count does not include children in kindergarten.

**Table 5: Unduplicated Count of Children Being Served<sup>48</sup>**

Step	Mixed Delivery System	# Children
1	Child care capacity, tracked by OCFS (includes children in licensed child care centers, group family child care homes, family child care homes, legally exempt child care, EHS, HS, and community-based prekindergarten).	464,181
2	Children in state-funded, district-operated only Prekindergarten, tracked by SED	53,962
3	Children in Preschool Special Education special classes only, tracked by SED. Children placed in the Special Class in an Integrated Setting Program (13,017 children) are not included in this count because these children may duplicate the count of children being served as they may be "dually enrolled" in the Special Education program and other child care or prekindergarten program.	23,570
<b>Total</b>	<b>The sum of figures derived in steps 1 + 2 + 3 represent the number of unduplicated children served in existing programs (estimated from capacity).</b>	<b>541,713</b>

## Data Challenges

There are several weaknesses in the method used to enumerate the unduplicated count of children being served. The first step, for example, relies on child care capacity, rather than enrollment. Although child care programs tend to operate at capacity, some child care programs may not. NYSB5 Needs Assessment focus groups revealed that in some areas of

<sup>48</sup> New York State Council on Children and Families (2018). New York State: Preschool development grant birth through five application.

the state, parents whose children attend private child care centers are choosing instead to enroll their children in state-administered prekindergarten and HS programs because these programs are provided at no cost to parents. This may result in private child care centers with decreased enrollment. However, some private child care programs have more children enrolled because some children attend the program part time. For instance, a classroom may have capacity for 14 children, but have 18 children enrolled if some of the children only attend the program certain days during the week (e.g., Monday/Wednesday/Friday), while other children attend only on other days (e.g., Tuesday/Thursday). Some children who attend care part time may be enrolled in a preschool special education classroom in the morning, also resulting in a double count. In short, relying on child care capacity rather than enrollment does not provide an accurate count of children served, but it is the data that are readily available.

It is not clear from the manner in which the data are reported whether children placed in a Special Class in an Integrated Setting (SCIS) are also dually enrolled or included in the counts of the setting's regular early childhood program. SCIS is the classroom-based program educating preschool students with disabilities in developmentally appropriate activities with their nondisabled, age-matched peers.

Data are not reported into a common or centralized database on the number of young children receiving EI services overseen by the DOH, or the evidence-based home visiting (HV) programs in NYS [EHS, Family Connects, Parent-Child Plus, Home Instruction for Parents of Preschool Youngsters (HIPPI), SafeCare, Healthy Families, Parents as Teachers, Nurse-Family Partnership, Attachment and Biobehavioral Catch-up program]. Both EI and HV are key to the ECCE system in NYS; yet, both have been excluded in counts because neither is considered a care or education setting. Similarly, if EI Program and HV participation were counted, it could lead to duplicate counts of children.

## Children Awaiting Services

NYS is very interested in tracking the number of children, birth through five, who are presently awaiting ECCE programming or related services. Unfortunately, these data currently are not available at the state level. This is due, in part, to a lack of a centralized waiting list for such programs and services. There are some initiatives that promise to partially address this gap. Some Child Care Resource and Referral (CCR&R) agencies, for example, collect informal waiting list data at a county level. However, not all CCR&Rs do this and those that do collect waitlist data do so for practical purposes, not for reporting purposes. These lists, if standardized and continuously updated and synthesized at the state level, could provide a general number of children awaiting care. Additionally, some NYS counties maintain waitlists for child care subsidies if they cannot immediately meet the need of all families who qualify. As reported, however, these waiting lists are limited by the fact that they are not monitored and updated, so even after care is found, a family may remain on a waiting list.

## Strengths and Weaknesses of the Available Data

While a strength of the data includes the unduplicated count for children enrolled in EHS, HS, MSHS, state-administered prekindergarten, preschool special education classrooms, related services, and special education itinerant services, it does not include all ECCE care settings. OCFS collects data on legally exempt child care availability.<sup>49</sup> OCFS also collects time and attendance data on children who receive child care subsidies. For families not receiving subsidies, there is no established means to track enrollment, as NYS does not currently require daily child care attendance to be tracked. Data are also missing on the number of children in informal care arrangements. There also is no data on unregulated child care. Specifically, it is not known how many families choose to have a person, including a nanny, provide care for their child and not use a subsidy.

HS collects detailed information about children enrolled including: funded enrollment by program option, type of eligibility for the program, transition and turnover data, race/ethnicity, and the primary language of the family at home.<sup>50</sup> HS also collects data on health services such as: the number of children who have health insurance; the number of children who are up to date with their primary health care; the number of children who have a chronic health condition; body mass index data; the number of children who are up to date on their immunizations; the number of children who receive dental care; and the number of children who have been referred to or seen mental health professionals in the past year. Education information collected includes: the number of children who have an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and the number of children who have diagnosed disabilities (by disability type). Additional HS program data provided includes the transportation services provided, the number of program staff, staff educational qualifications (degree type), and staff demographic data such as race/ethnicity and languages spoken. Lastly, HS collects

<sup>49</sup> New York State Office of Children and Family Services. (2019). *Child care facts and figures*. Retrieved from <https://ocfs.ny.gov/main/childcare/fact-sheet/2018-DCCS-Fact-Sheet.pdf>

<sup>50</sup> Office of Head Start. (2018). *Office of head start program information report (PIR) Summary report*. Washington, D.C.: Health and Human Services Administration.

family data including: the number of families being served, employment, job training and education, the number of families receiving federal or other assistance, father engagement, homelessness, the number of children enrolled who were/are in foster care, and the types of family services received.

There also is available data on the number of children served by the state-administered prekindergarten program by district throughout NYS.<sup>51</sup> In addition, there is data from the American Community Survey on the total number of children ages birth to four-years-old in NYS whose parent(s) are in the labor force (or a single parent in the workforce in single-parent families), and who are living in poverty.<sup>52</sup> This information can be useful when determining ECCE demand and significant gaps in the availability of programs and services for children living in poverty.

Finally, although there is robust data available on individual children involved in each of the programs and systems, these data almost universally do not link with each other. Attempts at linkages have largely been unsuccessful in NYS due to various barriers including privacy concerns, no universal identification number to link children across systems, proprietary databases, and multiple reporting structures and formats that differ across state agencies. These data are needed to accurately count the number of children being served within the NYS ECCE system and also the state's ECCE system. The ECAC has an Interagency Data Workgroup, which has done a great deal to advance discussions about the design and implementation of an integrated early childhood data system over a number of years. Additionally, more recently, the NYS Child Care Availability Task Force convened a Data Summit, bringing together early childhood experts and stakeholders, to discuss issues such as assessing need, child care deserts, and subsidy rates. As evidenced by these efforts, the process of defining and establishing common metrics to track and analyze early childhood data with the goal of better understanding and addressing issues of ECCE availability, accessibility, and quality across the state is a priority for New York.

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51 New York State Education Department. (2019). *NYS universal prekindergarten program (UPK) 2019-2020 UPK allocations List*. Retrieved from <http://www.p12.nysed.gov/upk/documents/2019-2020UPKAllocationsList.pdf>.

52 Child Care Aware of America. (2018). *2018 state child care facts in the state of New York*. Retrieved from [https://cdn2.hubspot.net/hubfs/3957809/State%20Fact%20Sheets/New%20York\\_Facts.pdf](https://cdn2.hubspot.net/hubfs/3957809/State%20Fact%20Sheets/New%20York_Facts.pdf).

# Quality and Availability of Care and Early Education

**Key Findings:** A number of high-quality ECCE programs and services exist throughout the state. QUALITYstarsNY has been very successful in increasing the quality of ECCE programs, yet its reach is limited. A substantial barrier to widespread access to quality ECCE programs is rooted in a shortage of available and qualified early childhood professionals. Further, vulnerable populations were found to have inequitable access to high-quality programs due to a lack of high-quality programs being located close to where they live, a lack of transportation, the high cost of quality programs, and insufficient capacity to meet community needs. Data indicating that the majority of children live in “child care deserts” where there are no or very few providers highlighted this lack of access. There is also a need for more Early Intervention and special education providers across NYS, but especially in rural areas.

## Defining Quality Care and Education Settings

Currently, there is no single definition for the term “quality” across the NYS ECCE system. Interviews with state agency leaders in the ECCE system revealed that definitions of quality depend on the mission and goals of each state agency. Based on NYSB5 Needs Assessment findings, the definition can include any or all of the following:

- Programs distinguished by a dedicated and well-trained staff demonstrating knowledge and competence, family engagement, child development, positive guiding strategies, and culturally competent and strength-based child center practices
- Programs or services that meet individuals’ needs and desires
- Systems that use standards to measure and improve programs
- Programs that produce positive outcomes for participants

OCFS oversees the licensing and registration of child care services in NYS, except child care centers in NYC, which are overseen by the NYC DOHMH.<sup>53</sup> One of NYS’s strengths is that it sets a very high bar for licensed programs compared to other states. All licensed and regulated child care programs must meet rigorous health and safety standards, maintain high staff-to-child ratios, and staff must receive ongoing professional development. OCFS contracts with the SUNY Professional Development Program to provide e-learning and web-based learning opportunities on a variety of topics including child development, behavior management, nutrition and health, and child abuse and maltreatment. OCFS also sponsors periodic web-based training that is expressly designed for child care providers. In addition, in 2019, OCFS opened a state-of-the-art Human Services Training Center, which provides ample opportunities for cross-sector training to be offered.

QUALITYstarsNY is NYS’s quality rating and improvement system that focuses on evidence-based practices. Participants are recruited from communities that serve vulnerable populations of young children. This voluntary five-star rating system is based on 75 standards in four categories: Children’s Learning Environment, Family Engagement, Leadership and Management, and Staff Qualifications and Experience. Child care (all modalities), all licensed and regulated early childhood programs, including child care (center-based and home-based), prekindergarten (in schools and in CBOs), and HS and EHS are eligible to participate in QUALITYstarsNY.

When parents were asked “what do you think are the top 5 key ingredients of a high-quality program” during NYSB5 focus groups, many reflected the QUALITYstarsNY standards in describing characteristics of a high-quality program. Parents reported that they do care about a provider’s education level, and they also highly value:

- Experience raising or working with children
- Warmth and responsiveness
- Sensitivity to the parent and child needs
- Hours that accommodate working parents (i.e., extended and evening hours)

<sup>53</sup> OCFS and NYC DOHMH licensing requirements also apply to private programs approved to operate Preschool Special Education classrooms and to CBOs operating State-Administered Prekindergarten programs.

- Reliability
- A well-maintained environment
- Healthy food options
- Structured routines
- Frequent communication with parents about their child’s development and activities
- Learning through play
- Developmentally-planned, strengths-based curricula
- High teacher-child ratios

## Strengths

NYS’s ECCE system is heavily invested in and committed to providing quality services. According to a nationwide study conducted by The National Institute for Early Education Research on the State of Preschool in 2018, NYS ranked above the national average for meeting the Institute’s quality standards for state-funded preschool programs. This report specifically identified NYC as an emergent leader among national cities that have added to state resources to create and sustain high quality early childhood programs.<sup>54</sup>

### Measuring Quality

Most of the NYS tools and initiatives to improve quality focus on particular programs or services, such as center-based child care or state-administered prekindergarten programs. For example, SED created quality improvement tools, including the NYS Prekindergarten Self-Assessment and Quality Improvement Action Plan, for programs to use to monitor the effectiveness of their programs and increase quality, as needed. SED also was the recipient of a federal Preschool Development Grant (PDG 1) supporting enrollment of additional low-income four-year-old children in five school districts, and all the new programs established with this grant were required to participate in QUALITYstarsNY. Additionally, the NYC DOE (the largest school district in the state, serving more than half of the state’s children) developed the Early Childhood Framework for Quality to ensure that all children participating in NYC DOE-regulated programs receive similar quality programming. A list of tools to monitor quality can be found in **Appendix M**.

While many of the quality improvement initiatives in NYS have been specific to a particular program setting, there are initiatives underway that cross settings and programs. QUALITYstarsNY is one such initiative, as it serves center-based child care, group family child care, family child care, prekindergarten in both CBOs and public schools, and HS/EHS. As of July 2019, QUALITYstarsNY data are available for 731 regulated programs in NYS. QUALITYstarsNY provides quality improvement tools and supports to assist providers in addressing the needs identified during the assessment process. Examples of QUALITYstarsNY standards can be found in **Table 6**. The assessment with input from the site leader generates a Quality Improvement Plan. Participating programs have access to a variety of resources designed to support quality early childhood programs, including individualized coaching and TA; scholarships, professional development, and training opportunities; as well as targeted quality improvement supports including materials, furniture, and supplies; and program management, human resources and fiscal tools to help programs improve and thrive.

**Table 6: Examples of QUALITYstarsNY Standards**

Category: Learning Environment	
Area: Classroom Environment	Standard: Program administrative staff attends training on the Environmental Rating Scales (ERS). Standard: Program completes ERS self-assessment using the appropriate scale(s) and writes an improvement plan to address subscale scores below 3.25.
Category: Family Engagement	
Area: Communication	Standard: Program communicates with parents of infants in writing on a daily basis about care giving routines such as feeding, sleeping, and diapering/toileting.
Area: Family Involvement and Support	Standard: Program provides workshops, training or other events for families on educational topics.

54 Friedman-Krauss, A.H., Barnett, W.S., Garver, K.A., Hodges, K.S., Weisenfeld, G.G., & DiCrecchio, N. (2019). *The state of preschool 2018: State preschool yearbook*. New Brunswick, NJ: The National Institute for Early Education Research.

Additional support to improve ECCE program quality is available through a more recent initiative called Start with Stars, a component of QUALITYstarsNY. This initiative targets both new and existing providers that face significant challenges meeting child care licensing requirements. It allows centers and providers to rapidly address foundational issues and provide high quality care. Upon demonstrating measurable and significant progress, participants in the Start with Stars program then move to participate in QUALITYstarsNY to continue their ongoing quality improvement efforts.

While both Start with Stars and QUALITYstarsNY are offered at no cost to providers, the cost per child is about \$250 per year. This data-driven strategy can analyze and track improvements and is a cost-effective approach to ensuring that NYS's most vulnerable children have access to excellence. QUALITYstarsNY is funded through a combination of federal, state, and private funds, including in recent years an annual state allocation of \$5 million, and with the NYSB5 grant \$1.4 million for 2019. OCFS supports QUALITYstarsNY participation for child care programs and family child care providers by providing an annual allocation to support the professional development outlined in each site's Quality Improvement Plan. Additionally, the federal 2016–2019 PDG 1 supported the cost of five school districts' prekindergartens to participate in QUALITYstarsNY.

Another way of measuring quality in ECCE programs is through national accreditation (See **Table 7** for a list of accrediting organizations). National accreditation demonstrates a program's commitment to continuous quality improvement. It brings value, validity, and recognition to programs for having higher standards than basic licensing requirements. All accredited programs are searchable through online directories on the accreditation websites. A challenge to national accreditation is that achieving the accreditation standards are out of reach for many ECCE programs. Unlike QUALITYstarsNY, the accrediting agencies do not provide technical assistance, funding, or support to help programs meet high quality standards. According to the 2019 Child Care Aware NYS Child Care Facts report, only 4% of center-based programs and only 1% of family child care homes are nationally accredited.<sup>55</sup>

Although not a national accreditation agency, the Child and Adult Care Food Program (CACFP) encourages child care centers and family day care homes to support breastfeeding families and recognizes these providers with a Breastfeeding Friendly Designation. All programs with this designation complete an assessment that shows they support breastfeeding families and are listed on the DOH website.

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<sup>55</sup> Child Care Aware of America. (2019). 2019 State Child Care Facts in the State of: NY. Retrieved from <https://cdn2.hubspot.net/hubfs/3957809/State%20Fact%20Sheets%202019/New%20York%202019.pdf>

**Table 7: Accrediting Organizations**

Accreditation	Who It Serves	# of Programs in NYS <sup>56</sup>	Quality Indicators
National Association for the Education of Young Children	Child care center and public school preschool providers	239 <sup>57</sup>	Relationships, curriculum, teaching, assessment of child progress, health, staff competencies/preparation/ support, families, community relationships, physical environment, leadership/ management
National Association for Family Child Care	Family child care home providers	27 <sup>58</sup>	Relationships, the environment, developmental learning activities, safety and health, professional and business practices
National Accreditation Commission for Early Care and Education Programs	University/college based programs, private child care, faith based preschools, Head Starts, preschools, corporate centers, DoD programs, and employer sponsored programs	2 <sup>59</sup>	Administration, family engagement, health and safety, curriculum, interactions between teachers and children, classroom health and safety
Breastfeeding Friendly Designation by the Child and Adult Care Food Program (CACFP)	Child care centers, family child care home providers, and schools that have Prekindergarten (or they can choose to use USDA)	1437 <sup>60</sup>	Breastfeeding Friendly Designation is an additional application: Atmosphere welcoming breastfeeding families, helps mothers continue to breastfeed when they return to work/school, offers written materials on breastfeeding topics, feeds infants on demand and coordinates feeding times with the mother’s normal feeding schedule, all staff trained to support breastfeeding families, has a written policy that reflects commitment to support breastfeeding

## Early Childhood Workforce

As the quality of ECCE programs is directly linked to the quality of the workforce, NYS has invested in improving its ECCE workforce. In 2012, the New York Early Childhood Professional Development Institute, the ECAC,<sup>61</sup> and other state partners worked collaboratively to update the state’s core competencies for early childhood educators and published a book called the NYS Core Body of Knowledge (CBK). These competencies serve as the basis for early childhood teacher and leader preparation and professional development opportunities through all the training organizations that receive public funds: public and private colleges and universities, SUNY at Albany, SUNY Center for Professional Development, and the City University of New York’s Early Childhood Professional Development Institute, which runs New York Works for Children, an integrated professional development system for the early childhood and school age workforce. The CBK is the foundational tool for the state’s early childhood credentialing system, managed by the New York Association for the Education of Young Children and their coaching and professional development credential program.

In addition to providing resources on professional development opportunities, New York Works for Children maintains The Aspire Registry, an online system that supports early childhood professionals by tracking and verifying their education credentials and professional development. The registry also tracks demographic and wage data and links professionals to ongoing professional development opportunities by offering searchable lists of available workshops, courses, and coaches. The Aspire Registry is a tool for direct care professionals wanting to increase and track their skills and knowledge in the early childhood field, as well as for administrators and directors of programs seeking to find qualified candidates for available positions. Currently, there are over 40,000 active accounts with growing buy-in from funders and leading early childhood experts and increased collaboration with other parts of the ECCE system. All participants in QUALITYstarsNY and all licensed child care programs in NYC (per a regulatory change) require staff to participate in The Aspire Registry. In

<sup>56</sup> Databases update biweekly, these numbers are based on data obtained on August 21, 2019.

<sup>57</sup> National Association for the Education of Young Children. (n.d.). *Child care finder*. Retrieved from <http://families.naeyc.org/find-quality-child-care>.

<sup>58</sup> National Association for Family Child Care. (n.d.). *Accredited provider search*. Retrieved from <https://www.nafcc.org/Accredited-Provider-Search-Function>.

<sup>59</sup> Association for Early Learning Leaders. (n.d.). *Accreditation search*. Retrieved from <https://www.earlylearningleaders.org/search/custom.asp?id=1450>.

<sup>60</sup> New York State Department of Health. (2019). *Breastfeeding friendly child care centers by county*. Retrieved from [https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding\\_centers/](https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding_centers/).

<sup>61</sup> The ECAC was created in NYS in 2009 with funds from the American Recovery and Reinvestment Act. In 2016, the ECAC was codified and housed under CCF to provide strategic direction and recommendations to the NYS Governor’s Office on early childhood issues. The ECAC is comprised of experts in education, healthcare, child welfare, and mental health.

addition, all Pyramid Model for the Social and Emotional Competence of Infants and Young Children trainings (described later in this report) are listed in The Aspire Registry to make it easier for ECCE professionals to find trainings near them. Additionally, CCR&Rs and SUNY Professional Development Program trainings are listed in The Aspire Registry, as are many other sessions available to the field.

The direct care respondents to the NYSB5 survey indicated that 50% of them were aware of The Aspire Registry and of those, 75% were members. When the other 25% were asked what prevents them from becoming members, the most frequently cited response was that they did not know enough about it (45%), about 15% reported they do not want to share personal information with an online registry, 14% indicated it takes too much time to enroll and send in their documentation, and 13% did not see the value.

In addition, SED certified teachers, including prekindergarten teachers, participate in a separate tracking system. The TEACH system is designed for various users to perform different functions, including teacher certification and fingerprinting and tracking Continuing Teacher and Leader Education requirements.

A significant difference in the two systems is that TEACH does not include demographic information. As of the writing of this Needs Assessment report, discussions are ongoing to identify opportunities to connect data elements collected in both The Aspire Registry and the TEACH system. With a successful linkage of the two databases, there is potential for the data from The Aspire Registry and TEACH to help NYS answer policy questions as well as career pipeline discoveries (e.g., do administrators with management training have less turnover than administrators without management training?).

## Gaps in Quality of Care Across Settings

The NYSB5 Needs Assessment revealed that gaps in quality of care that cross settings in NYS ECCE programs include a struggle to train and retain qualified staff, a lack of high-quality programs, and inequitable access to high quality programs.

### **Workforce Issues and Quality**

Attracting and retaining qualified staff is a challenge in NYS. In 2018, the mean hourly wage for child care workers was \$13.86, with an annual mean wage of \$28,820,<sup>62</sup> and the median hourly wage for teachers participating in QUALITYstarsNY is \$11.13 per hour for assistant teachers and \$15.00 per hour for teachers, compared with kindergarten and elementary school teachers, who earn \$41.19 per hour and \$44.60 per hour, respectively.<sup>63</sup>

Nearly four in ten (38%) of direct care staff surveyed for the NYSB5 Needs Assessment make less than \$25,000 per year before taxes and only one in five (21%) agree that their current salary meets their needs. Many direct care staff work multiple jobs to make ends meet. Over a quarter of direct care staff (28%) respondents indicated that they work more than 40 hours in a typical work week. Administrators also indicated that funding affects their program's ability to attract and retain qualified staff. Approximately 65% of administrators reported that their program is not able to pay a competitive salary compared to only 22% who reported agency salaries are competitive.

In addition to the data available regarding ECCE staff salary and retention, additional data regarding direct care worker perceptions about their pay were gathered through the NYSB5 survey. Results showed that 59% of direct care workers disagreed or strongly disagreed that their current job pays a competitive salary and 63% said their current salary did not meet their needs.

Low wages in the ECCE is a barrier to retaining a qualified workforce. When asked how often salary is the primary factor when staff leave a program, 65% of surveyed administrators reported always or most of the time. Other factors contributing to the staff turnover rate according to administrators included: a desire for a job with a lower stress level (39%), a desire to change fields (28%), a desire to go back to school (23%), retirement (23%), and a desire for a job closer to home (18%) (**Figure 8**).

62 U.S. Department of Labor, Bureau of Labor Statistics. (2019). *May 2018 state occupational employment and wage estimates New York*. Retrieved from [https://www.bls.gov/oes/current/oes\\_ny.htm#25-0000](https://www.bls.gov/oes/current/oes_ny.htm#25-0000).

63 Whitebook, M., Schlieber, M., Hankey, A., Austin, L.J.E., & Philipp, G. (2018). *Teachers' voices: Work environment conditions that impact teacher practice and program quality—New York*. Berkeley, CA: University of California.

**Figure 8: Reasons Staff Leave Other Than Salary**



Approximately two-thirds (65%) of administrators reported that it is difficult to attract and retain staff who meet minimum training and education requirements. Nearly 30% of administrators said it takes five to eight weeks to replace classroom staff, 14% said it takes 9 to 12 weeks, and 22% said it takes longer than 12 weeks (Figure 9).

NYSB5 focus group administrators across the state reported that qualified applicants are so scarce that sometimes less qualified applicants may be hired in order to maintain the required adult to child ratios. Administrators also reported that they become frustrated when they do find a candidate with years of experience, but that individual lacks certain educational credentials so they are ineligible for the position.

Focus group data from administrators suggests that in some cases pay disparity creates a sense of competition, where center- and family-based care providers feel they are a training ground for public school programs. Many GFCC home providers expressed frustration at investing in the training of new staff, only to have them leave within a year or two for a higher paying job at the local school district. This staff turnover leads to instability in these programs which is a concern for parents, providers, and administrators, as it affects quality. During the focus groups, parents spoke of their concern that frequent staff changes disrupt routines and continuity of care for their child, and providers and administrators reported that it's costly and time-consuming to continuously hire and train new staff.

**Figure 9: Time Needed to Replace Classroom Staff**



New York is also experiencing a shortage of preschool special education service providers. Specifically, there is a shortage of preschool bilingual special education teachers,<sup>64</sup> and special education preschool teachers with a Language and Speech discipline and with a discipline of Deaf/Hard of Hearing & Blind/Visually Impaired. SED's Office of Special Education (OSE) staff reported that the teacher shortage experienced in certain regions has caused teacher recruitment and turnover to become a significant problem eroding the ability of programs to maintain qualified faculty in schools serving some of the students with the greatest educational needs.

Another gap related to a highly trained workforce is the availability of affordable professional development opportunities. Administrators recognize a need for more staff development, but often lack sufficient funds to be able to offer it. Over half of NYSB5 administrator survey respondents said current funding affects their program's ability to offer high quality professional development to staff.

While staff agree they could benefit from additional training, the cost and/or time associated with this additional training is a barrier for many. About two-thirds of NYSB5 survey administrator respondents said their program provides cost-

64 U.S. Department of Education (2019). Teacher shortage areas for 2018-2019. Retrieved from <https://tsa.ed.gov/#/reports>.

reimbursement for professional development. However, some focus group respondents suggested that reimbursement often does not cover the full cost of the training or provide funds for other expenses such as travel and paying for substitute teachers. The direct care staff reported the following about why they do not receive more education/training:

- 45% report they cannot afford to pay
- 36% report they do not have time
- 11% report they do not have child care for their own children to free up the time they need

OCFS offers Educational Incentive Program scholarships for those who qualify financially for education and training, as well as for participants in QUALITYstarsNY. However, the maximum annual scholarship in 2019 was \$2,000 for college courses and \$1,250 for training toward a Child Development Associate (CDA) credential, which in some cases is much less than the actual cost of these programs.<sup>65</sup> Moreover, while these scholarships help pay for the annual 15 hours of required training, only low-income teachers and assistants are eligible, leaving many with no financial support to attend quality professional development. Notably, EHS and HS provide training for all staff at no cost to staff to meet NYS child care requirements and the federal HS Program Performance Standards. When direct care staff were surveyed, they reported that the professional development topics in **Table 8** would be most useful to them.

**Table 8: Most Useful Professional Development Topics for Direct Care Staff**

Professional Development Topic	% of NYSB5 Direct Care Staff Survey Respondents*
Working with children with emotional and behavioral disorders	83%
Engaging families in their children’s activities	54%
Planning activities that meet the needs of all children in the class	43%
Preparing children for the next level of care/education	37%

\*Numbers add up to more than 100% because respondents could choose more than one answer choice.

### Access to Quality Programs

A gap in quality of services is inequitable access to high quality programs. As described in the section of this NYSB5 Needs Assessment on availability, there are significant challenges for families, which disproportionately impact children from vulnerable populations, to access high quality care and education programs. Challenges include:

- **Location:** many high-quality programs are inaccessible to families living outside of higher socio-economic status communities.
- **Transportation:** unreliable or no transportation is a barrier for families accessing programs.
- **Cost:** many high-quality programs are costly and therefore cost prohibitive to many families.
- **Capacity:** State-Administered prekindergarten programs have limited seats, and therefore are only available to a certain number of children, requiring a lottery in some districts and waiting lists to be maintained.

### Preschool Least Restrictive Environment (LRE)

Students with disabilities have a fundamental right under federal law (IDEA) to receive their special education supports in a classroom and setting that, to the maximum extent appropriate, includes students without disabilities. In NYS, data show that many students with disabilities are removed from or never placed in general education classes and schools, disparate with data from other states. Over the past two decades, the state has led reform through law, regulations, policy, monitoring, partnerships, professional development, and TA. While the statewide data shows significant improvements, there continue to be individual school districts where high percentages of students with disabilities are removed from their general education classes.

SED has taken a comprehensive look at its preschool least restrictive environment (LRE) data and advocated for early childhood education initiatives that promote preschool inclusion. In November 2015, SED issued a report that included an in-depth review of its reporting pursuant to the IDEA State Performance Plan (SPP).<sup>66</sup> While statewide, the state’s data

<sup>65</sup> Professional Development Program (2018). EIP: *New York state child care educational incentive program*. Retrieved from: [https://res.pdp.albany.edu/ECET-PWebsite/files/EIP/EIP-CDA\\_FULL-WEBSITE.pdf](https://res.pdp.albany.edu/ECET-PWebsite/files/EIP/EIP-CDA_FULL-WEBSITE.pdf).

<sup>66</sup> The New York State Education Department. (2015). *Individuals with disabilities education act (IDEA) state performance plan*. Retrieved from <https://www.regents.nysed.gov/common/regs/files/1115p12d2.pdf>

is comparable to 2013–14 national data for LRE placements of students ages three through five years, when the 2014–15 preschool-only data (i.e., removing the five-year-olds from the statistical analysis) is disaggregated by the state's 37 Boards of Cooperative Educational Services (BOCES) regions<sup>67</sup> and NYC, the following regional variations were revealed:

- NYC placed 46.6% of their preschool special education children in separate, non-inclusive schools and settings;
- School districts representing seven BOCES regions placed between 22% and 38% of their preschool children in separate, non-inclusive schools and settings, while a different seven BOCES regions placed between 4% and 13% of their preschool children in separate schools and settings;
- School districts representing 13 regions placed between 13% and 22% of preschool students in separate schools and settings; and
- School districts representing 10 BOCES regions placed less than 4% of their preschool students in separate schools and settings.

When 2014–15 preschool (ages 3 and 4) LRE data is further disaggregated by race/ethnicity, data shows disproportionality by race/ethnicity in placements of preschool students with disabilities:

- 36.8% of preschool students who are Hispanic/Latino and 38.8% of preschool students who are Black/African American receive the majority of their special education services in regular early childhood programs, compared to 45.4% of preschool students who are White.
- 46.5% of preschool students who are Hispanic/Latino and 47% of preschool students who are Black/African American are placed in separate, non-inclusive schools compared to 21.1% of students who are White.

Advancing policies and initiatives to promote preschool inclusion continues to be a priority area in NYS.

## Strengths and Weaknesses of Data Available on Quality

The OCFS website includes factors for parent to consider in assessing the quality of child care programs. A full description of this website's key features can be found below. While serving as a helpful guide, more robust data on program quality is maintained by QUALITYstarsNY, which has an extensive data system that tracks participating sites. Environmental rating tools, standards inventories, quality improvement plan items and progress, expenditures, site visits, and more are all components of the data system. Data currently available from QUALITYstarsNY indicates that programs participating in this program have improved their quality. A QUALITYstarsNY early data report in 2016 found that a majority of participating programs increased their total number of points scored on quality standards and many programs increased their overall star rating to four or five stars.<sup>68</sup> Data were collected for 196 programs in 2013 and again in 2015. Key quality improvement findings included the following:

- 84% of programs increased the total number of points scored on quality standards
- 44% of all programs increased their star rating
- 65% increase in programs earning 4 and 5-star ratings
- 34% statewide improvement in Learning Environment scores
- 31% statewide improvement in Family Engagement scores
- 31% improvement in Management and Leadership scores
- 12% improvement in Qualifications and Experience scores. Progress appears slower in this category because staff can work on credentials and degrees with support from QUALITYstarsNY, but credential/degree completion typically extends beyond the QUALITYstarsNY re-rating period.

### **Initiatives Under Way to Improve Quality Data**

Current data available on quality is largely the result of the QUALITYstarsNY program, yet, due to limited program participation and funding, the reach of this quality data is restricted. Without a fully-funded quality rating system, data on quality will continue to be minimal. Presently, 731 programs/schools participate in QUALITYstarsNY, which represents approximately 4% of all regulated ECCE programs in NYS, and, while participating programs are encouraged to share their ratings with families they serve, collected data is not yet publicly available, which limits its usefulness to parents and other interested stakeholders. There is a plan to share ratings publicly when there are enough participating programs to enable families to choose based on the rating.

<sup>67</sup> The 37 BOCES regions in New York State may be viewed at <https://www.boces.org/contact-a-boces/>

<sup>68</sup> New York Early Childhood Professional Development Institute. (2016). *QUALITYstarsNY: New York state's bold step to ensure access to excellence in early childhood education: A report on the first three years*. Retrieved from <https://qualitystarsny.org/pdf/QUALITYstarsNY%20report%2020160217.pdf>.

Beyond QUALITYstarsNY, there is little data on quality ECCE programs in NYS. To expand the reach of QUALITYstarsNY, early childhood advocates advocate for more funding.

## How Parents are Informed About High-Quality ECCE Programs

In addition to the both formal and informal ways parents find out about program availability, which are covered in other areas of this report, there are additional resources available to inform parents of ECCE programs including but not limited to:

- OCFS has an extensive website with information for parents about how to find quality care, including videos on finding child care and understanding what to look for when selecting a program, as well as on child development. Parents also may search for child care providers in their local community, learn about how to get help paying for child care, check the inspection history of licensed and registered programs, link to their local CCR&R, and find out about a range of other supports that are available (such as CACFP, Temporary Assistance for Needy Families (TANF), WIC, energy assistance, EI services, etc.).
- Thirty-five local CCR&Rs have websites and community outreach campaigns to inform and help parents find care that is right for their children.
- CCF maintains a family-friendly child care locator website, and, with the NYSB5 grant, it is being updated to receive daily updates.
- Kindergarten Transition Summits are being held across NYS (funded with NYSB5 grant) that are enabling local transition teams to form. One of the goals of these summits is to link parent groups, healthcare providers, and other local service providers, thus bringing the ECCE system closer together at the local level and strengthening the transition into kindergarten, regardless of the setting that the child is transitioning from.
- NYC MYSCHOOLS maps and the NYC DOE Pre-K Quality Snapshots provide parent-friendly online resources to help NYC parents better understand the quality of their child's prekindergarten program and locate high-quality programs. The quality standards are based both on learning environment and student performance.

Both the OCFS and NYC websites include language translations. OCFS includes six of the most common languages in NYS other than English, while NYC includes ten of the most common other languages. In addition, the OCFS offers a language hotline to persons seeking assistance, and the OCFS website translates using Google Translate into more than 100 languages. While translation resources help provide access to families speaking a language other than English, these resources could be made even more accessible with additional resources.

# Availability of Quality Care and Education: Strengths in Making Care Available Across Populations and Settings

Currently, there are 4,289 licensed center-based child care programs and 11,769 licensed home-based child care programs in NYS serving children birth through five years old.<sup>69</sup> A full description of the capacity of licensed child care programs in New York State can be found in **Appendix N**. According to SED, in the 2017–2018 school year, approximately 132,306 (69%) four-year-olds in NYS were enrolled in state-administered prekindergarten and preschool special education (personal communication, July 31, 2019). For the 2018–2019 school year, there were 491 school districts offering state-administered prekindergarten throughout NYS.<sup>70</sup> In the 2017–2018 school year, 56% of children receiving state-administered prekindergarten were served in CBO classrooms (i.e., child care centers). These classes serve as a model for the mixed delivery system by co-locating programs and combining funds to provide more comprehensive and quality ECCE experiences.

Along with state-administered prekindergarten, the state also depends on HS, a federally funded comprehensive child development program designed to provide quality early childhood care and education. HS was created to serve children living in poverty, which may include children experiencing homelessness, foster care, and children living in rural areas – three vulnerable populations targeted in this grant. HS takes a holistic view of child growth and development, and as a result, provides a range of services and supports to maximize each family’s and child’s potential. These services include early childhood education, family support services, health screenings, referrals, nutrition, and parenting resources. HS is designed to enhance the social and cognitive development of enrolled children, improving their readiness for school. Altogether, 61,331 children are enrolled cumulatively in HS programs throughout NYS, including EHS, MSHS, and American Indian/Alaskan Native HS. As of 2018, HS consisted of 284 programs in NYS.<sup>71</sup>

EHS, a federally funded program aimed at serving children ages birth through three years and pregnant women, provides healthy prenatal practices, supports infant development, and promotes healthy family dynamics. As of 2018, EHS consisted of 100 programs serving 11,667 children and 1,105 pregnant women.<sup>72</sup>

MSHS targets children birth through school entry who are part of vulnerable populations including those in minority and ethnic groups, children speaking limited English, and immigrant/migrant children. This program is focused on ensuring that children in migrant families continue to receive services throughout difficult geographical and cultural transitions. As of 2018, MSHS consisted of one program with 12 sites across the state. The total number of children served by MSHS is 1,250. The American Indian/Alaska Native HS are instrumental in providing high quality early education and family support services to young children and their parents within the context of traditional language and cultural practices. As of 2018, this consisted of two programs serving 152 children in the Seneca Nation and St. Regis Mohawk Tribe.<sup>73</sup>

## Initiatives to Promote Increased Parent Engagement

HS and EHS have a proven record of engaging parents in the development and education of their children. Other statewide initiatives including “Learn the Signs. Act Early.” and HV engage families in their child’s developmental health. “Learn the Signs. Act Early.” includes materials in many languages and home visitors access interpreter services to ensure families’ cultural and linguistic needs are met.

The NYSB5 project is launching a statewide “Talking is Teaching” media campaign with materials available in six languages. This campaign will seek to engage families in the developmental health and learning of their children. In

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69 New York State Office of Children and Family Services. (2019). *Child care facts and figures*. Retrieved from <https://ocfs.ny.gov/main/childcare/fact-sheet/2018-DCCS-Fact-Sheet.pdf>.

70 New York State Department of Education. (2019). *2018–2019 New York state prekindergarten program directory*. Retrieved from

71 Office of Head Start (2018). *Office of Head Start Program Information Report (PIR) summary report*. Washington, D.C.: U.S. Department of Health and Human Services.

72 Ibid.

73 Office of Head Start (2018). *Office of head start program information report (PIR) summary report*. Washington, D.C.: Health and Human Services Administration.

addition, with NYSB5 support, a statewide Parent Leadership Conference will be conducted to further parent knowledge about and engagement with the NYS ECCE system and to help the system better understand the needs of parents. This Conference, which is being collaboratively developed, will be organized by an organization, Choice for All, a CBO that is dedicated to building power and leadership of youth and families to improve life outcomes.

## Key Gaps in Availability of Child Care

To date, NYS does not have the necessary data to comprehensively analyze child care needs. It is known, however, that despite the number of child care programs available, NYS ranks fifth in the nation in terms of having the largest percentage of children living in child care deserts.<sup>74</sup> The majority (64%) of New Yorkers live in child care deserts. Additionally, recent estimates indicate that 73% of rural families live in areas without enough licensed child care providers. To date, NYS has not been able to analyze child care needs, though this is being addressed with the work of the Child Care Availability Task Force and this NYSB5 Needs Assessment. The NYSB5 grant also is addressing this gap in understanding by awarding small sums to nine CCR&Rs throughout the state to partner with their local Regional Economic Development Councils (REDCs) to collaboratively assess and provide recommendations for addressing their region's child care needs.<sup>75</sup> See **Appendix O** for a map of the REDCs.

The NYSB5 Needs Assessment survey found that for over half of the administrator respondents in NYS (53%), demand exceeds enrollment availability in their programs. The end of year reports submitted by the CCR&Rs across NYS include data on child care availability and show that in many counties throughout NYS, there has been a decline in the number of child care programs. Nearly every report emphasized that there are not enough child care slots to meet the demands of the community. This is especially true for infants and toddlers, highlighting a key gap in availability. For instance, in the Capital Region, there is an estimated shortage of 2,076 slots in center-based and home-based child care for children under the age of three.<sup>76</sup> However, these findings do not take into account that families may choose not to send their children to licensed or registered care.

Additionally, in areas where state-administered prekindergarten has been implemented, there has been a decline in the number of infant and toddler slots in rural areas of NYS.<sup>77</sup> The loss of three- and four-year-olds to prekindergarten has caused many programs to close, reducing the child care supply options for infants and toddlers. Infants and toddlers are more expensive to care for, because of required small group sizes and low child-to-staff ratios. In the past, programs relied on the lower costs associated with caring for three- and four-year-olds to stabilize their programs, enabling them to provide (higher cost) care to infants and toddlers.

Furthermore, the number of preschool students with disabilities attending a separate special class setting in NYC is at odds with the significant investments being made by NYS and NYC to expand early learning opportunities for preschool-aged children. SED is working with the NYC DOE to support more preschool students with disabilities receiving appropriate special education programs and services while enrolled in NYC DOE Pre-K for All and 3K for All programs, so that students with disabilities are only placed in special classes, separate schools or outside of the regular educational environment, when the nature or severity of their disability is such that even with the use of supplementary aids and services, education cannot be satisfactorily achieved.

Parents in the NYSB5 Needs Assessment Focus Groups who have children who attend state-administered prekindergarten or HS reported sometimes having difficulty finding before and after care (e.g., 6:00 am to 9:00 am; 3:00 pm to 6:00 pm). This finding points to the value of integrating state-administered prekindergarten in CBOs, which can meet the state standards for prekindergarten and meet the needs of families for extended day and full-year services. This combination of programs is a goal of the NYSB5 grant to further the state's MDS.

Another gap in availability is a lack of child care providers offering care during non-traditional hours, such as in the evening and on weekends. As of 2017, only 9.1% of regulated child care programs in NYS (excluding NYC child care centers) offered non-traditional hours.<sup>78</sup> As of 2017, a total of seven counties in the state (Chenango, Essex, Hamilton, Schoharie, Seneca,

74 Malik, R., Hamm, K., Schochet, L., Novoa, C., Workman, S., & Jessen-Howard, S. (2018). *America's child care deserts in 2018*. Washington, DC: Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>.

75 New York State Office of Children and Family Services. (2019). *The New York State council on children and families announces \$134,475 in grants awarded for regional collaboration on child care* [press release]. Retrieved from <https://ocfs.ny.gov/main/news/for-release.php?idx=10677>.

76 Capital District Child Care Council. (2017). *Picture of child care in the capital region*. Retrieved from [https://www.cdcccc.org/uploads/reports/1517864000\\_2017POCCREPORT\(f\)web.pdf](https://www.cdcccc.org/uploads/reports/1517864000_2017POCCREPORT(f)web.pdf).

77 McCabe, L.M., Sipple, J.W., & Castro, H.G. (2019). *Intersecting worlds: Connections between early childhood education and K-12 education*. Rural Education Advisory Council (REAC) Child Care Brief. Retrieved from <https://www.rsany.org/featuredresearch>.

78 New York State Office for Children and Family Services. (2017). *Child care demographics report*. Retrieved from: <https://ocfs.ny.gov/main/reports/2017-NY-Child-Care-Demographics-Report.pdf>.

Tioga, and Yates) had no regulated child care programs that operated during non-traditional hours. According to the NYSB5 Needs Assessment survey, about half of administrators from licensed programs (51%) receive requests for expanded hours either sometimes or frequently, but administrators reported that most of the time (52%) the need is not met, or it requires an additional fee (23%). Administrators indicated that to expand operating hours they would need additional funding and additional qualified staff.

Administrator and parent focus groups in the North Country region of NYS, a largely forested and rural region, which spans over 11,913 square miles and includes seven counties, reported that it is common for there to be long waitlists, which limits parents’ choices and leads them to choose programs based on availability rather than quality. Administrators and parents at focus groups in this region reported that parents put their children on waitlists for child care programs as soon as they find out they are expecting. Parents also reported having to leave their jobs or reduce their hours to take care of their children due to the lack of available child care.

The NYSB5 Needs Assessment survey data indicates that 38% of parents waited one month or more for a spot to open for child care services and 40% of these parents said that the wait time was an inconvenience to their family. About a third of administrator respondents (34%) indicated that their program had waitlists of more than 10 children and 42% indicated that children stay on the waitlist for their program for longer than six months. A direct care focus group participant in a rural area reported that the private child care program she worked for has 160 children enrolled, but has more children, mostly infants and toddlers, on the waitlist. Similarly, EHS and HS programs that are designed to serve some of the state’s most vulnerable children, often have long waitlists. Parents and administrators at focus groups also described sometimes having to pay a deposit or fee to hold their child’s spot on a waitlist at private child care, which is unaffordable for many low-income families. Administrators at these focus groups also reported that they are unable to hold designated spots open for potential foster care children due to the high demand for child care, even though they are seeing an increase in this need.

## Key Gaps in Providing Quality Care to Vulnerable Populations

Persons of color taking the parent survey reported that they experience more frequent barriers engaging with direct care staff compared to white parents (Table 9). Specifically, they reported finding direct care staff difficult to reach or they don’t respond when contacted. The NYSB5 Needs Assessment survey revealed that parents of color felt that that direct care staff didn’t listen to suggestions or needs seriously more than white parents (12% v. 7%) (Table 9). Additionally, parents of color reported on the survey that they are less comfortable than white parents talking directly with staff about their child’s specific needs and the amount of or types of services their child receives (Table 10). Further, 9% of parents living in poverty (those making less than \$25,000 per year) reported that direct care staff do not respond to them when they contact them compared to all other parents (those making more than \$25,000 per year).

**Table 9: Have you experienced any of the following barriers to talking with staff who work directly with the target child?**

	White (W)	Persons Of Color (POC)	Total
They are difficult to reach	11 (3%)	9 (8%)	20 (4%)
They don’t speak my primary language	2 (1%)	4 (4%)	6 (1%)
They don’t take my suggestions/needs seriously	23 (7%)	14 (12%)	37 (8%)
They don’t respond when I contact them	9 (3%)	9 (8%)	18 (4%)
It is difficult to meet in person due to scheduling	28 (8%)	14 (12%)	42 (9%)
Other	5 (1%)	6 (5%)	11 (2%)
None	291 (84%)	86 (75%)	377 (82%)
Total	347 (100%)	114 (100%)	461 (100%)

**Table 10: How comfortable are you talking to the staff who work directly with the target child about the following topics?**

	Average White	Average Person of Color
Target child's needs	1.35	1.58
Amount/types of services the target child receives	1.48	1.71
Concerns about program quality	2.00	2.05
Specific concerns about program staff members	2.06	2.21
Costs related to the program	2.39	2.37
Concerns about the program's operating hours meeting your needs	2.00	1.98

A joint focus group, with parents, direct care staff, and administrators, conducted on the St. Regis Tribal Land identified several specific barriers to accessing high quality care. A top barrier to the availability of care identified by one focus group participant is the disconnect between State and Tribal licensing standards which impacts the number and type of subsidized child care slots available on tribal land. According to this participant, providers on tribal land prefer tribal licensing because it is overseen by the tribe but being tribe-only licensed limits their ability to accept state subsidies unless they are licensed or become an enrolled legally-exempt provider, which in effect limits or eliminates potentially available child care slots. This is important because a lack of child care slots, especially for infants, is already a major challenge in this area without excluding potentially available slots. All focus group participants agreed a native infant can be on a waiting list for a slot for 1.5-2 years. Waitlists for three- and four-year-olds can be anywhere from 3-18 months. As a result, parents may choose not to work, or work opposite shifts so that one parent can always be home with the child. Other major needs expressed were for more training on working with children with special needs, more special education providers (such as speech, OT, and PT), and transportation. While many of these barriers and needs were echoed in other focus groups around the state, and there may be different or additional barriers in other tribes across NYS, there are unique challenges and barriers to the availability of quality care for members of the St. Regis tribe. The focus group participants invited the State to come back to collaborate with the tribe on improving access to high quality child care in this area.

New York State plans to work with the St. Regis Mohawk Tribe on improving access to high quality child care in the area. The timing is excellent, as New York has recently updated the child care subsidy regulations, and as part of these changes, programs operated under the authority of the Child Care and Development Fund (CCDF) tribal grantees are now specifically acknowledged within the list of eligible providers. This change will result in the need to evaluate current practices and provide guidance to the field, so understanding some of the pre-existing barriers is both useful and timely.

## Initiatives to Ensure Quality Care is Available to Vulnerable and Underserved Children

NYS has been dedicated to expanding state-administered prekindergarten programs throughout the state. In 2015-2016, SED's Prekindergarten Expansion grant for three- and four-year-old students began, creating new slots for both three- and four-year-olds. In 2015, NYS also was awarded PDG 1 funds, supporting enrollment of additional low-income four-year-olds in five school districts and has sustained these new slots with state funding. In the NYS 2019-2020 budget, \$857,225,288 was approved to support prekindergarten funding in NYS.

NYC now is providing prekindergarten seats to 94% of all four-year-olds. In stark contrast, only 37% of the four-year-olds on Long Island currently have access to state-administered prekindergarten. Furthermore, the majority of the state-administered prekindergarten programs on Long Island are only half-day programs that last about 2.5 hours per day, and only 10% of four-year-old children on Long Island have access to full-day state-administered prekindergarten.<sup>79</sup> See **Appendix P** for a list of the number and percentage of four-year-olds served by state-administered prekindergarten in NYS.

In July 2019, Long Island was funded by the state to create a Regional Pre-Kindergarten Technical Assistance Center to improve and identify funding to expand state-administered prekindergarten programs in the region with the goal of creating more high-quality slots. This new TA Center will also help build relationships between community-based ECCE programs and school districts.

<sup>79</sup> Tyrrell, J. (2019). *Infusion of \$475G to help LI's pre-K programs*. Retrieved from <https://www.newsday.com>.

In 2017, NYC DOE expanded its efforts beyond four-year-olds to make early childhood education available to vulnerable and underserved children with the “3-K for All” plan. This plan aims to provide free, high quality, and full day prekindergarten to all three-year-olds in NYC. In the first year of this program, 3-K for All was available in two school districts.<sup>80</sup> For the 2019–2020 school year, it will be offered in a total of 12 out of 32 school districts.<sup>81</sup> There are also plans to continue adding additional school districts in the fall of 2020.<sup>82</sup> Priority for these programs is given to children who live within the school district, but children who reside anywhere in NYC are able to apply.<sup>83</sup>

## Opportunities to Improve the Availability of Quality Care

Five needs were identified through the NYSB5 survey and focus groups as areas in need of improvement: 1) transportation; 2) access to EI and special education services; 3) compensation; 4) professional development for the ECCE workforce; and 5) access to ECCE programs.

### Transportation

The NYSB5 Needs Assessment identified transportation as one of the most pressing needs to improve availability of care for vulnerable and underserved populations in NYS. Nearly half (41%) of parents responding to the NYSB5 Needs Assessment survey reported transportation is sometimes or always a challenging issue for their family. CCR&R Needs Assessments found that a lack of reliable transportation makes it difficult or impossible for some families to get the child care and services they need.<sup>84</sup> In NYSB5 Needs Assessment focus groups, parents stated that it was difficult for them to find available and accessible child care due to the lack of reliable transportation. 69% of administrators responding to the NYSB5 Needs Assessment survey stated that their program does not provide any transportation. Some families do not own vehicles and many areas, especially rural areas, lack reliable public transportation. Even when there is public transportation, parent focus group participants in urban areas of the state reported that the hours of child care are often too restricted to work a full day and pick up their children on time, making it difficult to rely on public transportation.

Some state-administered prekindergarten programs in the North Country provide busing to and from school. However, NYSB5 focus group feedback revealed that bus rides often last one to two hours. Additionally, there is a lack of supervision (bus monitors) and no bathrooms on the bus. Finally, some parents shared that they do not feel comfortable with their three- or four-year-old child sharing a bus with high school students. Because of these transportation issues, parents may decide not to send their children to state-administered prekindergarten even though transportation is available.

HS programs that are able to provide transportation also face challenges including long and multiple bus runs to accommodate all participants. However, HS often provides educational experiences for the bus riders (i.e., children engage in educational activities with a teacher on the bus) and views the school bus as an extension of the classroom.

### Early Intervention and Special Education Services

Another need, as indicated, by NYSB5 focus groups participants in the North Country and Southern Tier/Central New York regions, is to address the significant lack of EI and special education service providers, including speech, occupational, and physical therapists. Direct care focus group participants reported that the lack of available supportive special education services was the most common challenge. Nearly half of administrators (41%) responding to the NYSB5 Needs Assessment survey indicated that there were insufficient services for children with special needs in their community, noting that families trying to access these services often experience long waits for both evaluations and services. Often the providers for these services are located in more densely populated areas of the state, creating additional transportation issues for families in rural areas who have to travel long distances multiple times per week to receive these services. However, even in NYC, most focus group participants described having difficulties accessing services, especially in family child care settings.

Data regarding the availability of programs or number of students waiting for preschool special education placements and/or services is not currently reported by school districts to SED. SED monitors compliance with a school district’s provision of free appropriate public education to preschool students with disabilities and obtain this information when concerns arise but does not have comprehensive data readily accessible to identify issues with the availability of programming regionally throughout the state.

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80 New York City Department of Education. (n.d.). *All about 3-k for all and pre-k for all*. Retrieved from <http://teachnyc.net/pathways-to-teaching/early-childhood-education/all-about>.

81 New York City Department of Education. (2019). *Get ready for 3-K!* Retrieved from <https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/3k>.

82 New York City Department of Education. (n.d.). *All about 3-k for all and pre-k for all*. Retrieved from <http://teachnyc.net/pathways-to-teaching/early-childhood-education/all-about>.

83 New York City Department of Education. (2019). *Get ready for 3-K!* Retrieved from <https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/3k>.

84 Persell, P. (2018) *CCR&R needs assessment*. Rensselaer, NY: NYS Council on Children and Families.

## Access to ECCE Programs

While the top two issues related to access are price and location, four dimensions that have been studied include: 1) “reasonable effort” from the parent to identify and utilize the program; 2) affordability; 3) support for the child’s development; and 4) meet the parents’ needs.<sup>85,86</sup>

Related to dimension one – identifying programs – many parents revealed through the NYSB5 Needs Assessment survey and focus groups that they do not believe that there are adequate resources available to find ECCE programs in their area. In the NYSB5 survey, 40% of parents reported that they could not find information about the availability of early child care programs in their area. Parents shared that often they contact programs, but no one answers the phone or returns their call. Perhaps for this reason, many parents reported they found their current program through word of mouth and social media. Parents in focus groups also stated that they were not aware of state-administered prekindergarten programs in their area until their child was too old for the program. Notably, the majority of parents (86%) responding to the NYSB5 Needs Assessment survey indicated they would like to receive information about available programs in their area through a website with a resource list for their county.

With NYSB5 funds, a parent portal website, as described later in this Needs Assessment, is being developed and is intended to address the identified need of parents to easily locate information about ECCE programs in their area. This website is being built by CCF, in collaboration with its partner agencies, to centrally locate ECCE information.

Related to dimension two – affordability – based on a 2018 analysis of the affordability of child care systems throughout the country, NYS consistently ranks in the top 10 of the least affordable states for child care in the country (see **Table 11**).<sup>87</sup>

**Table 11: NYS Ranking for “Least Affordable Child Care” by Modality and Age<sup>88</sup>**

	NYS Ranking (lower ranking = less affordable)	Annual Cost	% of Median Income for NYS Single- Parent Family	% of Median Income for NYS Married- Couple Family
Center-based infant care	7th	\$15,028	55.7%	15.3%
Family-based infant care	6th	\$10,972	40.7%	11.1%
Center-based toddler care	5th	\$14,144	52.4%	14.4%
Family-based toddler care	7th	\$10,244	38.0%	10.4%
Center-based four-year-old child care	5th	\$12,064	44.7%	12.3%
Family-based four-year-old child care	5th	\$10,140	37.6%	10.3%

Source: Child Care Aware (2018)

NYSB5 Needs Assessment focus group participants frequently stated that for families who pay out of pocket, child care costs were comparable to mortgage payments. Nearly three out of four (73%) parents surveyed for the NYSB5 Needs Assessment indicated that the cost of child care strains their family budgets. For low-income families, this issue is being compounded by the recent rise in the minimum wage in NYS, which is a positive change but has had unintended consequences: it has resulted in some families becoming ineligible for public benefits.<sup>89</sup> Additionally, it has increased the cost of child care, as wages for ECCE providers have increased.

In 2016, national estimates indicated that the lack of child care led to nearly two million parents of children age five and younger either to quit a job, not take a job, or greatly change their job.<sup>90</sup> According to the Kids Count Data Center, in NYS,

85 Banghart, P., King, C., Partika, A., Perkins, V. (2018). *State policies for assessing access: Analysis of 2016–2018 child care development plans*. Bethesda, MD: The Early Childhood Data Collaborative.

86 Friese, S., Lin, V., Forry, N. & Tout, K. (2017). *Defining and measuring access to high quality early care and education: A guidebook for policymakers and researchers*. OPRE Report #2017-08. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

87 Child Care Aware. (2018). *The US and the high cost of child care: A review of prices and proposed solutions for a broken system*. Retrieved from <https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>

88 Ibid.

89 Gonen, Y. (2019). *Hike in minimum wage is net loss for those whose public benefits collapse*. Retrieved from <https://thecity.nyc/>.

90 Schochet, L., & Malik, R. (2017). *2 million parents forced to make career sacrifices due to problems with child care*. Washington, DC: Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/early-childhood/news/2017/09/13/438838/2-million-parents-forced-make-career-sacrifices-due-problems-child-care/>.

16% of families reported that child care issues have affected their employment.<sup>91</sup>

No data was gleaned from the Needs Assessment with respect to the importance of dimension three – support for the child’s development.

With respect to the final accessibility dimension – meeting parent need – NYSB5 Needs Assessment survey data indicated that parents who enrolled their child in a less-than-preferred program did so because their preferred program was full (57%) or too expensive (28%). Additionally, lack of child care during nontraditional hours and transportation are both challenges for families in NYS.

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<sup>91</sup> Annie E. Casey Foundation, Kids Count Data Center. (2014). *Children ages 0 to 5 whose parents report that child care issues affected their employment, by income level in the United States*. Retrieved from <https://datacenter.kidscount.org/data/map/8260-children-ages-0-to-5-whose-parents-report-that-child-care-issues-affected-their-employment-by-income-level?loc=1&loct=1#2/any/false/false/1021/4325/16810/Orange/>

# Gaps in Data or Research to Support Collaboration Between Programs/ Services and Maximize Parent Choice

**Key Findings:** Despite the numerous resources available to help parents locate programs and supports, parents report that they do not know where to locate this information. Parents shared that they would like their ECCE providers and pediatrician's offices to be hubs where they can receive information and referrals to services as needed. This finding highlights the need for greater parent feedback in decisions regarding disseminating resources.

## Service Use for Families in the ECCE System

The cultural and geographical diversity of the state correlates with the economic realities of the 1.5 million children ages birth through five years in NYS and their families. While many young children have financial security, many others do not. In fact, about one in four children ages five and younger (25%) are living in poverty and an additional one in four young children ages five and younger live in low-income working families.<sup>92</sup> Given this number of children in a vulnerable economic state, social services play an essential role in ensuring children across the state are receiving equitable care. NYS provides many programs and services to young children, from health insurance to high-quality early childhood education programs. However, while NYS collects some data on who is participating in what programs or services, more needs to be known about the gaps in access to these supportive services.

Measuring use of programs and services is an important first step in determining gaps in service, as parents can only access programs and services that they know about. Accordingly, this domain explores relationships between knowledge, choice, collaboration and service use. It also examines ways to address these gaps in knowledge, possible avenues of collaboration between programs, and ways to maximize parental choice.

**Table 12** shows some of the programs and services that families in the ECCE system utilize. The rightmost column lists the approximate number of children and families who make use of the programs and services provided by NYS.

**Table 12: NYS ECCE Programs and Services**

Program/Service	Description	Service Use
State-Administered Prekindergarten	Program is funded and regulated by SED, but administered by local school districts and subcontracted CBOs. Seats are open to three- and four-year-olds in the district.	126,298 total enrollment <sup>93</sup>
HS, EHS, MSHS, American Indian/Alaska Native HS (see Table 13 for more specific data)	HS is a federally funded comprehensive program that serves low-income, foster, and homeless children and families. The program provides education, health and social services and refers families to any needed services. To be eligible for HS, families must meet federal requirements. <sup>94</sup> No cost to families.	87,727 total enrollment <sup>95</sup>  *note: this enrollment number includes HS programs on tribal land located within the borders of NYS.

*Continued on next page..*

92 New York State Council on Children and Families. (2013). *Snapshot of New York's youngest children (Ages 0-5)*. Retrieved from: [https://www.ccf.ny.gov/files/3713/8850/0189/EarlyChildhoodNewYork\\_2013.pdf](https://www.ccf.ny.gov/files/3713/8850/0189/EarlyChildhoodNewYork_2013.pdf)

93 New York State Education Department. (2019). *Public school enrollment*. Retrieved from: <http://www.p12.nysed.gov/irs/statistics/enroll-n-staff/home.html>

94 New York State Head Start Collaboration Project. (2018). *State needs assessment 2018*. Retrieved from <https://www.ccf.ny.gov/council-initiatives/head-start-collaboration-project/>

95 Office of Head Start. (2018). *Program information report (PIR) summary report—New York State*. Washington, D.C.: Administration for Children & Families.

Early Intervention (EI) Program	This service is administered by the DOH and county Early Intervention officials for infants and toddlers with developmental delays or disabilities. To be eligible, children must be under the age of three, have an evaluation and qualify for an Individualized Family Service Plan. Services are at no cost to families.	69,950 total number of infants and toddlers with IFSPs birth through age three <sup>96</sup>
Preschool Special Education	This service is available for children ages three through five who have developmental delays or disabilities that impact their ability to learn.	79,578 enrollment for children ages three and four <sup>97</sup>
Home Visiting (HV)	There are presently 10 state or federally funded home visiting programs in NYS, provided at no cost to families.	Total capacity (July 2016): 13,085 <sup>98</sup>
Medicaid and Child Health Plus (CHP)	Children's Medicaid is a health insurance program that covers children living in low-income families. CHP builds on the foundation of Medicaid to cover children in working families who are not eligible for Medicaid and lack access to affordable private coverage. <sup>99</sup>	2,489,310 total enrollment (ages birth through 18) <sup>100</sup>  59% of children birth through three in NYS are covered by Medicaid
Children with Special Health Care Needs	Supportive services for families with children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. <sup>101</sup>	Approximately 106,347 children ages zero through five in NYS had a special health care need in 2016. <sup>102</sup>
Supplemental Nutrition Assistance Program (SNAP) OTDA	SNAP issues electronic benefits that can be used like cash to purchase food. SNAP helps individuals and families meeting certain low-income requirements. <sup>103</sup>	1,016,795 children ages 0-17 received benefits in 2017 <sup>104</sup>
Public Assistance Programs OTDA	Public Assistance Programs include TANF, housing subsidies, heating assistance, and other services.	260,874 children ages 0-17 participated in the program in 2017 <sup>105</sup>
Dental Care DOH	Dental care metrics are determined by whether a child visited a dentist at least once for preventive dental care, such as check-ups and dental cleanings, in the past year.	3,149,729 children ages 0-18 received preventive dental care in 2016-2017 <sup>106</sup>

It is important to note that HS has its own database for tracking service use of enrolled families and children. Because of HS's commitment to a comprehensive system of care, this program connects families to health, social, and community services. **Table 13** shows the types of services that families receive through their enrollment in HS. The middle column shows the number of families needing each specific service and the rightmost column shows the number of families receiving the particular service. Note that the number of families receiving services (rightmost column) may be higher than those who expressed an interest in a service (middle column), because of unanticipated need. The last row of the chart shows the total number of families counted in at least one of the services.

96 New York State Department of Health. (2019). *New York State early intervention program*. Albany, NY: New York State Department of Health.

97 New York State Education Department. (2019). *State reimbursement based on 2015-2016 school year*. Albany, NY: New York State Education Department.

98 Schuyler Center for Analysis and Advocacy. (2016). *Numbers tell a story: New York State home visiting county data snapshots*. Retrieved from <https://www.scaany.org/policy-areas/maternal-infant-and-early-childhood/numbers-tell-a-story-new-york-state-home-visiting-data-snapshots/>

99 Georgetown University Health Policy Institute. (2017). *New York snapshot of children's coverage: How Medicaid, CHIP, and the ACA cover children*. Retrieved from <https://ccf.georgetown.edu/wp-content/uploads/2017/02/New-York-Medicaid-CHIP-new-v1.pdf>

100 Centers for Medicare and Medicaid Services. (2019). *April 2019 Medicaid and CHIP enrollment*. Retrieved from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html> Centers for Medicare and Medicaid Services. (2019). April 2019 Medicaid and CHIP enrollment. Retrieved from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

101 Health Resources and Service Administration Maternal and Child Health Bureau. (2019). *Children with special health care needs*. Retrieved from <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>

102 NYS Department of Health. (2016). *New York State profile of children with special health care needs 2016*. Retrieved from [https://www.health.ny.gov/community/special\\_needs/docs/cshcn\\_report\\_2016.pdf](https://www.health.ny.gov/community/special_needs/docs/cshcn_report_2016.pdf)

103 The U.S. Department of Agriculture. (2019). *Supplemental nutrition assistance program*. Retrieved from <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

104 New York State Council on Children and Families. (2019). *KWIC Indicator: Children and youth receiving supplemental nutrition assistance program benefits*. Retrieved from: [https://www.nyskwic.org/get\\_data/indicator\\_profile.cfm?subIndicatorID=2](https://www.nyskwic.org/get_data/indicator_profile.cfm?subIndicatorID=2)

105 New York State Council on Children and Families. (2019). *KWIC Indicator: Children and Youth Receiving Public Assistance*. Retrieved from: [https://www.nyskwic.org/get\\_data/indicator\\_profile.cfm?subIndicatorID=3](https://www.nyskwic.org/get_data/indicator_profile.cfm?subIndicatorID=3)

106 The Annie E. Casey Foundation: Kids Count Data Center. (2017). *Children who have received preventive dental care in the past year in New York*. Retrieved from: <https://datacenter.kidscount.org/data/tables/9696-children-who-have-received-preventive-dental-care-in-the-pastyear?loc=34&loct=2#detailed/2/34/false/1603/any/18937,18938>

**Table 13: Head Start Family Support Services**

Types of Family Services	# of families with an expressed interest or identified need during the program year	# of families that received the following services during the program year
Emergency/crisis intervention such as meeting immediate needs for food, clothing, or shelter	7,464	8,159
Housing assistance such as subsidies, utilities, repairs, etc.	4,242	3,430
Mental health services	5,829	5,583
English as a Second Language (ESL) training	5,669	3,650
Adult education such as GED programs and college selection	5,432	3,615
Job training	3,939	2,879
Substance abuse prevention	823	999
Substance abuse treatment	270	266
Child abuse and neglect services	3,433	4,049
Domestic violence services	961	890
Child support assistance	1,146	889
Health education	21,163	23,897
Assistance to families of incarcerated individuals	590	535
Parenting education	22,525	24,513
Relationship/marriage education	1,790	1,764
Asset building services (such as financial education, opening savings and checking accounts, debt counseling, etc.)	4,594	4,504
Of these, the number of families who were counted in at least one of the services listed above	37,945	38,495

Reprinted from Office of Head Start-Program Information Report (PIR) Summary Report-2018- State Level

**Important gaps in knowledge of programs and supports available to families**

Data from NYSB5 Needs Assessment focus groups and surveys reveal that parents tend to find information about ECCE programs from friends and family, rather than from more centralized resources. For example, in focus group discussions, parents repeatedly said they found the programs and services their children participate in mostly through word-of-mouth.

Parents participating in both NYSB5 Needs Assessment focus groups and surveys also expressed interest in finding out about programs and services using online tools. While there are a number of state agency websites developed expressly for parents to locate ECCE resources (see below), based on these NYSB5 focus group findings, it is apparent that they need to be better publicized. Similarly, based on the NYSB5 survey findings, more needs to be done to publicize the child care locator services available from the CCR&Rs, as only 24% of survey participants reported relying on their local CCR&R for information. Yet, this survey response may not be indicative of actual knowledge about CCR&Rs, as CCR&Rs are not always easily identifiable as CCR&Rs by their names. A few examples of CCR&Rs with different names are: Allegheny Community Opportunities and Rural Development, Inc.; the Family Enrichment Network; and Family of Woodstock.

In addition, while there are online platforms designed to help parents access information about child care availability, such as CCR&R websites, these platforms are not always a perfect solution to the existing information gaps. A popular online tool is NACCRRaware. This application works alongside local CCR&Rs to generate child care referrals and reports, and manage provider, client, community, and group data. One limitation of this system is that it does not advertise or centralize waitlist data, making it difficult for parents to obtain information on all their child care options. Parents must call each provider to inquire about availability. Another shortcoming of NACCRRaware is its user interface.<sup>107</sup> Notably, however, the CCR&R network in NYS is in the process of exploring a new tool to replace NACCRRaware, with particular attention being

<sup>107</sup> ChildCare Aware of America. (2019). *The national data system for child care*. Retrieved from <https://www.naccrraware.net/>

paid to these issues. In NYC, MySchools is an online platform that allows parents to create an account and explore school choices for their preschool and school age children.<sup>108</sup>

Needs Assessment focus group data suggest that there are gaps in knowledge about available social and health care services. In focus groups across the state, administrators spoke about the need for more support services and resources for families, such as mental health programs, employee assistance programs, and early intervention services. Compounding this stated lack of services, many parents in the focus groups shared that they were not aware of available services, while others indicated that they are aware but choose not to apply because of perceived stigma associated with public benefit receipt.

NYSB5 Needs Assessment focus group data also show the pressure that families are under because of these gaps in information. In North Country focus groups, for example, administrators explained that special education services are too often dropped or discontinued as children transition between schools. Some administrators who participated in focus groups shared that special education services and programs are more often provided for children whose parents can advocate for them.

Finally, there is a challenge to providing information and resources to undocumented families as many families are reluctant to reveal their immigration status to become eligible for services. NYSB5 Needs Assessment administrator focus group participants in NYC reported that families seek programs for their young children that do not require them to reveal their status and stated that many families will not follow-up on referrals or seek other needed supports due to fear of apprehension and potential deportation. The federal changes to the “public charge” regulations have generated fear and confusion. These long-standing regulations have been used by immigration officials to determine whether a person or family may be eligible for public benefits. Under current proposals, certain groups of immigrants would no longer qualify for some benefits, and others are fearful that they will be deported if they apply or are enrolled in benefit programs for which they are eligible.

### ***Initiatives for Addressing Gaps in Knowledge of Programs and Services Available***

Among the current NYSB5 grant activities is the development of a Parent Portal (<https://www.nysparenting.org/>) to increase parent choice and knowledge by centrally locating parent-friendly websites into one online platform for easier access and building a corresponding mobile application. The parent websites to be included in the parent portal have been created in consultation with NYS ECCE partners who are members of CCF and vetted by parents and parent groups and include, but will not be limited to:

- Every Student Present (<https://www.everystudentpresent.org/>): a chronic absence awareness website with a parent focus.
- NYS Multiple Systems Navigator (<https://www.msnavigator.org/>): a one-stop website for youth, parents, family members and caregivers that rely on supports from multiple child and family serving systems.
- NYS Child Care and After School Programs Locator (<http://www.nyschildcare.org>): a website that provides information on child care and after school programs in one easy-to-access location.
- The NYS Parent Guide (<https://www.nysparentguide.org/>): a collaboratively-developed website for parents with children, birth through five years, that underscores the importance of the parent-child relationship.
- NYS OCFS Child Care Options (<https://ocfs.ny.gov/main/childcare/brochure.asp>): a video series produced by OCFS for parents about child care options in NYS.

Additionally, the family-friendly Parent Portal will translate (with the click of a button) into over 100 written languages and will link to other state agency and statewide organizational partner webpages for parents.

### ***Collaboration Across Programs and Services for Families with Children Birth Through Age Five***

Some parents reported that they wanted child care centers and pediatricians' offices to refer their children to mental health and developmental screening or evaluation services when needed. Focus group parents expressed that when they bring up concerns with their child's doctor, they sometimes are dismissed or minimized during routine visits, and some parents mentioned that their child care providers seldom bring up developmental or mental health concerns. NYSB5 Needs Assessment focus group parents across the state also spoke of feeling as if referrals depend on the provider; a provider who is knowledgeable about developmental milestones and risk factors will refer a family for additional services, whereas one who lacks this knowledge will not. In terms of automating referrals, many parents identified the pediatrician's office as a potential hub for the kind of information they need in order to access various services. It is a common theme in NYS, among policymakers and parents alike, that pediatricians provide a universal touch point for young children and families and

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108 New York City Department of Education. (2019) *NYC MySchools*. Retrieved from <https://www.myschools.nyc/en/>

should serve as a link to needed services. The parent focus groups also underscored how important it is that NYS parents know they are able to start the referral process for their own child if they have a concern about their child's development.

The 2018 HS Collaboration Project Needs Assessment found that despite HS's commitment to comprehensive health care, many children are not receiving recommended mental health services. In fact, the report concludes that 40% of those referred are not receiving services, and 20% of HS program respondents have no working relationship with local mental health service providers.<sup>109</sup>

The NYS Profile of Children with Special Health Care Needs (CSHCN) Assessment (2016) reveals that families reportedly want more opportunities to connect with other caregivers through parent support groups, group activities for children with special health care needs and their families, information sharing sessions, and community activities.<sup>110</sup> In short, parents of children with special health care needs want more collaborations across programs and services, not only for treatment of physical illnesses, but also for emotional and social supports.<sup>111</sup>

### **Supportive Programs Targeting Parents**

There are a number of programs to engage parents and assist them in navigating services for their children. Specifically, the Parent to Parent of NYS works to build a supportive network for parents by linking parents of children with developmental disabilities or special health care needs to each other. These peer partners help parents navigate and influence service systems and make informed decisions. Similarly, Families Together of NYS provides a family support network for families of children with social, emotional, behavioral, and cross-system challenges. As listed above, the NYS Multiple Systems Navigator is an online resource that helps parents of children with complex needs find information about multiple systems in one place. Additionally, the NYS Family Resource Center Network is made up of Family Resource Centers that offer early comprehensive support for parents of young children. The services provided include: child-parent activities; learning and social opportunities for children, parents and caregivers; parenting education in supportive peer groups or home visits; information and linkage to services in the community; programs promoting family health; and opportunities for parent leadership and advocacy.

In addition, SED has new technical assistance networks that are intended to foster a more coordinated and cohesive network of supports and services for students with disabilities from early childhood and school-age education to engagement in post-school opportunities. This network will increase organizational capacity using an intensive team approach to technical assistance and professional development rooted in the multi-tiered systems of support framework that is implemented with consistency across NYS. The professional development provided by the this Educational Partnership will focus on systems change by providing more efficient and streamlined services to support implementing IDEA and assist schools in improving equity, access, and opportunities for all students. The Educational Partnership includes the following organizations: Technical Assistance Partnerships for Academics, Behavior, Equity, Transition, Data; and Regional Teams including Regional Partnership Centers, Early Childhood Family and Community Engagement Centers, and School-age Family and Community Engagement Centers.

### **Research on Best Practices to Maximize Parental Choice and Knowledge**

There are important gaps in research when it comes to understanding why parents make the choices they make in terms of ECCE programs.<sup>112</sup> Recent studies have attempted to bridge this gap on a national level. According to an Office of Planning, Research, and Evaluation (OPRE) and ChildTrends research brief from 2017, a lack of information about programs is a definite barrier to making informed selections about high-quality programs and services.<sup>113</sup> Nationally representative data from the Robert Wood Johnson Foundation suggests that 66% of parents with children under the age of five tend to feel like they have limited options to choose from, with many of them saying that they only have one option or "just a few."<sup>114</sup> Some researchers have argued that this tells us less about actual availability of programs and more about access to information. Parents might be saying that their choices are limited because their access to information is limited.<sup>115</sup>

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109 NYS Head Start Collaboration Project (2018). *State needs assessment 2018*. Retrieved from: <https://www.ccf.ny.gov/council-initiatives/head-start-collaboration-project/>

110 NYS Department of Health. (2016). *New York state profile of children with special health care needs 2016*. Retrieved from [https://www.health.ny.gov/community/special\\_needs/docs/cshcn\\_report\\_2016.pdf](https://www.health.ny.gov/community/special_needs/docs/cshcn_report_2016.pdf)

111 Ibid.

112 Loewenberg, A. (2018). *New study brings insight into parental choices in early education*. Retrieved from <https://www.newamerica.org/education-policy/edcentral/new-study-brings-insight-parental-choices-early-education/>

113 OPRE & ChildTrends. (2017). *Defining and measuring access to high-quality early care and education (ECE): A guidebook for policymakers and researchers*. Retrieved from: [https://www.acf.hhs.gov/sites/default/files/opre/ccepra\\_access\\_guidebook\\_final\\_508\\_22417\\_b508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/ccepra_access_guidebook_final_508_22417_b508.pdf)

114 Robert Wood Johnson Foundation. (2016). *Child care and health in America*. Retrieved from: <https://www.rwjf.org/en/library/research/2016/10/child-care-and-health-in-america.html>

115 Bassok, D., Magouirk, P., Markowitz, A. J., & Player, D. (2018). *Are there differences in parents' preferences and search processes across preschool types? Evidence from Louisiana*. *Early Childhood Research Quarterly*, 44, 43–54. Doi:10.1016/j.ecresq.2018.01.006

# Quality and Availability of Programs and Supports

**Key Findings:** *NYS has a wide array of social services, however, navigating these services that are administered by different agencies and have different eligibility criteria can be challenging for families.*

State and local agency missions, plans, and service requirements guide delivery across the state and are a strength of the NYS ECCE service network; however, as evidenced by the NYSB5 Needs Assessment, there are factors that may leave some families with unmet needs. Following are descriptions of statewide and local resources for families, the challenges associated with connecting families with resources, and how the NYSB5 project is responding to the challenges to create a more coordinated system of services. The overall review suggests that NYS could strengthen how information is shared with families and improve coordination among the multitude of entities working to support children and families.

NYS has a number of programs to help connect families to quality ECCE services and provide resources to help parents (see **Table 14**).

**Table 14: Programs/Supports to Connect Families with High-Quality Care and Education**

**Statewide programs/supports that help connect families to high quality care and education, including families with working parents, those training or looking for work**

- OCFS and NYC DOHMH maintain searchable websites to locate child care and view regulatory compliance. OCFS also has a series of short videos and publications about child care options developed for parents.
- CCF maintains a user-friendly child care and school-age child care locator website and published The NYS Parent Guide: Starting Life Together.
- CCR&Rs provide early childhood care and education information to all parents.
- SED provides information about Prekindergarten and has 14 Early Childhood Family and Community Engagement Centers that provide regional training and support for families and other stakeholders and regional resource information for community partners that service children with disabilities (birth through five) and their families.
- QUALITYstarsNY maintains a website and child care publications for parents.
- OCFS regulates the NYS Child Care Subsidy Program administered by local departments of social services.
- REDCs are addressing child care and community needs as part of their plan for economic development.
- The NYS Parenting Education Partnership conducts regular professional development training and parent leadership activities to better connect parents to programs in their area

**Local programs/supports that help connect families to high quality care and education, including working parents, those training or looking for work**

- Many local programs, including Community Action Programs, healthcare providers, local Departments of Social Services (LDSS), school districts, and HV programs, help connect families to ECCE programs and services.
- Public libraries serve as a resource for families.

NYS has many programs to support identification and referral for families with children who may need additional support (see **Table 15**). The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medicaid benefit that provides enrollees under age 21 with comprehensive prevention, screening, diagnostic, and treatment services, yet not all children are screened. A report published by the National Survey on Children's Health ranks NYS 48th of 50 states on developmental

screening rates.<sup>116</sup> Additionally, although in 2017 over 97% of newborns received a hearing screening, less than half of those that needed a follow-up from the initial screening received it. DOH's First 1,000 Days on Medicaid Initiative seeks to increase screening rates and subsequent referrals in three of its ten initiatives: Pediatric Clinical Advisory Group, Kids Quality Agenda, and Data System Development for Cross Sector Referrals.

**Table 15: Programs/Supports to Help Identify Children with Developmental Delays**

**Statewide programs/supports to support ECCE settings identify children with developmental delays and connect families to services**

- HS and EHS require developmental screenings and well-child visits.
- First 1,000 Days on Medicaid supports developmental screening and connecting families to services. Plans in process to develop a Kids Quality Agenda and Data System for Cross-Sector Referrals.
- OMH Healthy Steps offers families enhanced well-child primary care medical visits that promote children's developmental and parental support/services.
- NYS Growing Up Healthy Hotline, Parent Helpline, 211 and 311 hotlines provide parents with information on child development and community resources.
- DOH EI Program helps identify and connect children (birth through two years) who may be eligible for EI or other services.
- EI Coordinating Council and ECAC developed joint guidance on "Meeting the Social-Emotional Development Needs of Infants and Toddlers" to support providers in identifying children who may have developmental delays.
- Pyramid Model trainings and other social and emotional professional development opportunities are offered regionally and via e-learning opportunities and promote the use of ASQ:SE-2 tool to identify young children who may have developmental delays.
- CCF's Multiple Systems Navigator website helps families with children who may have a developmental delay or disability identify and connect with services.
- Regional infant toddler technical assistance centers consult with child care programs on issues related to developmental delays and screenings for children.
- Statewide home visiting programs provide developmental screenings for all participating children.

**Local programs/supports to support ECCE settings identify children with developmental delays and connect families to services**

- Help Me Grow located in three regions of NYS helps identify children with developmental delays and connect them to services. The three regions with Help Me Grow are: Western NYS, Onondaga County, and Long Island.
- Single Point of Entry (SPOE) for early childhood services is available in some counties to identify and connect children and families with possible developmental delays.
- Early Childhood Comprehensive System grant in three counties is helping connect children and families with developmental delay identification and services when needed.
- Medicaid Connections Pilot is tracking developmental screening and referrals.
- Infant-Toddler specialists at ECCE programs help to connect children and families to needed services.

At the local level, communities are taking a collective action approach to engage non-traditional partners to support the identification and connection of children to services. For instance, Help Me Grow, which is being implemented in three NYS communities, uses family resources coordinators to provide training in local ECCE sites and warm hand-offs for families identified as needing additional support. Similarly, the SPOE and Medicaid Connections Pilot identify staff in county or pediatric offices to support service follow-up with families, and the Early Childhood Comprehensive Systems Project is developing a referral algorithm for families in Western NYS to support a swift process from screening to referral to services. Some of these programs, however, are time limited, as they do not yet have sustainable funding.

A strength of the NYS social services system is that it administers a vast array of federal and state programs and services, but as has been stated, navigating these services, many of which are administered by different agencies and have different

<sup>116</sup> The National Health Resources and Services Administration (2016). *The national survey of children's health*. Washington, D.C.: Maternal and Child Health Bureau.

eligibility criteria and application processes, can be daunting. **Table 16** outlines the state and local programs and supports that support ECCE staff in helping vulnerable or underserved families. This includes WIC, Home Energy Assistance Program (HEAP), SNAP, and housing. Accessing resources (online or in-person) to complete eligibility paperwork and receive referrals is challenging for many families. This can be especially difficult for families in rural areas where families travel distances and/or have limited access to transportation, computers or the internet. The challenge is compounded for non-English speaking families where language is a barrier and for immigrants who are hesitant to share their status due to fear of deportation.

Even for families who do have medical coverage, those who are low-income have difficulty accessing health care programs due to the limited number of providers who accept Medicaid insurance. This is particularly true for dental services for young children. Consequently, families in rural areas that are able to get an appointment must drive long distances to access dental care.

Based on focus group data, families who are living in poverty receive information about social services from many different sources. Local Departments of Social Services (LDSS) and community umbrella organizations typically provide information on available services. However, in the North Country, focus group data reveals clinics and brochures about WIC are held and distributed regularly, yet focus group participants also reported a lack of communication between the department that administers WIC and a separate department that administers most other assistance programs. While community health workers, public health nurses, and local health departments are valuable resources in communities, focus group parents indicated that in most parts of the state there is a lack of support for immediate post-partum and breastfeeding (especially first six week) mothers.

**Table 16: Programs/Supports to Help Vulnerable or Underserved Families**

**Statewide programs/supports to support ECCE settings help vulnerable or underserved families**

**HS/EHS programs, home visitors, and community health workers** advocate for vulnerable families and provide referrals.

**Health and Mental Health Care**

- DOH maintains a 24-hour “Growing Up Healthy” hotline for families to identify healthcare and human service resources.
- New York State of Health provides a web-based health insurance marketplace.
- NYS Medicaid Children and Family Treatment Support Services are available to all Medicaid-eligible children under age 21. These services help families by identifying mental health needs early and providing support in the home and community.

**Food Assistance**

- CCR&Rs help child care programs access the federal CACFP.
- Medicaid, WIC, and other support services available at local departments of social services, health departments, and federally qualified health clinics.
- OCFS is working with DOH to address childhood obesity, child nutrition, and lead exposure.

**Child Care Assistance**

- OCFS administers the NYS Child Care Development Block Grant which makes child care subsidy payments available to LDSS for low-income families.

**Economic Assistance**

- OTDA created mybenefits.ny.gov that provides eligibility and ease of application for assistance programs like SNAP, temporary assistance, and HEAP.

**Housing**

- CCR&Rs support child care program staff with identifying appropriate referrals for families experiencing housing instability.
- OTDA Bureau of Housing and Support Services administers programs to address homelessness, including providing a continuum of services for homeless, at risk and low-income families.

**Local programs/supports to support ECCE settings help vulnerable or underserved families**

- Community health workers employed by local health departments, some funded through Maternal Child Health Programs, connect vulnerable families who are expecting or have young children with assistance programs.
- Help Me Grow New York links families to information and community resources to support families. Help Me Grow exists in three NYS communities (Western NYS, Onondaga County, and Long Island).

As stated earlier in this Needs Assessment, 31% of all households in NYS speak a language other than English. NYS has many programs aimed at addressing the needs of families who may need translation assistance as described in **Table 17**.

**Table 17: Statewide programs/supports for children who are non-English speaking or reflect different cultures**

**Statewide programs/supports for children who are non-English speaking or reflect different cultures**

- HS/EHS/MSHS offers interpretation and translation services for families. Classrooms, centers, home visiting are culturally sensitive and inclusive.
- Home visiting and community health workers connect families to programs and supports.
- CCR&Rs support ECCE program staff by identifying services for families with limited English.
- NYS Office of New Americans 27 Opportunity Centers with Community Navigators that assist immigrant, migrant and refugee families in finding services and program in their communities.
- SED maintains a parent hotline through its Office of Bilingual Education and World Languages and has a Parents' Bill of Rights for NYS English Language Learns/Multilingual Learners
- NYS Executive Order 26 requires state agencies that provide direct public services to translate vital documents. Translation must be in the six most common non-English languages: Haitian-Creole, Spanish, Korean, Chinese, Russian and Bengali.

Results of the Needs Assessment survey show that 17% (19% urban, 10% rural) of direct care staff cite working with children and families that are recent immigrants or refugees as an important training topic.

NYS has instituted a number of supports to connect families experiencing various crises due to substance abuse, domestic violence, job loss, etc. to needed services, as listed in **Table 18**.

**Table 18: Statewide programs/supports that support ECCE providers connect families in crisis to needed services**

**Statewide programs/supports that support ECCE providers connect families in crisis to needed services**

- HS/EHS, CCR&Rs and home visitors support ECCE program staff identify and refer families experiencing crises including substance abuse, domestic violence and mental health.
- NYS OMH Maternal Mental Health initiative promotes the identification of mental health issues for pregnant woman and destigmatizes mental illness.
- OMH Project TEACH is available to strengthen and support pediatric primary care providers care of children and families with mental health concerns.
- Screening for perinatal mood disorders is covered under Medicaid and widely promoted by DOH.
- Postpartum Resource Center and a parental stress 24-hour hotline are available.
- DOH and NYS Office of Alcoholism and Substance Abuse Services (OASAS) PSA focused on services available for pregnant women with addiction issues.
- NYS Office for the Prevention of Domestic Violence maintains a 24/7 hotline and funds residential and non-residential programs throughout the state.

ThriveNYC is a local initiative that includes a website with talk/text/chat options to receive information about local resources, including resources to assist those experiencing domestic violence. This information is also available on their website in languages other than English.

Project TEACH educates and supports primary care providers to integrate care for mild-to-moderate behavioral health concerns into primary care for children and adolescents, ages 0 to 21. Through Project TEACH, primary care providers, psychiatrists and nurse practitioners can link families to the resources they need in their communities and find training and education on topics relevant to mental health in primary care. Additionally, Project TEACH has started a Maternal Mental Health Initiative to educate and support primary care providers, obstetricians, psychiatrists and nurse practitioners to screen and treat maternal depression and related mood and anxiety disorders.

Despite the many available resources, challenges in helping families access the supports they need persist. For instance, it may not be apparent to ECCE staff that a parent is in need of support, especially if their interactions are brief (e.g., drop off/pick up). Or the stigma of mental illness and substance abuse may make asking for help difficult and the fear of child welfare involvement also may inhibit parents from seeking needed assistance.

There are a number of NYSB5 initiatives focused on better coordinating resources to connect families to the ECCE system. These are listed in **Table 19** below.

**Table 19: NYSB5 Initiatives to Support the Quality and Availability of Programs and Supports**

**NYSB5 Initiatives**

- NYSParenting.org is being developed to provide a one-stop online resource for parents.
- OCFS Child Care Public Service Announcement will be widely aired and distributed.
- "Talking is Teaching" media campaign (translated into 10 languages) will be widely distributed (on public transit, in laundromats, bus stops, etc.).
- Regional Kindergarten Transition Summits are being held throughout NYS.
- Starting Life Together Parent guides will be widely distributed in NYS.
- QUALITYstarsNY will be expanded to the most vulnerable communities.
- Child care deserts are being addressed by tasking CCR&Rs to work with REDCs to assess and respond to child care needs.
- Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) trainings are being provided throughout NYS to providers who work with young children to help with early identification of children who might need additional support.
- Family Life Skills Workers are being piloted in homeless shelters to connect families with young children to services.
- NYS HV Coordination Initiative is convening regional home visiting summits to increase local coordination of home visiting services for vulnerable families.
- Pyramid Model implementation is being expanded to more sites across the state.

# Measurable Indicators of Progress that Align with the State/Territory's Vision and Desired Outcomes for the Project

The NYSB5 logic model (LM) in **Appendix Q** describes the theory of change that is guiding NYSB5 grant activities. It links the inputs (or resources committed) to activities (events and strategies) to outputs (measurable indicators of activities such as the number of people served) and short-term and long-term outcomes (measurable indicators of meaningful changes for those served). The LM will be used to track progress in achieving the goals of this grant and to inform the development of the Strategic Plan being developed by the ECAC. Resource allocation for each grant activity described in the LM will be tracked. Measurable indicators marked by an asterisk (\*) indicate measures that will be used to describe the conditions experienced by vulnerable, underserved, and rural populations.

## Strengths and Weaknesses of the Measurable Indicators

### ***Goal 1: The State's ECCE system is informed by the needs of parents, stakeholders, and partners.***

The needs assessment process is the basis for tracking the progress of Goal 1. The strengths and weaknesses of the Needs Assessment process, including focus group and survey data, is discussed in the Methodology section. The strengths and weaknesses of the methodology to measure the unduplicated number of children being served by the early childhood system and the number of children awaiting programming or services is discussed in the Number of Children Being Served and Awaiting Service section.

### ***Goal 2: Work of the ECAC/NYSB5 team is guided by a Strategic Plan based on NYSB5 Needs.***

The Strategic Plan will be the basis for tracking this goal. The ECAC is updating the Strategic Plan based on NYSB5 Needs Assessment findings.

### ***Goal 3: All families have knowledge and choice in a high-quality ECCE system.***

Several indicators will be monitored to track the progress of this goal. Website analytics will be used to count the number of visits (or "hits") to the parent portal as a means to provide an idea of how many people are accessing information online to gain knowledge about the ECCE system. A weakness of this measure is that it does not provide the number of individuals accessing the website, just the total number of hits. It also does not identify who these individuals are, so it will not be known whether vulnerable, underserved, and rural populations are being reached. Also, tracking the homeless navigator's caseload will help to describe the current conditions experienced by homeless individuals and the number of homeless families being reached, which has been difficult to track.

NYSB5 Needs Assessment surveys were created that focus on parents' perceptions of both involvement in program and access to programs. Survey responses were used to calculate the child/parent outcomes. The strengths and weaknesses of this survey are discussed in the Methodology section.

The U.S. Census, QUALITYstarsNY, and other available ECCE attendance data will be used to calculate the difference in the percentage of vulnerable populations enrolled in the ECCE system. These data will indicate whether vulnerable populations are better able to access the ECCE system as a result of this grant. However, it is important to note that using QUALITYstarsNY data will not provide a full picture since it is a voluntary program and not implemented in the vast majority of ECCE programs in NYS.

The portion of children receiving services from EI (part C under IDEA) who transition to preschool special education (Part B under IDEA) and then transition to kindergarten will be tracked. Currently, SED annual reports transition data as part of the IDEA SPP Indicator 12: Early Childhood Transition data. However, the existing NYS EI data systems and preschool special education data systems do not currently have the technological capability to identify and link child specific information between the systems.

### ***Goal 4: Best practices are known and drive actions of individuals serving children and families within the NYS ECCE***

To track the progress toward Goal 4, that the best practices in ECCE are known and drive the actions of individuals who serve children and families, several measurable indicators will be measured, including sharing best practices, workforce development, and system-building capacity.

**Goal 5: High-quality ECCE settings are available and accessible across NYS**

Several measurable indicators will be used to track this goal. The number of sites enrolled in QUALITYstarsNY will be tracked as well as the percentage of sites with active ratings of 3+ stars. A strength of this measure is that it assesses all important factors related to the ECCE system and translates quality in a way that is easy for most individuals to understand. This could be one way to track the progress of ensuring that high quality ECCE programs are available throughout NYS. As stated previously, however, a major weakness of this measure is that participation in QUALITYstarsNY is limited by lack of funding, so it does not include a majority of ECCE programs throughout NYS. For a further discussion of QUALITYstarsNY see the Quality and Availability of Early Care and Education section of this report.

The percentage of children ready for kindergarten will be tracked. Currently, there are state-level proposals to adopt a kindergarten readiness measure or menu of kindergarten readiness measures, but as of the writing of this Needs Assessment there remains no standardized measure in NYS, allowing each school district to use its own screening tool/practice. This lack of a uniform screening tool or process will make it difficult to accurately assess kindergarten readiness throughout the state.

With the development of the Strategic Plan by the ECAC, additional measures will be identified to track NYS's progress in meeting its overarching goal of building a stronger ECCS system that is informed by parent voice and provides equitable access to high-quality comprehensive ECCE services to all young children, especially the most vulnerable.

# Issues Involving ECCE Facilities

**Key Findings:** Adequate facilities are essential for quality ECCE programs. The cost of facility space that meets regulatory standards can be cost prohibitive, especially for infants and toddlers, and may discourage programs from providing or increasing infant and toddler capacity. In addition, although funding for state-administered prekindergarten has expanded, schools may not be fully equipped with the proper facilities to serve this younger age group.

The ECCE in NYS offers a rich variety of program settings. While there is considerable variation in the geography and populations of the state, a number of common issues related to facilities are evident. These issues include: availability, building ownership or tenancy, maintenance, funding, and costs. Different state and local government agencies regulate facilities in NYS. OCFS is responsible for licensing and registering FCC and GFCCs and the child care centers in the state, outside of NYC where they are regulated by NYC DOHMH. Prekindergarten classrooms are regulated by SED in all areas of the state.

## Top Violations and Facilities Issues

OCFS operates a searchable, online directory of regulated child care programs which lists their licensing information and any violations ([https://ocfs.ny.gov/main/childcare/ccfs\\_template.asp](https://ocfs.ny.gov/main/childcare/ccfs_template.asp)). NYC has a separate online system called NYC Child Care Connect that compares center-based programs to the city average, and allows people to sign-up for text or email notifications about a center's inspections (<https://a816-healthpsi.nyc.gov/ChildCare/ChildCareList.do>). The OCFS Division of Child Care Services receives daily updates from the NYC system. This on-line system helps parents make informed decisions about child care options. These systems also serve as a data source for facility issues. According to data obtained from OCFS, the most frequently cited violations that are common across multiple settings (i.e., child care center, FCC, and GFCC) are as follows: eliminating health and safety hazards, maintaining daily attendance records for children, providing competent supervision at all times, and maintaining children's health records. See **Appendix R** for a list of the most frequently cited violations by child care modality.

NYSB5 focus group data provides insight into the day-to-day facility needs of administrators, direct care staff, and parents. In more urban areas, lack of parking lots/drop off areas, ramps for strollers, and lack of large outdoor space were common issues. Other issues that were identified included inadequate classroom space especially for indoor motor movement, leaking roofs, auditory issues (i.e., the facility space amplifies sound), undrinkable water, flooding, and mold.

During focus group interviews, an overall sentiment was communicated that inspections should be more than "checking off boxes," but also an opportunity to help providers improve quality. In particular, GFCC owners expressed that inspectors should be teaching them how to improve their facilities, not just give them citations for violations. One NYC focus group participant positively noted that there once was a grant for consultants who would visit the family child care homes, teach them how to do different activities, examine the facility space, and give them business ideas, and this was very helpful.

Another concern related to inspections that was voiced during NYSB5 Needs Assessment administrator focus groups was that there are so many different regulations and they are changing all the time.

One of the largest gaps in the availability of ECCE programs in NYS is the lack of child care facilities for infants and toddlers (discussed more in the domain on the Quality and Availability of Early Care and Education). While demand for infant and toddler care has increased, most of the new seats being created to meet this increased demand are in centers that typically serve more affluent families.<sup>117</sup> Rising rents combined with more stringent facility regulations for infants and toddlers result in very high facility costs that are cost prohibitive to many families. NYSB5 focus group data show that administrators and direct care staff struggle to accommodate their facility space for infants and toddlers. Unlike older children, infant and toddler rooms must be on the ground floor, equipped with a sprinkler system, a crib for each infant, a changing table near running water, and space for babies to crawl. In addition, the child-to-staff ratio for infants and toddlers is smaller compared to older age groups. From an administrator perspective, it is simply not cost effective to serve this age group.

Expansion of prekindergarten means that many school districts in NYS are providing services to preschool-aged children. Challenges related to schools now serving younger children include but are not limited to: the location of bathrooms, size

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117 Hurley, K. (2017). *New York's tale of two child care cities*. Retrieved from <http://www.centernyc.org/ny-tale-of-two-child-care-cities>

of toilets, height of sinks, and availability of changing tables. Another issue with serving younger children in schools is that the playgrounds are often not developmentally appropriate for children under five years. Playgrounds are almost always rated for children age six and up; thus, the prekindergarten children either are not allowed to use them, or they use them and there is a risk of injury (e.g., spacing of bars, fingers pinched, falling from a great height).<sup>118</sup> **Table 20** provides examples of developmentally appropriate playground equipment.

**Table 20: Examples of Age-Appropriate Equipment.**

Toddler – Ages 6–23 months	Preschool – Ages 2–5 years	Grade School – Ages 5–12 years
<ul style="list-style-type: none"> <li>• Climbing equipment under 32" high</li> <li>• Ramps</li> <li>• Single file step ladders</li> <li>• Slides*</li> <li>• Spiral slides less than 360°</li> <li>• Spring rockers</li> <li>• Stairways</li> <li>• Swings with full bucket seats</li> </ul>	<ul style="list-style-type: none"> <li>• Certain climbers**</li> <li>• Horizontal ladders less than or equal to 60" high for ages 4 and 5</li> <li>• Merry-go-rounds</li> <li>• Ramps</li> <li>• Rung ladders</li> <li>• Single file step ladders</li> <li>• Slides*</li> <li>• Spiral slides less than 360°</li> <li>• Spring rockers</li> <li>• Stairways</li> <li>• Swings – belt, full bucket seats (2–4 years) &amp; rotating tire</li> </ul>	<ul style="list-style-type: none"> <li>• Arch climbers</li> <li>• Chain or cable walks</li> <li>• Free standing climbing events with flexible parts</li> <li>• Fulcrum seesaws</li> <li>• Ladders—Horizontal, Rung, and Step</li> <li>• Overhead rings***</li> <li>• Merry-go-rounds</li> <li>• Ramps</li> <li>• Ring treks</li> <li>• Slides*</li> <li>• Spiral slides less than one 360° turn</li> <li>• Stairways</li> <li>• Swings—belt &amp; rotating tire</li> <li>• Track rides</li> <li>• Vertical sliding poles</li> </ul>

Source: U.S. Consumer Product Safety Commission (CPSC). <https://www.cpsc.gov/s3fs-public/325.pdf>

## Efforts to Improve Facilities

In one rural focus group, child care administrators and direct care staff spoke about a partnership with a local corporation that provided a state-of-the-art custom-built facility and multicultural enrichment programming to target underserved populations (e.g., a Spanish language program and a Mandarin language immersion program). The corporation was described as recognizing and valuing the needs of their employees and the families in the larger community as a whole, and, as a result, constructed a Leadership in Energy and Environmental Design Silver-certified learning center. It was the first child care center in the area to offer a continuity of care option (i.e., children stay with the same classmates and primary caregiver from the time they enter through prekindergarten) in addition to a traditional model (i.e., children change classrooms, peers and caregivers year to year). In addition, this center-based child care program is a training site for college and high school students who are pursuing studies in early childhood education. This corporation's ECCE program illustrates that investments from corporate partnerships can lead to higher-quality and better-maintained facilities, which is a win-win for the business and community at large.

Another successful example of a MDS model is EduCare in Brownsville Brooklyn, where they braided multiple funding streams to renovate an old school building into a state-of-the-art early care and education center and teacher training lab.

## Issues Related to Child Care Facilities in New York City and the Rest of State

### Leased Facilities in NYC

ECCE facilities located in NYC Housing Authority (NYCHA) properties have a multitude of serious health hazards like rodent infestations, mold, and lead paint.<sup>119</sup> These issues have been investigated and are actively being jointly monitored and addressed by NYC and OCFS.

### Renovation Logistics and Funding

Administrator focus group data show that when a facility undergoes a major renovation that requires the location to

118 U.S. Consumer Product Safety Commission. (2015). *Public playground safety handbook*. Retrieved from <https://www.cpsc.gov/s3fs-public/325.pdf>  
119 Veiga, C. (2019). *As New York City's public housing crumbles, pre-K centers go without crucial repairs*. Retrieved from <https://www.chalkbeat.org/posts/ny/2019/02/21/as-new-york-citys-public-housing-crumbles-pre-k-centers-go-without-crucial-repairs/>.

close for an extended period of time, families have to find alternate care or take time off from work, which is especially burdensome for lower income families. This is an issue across the state. In NYC, some programs are located within historic brownstones that have been grandfathered into housing preservation regulations that provide waivers to continue to operate despite not meeting all facility codes and requirements. In these historic buildings, providers may choose not to repair their facilities because once they start updating one aspect of the building (even if it is not related to the child care program), the grandfather clause is no longer valid, resulting in the need to update the entire building. According to administrator focus group data, providers feel they have a limited ability to use funding for building updates in general, as only a small portion of their budget is allocated towards repairs and improving facilities.

## Current Plans in Place to Address ECCE Facility Issues in NYC

As roughly half of NYS's children live in NYC, it is a significant number of young children who have been affected by the transition of oversight of the EarlyLearn NYC program from the NYC ACS to the NYC DOE. Since many child care providers rent space from NYCHA and face challenges with the conditions of their facilities, the NYC DOE has been working closely with NYCHA and other city agencies to address repairs. Additionally, the NYCHA Community Space Coalition, comprised of service providers that operate more than 200 programs within public housing facilities, has created an action plan.<sup>120</sup> Similarly, the Day Care Council of New York, which represents publicly funded community-based child care organizations that care for and educate the youngest and most vulnerable children in NYC, recommended using startup funds to focus specifically on building repairs, and developing a memorandum of understanding with clear divisions of responsibility for timely maintenance and repairs.<sup>121</sup>

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<sup>120</sup> Ibid.

<sup>121</sup> Day Care Council of New York. (2018). *Comments on the Department of Education's birth-to-five RFP preview paper: A response from the day care council of New York*. Retrieved from <https://www.dccnyinc.org/wp-content/uploads/2018/12/DCCNY-Response-DOE-Birth-5-RFP-Preview.secure.pdf>.

# Barriers to the Funding and Provision of High-Quality ECCE Services and Supports

**Key Findings:** Quality ECCE programs can be cost prohibitive to many families. Child care subsidies do not fully meet the needs of low-income families, and the administration of the child care subsidy program poses challenges for administrators. Braiding and blending of funds is one way programs can maximize limited resources and better serve families, however, the disparate governing requirements can hinder programs ability to braid and blend funds from multiple sources. Technical assistance is needed to help programs maximize available funding opportunities.

There are several funding sources that support ECCE, as shown in **Table 21**.

**Table 21: Funding Sources and Administrative Agencies**

Program/Service	Funding Source <sup>122</sup>	Administrative Agency <sup>123</sup>
Child Care Subsidy	Federal, State, and County	OTDA; OCFS; LDSS
EHS/HS	Federal	Federal Office of Head Start
Early Intervention	Federal, State, and County	DOH
Preschool Special Education	State and County	SED
State-Administered Prekindergarten	State and School Taxes	SED
Private child care	Parent pay	Not applicable

Federal funds support a number of child care quality initiatives, including supporting professional development opportunities, licensing infrastructure, CCR&Rs across NYS, and regional Infant/Toddler Resource Centers.

## Barriers to the Provision of High-Quality ECCE Services and Supports

The NYS Child Care Development Block Grant is the primary funding source used to pay for child care subsidies in NYS. It comprises a combination of federal and state funds; OCFS establishes general parameters for the use of these funds based on federal and state statutory and regulatory requirements, and then allocates the funds to the counties. LDSS are then responsible for managing their child care subsidy program within the allocation they receive from OCFS. In addition, LDSS's are required to add local dollars to the state allocations in the form of local maintenance of effort. Some districts voluntarily contribute additional local tax levy dollars as well to the overall pool of funding available to support their child care subsidy program.

Based on NYSB5 focus groups, some providers who care for children receiving subsidies reported problems with the payment process. For example, providers who are not able to participate in OCFS's Child Care Time and Attendance (CCTA) system reported that it takes a long time between the time they submit a voucher to the LDSS and when they receive payment. (In contrast, use of CCTA substantially expedites the timeframes for the payment process.) Providers also have shared that they would like the payment process to more closely mirror HS and be based on children's enrollment rather than their attendance, believing that payment based on enrollment would make their income more predictable and their business more stable.

<sup>122</sup> New York State Council on Children and Families. (2018). *Blending & braiding funds to support early childhood education programs: A how to guide*. Retrieved from [https://www.ccf.ny.gov/files/9615/2934/9075/FINAL\\_NY\\_Child\\_Care\\_BlendBraid\\_Guide\\_4-17-18\\_W-\\_Cover.pdf](https://www.ccf.ny.gov/files/9615/2934/9075/FINAL_NY_Child_Care_BlendBraid_Guide_4-17-18_W-_Cover.pdf)

<sup>123</sup> New York State Education Department, New York State Office of Children and Family Services, and New York State Department of Health. (2014). *Early childhood education in New York State: Report to the Governor and Legislature in Response to Chapter 379 of the Laws of 2012*.

## Child Care Subsidy vs. Total Costs for Child Care and Family Co-Payments

The NYS Child Care Subsidy Program is administered by LDSS and overseen by OCFS. The NYS Child Care and Development Fund Plan reflects the flexibility allowed in the delivery of child care services under a block grant model. It is structured to reflect both federal and state requirements, while allowing LDSS's to address locally-defined needs and priorities.

While federal funding for the child care program has increased in recent years, it has not kept pace with rising costs among child care providers and the increased prices providers must charge to remain solvent. Federal statute also requires that families pay a portion of the cost of care, based on their income. In NYS, the family share is a single fee, not dependent on the number of children in care or whether full- or part-time care is needed. NYS waives the family share for families receiving Temporary Assistance and families experiencing homelessness. Otherwise, there is a minimum fee of \$1 per week.

To calculate the family share, each LDSS selects a fee percentage ranging from 10 to 35 % that is applied to the portion of the family's income that is above the federal poverty level. The Office of Child Care with the Administration for Children and Families of the US Department of Health and Human Services (DHHS) recommends family share copayments not exceed 10% of a family's gross income. Respecting LDSS flexibility, NYS has granted waivers to LDSS family share policies that cap the amount of the family share at 17% of the family's gross income, a cap at 10% of the family's gross income, a higher minimum weekly family share, and even prorated family share for part-time care. The main point of contention, however, is the disparity across the state in LDSS selection of the basic fee percentage. See **Table 22** for copayment disparities by county in NYS.

**Table 22: Copayment Disparities by County for a Family of Three with an Income of \$42,660/year, Effective June 1, 2019 (200% of Poverty)<sup>124</sup>**

County	Family Co-pay %	Annual/Weekly Fee
Cattaraugus, Livingston, Steuben	10%	\$2,133/year, \$41.02/week 5% of income
Oswego, Schuyler, St. Lawrence	15%	\$3,199/year, \$61.52/week 7.5% of income
Allegany, Cayuga, Chautauqua, Clinton, Columbia, Essex, Nassau, Niagara, Ontario, Putnam, Saratoga, Suffolk, Tompkins	20%	\$4,266/year, \$82.04/week 10% of income
Albany, Broome, Chemung, Delaware, Franklin, Hamilton, Jefferson, Lewis, Madison, Oneida, Rensselaer, Rockland, Ulster, Warren, Washington, Wayne	25%	\$5,195/year, \$110.75/week 12.5% of income
Westchester	27%	\$5,759/year, \$107.89/week 13.5% of income
Dutchess, Otsego	30%	\$6,399/year, \$123.06/week 15% of income
Chenango, Cortland, Erie, Fulton, Genesee, Greene, Herkimer, Monroe, Montgomery, New York City, Onondaga, Orange, Orleans, Schenectady, Schoharie, Seneca, Sullivan, Tioga, Wyoming, Yates	35%	\$7,465.50/year, \$143.56/week 17.5% of income

124 Antos, S. (2019). *Child care copayment disparities by County*. Retrieved from [https://empirejustice.org/resources\\_post/child-care-copayment-disparities-county/](https://empirejustice.org/resources_post/child-care-copayment-disparities-county/)

## Major Changes to State-Administered Prekindergarten

Prekindergarten funding has been available on a limited basis in NYS since 1966. It was started as the Experimental Prekindergarten program. In 1997, the Legislature enacted the Universal Prekindergarten program, with a goal of phasing in funding until the program was available statewide. In 2007, the Targeted Prekindergarten program (formerly Experimental Prekindergarten) was merged with Universal Prekindergarten. While the phase-in of Universal Prekindergarten has been subject to numerous funding freezes, in more recent years, under Governor Cuomo, concerted efforts have been made to expand the program's reach, as evidenced by the significant investments in state-administered prekindergarten in recent years.

- In the 2013-2014 school year, the state provided competitive grant funding (\$25 million) allowing awardees to create new full-day seats, half-day seats, or convert existing half-day seats to full-day. This grant was focused on serving for children in high need school districts.
- In 2014-2015, \$340 million was appropriated for the Statewide Universal Full-Day Prekindergarten competitive grant. Most of this funding (\$300 million) went to NYC, resulting in a dramatic boost in access to full-day prekindergarten seats for four-year-olds; \$40 million was used to expand full-day programs in the ROS. Funding could be used to create additional full-day placements or to convert existing half-day seats to full-day.
- In 2015-2016, the Expanded Prekindergarten for Three- and Four-year-Old Students grant (\$30 million) began, creating new seats for both three- and four-year-old children. NYS was also awarded \$25 million for the federal Preschool Development Grant (PDG 1) supporting enrollment of additional low-income four-year-old children in five school districts and has sustained these placements with state funding.
- In 2016-2017, the Expanded Prekindergarten for Three-Year-Old Students (\$10 million) grant began, creating new full-day or new-half day placements for three-year-old students.
- In 2017-2018 and in 2018-2019, there were two additional expansions of the Expanded Prekindergarten for Three- and Four-Year Old Students in High Need Districts, \$5 million and \$15 million, respectively.
- An additional \$15 million is available for further expansion of the Expanded Prekindergarten for Three- and Four-Year Old Students in High Need Districts.

In the 2017-2018 school year, nearly 122,000 children were enrolled in state-administered prekindergarten programs, including approximately 118,000 four-year-old and just over 2,000 three-year-old children.<sup>125</sup> In 2017, Governor Cuomo announced plans to consolidate the system of fragmented state-administered prekindergarten programs described above. The 2019-2020 State Fiscal Year Enacted Budget consolidates the existing prekindergarten programs into one, referred to as state-administered prekindergarten, and allocates a total of \$857,225,288 to support prekindergarten funding in NYS. This is a \$15 million increase to the previous year's funding. See **Appendix P** for the details of NYS state-administered prekindergarten programs.

## Barriers to Blending and Braiding Early Childhood Programs

### *Blending and Braiding Funds in the Mixed Delivery System*

The MDS is when ECCE programs are delivered in co-located programs and sites and supported by a combination of funding sources that are blended or braided to maximize resources. When programs are able to combine funding, it potentially raises the quality of their services and better meets the needs of families. For example, a HS program uses federal funds and these funds may be braided with child care subsidy funds to offer extended day and extended year programming to better accommodate parents' work schedules. More seamless, full day, high-quality services can be offered to more families when funding streams, including child care benefits from employers; state, federal, and local child care subsidies; preschool special education funding; and state-administered prekindergarten funds are blended or braided. Without administrative support related to reporting and auditing requirements, developing decision-making protocols and accounting systems that are aligned can be a barrier to braiding and blending funds.

In addition, programs that combine resources from different sources must meet the governing requirements for each of the funding sources. This can be a barrier to braiding and blending funds. **Table 23** illustrates the degree of flexibility associated with different funding sources.

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125 Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Weisenfeld, G. G., & DiCrecchio, N. (2019). *The State of Preschool 2018*. Retrieved from [http://nieer.org/wp-content/uploads/2019/04/YB2018\\_Full-ReportR2.pdf](http://nieer.org/wp-content/uploads/2019/04/YB2018_Full-ReportR2.pdf)

**Table 23: Restrictions and Eligibility Requirements for Funding Sources<sup>126</sup>**

Degree of Flexibility	Classroom	Program: Funding Source	Parent's Eligibility
Most Restrictive	Infant or Toddler (birth through three)	EHS: Federal	Must meet federal income and program eligibility requirements.
		Child Care Subsidy: Federal, State, and County	Must meet federal, state, and county income and program eligibility requirements.
Less Restrictive	Preschooler (age three or four)	State-Administered Prekindergarten: State and School Taxes	May need to meet residency requirement.
Least Restrictive	Infant, Toddler & Preschooler (birth through five)	Child Care: Parents Pay	No eligibility requirements except age.

The EHS-Child Care Partnership (EHS-CCP) grant is a good illustration of how multiple programs can be combined to support raising the quality of ECCE programs. Through a federal grant, EHS and child care programs can be combined to offer care for low income families. Parents whose family child care provider joined the EHS-CCP have positively noted that the increase in education materials, curriculum, health practices (e.g., brushing their teeth every day, developmental screenings) as well as the great benefit of having food, formula, and diapers and wipes be provided every day by the program. Other participating parents shared that it was such a relief that they could spend the money they used to spend on diapers and wipes on other important items for their family.<sup>127</sup>

EHS-CCPs are in 17 counties in NYS, with 22 programs serving close to 2,000 children (birth to three years, and 4-years-old in FCC) and their families. The EHS-CCP model could be expanded to other counties in NYS; however, the stricter regulatory requirements for EHS make these partnerships difficult. They also require waivers from certain child care subsidy regulations.

See **Table 24** for an explanation of how different funding sources can be layered to better utilize funding to strengthen the quality of programs.

**Table 24: Funding by Layer, Early Head Start Child Care Partnership**

	Layer I Child Care	Layer II Program-Level Comprehensive Services	Layer III Individual Child Comprehensive Services
EHS eligible child with CC subsidy	CC	EHS	EHS
EHS eligible child without CC subsidy	EHS	EHS	EHS
EHS ineligible child	CC or other non-EHS resources	EHS	Other non-EHS resources

Source: Office of Head Start and Office of Child Care, Early Head Start Child Care Partnership Webinar, 2016

<sup>126</sup> New York State Council on Children and Families. (2018). *Blending & braiding funds to support early childhood education programs: A how to guide*. Retrieved from [https://www.ccf.ny.gov/files/9615/2934/9075/FINAL\\_NY\\_Child\\_Care\\_BlendBraid\\_Guide\\_4-17-18\\_W-\\_Cover.pdf](https://www.ccf.ny.gov/files/9615/2934/9075/FINAL_NY_Child_Care_BlendBraid_Guide_4-17-18_W-_Cover.pdf)

<sup>127</sup> Parent feedback (2016-17) from the Westchester Early Head Start Child Care Partnership presentation at the annual Head Start Association of NYS conference (2017).

- **Layer 1: Covers the costs of full-day full-year child care** (covered by the child care subsidy). If loss of subsidy occurs, only then can EHS Grant funds be used.
- **Layer 2:** Allows for **comprehensive services and environmental enhancements** that are needed to meet EHS requirements; e.g., new roof, playground, curriculum training, salary enhancements for teachers. The EHS Grant can support EHS- and non-EHS-eligible children.
- **Layer 3:** Provides **individual services for children & families enrolled in the EHS-CCP**; e.g. dental care for an EHS-CCP-enrolled child. Other sources of funding could be used to provide similar services to non-enrolled children and families.

## Early Intervention and Preschool Special Education

NYS operates one of the largest EI programs in the country, and a similarly large number of children receive preschool special education services. To provide more seamless services between the two programs, improved coordination and communication between the two programs is needed.

### Preschool Special Education Funding

Preschool special education classroom-based programs have received reimbursement increases at two percent for the past five years following a six-year period of flat funding. SED is receiving significant requests from providers for funding increases via a tuition waiver process and a number of programs have closed or reduced classroom operating capacity. SED has advocated for additional funding to reimburse a greater portion of provider's reported actual costs to address the fiscal viability concerns of programs, increase the ability to recruit and retain qualified teachers and licensed professionals, support the delivery of instruction with supplies, materials and staff development, and respond to increasing costs of insurance, utilities, and lease/rental property.

Furthermore, to advance the goal of preschool inclusion, NYS Board of Regents Early Childhood Workgroup's Blue-Ribbon Committee recommended that \$6 million be provided for pilot programs to target funding to inclusive prekindergarten programs for three- and four-year-old children.<sup>128</sup> Funds would be blended and layered with existing prekindergarten and preschool special education funding to support classrooms comprised of both preschool students with and without disabilities. As of the writing of this report, targeted funding for preschool inclusion has not been made available.

## Other Barriers

Transportation issues have become more complex with the expansion of state-administered prekindergarten funding, especially when state-administered prekindergarten programs are not co-located with a program that provides full-day child care. NYS does not currently require school districts to transport children to prekindergarten programs and given that school districts often do not have the resources to provide transportation to and from child care locations, they usually do not provide this service. Furthermore, if a district offers transportation to child care locations, NYS law only authorizes transportation if the locations are within the school district. Local boards of education may limit transportation to sites within the child's school attendance zone, further restricting parent choice and access to programs. LDSS's have the option of using child care funding to provide transportation to licensed child care sites, but few districts opt to use limited funds for these purposes.<sup>129</sup>

## Economic Policies and Child Care Funding

### Business and Child Care

The Child Care in State Economies 2019 report released by the Committee for Economic Development (CED) highlights the economic impact of the child care industry.<sup>130</sup> According to the CED report, "Child care contributes to regional economic growth by helping to employ a region's existing labor resources more efficiently. Lack of access to dependable child care can contribute to inefficiency in the use of labor. Many parents, especially single parents and low-skilled workers, may work reduced hours or opt to remain out of the labor force if they lack access to affordable child care."

The NYS REDCs are using their leadership roles to address child care and community needs as part of their overall plan for economic development and growth. NYS Lieutenant Governor Hochul is chair of the statewide REDC and is also the

128 Rosa, B.A., Young, L.W., Reyes, L.O., & Elia, M.E. (2018). *Final recommendations. NYS Board of Regents early childhood workgroup's blue-ribbon committee*. Retrieved from [http://www.regents.nysed.gov/common/regents/files/ECBRC\\_Final%20Report%209.17.18\\_USE.pdf](http://www.regents.nysed.gov/common/regents/files/ECBRC_Final%20Report%209.17.18_USE.pdf).

129 Betterley, C., Akhtar, S., Antos, S., & Grasso, G. (2014). *Still mending the patchwork: A report examining county-by-county inequities in child care subsidy administration in New York State*. Retrieved from <http://empirejustice.org/wp-content/uploads/2018/01/still-mending-the-patchwork.pdf>

130 RegionTrack. (2019). *Child care in state economies: 2019 update*. Retrieved from <https://www.ced.org/assets/reports/childcareimpact/181104%20CCSE%20Report%20Jan30.pdf>

co-chair of Governor Cuomo's Child Care Availability Task Force. This Task Force was established as part of the Women's Agenda to develop innovative solutions to improve access to quality, affordable child care in NYS.

### **Tax Credits and Child Care Funding**

There are several tax credit options to support child care funding. The NYS Child and Dependent Tax Care Credit is available to families with incomes between \$50,000 and \$150,000. This credit may be claimed regardless of whether the federal child and dependent care credit is claimed. Another tax credit is the NYS Employer-Provided Tax Credit, a credit for qualifying expenditures in providing child care alternatives for employees. Qualified child care expenditures include operating costs of a qualified child care facility of the taxpayer or under contract with another taxpayer, as well as amounts paid or incurred to acquire, construct, rehabilitate, or expand property used as part of a care facility of the taxpayer.

Several other tax credits to support ECCE programs are being explored by the ECAC. These include:

- **Enhanced Child and Dependent Tax Credit:** Families would receive this refundable tax credit if they are eligible for the state's child and dependent care tax credit, and their child care provider participates in a recognized quality measurement system, like QUALITYstarsNY, or has taken steps to ensure high quality care.
- **Child Care Provider Tax Credit:** Child care providers who own and operate an ECCE program where care is given to children in which their family would receive a child care subsidy.
- **Child Care Directors and Staff Tax Credit:** Early child care professionals would receive a refundable tax credit for advancing their career qualifications while working for at least six months out of a year in a licensed child care facility that participates in a quality rated or quality measured accredited organization directly related to ECCE. Additionally, early childhood educators would have to be registered in The Aspire Registry, which tracks the credential and professional classification levels for early childhood professionals.
- **Business-Supported Child Care Tax Credit:** Businesses that support quality child care would be eligible for a refundable tax credit based on the child care program's participation in a quality rated or quality measured accredited organization directly related to ECCE.
- **Child Care Resource and Referral Agencies Tax Credit:** Businesses would be able to receive a tax credit for donations made to CCR&Rs.

To date, the various tax credits adopted in NYS to assist families and businesses involved in the ECCE system have helped families, yet the challenge remains to reach all who are eligible. Efforts are underway to disseminate information about these credits across the state, and their success will be monitored as a part of the NYSB5 grant.

# Transition Supports and Gaps

**Key Findings:** Transition processes between ECCE programs are prescriptively supportive for select groups of children and families – those receiving EI or preschool special education services – yet these supportive transition practices do not typically extend to other young children and families. While localities are providing transition supports for all young children and families entering kindergarten, these supports are not universally available.

## Overview

Transitions occur frequently in the life of a young child. They occur when a child enters child care, changes classrooms or programs, receives Early Intervention services and moves into the preschool special education system, enters prekindergarten and then kindergarten. The data gathered through the NYSB5 Needs Assessment process reveals important strengths and weaknesses regarding the transitions young children go through within the NYS ECCE system. It is clear from the various activities and range of guidance materials that NYS recognizes the importance of supporting transitions and continues to incorporate transition supports into practice. Currently, in NYS, the transition process is very supportive for many children and families, but efforts could be improved to reach all children and families. For example, transitions for children and families in HS programs or those receiving EI or preschool special education services are highly standardized and must include certain activities and timelines. On the other hand, most families involved in child care facilities and family child care receive little or no formal guidance when a child transitions to another program or kindergarten.

## Strengths and Weaknesses

Consistent learning experiences and expectations among care and learning settings are important parts of transitions for children. Continuity is achieved when there is an alignment of goals and a shared understanding among providers. There are several especially strong initiatives and many strong early childhood guidance resources in NYS that promote continuity in learning experiences.

The NYS Early Learning Guidelines (ELG), developed by the ECAC and CCF, aim to standardize expectations and provide a framework for collaboration. The ELGs delineate expected developmental milestones and adult strategies to support development for children from birth to five. Sharing these guidelines across programs allows caregivers and teachers in all ECCE settings to maximize opportunities for child development and success. The ELGs can also help smooth transitions between programs by making expectations clearer and aligning goals among programs.<sup>131</sup> Currently, the guidelines are provided to every licensed child care center in NYS. Through the NYSB5 grant, NYS plans to provide additional training and dissemination of the ELGs, allowing programs, teachers, and caregivers to build learning environments that support children at each stage of their development. Higher education teacher degree programs are urged to use the ELGs as a foundational text, hoping to establish common means for understanding of developmental progress in children birth through five years old. This alignment strengthens the partnerships among children, parents, child caregivers, and administrators working in these systems.<sup>132</sup> The NYS ELGs are currently being revised and disseminated as part of the NYSB5 grant to better support infants and toddlers and to extend up to age eight.

In 2017, the NYS Board of Regents approved the Next Generation Learning Standards. To support early learning educators in implementing these standards, SED created the NYS Prekindergarten & Kindergarten Learning Standards Resources. These documents are intended to be used as a reference tool by teachers, specialists, and administrators to design curriculum and to plan learning opportunities. They can also be used as a tool to focus discussion on early learning for educators, policy makers, families and community members. Each provides a uniform format for the learning standards within each developmental domain and content area.

The importance of smooth transitions is incorporated into other early childhood documents that are being widely

<sup>131</sup> New York State Early Childhood Advisory Council, & The New York State Council on Children and Families. (2012). *New York State early learning guidelines*. Retrieved from: <https://www.ccf.ny.gov/files/7813/8177/1285/ELG.pdf>

<sup>132</sup> The National Center on Quality Teaching and Learning. (2018). *National & state perspectives on the importance of the transition to kindergarten: Building connections for success*. Presentation at the Kindergarten Transition Summit Orientation, Latham, NY.

distributed with NYSB5 funds. The CBK document provides information about the five developmental domains for early care and learning professionals. With NYSB5 funds, this guidance document will be distributed at train-the-trainer institutes and to higher education teacher preparation programs. In addition, eight Developmentally Appropriate Practice Briefs provide research-based practical guidance and strategies to promote effective and developmentally appropriate practices, from prekindergarten through grade three, and will be widely disseminated and used as a resource within the ECCE field.

HS has strong and well-defined transition processes, thereby easing transitions for children and families. According to the most recent (2018) HS Collaboration Project Needs Assessment, HS programs provide a clear educational path for its participants who are moving from EHS to HS. Similarly, the transition between HS and kindergarten is particularly strong because of HS's emphasis on preparing children for future academic success. HS's educational alignment with both the ELGs and the HS Child Outcomes Framework strengthen and standardize expectations.<sup>133</sup> This alignment helps to establish and enforce educational goals across program sites. Additionally, the HS Needs Assessment showed a marked increase over time in the number of HS programs that are partnering with local educational agencies to facilitate transitions from HS to kindergarten. There is still room for improvement when it comes to collaboration, but the Needs Assessment from the NYS HS Collaboration Project shows growth in this sector.<sup>134</sup>

The strength of the transition process between HS and kindergarten was echoed by NYSB5 Needs Assessment focus group participants. HS administrators and direct caregivers spoke of the clarity and consistency of HS's educational goals and classroom objectives. HS administrators in the North Country stated that, as per HS regulations, their program goals are always aligned to school readiness goals; in EHS, lesson plans and activities are developed with the specific end goal of preparing children to succeed in the kindergarten classroom. NYSB5 Needs Assessment focus group parents whose children participated in HS also expressed their high satisfaction with the transition process from HS to kindergarten. They reported their children were highly prepared for the kindergarten curriculum and were able to visit a kindergarten classroom before starting school. Parents had the information they needed to feel comfortable with the transition their child was going through.

Based on the proven successes of the transition practices required of HS programs, CCF with NYSB5 funds, and in partnership with SED, the New York Association for the Education of Young Children and the Early Care and Learning Council, hosted a statewide Kindergarten Transition Summit Orientation (on March 12, 2019). This Orientation attracted nearly 100 participants and provided a forum to teach participants about the importance of supporting early childhood transitions in their own communities. Participants then were invited to apply for funding to host regional transition summits to bring together school district administrators, prekindergarten and kindergarten teachers, CCR&R agencies, special education providers, HS programs, CBOs, family child care providers, child care centers, parent organizations, health care providers, and other local stakeholders. To date, more than ten regional summits have been held and more are planned. The interest was overwhelming and more than the originally anticipated number of summits are being conducted with NYSB5 funding.

While there is a strong transition process between HS and kindergarten, a number of challenges were identified during the course of this NYSB5 Needs Assessment. Some parent focus group participants expressed that they feel a lack of cooperation between HS and school districts and a lack of support once their child enters kindergarten. These parents also noted that the partnership between HS programs and the local school district can feel strained. HS administrators and staff are required to visit kindergarten classrooms and establish partnerships with local schools to ensure smooth transitions. Administrator focus group participants reported that while this can be effective, it is often not realistic. These administrators explained that though their programs attempt to establish relationships with their local schools, schools can be slow to respond. This can lead to stress and anxiety for children and their parents. It is important to note that NYS has over 700 school districts, and there is a range of support for transitions among the many districts. Another challenge is the number of school districts one HS may need to engage for the purposes of setting up effective and successful transitions for prekindergarten to kindergarten. For example, one HS might have children transitioning into 12 or more different school districts.

Results from the NYSB5 Needs Assessment parent and administrator focus groups also indicate that the transition from EHS to HS can be challenging due to a lack of available spots in HS programs (especially when the transition occurs in the middle of the year), a strong familial attachment to EHS programs and staff, and difficulty transitioning from home-based services to center services in some areas of the state.

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<sup>133</sup> The Early Childhood Advisory Council and New York Works for Children. (2012). *New York State early learning guidelines*. Rensselaer, NY: The Council on Children and Families.

<sup>134</sup> New York State Head Start Collaboration Project. (2018). *State needs assessment 2018*. Retrieved from <https://www.ccf.ny.gov/council-initiatives/head-start-collaboration-project/>

In contrast to the substantial information on the strengths and weaknesses of transitions for HS programs, there are fewer data points for the transition processes of privately owned child care centers. Direct care focus group participants spoke about transitions in family-based child care. Specifically, FCC home owners and GFCC home owners expressed being unclear about which skills were necessary for children to have in order to succeed in a kindergarten classroom. Similarly, parents who send their children to child care centers spoke of feeling as though there were no supports in place to ensure a smooth transition. Conversely, some administrator and parent focus group participants spoke highly of their programs' transition resources. From visiting kindergarten classrooms, practicing riding the bus, to formal kindergarten readiness assessments, individual programs across the state do promote and facilitate this important transition for young children. Overall, these data points suggest that there can be dramatic differences between HS's transition process and the more ad hoc transition processes of privately owned child care centers, making it hard to assure equitable care for children across the state.

Yet, as described above, with NYSB5 funds, the HS approach to planning transitions by thoughtfully engaging all partners is being replicated across the state. The intent of this initiative is to help communities learn how to better support children and families as they move from one early childhood system or setting into another and to best promote the success of our youngest learners by creating transition teams in their community that will meet regularly and work together throughout the year to strengthen the transitions for families and teachers.

### ***Transition Supports for Children with Disabilities***

Transition procedures for children with disabilities is an area of strength for New York. In part, this is because federal and state laws prescribe transition processes between the EI Program and the CPSE and between CPSE to the Committee on Special Education (the K-12 special education system). Yet, unlike the transition between preschool special education and K-12 special education which both occur in the school system, the transition between the EI Program (overseen by DOH) and preschool special education (overseen by SED) requires two separate systems to work together to ensure a smooth transition. This is accomplished through a specific set of activities and prescribed timeline which is individualized for the child and family and offered regardless of program or setting.<sup>135</sup> Typically, EI service coordinators provide this information to families. School districts also offer transition planning conferences and invite EI coordinators and providers, parents, and the school district's CPSE coordinator to attend. The percent of children referred by Part C (EI) prior to age three, who are found eligible for Part B (preschool special education), and who have an IEP developed and implemented by their third birthdays is reported by SED annually in the targets identified in the SPP through an Annual Performance Report (APR).<sup>136</sup> NYS's performance in this indicator is adversely impacted as a result of NYS Public Health Law that allow a parent to opt to have their child who is already receiving EI services to continue such services beyond their third birthday.

Similar to the EI to CPSE transition, the CSE must follow a timeline and set of procedures for determining the child's eligibility for receiving supportive services in kindergarten. Meetings are then scheduled which include parents, preschool special education administrators, and service providers to discuss the child's eligibility and a new plan once the child enters kindergarten.

SED recently published a parent-friendly "Resource to Special Education Services from Birth to Third Grade" that provides information about special education services and clearly describes what to expect when transitioning from one support to another. This resource is being widely distributed by the NYSB5 partners.

Overall, these processes require individuals, and in some cases systems, to work together to ensure the continuation of services. While procedures are carefully planned and followed to ensure continuity, and a number of helpful resources exist, some NYSB5 parent focus group participants shared that they feel a lack of emotional supports for families undergoing these changes. For example, a parent focus group in Western New York reported that while transitions from EI to preschool special education to special education in the K-12 grades are carefully outlined on paper, families still experience this process as stressful and anxiety inducing. Parents reported feeling as though there was less direction provided to them once their children left EI and transitioned to preschool special education. Similarly, several parents spoke of a lack of consistency between services and a lack of awareness of the social-emotional needs of their children for whom routines are essential. The work to prepare children for these transitions often falls on the parents, who must personally arrange times to visit new classrooms, practice new bus routes, and rehearse new eating schedules.

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<sup>135</sup> New York State Education Department. (2018). *A resource to special education support services, from birth to third grade*. Retrieved from <http://www.p12.nysed.gov/earlylearning/documents/AResourcetoSpecialEducationSupportServices.pdf>.

<sup>136</sup> New York State Indicator 12: Early Childhood Transition Historical Data and Targets is reported to the U.S. Department of Education and is publicly available at: <https://osep.grads360.org/#report/apr/2017B/Indicator12/HistoricalData?state=NY&ispublic=true>

### **Targeted Supports for Vulnerable or Underserved Populations**

NYSB5 focus group discussions reveal gaps in the transition to kindergarten specific to vulnerable populations. For example, in a Mid-Hudson parent focus group, participants described the transition to kindergarten process as “chaotic” for immigrant families. Participants explained that there is little to no information on how to fill out kindergarten registration forms correctly, or resources available in the family’s preferred language to provide support in successfully completing the registration process. For rural populations in NYS, home-based care providers discussed their own confusion with the special education transition process. While some providers are more comfortable leading parents through the process, others shared that they feel unsure about the steps that need to be taken in order to ensure smooth transitions. Several focus group participants did describe a new program offered by the Office of New Americans to provide support in the transition process for immigrant families. The Community Navigator Program assists families in managing the transition to kindergarten.

### **Information Sharing**

Transition supports are inconsistent across the state and among program types. Information sharing between early childhood organizations and parents is one way in which this disparity manifests itself. When it comes to letting parents know about kindergarten registration, some of the efforts cited as most successful include door-to-door outreach, advertisement at neighborhood festivals, TV and radio ads, advertisement in local papers, church bulletins, hospitals, laundromats, grocery stores, hair salons, and WIC offices. In one NYC borough, volunteers go door-to-door and leave a “recruitment door hanger” with information about the registration process. Another NYC school successfully partners with a local Chinese food restaurant to print information about kindergarten registration on food cartons. This information is made available in four different languages. Data shows that this initiative led to a 10% increase in kindergarten registration the fall after its implementation. This shows that information sharing can have a demonstrable impact on ensuring a smooth transition between programs<sup>137</sup> and helps children start kindergarten on time. In Buffalo schools they use Ready Freddy materials and calendars to support the full community in the transition to kindergarten.

The data collected during NYSB5 Needs Assessment focus groups indicate that there are inconsistencies in the provision of transition supports. For example, in the North Country some parents spoke about the strengths of their program’s information sharing system. These programs use welcome packets, children’s books, lists of resources and schedules to help parents understand what their role is in the transition process. While many lauded these efforts, others explained that the packets were great for adults, but they did little to ease the stress of the children. They wanted more information to be shared with the children themselves in a manner that was developmentally appropriate. Other parents in the North Country claimed to have received no written information about the transition process. This, again, highlights how different the process is from one child care program to another in the various areas of the state.

### **Innovative Efforts to Support Transitions**

The data collected for the NYSB5 Needs Assessment reveal several promising initiatives that aim to close some of the transition gaps identified thus far. Organizations like HS are working at a federal level to determine practices that could help make gains in the early childhood sector. HS research helped develop some of the strong transition practices adopted by HS nationally. According to the HS research, successful transitions should follow six essential steps. First, they must assess partnerships among affected individuals; second, they must identify the goals of the transition and align those goals among partners. Third, they must evaluate the current systems in place; fourth, they must examine the data. Fifth, they must plan and prioritize changes to the current systems; lastly, they must implement and evaluate those changes. Research suggests that this multi-step transition process could help alleviate some of the strains experienced by children, parents, and teachers who are undergoing transitions between early childhood programs and from early childhood programs into the school system.<sup>138</sup> These activities all help build positive relationships in the community.

As described above, CCF, with funds from the NYSB5 grant, is sponsoring local Kindergarten Transition Summits to help guide early care and education providers, CCR&Rs, school districts, and many other stakeholders to alleviate some of the stress produced by transitions. These Summits bring together early childhood professionals, public school principals, and teachers, and community partners to discuss and exchange best practices for a smooth transition to kindergarten and build local transition teams. The Kindergarten Transition Summit Orientation held in March 2019 also helped to highlight some of the practices that have been most useful for families transitioning from early childhood care and education programs into kindergarten, such as:

- Have child and family visit a kindergarten classroom

<sup>137</sup> The National Center on Quality Teaching and Learning. (2018). *National & state perspectives on the importance of the transition to kindergarten: Building connections for success*. Presentation at the Kindergarten Transition Summit Orientation, Latham, NY.

<sup>138</sup> National Center on Quality Teaching and Learning. *Effective transitions to enhance school readiness*. Retrieved from <https://slideplayer.com/slide/3889352/>

- Meet with a kindergarten teacher
- Meet with the principal
- Take a tour of the school
- Talk with preschool staff about kindergarten
- Talk with parents of child's new classmates (while children play together)
- Participate in elementary school-wide activities the year before kindergarten entry
- Meet with child's anticipated kindergarten teacher
- Attend an orientation to kindergarten<sup>139</sup> at the school or even virtually

These practices reflect the importance of knowledge and familiarity with the transition process. Working to ensure local agencies are collaborating to make this familiarity possible is an important step in improving current systems and in easing the stress of children and families related to transitions.

NYS has also implemented several projects to assess a program's transition process. For example, with funds received from the initial Preschool Development Grant (PDG 1), a population-based measure known as the Early Development Inventory (EDI) was implemented in the three PDG 1 school districts to evaluate children's readiness for school. The goal is that after several months of close observations, kindergarten teachers can interpret the possible outcomes of their students. This gives communities an opportunity to identify their specific needs, and in turn, make necessary adjustments. During the program's first year of implementation, information was collected from Watertown, Port Chester and Uniondale school districts. Based on the EDI findings, these communities were able to map their assets and lay out which initiatives would be beneficial to their population and which services would be deemed unnecessary going forward. For example, Port Chester's children scored highest on physical health and wellbeing; they scored lowest on communication and general knowledge. Mapping assets and identifying needs are important steps in helping communities to focus and, thereby, improve, transition processes and overall school readiness.

Much in the same vein as the EDI, SED has developed a kindergarten transition checklist. The checklist is a tool for assessing a school district's effectiveness in transitioning children from prekindergarten to kindergarten. The self-assessment directs districts and programs to assess how strongly they consider different elements of a transition plan. Each question can be answered as either implemented, in process, or not implemented. The checklist also includes a column to note the implementation status, a useful archive of a district's and programs' reflection process. The questions are organized into three categories: Information About Early Childhood Programs, Information About Incoming Kindergarteners and Their Families, and Family Engagement Plans and Activities. This planning tool is intended to help districts reflect on their plans for effective transitions and signal areas of possible improvement.<sup>140</sup>

In addition, the First 1,000 Days on Medicaid Initiative, which has brought together a cross-section of over 200 experts from education, child development, child welfare, health care, and mental health, to create a groundbreaking 10-point plan to improve outcomes for children birth through three years, is working on selecting a menu of tools for districts to use as a kindergarten readiness measure. Furthermore, NYS agencies have a number of websites that provide information about available services and supports. As mentioned in earlier sections of this report, four family-friendly websites with cross-agency resources specific to families with young children will be available through a Parent Portal on CCF's website. Also, there are community helplines (211 and 311) that connect families to local resources, as well as support groups for families, such as Parent to Parent of NYS that works to empower families raising children with disabilities.

What these different initiatives and resources underscore is NYS's commitment to helping children and families transition in the early years. The breadth of these initiatives and resources also suggest that transition processes require many different parties to work together for the wellbeing of the child. In short, there is a growing recognition that for transitions to work, collaboration between all stakeholders, including children, families, early care and education providers, school teachers and administrators, healthcare providers, and community organizations, is essential. NYS has many examples of strong transition practices, yet with such a large, diverse, and complex state there remains more work to reach all communities and families with young children.

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139 NYSB5 Project. (2019). *Kindergarten transition summit orientation*. Retrieved from: [https://www.ccf.ny.gov/files/2315/5232/7204/Summit\\_Orientation\\_Agenda\\_and\\_Slides\\_for\\_website\\_link.pdf](https://www.ccf.ny.gov/files/2315/5232/7204/Summit_Orientation_Agenda_and_Slides_for_website_link.pdf)

140 New York State Education Department. (2014). *Tool to assess the effectiveness of transitions from prekindergarten to kindergarten*. Retrieved from: [http://www.p12.nysed.gov/earlylearning/documents/FinalDistrictPKKTransitionSelfAssessmentmar19FINAL\\_1.pdf](http://www.p12.nysed.gov/earlylearning/documents/FinalDistrictPKKTransitionSelfAssessmentmar19FINAL_1.pdf)

# System Integration and Interagency Collaboration

**Key Findings:** *New York State's expansive early childhood infrastructure and investments in ECCE programs and services reflect a strong commitment to supporting young children and families. However, the state's current ECCE system, with multiple oversight agencies and corresponding differences in governing laws, regulations, and policies, varying funding streams, workforce qualifications, and compensation scales translate into inequitable access to quality ECCE opportunities, especially for the state's most vulnerable children and families. Additionally, there is a need for increased parent involvement as it relates to early childhood education policy.*

## Policies and Practices to Support Interagency Collaboration

Under Governor Cuomo's leadership, New York's commitment to building a stronger and more effective ECCE system has been pronounced. The actions and support for young children and their families in NYS are evidenced by:

- More than doubling the state-administered prekindergarten program, bringing the total amount of funds in NYS from \$385 million to just under \$900 million.
- Codifying the ECAC to make recommendations to improve the early care and education system in NYS. The ECAC is engaged in analyzing the needs identified in this NYSB5 report to develop a responsive Strategic Plan.
- Enacting the nation's strongest and most comprehensive Paid Family Leave policy.
- Directing the NYS DOH to lead the First 1,000 Days on Medicaid Initiative, which brought together a cross-section of over 200 experts from education, child development, healthcare, child welfare, and mental health to create a groundbreaking 10-point plan on how to improve outcomes for our youngest New Yorkers.<sup>141</sup>
- Expanding and making NYS a leader in ensuring all children have access to health insurance.
- Creating the Child Care Availability Task Force, co-chaired by the Lieutenant Governor, and the Commissioners of the NYS Department of Labor (DOL) and the NYS OCFS and comprised of early childhood experts to address access to quality, affordable child care in NYS.<sup>142</sup>

Furthermore, the NYS Board of Regents submitted recommendations to the Governor and Legislature, which were developed by the Regents' Early Childhood Blue Ribbon Committee, another group of early childhood experts convened to align and enhance the early care and education system in NYS.<sup>143</sup>

While it has been shown in other sections of this Needs Assessment that programs and services in NYS's ECCE system have historically been, and to some degree remain, fragmented and siloed, the above efforts show that NYS is moving toward a stronger and more unified ECCE system.

As described earlier in this NYSB5 Needs Assessment, CCF has implemented a number of initiatives that reflect effective and supportive interagency collaboration, all detailed earlier in this report. These include:

- The Pyramid Model for Supporting the Social and Emotional Development of Infants and Toddlers (Pyramid Model) is an evidence-based framework designed to build social and emotional competence in early care and education programs.<sup>144</sup> This initiative aims to increase the number of early childhood trainers and coaches providing professional development to the early childhood workforce to meet the social and emotional development needs of young children, support partnerships between practitioners and parents, and support implementation and evaluation of

141 Zero-to-Three (2018). *New York launches first 1000 days on medicaid initiative*. Retrieved from <https://www.zerotothree.org/resources/2520-new-york-launches-first-1000-days-on-medicaid-initiative>

142 Cuomo, A.M. (2018). *Governor Cuomo announces launch of the child care availability task force*. Retrieved from <https://www.governor.ny.gov/news/governor-cuomo-announces-launch-child-care-availability-task-force>

143 Rosa, B.A., Young, L.W., Reyes, L.O., & Elia, M.E. (2018). *Final recommendations. NYS Board of Regents early childhood workgroup's blue ribbon committee*. Retrieved from [http://www.regents.nysed.gov/common/regents/files/ECBRC\\_Final%20Report%209.17.18\\_USE.pdf](http://www.regents.nysed.gov/common/regents/files/ECBRC_Final%20Report%209.17.18_USE.pdf).

144 The New York State Council on Children and Families. (2016). *Building system capacity in New York to support children's social-emotional development*. Retrieved from <http://www.nysecac.org/contact/pyramid-model/general-information>

the initiative itself. CCF led the effort in assembling a State Leadership Team of public and private agencies. Initial funding was provided by CCF, the HS Collaboration Project, NYS Project Linking Actions for Unmet Needs in Children's Health, NYS Early Childhood Comprehensive Systems Impact grant, and later by partner agencies (including OMH, SED, OCFS, the NYS United Teachers), and now the NYSB5 grant is helping to implement statewide.<sup>145</sup> The NYSB5 grant is implementing three regional Pyramid Model Hubs to locally support the coordination of Pyramid efforts. In addition, the NYSB5 project is developing a Pyramid Model Data System that provides centralized Pyramid Model data from all Pyramid Model Implementing Programs in NYS, further coordinating this initiative.

- The Early Childhood Comprehensive Systems project is working with two communities in NYS, taking a collective impact approach to coordinating local services to improve developmental health and family well-being among children through age three and their families. This project aligns and supports NYSB5 efforts.
- Kindergarten Transition Summits, described earlier in this report, are being advanced with NYSB5 funds to engage all ECCE stakeholders.

Cross-sector collaboration also is evidenced in the NYS Child Care Development Fund Plan. In this OCFS-led Plan, a number of interagency collaborations were described including plans to coordinate with LDSS, ECAC, tribal organizations, and HS and EI providers to increase access and affordability to ECCE programs and services.

Effective and supportive interagency collaboration is also seen in the ECAC's engagement with QUALITYstarsNY. A full discussion of QUALITYstarsNY can be found in the section of this report dedicated to the Availability and Quality of Early Childhood Care and Education.

Another best practice modeling system integration is ECAC's SharedSourceECNY, which was developed in collaboration between the New York Association for the Education of Young Children, and the Early Care and Learning Council.<sup>146</sup> SharedSourceECNY serves as a centralized hub for people who work in the early childhood system, enabling ECCE professionals to share resources. This system allows for the streamlining of early childhood education knowledge and collective buying power. It also facilitates easy access, equity of information, and shared best practices among participants. The NYSB5 project is helping to expand the awareness about the existing SharedSourceECNY resource and grow its application beyond its current scope.<sup>147</sup>

New York Works for Children, a statewide system for integrated professional development for people working in early childhood education, is also doing important work in the realm of collaboration. Funding for this program comes from multiple city and state agencies. This initiative was conceptualized by the ECAC, and today, the New York Early Childhood Professional Development Institute manages its day-to-day operations. The Aspire Registry was established as part of this initiative.<sup>148</sup> A full discussion of both New York Works for Children and The Aspire Registry can be found in the section of this report dedicated to the Availability and Quality of Early Childhood Care and Education.

DOH's Office of Health Insurance Programs also has undergone changes to improve its overall system of care. Notably, this office created a Social Determinants of Health Bureau, recognizing that health outcomes are connected to economic stability, education, social and community supports, and the neighborhoods where people live.

In short, there are meaningful intersections across these agendas, policies, and practices, as evidenced by the overlapping work, goals and recommendations of the above cross-sector efforts. All highlight the importance and share the commitment to building more coordinated and responsive systems that engage early learning, promote strong families, and place young children on a trajectory to success.

When examining practices that encourage interagency collaboration, it is essential to discuss the work of local organizations. Many CCR&Rs have taken the lead in centralizing services, referral information, and community support. In the North Country, parents and direct care staff who participated in NYSB5 focus groups referenced the Child Care Coordinating Council of the North Country (CCCCNC) as an effective resource for accessing and finding information related to early care and education. In the Southern Tier, focus group participants spoke about their reliance on Pro Action of Steuben and Yates, a community action organization that organizes children's programs, family programs, and connections to a network of community partners. This organization is committed to referring families to social services

<sup>145</sup> The New York State Council on Children and Families. (2018). *New York State pyramid model partnership supporting social emotional competence in New York State's young children*. Retrieved from [http://staging.nysecac.org/application/files/6615/5732/6956/Pyramid\\_Overview.September\\_2018.pdf](http://staging.nysecac.org/application/files/6615/5732/6956/Pyramid_Overview.September_2018.pdf)

<sup>146</sup> New York State Association for the Education of Young Children (2019). *SharedSource ECNY*. Retrieved from <http://nysaeyc.org/sharedsource-ecny/>

<sup>147</sup> The New York State Council on Children and Families (2019). *Early childhood New York (ECNY) shared services*. Retrieved from [https://www.ccf.ny.gov/files/6415/5680/7467/A4\\_SharedSvcs.pdf](https://www.ccf.ny.gov/files/6415/5680/7467/A4_SharedSvcs.pdf)

<sup>148</sup> New York Works for Children (2019). *The Aspire Registry*. Retrieved from <http://nyworksforchildren.org/>

when needed, including the WIC program, HEAP, and Food Assistance Program.<sup>149</sup> In Western New York, a parent focus group specific to children with special needs talked about how instrumental the Parent Network of Western New York had been in connecting their families to services and in providing a safe and encouraging community. Notably, a CBO in the North Country hosts a no-cost developmental screening “day” once per month at their location. Several NYSB5 focus group parents shared that participating in this screening led to a variety of referrals and resources to other programs that benefitted both their children as well as their entire family. It is important to note that this particular CBO has established relationships with other providers in the area, including medical providers, support services, and other social services, enabling them to connect families with these needed services.

Coordination efforts at the local level are also supported through Help Me Grow initiatives in three NYS regions (Western NYS, Central NYS and Long Island). Help Me Grow serves families with children ages zero through age five and links families and caregivers to information and community resources on child development and parenting, provides personalized connections to local services, and creates partnerships with human services agencies, educators, and health care professionals that strengthen families. The Help Me Grow communities in NYS all partner with their local 211 hotline, a free and confidential link to health and human services that can be accessed in addition to the NYS Growing Up Healthy Hotline administered through DOH.

Other examples of practices supporting interagency collaboration include cross-sector referral systems such as the Rural Health Network of South Central New York, Community Services, Family Health Centers of NYU Langone, Montefiore Health System, Socially Determined Inc., and Unite Us Healthy Together Referral Network.

Finally, the NYSB5 grant is funding the HV Coordination Initiative, led by Prevent Child Abuse New York, to coordinate the home visiting network in NYS by convening home visiting summits in each of the 10 economic development regions.

## Practices in Place that Hinder Interagency Collaboration

NYS is replete with early childhood initiatives from state organizations involved in inter-agency efforts to improve the coordination of the NYS ECCE system. As NYS updates its NYSB5 strategic plan, it is recommended that strategies to cross-pollinate these initiatives be included. Individually each initiative is important; however, it is through collaboration that optimal outcomes will be achieved.

At both the state and local levels, Needs Assessment focus group data reveal that there are barriers to effective interagency collaboration between state agencies and local providers. Many administrator and direct care focus group participants spoke about the inconsistencies in regulations across state agencies. What satisfies one agency requirement may not satisfy another. This makes it difficult for local providers to coordinate with the state and continue to meet all oversight agency requirements. For example, if a program receives funding from multiple state agencies (e.g., OCFS, SED, DOH), and also must comply with local or municipal health codes, the regulations will differ in terms of square footage per child, staffing requirements, and napping (i.e., napping does not count toward instructional time, therefore, special education preschool classrooms may not include this time toward the minimum time they are required to devote for instruction).

## Funding Policies that Hinder Collaboration

Coordination among agencies and systems is often complicated. Organizational differences—differences in agencies’ structures, planning processes, and funding sources—can challenge effective partnerships. A discussion of both the variety of agencies and organizations serving young children in NYS and funding barriers that impact collaboration can be found in the section on the Barriers to the Funding and Provision of High-Quality ECCE Services and Supports in this report. State and federal agencies often lack the mechanisms and the funding necessary to execute proper collaboration during the planning and strategizing of a project, making it difficult to incorporate these practices as projects progress.

One of the biggest difficulties for establishing effective partnerships in the ECCE system relates to separate funding streams, each with their own requirements. This can impact programs in both small and large ways—from additional paperwork and administrative burden to programs being physically separate from each other within a common space. For example, in both administrator and direct care focus groups, participants revealed that while state-administered prekindergarten and HS programs may be located in the same building, they must maintain separate playgrounds as one is part of the public school and the other is part of HS, and HS must comply with child care regulations and thus cannot be out of ratio (like on a playground that might have other children on it, or in a lunchroom that has other classes eating

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<sup>149</sup> ProAction of Steuben and Yates (2019). Retrieved from <http://proactioninc.org/>

at the same time). This creates both physical and programmatic barriers to collaboration. Compliance with ratios, mixing of age groups, and screening of staff, therapists, nurses, bus drivers, and volunteers all become part of the barriers to collaboration.

While research shows that braiding and blending funding sources can lead to more comprehensive care, funding agreements are often hard to establish. This is, in part, because funding sources are varied, each with its own restrictions and reporting requirements. Too often it is difficult to harmonize different streams of public and private funding into one cohesive system that responds to the financial needs of the ECCE system. Current public funding strategies may lead to disparities in ECCE programs depending on where a child lives and how well they fit eligibility criteria. Added to this is the fact that funding for regular programming and specialized programming may conflict rather than complement one another.

There currently is tremendous energy and commitment to ensuring that New York's youngest children are given the strongest start possible, especially those whose families face economic hardship and other impediments to success. The reality remains, however, that the coordination of administration and service delivery systems by multiple state agencies, each with its own rules, priorities and programs to meet specific needs of children and families, and each with its own local counterparts, makes it difficult to implement a coordinated, comprehensive ECCE system. With the CCF's broad view of health, education, and human services and the ECAC with its laser focus on the younger years, coupled with the NYSB5 grant elevating family voice and serving as a catalyst, comprehensive early childhood policy and program responses to complex issues can be developed, and, in turn, implemented by the respective oversight and administering agencies. In short, New York is well on its way to transforming its ECCE system to ensure that its youngest and most vulnerable citizens are placed on a successful lifetime trajectory.

## Practices to Promote Effective and Interagency Collaboration

As described throughout this Needs Assessment, NYS is experiencing an unprecedented groundswell of activity that recognizes the importance of building connections between early childhood care, education, healthcare, and other support services and engaging families in furthering these connections. There are a number of interagency initiatives dedicated to making these connections. At the same time, the state's early childhood work is being advanced by the ECAC and the expertise this gubernatorial-appointed advisory body brings to guide policies impacting New York's young children and families. The NYSB5 grant has furthered interagency collaboration and supported cross-sector systems-building. **Appendix S** provides an overview of the NYS Birth through Five System Partners and the activities of each.

Notably, fundamental and long-standing support for interagency collaboration around policies and practices to improve the wellbeing of children and families within the state comes from CCF.<sup>150</sup> Established as a state agency nearly 40 years ago as a convener, innovator, and change agent among the state's health, education, and human services agencies, the unique value of CCF is its ability to provide a comprehensive, cross-systems perspective critical for the development and implementation of strategies impacting the availability, accessibility and quality of services for children and families.<sup>151</sup> It is through CCF's interagency structure and mission that effective collaboration can and will be advanced and sustained to ensure the success of New York's youngest residents, especially its most vulnerable ones.

In sum, as can be concluded from this Needs Assessment, the NYS ECCE system is comprehensive, complicated, and growing. It serves an increasing number of children ages birth through age five, including a large number of children from vulnerable populations. Gaps exist in many areas of the system, from interagency collaboration to data collection, yet there are also many initiatives in development or already underway to address these gaps. NYS has shown its commitment to ECCE programs and services through legislation, funding, and the creation of coordinating bodies to help families find and utilize needed care and education programs. While there is much work to be done, the state has shown itself to be a leader in its vision and commitment to young children, especially its vulnerable children.

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<sup>150</sup> NYS Council on Children and Families member agencies include: Office of Children and Family Services, Office of Temporary and Disability Assistance, Office of Mental Health, Office for Persons With Developmental Disabilities, Office of Alcoholism and Substance Abuse Services, Department of Labor, State Office for the Aging, Division of Criminal Justice Services, Justice Center for the Protection of People with Special Needs, and the Office of Probation and Correctional Alternatives. (NYS Social Services Law Section 483-c.)

<sup>151</sup> The New York State Council on Children and Families (2019). *About us*. Retrieved from <https://www.ccf.ny.gov/about-us/>.

# Appendices

# Appendix A

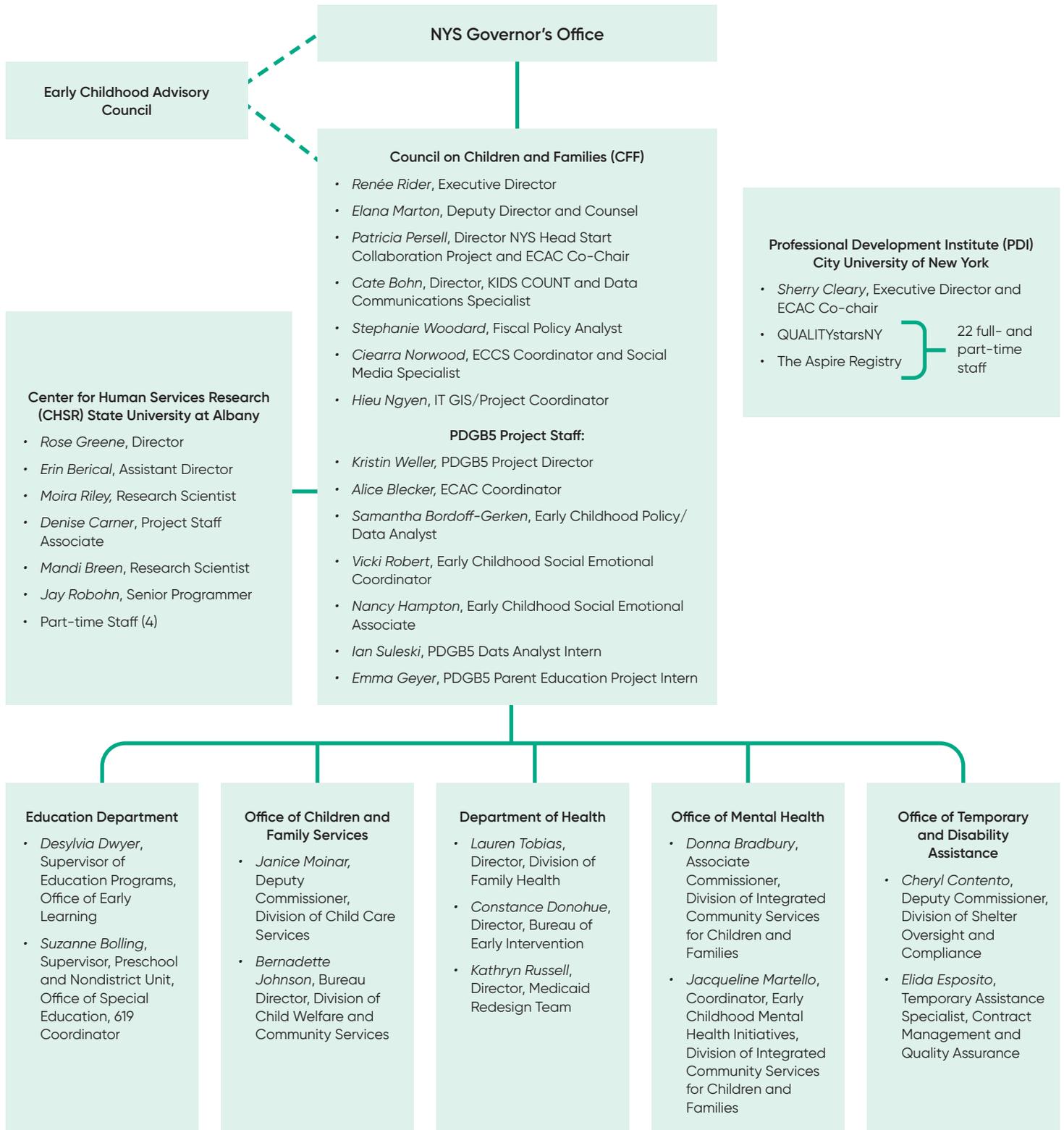
## County by Urban/Rural Designation

Urban		Rural
Albany	Richmond	Allegany
Bronx	Rockland	Cattaraugus
Broome	Saratoga	Cayuga
Chemung	Schenectady	Chautauqua
Dutchess	Schoharie	Chenango
Erie	Suffolk	Clinton
Herkimer	Tioga	Columbia
Jefferson	Tompkins	Cortland
Kings	Ulster	Delaware
Livingston	Warren	Essex
Madison	Washington	Franklin
Monroe	Wayne	Fulton
Nassau	Westchester	Genesee
New York	Yates	Greene
Niagara		Hamilton
Oneida		Lewis
Onondaga		Montgomery
Ontario		Otsego
Orange		St. Lawrence
Orleans		Schuyler
Oswego		Seneca
Putnam		Steuben
Queens		Sullivan
Rensselaer		Wyoming

\* Office of Management and Budget's definition of rural counties, 2013

# Appendix B

## NYS Preschool Development Grant Birth Through Five Organizational Chart



# Appendix C

## NEW YORK STATE EARLY CHILDHOOD ADVISORY COUNCIL

Member	Organization
Sherry Cleary, Co-Chair <sup>SP</sup>	NY Early Childhood Professional Development Institute
Patricia Persell, Co-Chair <sup>SP</sup>	NYS Council on Children & Families, NYS Head Start Collaboration Project
Melissa Alexander	NYS Office of Temporary and Disability Assistance
Melodie Baker <sup>SP</sup>	Rockefeller Institute of Government Early Childhood Research Initiative
Laurie Black	Early Childhood Alliance
Evelyn Blanck <sup>SP</sup>	New York Center for Child Development
Kate Breslin <sup>SP</sup>	Schuyler Center for Analysis and Advocacy
Meredith Chimento <sup>SP</sup>	Early Care and Learning Council
Phillip Cleary	NYS United Teachers
Pedro Cordero <sup>SP</sup>	Region II NY Head Start Technical Assistance Team
Constance Donohue*	NYS Department of Health
Andre Eaton <sup>SP</sup>	Parent Child Home Program
Maggie Evans	Agri-Business Child Development
Melanie Faby	NYS Education Department – Title 1 and Homeless Education
Bob Frawley <sup>SP</sup>	Early Childhood Consultant
Jeanne Galbraith <sup>SP</sup>	NYS Association of Early Childhood Teacher Educators
Timothy Hathaway <sup>SP</sup>	Prevent Child Abuse New York
Simone Hawkins* <sup>SP</sup>	NYC Department of Health and Mental Hygiene
Elizabeth Isakson <sup>SP</sup>	Docs for Tots
Mark Jasinski	NYS Prekindergarten – 3rd Grade Administrators Association
Bernadette Johnson*	NYS OCFS, Division of Child Welfare
Ira Katzenstein	NYS Head Start Association
Kristen Kerr <sup>SP</sup>	NY Association for the Education of Young Children
Abbe Kovacic	Brightside Up (formerly Capital District Child Care Coordinating Council)
Hope LeSane*	Education Trust New York
Larry Marx <sup>SP</sup>	Children's Agenda
Barbara Ann Mattle	Child Care Council, Inc.
Anne Mitchell	Early Childhood Policy Research
Janice Molnar <sup>SP</sup>	NYS OCFS, Division of Child Care
Jenn O'Connor <sup>SP</sup>	Prevent Child Abuse New York
Matthew Perkins*	NYS Office of Mental Health
Rebecca Sanin*	Health and Welfare Council of Long Island
Mary Shaheen	United Way of New York State
Suzanne Sousa*	Stella and Charles Guttman Foundation
Elizabeth Starks <sup>SP</sup>	Chautauqua Lake School
Lauri Strano	Children's Institute
Vanessa Threatte	SUNY Charter Schools Institute
Tina Rose-Turriglio	NYS Education Department
Patricia Uttaro	Rochester Public Library
Joshua Wallack* <sup>SP</sup>	NYC Department of Education

\*Members pending appointment by the Governor.

<sup>SP</sup> Serves on the NYSB5 Strategic Planning Team

More information about the NYS ECAC Members can be found at: <http://www.nysecac.org/>

# Appendix D

## NYSB5 Needs Assessment Survey

### DIRECT CARE STAFF SURVEY

#### Introduction

The Center for Human Services Research at University at Albany, State University of New York ([www.albany.edu/chsr](http://www.albany.edu/chsr)) is conducting a survey to learn about the New York State Early Childhood Care and Education System. The Center is seeking information from people within these groups:

- Administrators of an early childhood program
- Direct care staff, teachers, and direct instruction staff
- Parent, grandparent, foster parent, guardian or caregiver of at least one child age birth through 5 years old who lives with you at least part of the time and who participates in the early childhood system (i.e., child care, Head Start, PreK, nursery school, family child care).

Your survey information will add to our understanding of the early childhood system across New York State. There is a separate survey for each group. You will be asked about your opinions and experiences working or participating in early childhood programs or services. This survey should take approximately 20–25 minutes. Your participation is voluntary, and you are free to skip any question you do not wish to answer. Your answers will only be shared as a summary of all answers; no one outside the research team will know your individual responses. Once you have completed the survey, you can return it in the enclosed self-addressed stamped envelope or mail to:

The Center for Human Services Research  
State University of New York at Albany  
Richardson Hall  
135 Western Ave.  
Albany, NY 12203

**In what type(s) of early childhood program(s) do you currently work? (select all that apply)**

- Child Care Center
- In-home Family Child Care
- In-home Group Family Child Care
- Legally Exempt Child Care
- Early Head Start
- Migrant and Seasonal Head Start
- Head Start
- Nursery School
- State-administered Prekindergarten (e.g, through a school district)
- Other Prekindergarten
- Preschool Special Education
- Early Intervention
- Home Visiting Program (e.g., Healthy Families, Nurse-Family Partnership, HIPPIY ParentChildPlus, Early Head Start, County Health Department, or Parents as Teachers)
- After School Program
- Babysitter/Nanny
- None

IF YOU WORK FOR MORE THAN ONE PROGRAM SERVING AGES BIRTH THROUGH 5 YEARS OLD, PLEASE COMPLETE THE REST OF THE SURVEY FOR THE PROGRAM WHERE YOU SPEND A MAJORITY OF YOUR WORK HOURS.

**How would you describe your organization?**

- For profit
- Not for profit
- Run by a government agency
- Run by an individual/family
- Other: \_\_\_\_\_
- Don't know

**Approximately how many children ages birth through 5 do you directly interact with at work on a typical day? \_\_\_\_\_**

For the following categories, indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs.

	Abundant	Adequate	Insufficient	Does not apply	Don't know
Children receiving Early Intervention or special education services	<input type="radio"/>				
Families currently experiencing homelessness (as defined here: <a href="https://nche.ed.gov/mckinney-vento-definition/">https://nche.ed.gov/mckinney-vento-definition/</a> )	<input type="radio"/>				
Families having immigrant or refugee status	<input type="radio"/>				
Low Income Families (as defined here: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a> )	<input type="radio"/>				
Children are members of a racial/ethnic minority	<input type="radio"/>				
Families whose primary language is other than English	<input type="radio"/>				
Families living in rural communities	<input type="radio"/>				

Indicate which of the following practices are in place to support transitions to kindergarten: (select all that apply)

- Share student assessment information with school districts
- Meet with kindergarten teachers or other district liaison
- Help parents navigate the kindergarten enrollment process
- Take children to visit kindergarten classrooms
- Develop a written transition plan for children
- Other: \_\_\_\_\_
- None

How many hours do you typically work each week? \_\_\_\_\_

What is your current annual salary before taxes?

- less than \$15,000
- \$15,000-\$24,999
- \$25,000-49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000 or more

Indicate your level of agreement with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My current job pays a competitive salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My current salary meets my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select which benefits, if any, are provided by your program. Then select which 3 benefits are most important to you.

	Is the benefit provided by your program?		Select the top 3 benefits most important to you.
	Yes	No	Most Important
Health Insurance for self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance for family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid sick days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job related training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with education costs (tuition, fees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Of the benefits not provided by your program, select which ones, if any, you receive from another source.

- None
- Health insurance for self
- Health insurance for family
- Paid sick days
- Paid vacation days
- Paid child care
- Job related training
- Assistance with education costs (tuition, fees)
- Other: \_\_\_\_\_

What is the highest level of education that you have completed?

- Never attended high school
- Some high school, no diploma
- High school diploma or GED
- Some college credits
- Child Development Associate (CDA) or other credential
- Associate's Degree
- Bachelor's Degree
- Some Graduate coursework
- Master's Degree
- Doctoral Degree

In the past 12 months have you completed any of the following educational activities to help you acquire new skills?

- Attended a workshop provided by your program
- Attended a workshop provided by a professional association or network
- Attended a course at an accredited college relevant to early childhood care/education
- Attended a conference
- Other: \_\_\_\_\_
- None

Indicate your level of agreement with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have the necessary education to perform my best at my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the necessary training to perform my best at my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following are challenges that affect your ability to receive more education/training?  
(select all that apply)

- My program does not offer professional development
- I cannot afford to pay for education/training
- I do not have time for education/training
- I do not have childcare to free up the time I need for education/training
- I do not have transportation to travel for education/training
- I am not interested in more education/training
- Other: \_\_\_\_\_
- None

**What professional development topics would be most useful to you in your current job? (select all that apply)**

- Health and safety in the classroom
- Working with children with physical needs
- Working with children with emotional or behavioral needs
- Working with children whose primary language is not English
- Planning activities that meet the needs of all the children in the class
- Working with children and families that are currently experiencing homelessness
- Working with children and families that are recent immigrants or refugees
- Engaging families in their children's activities in the program
- Designing curricula for individual children
- Preparing children for the next level of care/education (e.g., pre-school, kindergarten)
- Other: \_\_\_\_\_

**Do you know about the ASPIRE early childhood workforce registry?**

- Yes
- No

**Are you registered with The Aspire Registry?**

- Yes
- No

**What are some of the reasons that prevent you from registering with The Aspire Registry? (select all that apply)**

- Don't know enough about it
- Takes too much time to register
- Do not see the value
- Do not want to share information with an online registry
- Other: \_\_\_\_\_

**Is there any other feedback that you would like to provide that is relevant to the needs of service providers, teachers, and direct care staff in the early childhood system in NY State?**

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**Is there any other feedback that you would like to provide that is relevant to the needs of families in the early childhood system in NY State?**

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**In what zip code is your program located?** \_\_\_\_\_

**Select the role or title that best describes your current position.**

- Master Teacher
- Lead Teacher
- Assistant Teacher/Aide
- Early Intervention Service Provider
- Family Child Care Provider
- Group Family Child Care Provider/Assistant
- Mental Health Consultant
- Special Education Therapist
- Home Visitor
- Visiting Nurse
- Social Worker
- School Age Care/Afterschool Provider

**What age group of children do you most often work with?**

- Infant and toddler (Birth-2)
- Preschool (3-5)
- Work equally with both

**How long have you worked in your current position?**

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

**How long have you worked with children (ages birth through five years old) in the early care/education system?**

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

**What is your gender?**

- Female
- Male
- Prefer to self-describe \_\_\_\_\_

**Are you Hispanic or Latinx?**

- Yes
- No

**Which best describes your racial identity? (select all that apply)**

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian/Pacific Islander
- White
- Other: \_\_\_\_\_

THANK YOU SO MUCH FOR YOUR TIME AND FEEDBACK!

## ADMINISTRATOR SURVEY

### Introduction

The Center for Human Services Research at University at Albany, State University of New York ([www.albany.edu/chsr](http://www.albany.edu/chsr)) is conducting a survey to learn about the New York State Early Childhood Care and Education System. The Center is seeking information from people within these groups:

- Administrators of an early childhood program
- Direct care staff, teachers, and direct instruction staff
- Parent, grandparent, foster parent, guardian or caregiver of at least one child age birth through 5 years old who lives with you at least part of the time and who participates in the early childhood system (i.e., child care, Head Start, PreK, nursery school, family child care).

Your survey information will add to our understanding of the early childhood system across New York State. There is a separate survey for each group. You will be asked about your opinions and experiences working or participating in early childhood programs or services. This survey should take approximately 20–25 minutes. Your participation is voluntary, and you are free to skip any question you do not wish to answer. Your answers will only be shared as a summary of all answers; no one outside the research team will know your individual responses. Once you have completed the survey, you can return it in the enclosed self-addressed stamped envelope or mail to:

The Center for Human Services Research  
State University of New York at Albany  
Richardson Hall  
135 Western Ave.  
Albany, NY 12203

**What programs or services for children ages birth through 5 does your organization provide? (select all that apply) If your organization services children of all ages, please limit your selections to programs serving children from ages birth through 5.**

- Child Care Center
- In-home Family Child Care
- In-home Group Family Child Care
- Legally Exempt Child Care
- Early Head Start
- Migrant and Seasonal Head Start
- Head Start
- Nursery School
- State-administered Prekindergarten (e.g., through a school district)
- Other Prekindergarten
- New York City Department of Education Preschool (Pre-K for All)
- Preschool Special Education
- Early Intervention
- Home Visiting Program (e.g., Healthy Families, Nurse-Family Partnership, HIPPIY, ParentChildPlus, Early Head Start, County Health Department, or Parents as Teachers)
- After school program
- None

**Approximately how long has your organization been providing early childhood services?**

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

**How would you describe your organization?**

- For profit
- Not for profit
- Run by a government agency
- Run by an individual/family
- Other: \_\_\_\_\_
- Don't know

**IF YOUR ORGANIZATION SERVES CHILDREN OF ALL AGES, PLEASE COMPLETE THE REST OF THE SURVEY FOR THE PROGRAM OR SERVICE IN YOUR ORGANIZATION THAT SERVES CHILDREN AGES BIRTH THROUGH 5 YEARS.**

**IF THERE ARE MULTIPLE PROGRAMS OR SERVICES YOU ADMINISTER THAT SERVE CHILDREN AGES BIRTH THROUGH 5, PLEASE COMPLETE THE REST OF THE SURVEY FOR THE SINGLE PROGRAM OR SERVICE THAT INVOLVES THE MOST CHILDREN AGES BIRTH THROUGH 5.**

**Check the box if your birth through 5 program is open during this time during the DAY:**

	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
Monday	<input type="radio"/>											
Tuesday	<input type="radio"/>											
Wednesday	<input type="radio"/>											
Thursday	<input type="radio"/>											
Friday	<input type="radio"/>											
Saturday	<input type="radio"/>											
Sunday	<input type="radio"/>											

**Check the box if your birth through 5 program is open during this time during the EVENING/NIGHT:**

	7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am	6am
Monday	<input type="radio"/>											
Tuesday	<input type="radio"/>											
Wednesday	<input type="radio"/>											
Thursday	<input type="radio"/>											
Friday	<input type="radio"/>											
Saturday	<input type="radio"/>											
Sunday	<input type="radio"/>											

**Does your program offer birth through 5 care/services during: (select all that apply)**

- Some Federal holidays
- All Federal holidays
- Summer

**What summer months does your program provide care/services? (select all that apply)**

- June
- July
- August

**How often does your program receive requests for expanded hours?**

- Frequently
- Sometimes
- Rarely
- Never

**How does your program typically handle requests for extended service hours?**

- We meet the request and charge a fee
- We meet the request without charging a fee
- We do not meet the request
- Other: \_\_\_\_\_

**If operating hours are sometimes insufficient for the families that your program serves, which of the following would help you meet that need? (select all that apply)**

- Additional funding to support expanded hours
- Additional qualified staff to support expanded hours
- Additional space to support expanded hours
- Other: \_\_\_\_\_

**How many children ages birth through 5 does your program have the capacity to serve?**

- 0 -12 months old: \_\_\_\_\_
- 1 year old: \_\_\_\_\_
- 2 years old: \_\_\_\_\_
- 3 years old: \_\_\_\_\_
- 4 years old: \_\_\_\_\_
- 5 years old: \_\_\_\_\_

**How many children (birth through 5) are currently enrolled in your program?**

- 0 -12 months old: \_\_\_\_\_
- 1 year old: \_\_\_\_\_
- 2 years old: \_\_\_\_\_
- 3 years old: \_\_\_\_\_
- 4 years old: \_\_\_\_\_
- 5 years old: \_\_\_\_\_

**What is the estimated average daily attendance rate in the program?**

- Below 50%
- 50% to 75%
- 76% to 89%
- 90% or above
- Don't know

**Which best describes typical enrollment (birth through 5) availability in the program?**

- Demand exceeds our enrollment availability
- Enrollment availability is generally well matched to demand
- Insufficient demand leaves excess enrollment availability

**Typically, how many children ages birth through 5 are on a waiting list for enrollment?**

- 1-5
- 6-10
- More than 10
- There is no waitlist

**On average, how long does a child stay on the waiting list?**

- Less than 2 weeks
- 2 to 4 weeks
- 5 to 12 weeks
- 13 to 24 weeks
- Longer than 24 weeks

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who meet the following criteria:**

	0%	1-25%	26-50%	51-75%	76-100%	Don't Know
Children receiving Early Intervention or special education services	<input type="radio"/>					
Families currently experiencing homelessness as defined here: <a href="https://nche.ed.gov/mckinney-vento-definition/">https://nche.ed.gov/mckinney-vento-definition/</a>	<input type="radio"/>					
Families having Immigrant or refugee status	<input type="radio"/>					
Low Income Families as defined here: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>	<input type="radio"/>					
Children are members of a racial/ethnic minority	<input type="radio"/>					
Families whose primary language is other than English	<input type="radio"/>					
Families living in rural communities	<input type="radio"/>					

**For the categories listed below, please indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs.**

	Abundant	Adequate	Insufficient	Don't know	Does not apply
Children receiving Early Intervention or special education services	<input type="radio"/>				
Families currently experiencing homelessness as defined here: <a href="https://nche.ed.gov/mckinney-vento-definition/">https://nche.ed.gov/mckinney-vento-definition/</a>	<input type="radio"/>				
Families having Immigrant or refugee status	<input type="radio"/>				
Low Income Families as defined here: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>	<input type="radio"/>				
Children are members of a racial/ethnic minority	<input type="radio"/>				
Families whose primary language is other than English	<input type="radio"/>				
Families living in rural communities	<input type="radio"/>				

**In the past year, have you had to ask a family/families to leave because they couldn't pay their fees?**

- Yes
- No
- Don't know

**If you answered yes to the previous question, how many families have you asked to leave in the past year because they couldn't pay?**

- 1-5
- 6-10
- More than 10

**In the past year, have you had to ask a family/families to leave because a child was too difficult for the staff to manage?**

- Yes
- No
- Don't know

**If you answered yes to the previous question, how many families have you asked to leave in the past year because a child was too difficult for staff to manage?**

- 1-5
- 6-10
- More than 10

**Once you have a staffing vacancy, how long does it take to replace a classroom staff member?**

- Less than 2 weeks
- 2-4 weeks
- 5-8 weeks
- 9-12 weeks
- Longer than 12 weeks

**How do you find new classroom staff? (select all that apply)**

- Place an ad in the local newspaper
- Place an ad on the internet
- Place an ad with local colleges/universities
- Word of mouth
- Other staff recommend new people
- Other: \_\_\_\_\_

**How often is the performance of classroom staff formally evaluated?**

- More than twice a year
- Twice a year
- Once a year
- Never

**Select the ways you use the NYS Early Childhood Core Body of Knowledge.**

- To help me understand what is expected of classroom staff
- To write job descriptions
- To evaluate classroom staff performance
- To plan for classroom staff professional development
- Other: \_\_\_\_\_
- I do not use the NYS Early Childhood Core Body of Knowledge

**Does the program serve children ages Birth through 2 years who have special needs**

- Yes
- No

**What are the special education classifications of enrolled children ages Birth through 2 years? (select all that apply)**

- Autism
- Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impaired
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment
- Other: \_\_\_\_\_

**Are there EI specialists in the program providing services to enrolled children with special needs?**

- Yes
- No

**How often do you deny a family enrollment because the program or service cannot meet the needs of a child age Birth through 2 who has been identified for special education services?**

- Frequently
- Sometimes
- Rarely
- Never

**Does the program serve children ages 3 through 5 years who have special needs?**

- Yes
- No

How often have these children previously received services from Early Intervention?

- Always
- Usually
- Rarely
- Never

On a scale from 1-5, how would you rate the following: 1 = Poor, neither the family nor the program was supported or informed to 5 = Excellent, both the family and the program were fully supported and informed

	1	2	3	4	5
The transition experience from EI to preschool special education services for children in your program	<input type="radio"/>				

What are the special education classifications of enrolled children (ages 3 through 5)? (select all that apply)

- Autism
- Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impaired
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment
- Other: \_\_\_\_\_

How often do you deny a family enrollment because the program or service cannot meet the needs of a child age 3 through 5 years who has been identified for special education services?

- Frequently
- Sometimes
- Rarely
- Never

Does the program provide early childhood education for children 3 or 4 years old?

- Yes
- No

Does the program follow a standardized curriculum? (e.g., Creative, HighScope, Working Sample, etc.)

- Yes
- No

Indicate which of the following practices are in place at the program to support transitions to kindergarten. (select all that apply)

- The program aligns curriculum and assessment tools with the children's future school district
- Staff meet with kindergarten teachers or other district liaison(s) to build partnership and communication
- Staff help parents navigate the kindergarten enrollment process
- Staff participate on a community Kindergarten Transition Team
- Other: \_\_\_\_\_
- None

**Is transportation offered to and from the program?**

- Transportation offered to the program
- Transportation offered from the program
- Transportation offered both to and from the program
- No transportation offered

**Overall, how would you rate current participation in prekindergarten programs serving 4 year olds in your community?**

- Nearly all of our 4 year olds are enrolled in prekindergarten
- The majority of our 4 year olds are enrolled in prekindergarten
- Fewer than half of our 4 year olds are enrolled in prekindergarten
- Our community does not have state administered, school district or community located prekindergarten

**Overall, how would you rate current quality of prekindergarten programs serving 4 year olds in your community?**

- Nearly all of enrolled 4 year olds are well prepared for kindergarten
- The majority of enrolled 4 year olds are well prepared for kindergarten
- Fewer than half of enrolled 4 year olds are well prepared for kindergarten
- Our community does not have state administered, school district or community located prekindergarten

**What percentage of families receive financial assistance to meet tuition needs?**

- 0% to 25%
- 26% to 50%
- 51% to 75%
- 76% to 100%
- Don't know

**Indicate your level of agreement with the following statement:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Program enrollment is affected by the out of pocket cost of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Select the sources of revenue that fund this (birth through five) program.**

	Yes	No
Parent Pay	<input type="radio"/>	<input type="radio"/>
Federal Government	<input type="radio"/>	<input type="radio"/>
State Government	<input type="radio"/>	<input type="radio"/>
Local Government	<input type="radio"/>	<input type="radio"/>
Community Organization	<input type="radio"/>	<input type="radio"/>
Fund Raising/ foundations	<input type="radio"/>	<input type="radio"/>
Gifts	<input type="radio"/>	<input type="radio"/>
Bequests/endowments	<input type="radio"/>	<input type="radio"/>
QUALITYstarsNY	<input type="radio"/>	<input type="radio"/>

For each source of revenue that you selected indicate whether the funding is adequate and if it increased, decreased, or remained the same in the past two years.

	Is the funding adequate?		Has the Funding Increased/Decreased/ Remained the same in past 2 years?		
	Yes	No	Increased	Decreased	Remained the same
Parent Pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fund Raising/ foundations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bequests/endowments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QUALITYstarsNY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Approximately what percent of children currently enrolled are supported through more than one funding stream?

- 0% to 25%
- 26% to 50%
- 51% to 75%
- 76% to 100%
- Don't know

Which of the following abilities of the program are affected by current funding rates? (select all that apply)

- Attracting qualified staff
- Retaining qualified staff
- Offering high quality professional development to staff
- Purchasing equipment and supplies
- Other: \_\_\_\_\_
- None of the above

Indicate your level of agreement with the following statement:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Parents in the community know how to find information about our program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On average, how often does a staff member discuss a child's developmental progress with a family member?

- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
- Never

**Does the program participate in QUALITYstarsNY?**

- Yes
- We are on the waiting list
- No
- Don't know

**How has the quality of the program changed as a result of your involvement with QUALITYstarsNY?**

- Improved a great deal
- Improved somewhat
- Stayed the same
- Decreased somewhat
- Decreased a great deal

**Would you like to participate in QUALITYstarsNY when the funding is increased?**

- Yes
- No
- Don't know

**What changes, if any, would make QUALITYstarsNY a more appealing option for the program?**

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**Indicate your level of agreement with the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The program is able to pay a competitive salary to <i>attract staff</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is able to pay a competitive salary to <i>retain staff</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**When staff leave the program, how often is salary a primary factor?**

- Always
- Most of the time
- Sometimes
- Rarely
- Never

**Which of the following additional factors contribute to staff turnover? (select all that apply)**

- Desire to change fields
- Desire for a job with lower stress level
- Desire for a job closer to home
- Desire to go back to school
- Retirement
- Salary
- Other: \_\_\_\_\_
- None of the above

**Specify the benefits provided by the program. (select all that apply)**

- Health insurance for staff
- Health insurance for family
- Paid background check/ Background check reimbursement
- Paid sick days
- Paid vacation days

- Paid child care
- Tuition for children enrolled in the program
- Higher education stipends
- Training
- Other: \_\_\_\_\_
- No benefits are provided by the program

**How difficult is it to attract and retain staff who meet minimum training and education requirements?**

- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult

**Does your program provide in-house professional development to staff?**

- Yes
- No

**Does the program provide cost-reimbursement for professional development or additional education accessed outside of the program?**

- Yes
- No

**Which of the following training have you or any of your staff received? (select all that apply)**

- The Pyramid Model
- Adverse Childhood Experiences (ACEs)
- Protective Factors Framework
- Other trauma-informed training

**Select the level of priority the program places on the following:**

	High priority	Medium priority	Low priority
Streamlining the background check process for new employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Describe barriers the program faces in getting all new employees the required background checks to be eligible for employment.**

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**Is there any other feedback that you would like to provide that is relevant to the needs of early childhood professionals (teachers and direct care staff)?**

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**Is there any other feedback that you would like to provide that is relevant to the needs of families in the early childhood system in NY State?**

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**In what zip code is the program located? \_\_\_\_\_**

**Select the role or title that best describes your current position.**

- Assistant Director/Administrator
- Assistant/Vice Principal

- Director/Administrator
- Educational Director
- Early Head Start Director
- Head Start Director
- Owner
- Principal
- Superintendent
- Other: \_\_\_\_\_

**How long have you worked in your current position?**

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

**How long have you worked with children (ages Birth through 5 years) in the early childhood care/  
education system?**

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

**What is the highest level of education that you have completed?**

- Never Attended High School
- Some High School, no Diploma
- High School Diploma or GED
- Some College Credits
- Child Development Associate (CDA) or other credential
- Associate's Degree
- Bachelor's Degree
- Some Graduate Coursework
- Master's Degree
- Doctoral Degree

**What is your gender?**

- Female
- Male
- Prefer to self describe: \_\_\_\_\_

**Are you Hispanic or Latinx?**

- Yes
- No

**Which best describes your racial identity? (select all that apply)**

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian/Pacific Islander
- White
- Other: \_\_\_\_\_

THANK YOU SO MUCH FOR YOUR TIME AND FEEDBACK!

## PARENT SURVEY

### Introduction

The Center for Human Services Research at University at Albany, State University of New York ([www.albany.edu/chsr](http://www.albany.edu/chsr)) is conducting a survey to learn about the New York State Early Childhood Care and Education System. The Center is seeking information from people within these groups:

- Administrators of an early childhood program
- Direct care staff, teachers, and direct instruction staff
- Parent, grandparent, foster parent, guardian or caregiver of at least one child age birth through 5 years old who lives with you at least part of the time and who participates in the early childhood system (i.e., child care, Head Start, PreK, nursery school, family child care).

Your survey information will add to our understanding of the early childhood system across New York State. There is a separate survey for each group. You will be asked about your opinions and experiences working or participating in early childhood programs or services. This survey should take approximately 20–25 minutes. Your participation is voluntary, and you are free to skip any question you do not wish to answer. Your answers will only be shared as a summary of all answers; no one outside the research team will know your individual responses. Once you have completed the survey, you can return it in the enclosed self-addressed stamped envelope or mail to:

The Center for Human Services Research  
State University of New York at Albany  
Richardson Hall  
135 Western Ave.  
Albany, NY 12203

**Are you the parent, guardian or caretaker of at least one child whose age is birth through 5 years old?**

- Yes
- No

IF YOU CARE FOR MORE THAN ONE CHILD AGE BIRTH THROUGH 5 YEARS OLD, COMPLETE THE REST OF THE SURVEY WITH THE CHILD IN MIND WHO HAS HAD THE MOST INTERACTION WITH PROGRAMS/ SERVICES IN THE EARLY CHILDHOOD SYSTEM. FOR THE REMAINDER OF THE SURVEY, THIS CHILD WILL BE REFERRED TO AS THE "TARGET CHILD."

**Specify the target child's age in years and months. Note: The target child must be age birth through 5 years old.**

**Target Child's Age:**

Years: \_\_\_\_\_

Months: \_\_\_\_\_

**What type of group runs the program where the target child attends or receives services/care?**

- Community Agency
- Government Agency
- Charter School
- The Public School System
- College or University
- Employer (on site)
- Religion-Affiliated
- Tribal Government
- Private non-profit
- Private for-profit
- Individually owned and operated
- Other: \_\_\_\_\_
- Don't know

**Select the program(s) the target child attends, or service(s) the target child receives. (select all that apply)**

- Child Care Center
- In-home Family Child Care
- In-home Group Family Child Care
- Legally Exempt Child Care
- Early Head Start
- Migrant and Seasonal Head Start
- Head Start
- Nursery School
- State-administered Prekindergarten (e.g., through your school district)
- New York City Department of Education Preschool (Pre-K for All)
- Preschool Special Education
- Early Intervention
- Home Visiting Program (e.g., Healthy Families, Nurse-Family Partnership, HIPPIY, ParentChildPlus, Early Head Start, County Health Department, or Parents as Teachers)
- Nanny in our home
- Care provided by a family member
- Don't know
- None

**During a typical week, which times of day do you usually need childcare? (select all that apply)**

- Weekdays between 7:00am and noon
- Weekdays between noon and 5:00pm
- Weekdays between 5:00pm and 8:00pm
- Weeknights between 8:00pm and 7:00am

- Weekends
- Other, specify \_\_\_\_\_
- Do not need childcare

**Which of the following reasons affect your use of childcare services? (select all that apply)**

- I stay home and care for my child
- Other members of my household are available to care for my child
- Childcare is too expensive
- Childcare location is not ideal
- Other: \_\_\_\_\_
- None of these reasons affect my use of childcare

**How important were the following considerations in choosing a program/service for the target child?**

	Not important	A little important	Important	Very important
I need someone to watch my child so I can work and/or go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need someone to watch my child so I can take care of other things (e.g., attend appointments, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want my child to have some early school or group experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want my child to have a specific early experience (e.g., religious, foreign language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child needs extra help with learning skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was recommended by a professional that I enroll my child in a program or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How important were the following considerations in selecting a specific program/service for the target child?**

	Not important	A little important	Important	Very important
Close to home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knew the director or staff personally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious affiliation (e.g., church, temple, or mosque)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided special services on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was only program/provider available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program seemed like a good fit for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program offered transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Was anything else important in your decision? If yes, what?** \_\_\_\_\_

**What resources did you use to find a provider? (select all that apply)**

- Family
- Friends
- Child Care Resource & Referral Agency (CCR&R)
- Community Services
- Health Care Provider
- Social Services Department
- Websites
- Social Media
- Pamphlets/Flyers
- Recruited by program
- Other: \_\_\_\_\_

**How would you like to receive information about available programs in your area? (select all that apply)**

- Website with resource lists for my county
- Phone number to call for guidance
- Instructional guide for choosing the right program for my child
- Other: \_\_\_\_\_

**Do you think there are enough of the following types of programs or services for children ages birth through 5 to meet the need of families living near you?**

	Yes	No	Not sure
Child Care during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Head Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PreK offered through school districts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs specifically for children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visiting Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nannies/Babysitters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**After contacting your child’s program, how long did you have to wait for your child to be enrolled or start receiving services?**

- There was no wait
- Less than two weeks
- Two weeks to less than one month
- One month to less than two months
- Two months or more

**Did the wait time inconvenience you or your family?**

- Yes
- No

**Was the current program/provider your first choice?**

- Yes
- No

**Why was your first choice not selected?**

- Program was full
- Program was too expensive
- My child did not qualify for the program
- Other: \_\_\_\_\_

**How does the target child typically get to his/her program?**

- Services are provided in my home
- Walk
- Family Car
- Other family member transports child
- Carpool with other families
- School bus
- Public transportation
- Other: \_\_\_\_\_

**How often is transportation to the target child's program a challenging issue for your family?**

- Always
- Sometimes
- Never

**How often is the time it takes to transport the target child to his/her program a challenging issue for your family?**

- Always
- Sometimes
- Never

**How is the target child's care paid for? (select all sources of funds that apply)**

- Self
- Other family members
- Friends
- Employer
- Community organization
- Religious organization
- Department of Social Services
- School District
- Federal (Head Start, Early Head Start)
- Unemployment Services
- Medicaid/Other publicly subsidized health insurance
- Private Health Insurance
- Other: \_\_\_\_\_

**During a typical month, how much do you pay for the program/service for the target child?**

- The program is provided at no cost to me
- \$1 - \$100 per month
- \$101-\$500 per month
- \$501 - \$1,000 per month
- \$1,001 - \$1,500 per month
- \$1,501 - \$2,000 per month
- More than \$2,000 per month

**How affordable is this program for you, given your current income?**

- Very affordable – little to no strain on your budget
- Affordable – some strain on your budget
- Difficult to afford – considerable strain on your budget
- Unaffordable – You will not be able to keep your child in this program

**Have late payments or subsidies paid by others (e.g., department of social services, an employer) ever caused you problems with the provider?**

- Yes
- No

**In the past year, how often have you experienced problems with late payments or subsidies paid by others?**

- Less than 5 times
- More than 5 times

**Which of the following have you experienced? (select all that apply)**

- Provider requested that I follow-up with the payer to make payment
- Provider requested that I pay outstanding payments
- The target child lost her/his place in the program due to non-payment
- Other: \_\_\_\_\_
- None of the above

**How satisfied are you with your current level of contact with:**

	Highly satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Highly dissatisfied
Program Administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers/Direct Service Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How often do you have the following types of contact with program administrators or directors who run the target child's program or services?**

	Daily	Weekly	Monthly	Quarterly	Yearly	Never
Face to face	<input type="radio"/>					
By phone	<input type="radio"/>					
By email	<input type="radio"/>					
By text message	<input type="radio"/>					
In writing (other than email)	<input type="radio"/>					
Other	<input type="radio"/>					

**Have you experienced any of the following barriers to talking with program administrators or directors? (select all that apply)**

- They are difficult to reach
- They don't speak my primary language
- They don't take my suggestions/needs seriously
- They don't respond when I contact them
- It is difficult to meet in person due to scheduling
- Other: \_\_\_\_\_
- None of the above

**How often do you have the following types of contact with staff who work directly with the target child?**

	Daily	Weekly	Monthly	Quarterly	Yearly	Never
Face to face	<input type="radio"/>					
By phone	<input type="radio"/>					
By email	<input type="radio"/>					
By text message	<input type="radio"/>					
In writing (other than email)	<input type="radio"/>					
Other	<input type="radio"/>					

**Have you experienced any of the following barriers to talking with staff who work directly with the target child? (select all that apply)**

- They are difficult to reach
- They don't speak my primary language
- They don't take my suggestions/needs seriously
- They don't respond when I contact them
- It is difficult to meet in person due to scheduling
- Other: \_\_\_\_\_
- None of the above

**How comfortable are you talking to the staff who work directly with the target child about the following topics?**

	Very comfortable	Comfortable	Neither comfortable nor uncomfortable	Uncomfortable	Very uncomfortable	Never
The target child's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount or types of services the target child receives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about program quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific concerns about program staff members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs related to the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about the program's operating hours meeting your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Indicate your level of agreement with the statements below.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The program meets the target child's individual needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program meets my needs as a parent/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program provides the emotional and social support needed to prepare the target child for her/his next level of care/education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is teaching my child things that are important now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is teaching my child things that will be important in the future (e.g., Kindergarten)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually satisfied with the outcome of meetings and talks that I have with program administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually satisfied with the outcome of meetings and talks that I have with program staff who work directly with the target child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Program staff are well trained to meet the target child's needs	<input type="radio"/>				
I would recommend this program/ service to other families	<input type="radio"/>				

**Indicate your level of agreement with the statements below.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am able to find information on the availability of early care/education programs in my area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to find information about available support services in my area (e.g., home visiting services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to find information about the quality of early care/education programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I needed, I know how to get help paying for early care/education programs available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Is there any other feedback that you would like to provide that is important to parents and caregivers with children ages birth through 5 in NY State?**

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**In what zip code do you live?** \_\_\_\_\_

**What is the highest level of education that you have completed?**

- Never attended high school
- Some high school, no diploma
- High school diploma or GED
- Some college credits
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

**What is your gender?**

- Female
- Male
- Prefer to self-describe \_\_\_\_\_

**Are you Hispanic or Latinx?**

- Yes
- No

**Which best describes your racial identity? (select all that apply)**

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian/Pacific Islander
- White
- Other: \_\_\_\_\_

**Is English your primary language?**

- Yes
- No

**Which best describes your employment status?**

- Not in the job market
- Currently unemployed and looking for work
- Work one full-time job
- Work more than one full-time job
- Work one part-time job
- Work more than one part-time job
- Work occasionally
- Do volunteer work
- Other: \_\_\_\_\_

**Which of the following income categories best describes your total annual household income before taxes?**

- Less than \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

**Do you receive Public Assistance or other benefits such as SNAP or HEAP?**

- Yes
- No
- Don't know

**Do you qualify for childcare subsidies or tax credits based on your income?**

- Yes
- No
- Don't know

**In the past 12 months, have you and your family experienced homelessness.**

- Yes
- No

**What is the target child's sex?**

- Female
- Male
- Prefer not to answer

**Is the target child Hispanic or Latinx?**

- Yes
- No

**What best describes the target child's racial identity? (select all that apply)**

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian/Pacific Islander
- White
- Other: \_\_\_\_\_

**Is English the target child's primary language?**

- Yes
- No

**What is the target child's primary language?** \_\_\_\_\_

THANK YOU SO MUCH FOR YOUR TIME AND FEEDBACK!

# Appendix E

## NYSB5 Survey Demographic and Full Analysis

\*Note: some percentages may not add up to 100 due to multiple responses allowed.

### Overall (All Surveys): N=2671

Demographics	N	%
Female	1546	96
White	1379	90
African American	127	8
Other non-white	59	4
Hispanic	129	8

\*Race denominator is 1538

Region	N	%
North Country	153	10
Capital Region	157	10
Mid-Hudson	169	11
New York City	156	10
Long Island	109	7
Mohawk Valley	120	8
Central New York	143	9
Southern Tier	204	13
Finger Lakes	190	12
Western New York	148	10

### Parent Survey (n= 667)

Demographics	N	%
Female	450	93
White	407	85
African American	49	10
Other non-white	16	3
Hispanic	51	11

\*Race denominator is 478

Highest Level of Education	N	%
No or some high school	7	1
Diploma/GED	32	7
Some College	50	10
Associate's Degree	56	12
Bachelor's Degree	141	29
Master's Degree	181	37
Doctoral Degree	18	4

Employment Status	N	%
Not employed	30	6
1 full time job	323	67
More than 1 full time job	24	5
1 part time job	42	9
More than 1 part time job	17	4
Work Occasionally	8	2
Volunteer	9	2

Region	N	%
North Country	61	13
Capital Region	59	13
Mid-Hudson	85	18
New York City	40	9
Long Island	26	6
Mohawk Valley	30	6
Central New York	47	10
Southern Tier	56	12
Finger Lakes	27	6
Western New York	34	7

Income Category	N	%
Less than \$14,999	20	4
\$15,000-\$24,999	35	7
\$25,000-\$49,999	70	15
\$50,000-\$74,999	81	17
\$75,000-\$99,999	77	16
\$100,000-\$149,999	109	23
\$150,000 or more	84	18

Other	N	%
Receive Public Assistance or other benefits	61	13
Qualify for childcare subsidy	90	19
Been homeless in the last 12 months	7	2

### Direct Care Survey (n=731)

Demographics	N	%
Female	582	99
White	519	92
African American	33	6
Other non-white	19	3
Hispanic	31	5

\*Race denominator is 565

Highest Level of Education	N	%
No or some high school	2	<1
Diploma/GED	45	8
Some College	67	11
Child Development Associate of other credential	43	7
Associate's Degree	117	20
Bachelor's Degree	100	17
Some Graduate coursework	25	4
Master's Degree	195	33
Doctoral Degree	3	1

Role	N	%
Master Teacher	51	9
Lead Teacher	152	27
Assistant Teacher/Aide	91	16
Early Intervention Service Provider	31	5
Family Child Care Provider	80	14
Family Group Home Provider/Assistant	50	9
Mental Health Consultant	6	1
Special Education Therapist	35	6
Home Visitor	50	9
Visiting Nurse	10	2
Social Worker	16	3
School Age Care/Afterschool Provider	2	<1

Duration of work with young children	N	%
Less than 1 year	15	3
1-2 years	39	7
3-5 years	84	14
6-10 years	103	18
More than 10 years	343	59

Region	N	%
North Country	48	8
Capital Region	53	9
Mid-Hudson	33	6
New York City	31	5
Long Island	24	4
Mohawk Valley	66	12
Central New York	55	10
Southern Tier	104	18
Finger Lakes	96	17
Western New York	60	11

Income Category	N	%
Less than \$14,999	53	9
\$15,000-\$24,999	177	30
\$25,000-\$49,999	253	42
\$50,000-\$74,999	84	14
\$75,000-\$99,999	30	5
\$100,000-\$149,999	3	1

Age of Children In Program	N	%
Infants/Toddlers	99	17
Preschool	312	54
Work Equally with Both	167	29

Type of Program	N	%
Child Care Center	179	24
Family Child Care Home	203	27
Legally Exempt Child Care	7	1
Early Head Start	68	9
Migrant/Seasonal Head Start	5	1
Head Start	152	20
Nursery School	26	3
State-administered Pre-K	101	13
Other Pre-K	47	6
Preschool Special Education	115	15
Early Intervention	66	9
Home Visiting Program	53	7
After School Program	32	4
Babysitter/Nanny	15	2
None	28	4

\*Denominator is 760

### Administrator Survey (n=818)

Demographics	N	%
Female	514	95
White	454	89
African American	45	9
Other non-white	13	3
Hispanic	48	9

\*Race denominator is 510

Highest Level of Education	N	%
No or some high school	2	<1
Diploma/GED	8	2
Some College	19	4
Child Development Associate of other credential	14	3
Associate's Degree	34	6
Bachelor's Degree	116	21
Some Graduate Coursework	35	6
Master's Degree	295	54
Doctoral Degree	23	4

Duration of work with young children	N	%
Less than 1 year	7	1
1-2 years	11	2
3-5 years	35	7
6-10 years	63	12
More than 10 years	426	79

Region	N	%
North Country	44	9
Capital Region	45	9
Mid-Hudson	51	10
New York City	85	17
Long Island	59	11
Mohawk Valley	24	5
Central New York	41	8
Southern Tier	44	9
Finger Lakes	67	13
Western New York	54	11

Role	N	%
Director	214	39
Assistant Director/Administrator	105	19
Assistant/Vice Principal	3	1
Educational Director	43	8
Head Start Director	14	3
Owner	63	12
Principal	20	4
Superintendent	11	2
Other	69	13

## Parent Survey

During a typical week, which times of day do you usually need childcare? (select all that apply)

Duration of work with young children	Urban n(%)	Rural n(%)	Total n(%)
Weekdays between 7:00am and noon	355 (81%)	92 (83%)	447 (81%)
Weekdays between noon and 5:00pm	389 (89%)	96 (86%)	485 (83%)
Weekdays between 5:00pm and 8:00pm	78 (18%)	5 (5%)	83 (15%)
Weeknights between 8:00pm and 7:00am	11 (3%)	3 (3%)	14 (3%)
Weekends	22 (5%)	9 (8%)	31 (6%)
Other	0 (0%)	6 (5%)	6 (1%)
Do not need childcare	36 (8%)	9 (8%)	45 (8%)
Total	438(100%)	111(100%)	549(100%)

**Which of the following reasons affect your use of childcare services? (select all that apply)**

Duration of work with young children	Urban	Rural	Total
	n(%)	n(%)	n(%)
I stay home and care for my child	60 (14%)	20 (20%)	80 (15%)
Other members of my household are available to care for my child	69 (17%)	17 (17%)	86 (17%)
Childcare is too expensive	186 (44%)	34 (34%)	220 (42%)
Childcare location is not ideal	32 (8%)	10 (10%)	42 (8%)
Other	20 (5%)	8 (8%)	28 (5%)
None of these reasons affect my use of childcare	157 (38%)	43 (43%)	200 (39%)
Total	418(100%)	100(100%)	518 (100%)

**How important were the following considerations in choosing a program/service for the target child?**

	I need someone to watch my child so I can work and/or go to school			I need someone to watch my child so I can take care of other things (e.g., attend appointments, etc.)		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	24 (6%)	10 (9%)	34 (6%)	123 (29%)	40 (37%)	163 (31%)
A little important	12 (3%)	6 (5%)	18 (3%)	146 (34%)	34 (31%)	180 (34%)
Important	49 (11%)	11 (10%)	60 (11%)	85 (20%)	25 (23%)	110 (21%)
Very Important	347 (80%)	84 (78%)	431 (80%)	71 (17%)	10 (9%)	81 (15%)
Totals	432(100%)	111(100%)	543(100%)	425 (100%)	109 (100%)	534 (100%)

**How important were the following considerations in choosing a program/service for the target child?**

	I want my child to have some early school or group experiences			I want my child to have specific early experience (e.g., religious, foreign language)		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	5 (1%)	0 (0%)	5 (1%)	148 (35%)	49 (45%)	197 (37%)
A little important	29 (7%)	7 (6%)	36 (7%)	106 (25%)	31 (28%)	137 (26%)
Important	128 (29%)	43 (39%)	171 (31%)	85 (20%)	17 (16%)	102 (19%)
Very Important	273 (63%)	60 (55%)	333 (61%)	88 (21%)	12 (11%)	100 (19%)
Totals	435 (100%)	110 (100%)	545 (100%)	427 (100%)	109 (100%)	536 (100%)

**How important were the following considerations in choosing a program/service for the target child?**

	My child needs extra help with learning skills			It was recommended by a professional that I enroll my child in a program or services		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	194 (45%)	65 (60%)	259 (48%)	282 (67%)	87 (80%)	369 (70%)
A little important	71 (17%)	16 (15%)	87 (16%)	30 (7%)	3 (3%)	33 (6%)
Important	72 (17%)	11 (10%)	83 (16%)	52 (12%)	5 (5%)	57 (11%)
Very Important	90 (21%)	17 (16%)	107 (20%)	58 (14%)	14 (13%)	72 (14%)
Totals	427 (100%)	109 (100%)	536 (100%)	422 (100%)	109 (100%)	531 (100%)

**How important were the following considerations in selecting a specific program/service for the target child?**

	Close to home			Affordable		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	19 (4%)	4 (4%)	23 (4%)	7 (2%)	3 (3%)	10 (2%)
A little important	53 (12%)	19 (17%)	72 (13%)	35 (8%)	21 (19%)	56 (10%)
Important	150 (35%)	34 (31%)	184 (34%)	124 (28%)	24 (22%)	148 (27%)
Very Important	213 (49%)	52 (48%)	265 (49%)	270 (62%)	62 (56%)	332 (61%)
Totals	435 (100%)	109 (100%)	544 (100%)	436 (100%)	110 (100%)	546 (100%)

**How important were the following considerations in selecting a specific program/service for the target child?**

	Immediate enrollment			Good reputation		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	21 (5%)	12 (11%)	33 (6%)	2 (1%)	1 (1%)	3 (1%)
A little important	64 (15%)	18 (17%)	82 (15%)	4 (1%)	0 (0%)	4 (1%)
Important	139 (32%)	31 (28%)	170 (31%)	78 (18%)	16 (15%)	94 (17%)
Very Important	209 (48%)	48 (44%)	257 (47%)	350 (81%)	93 (85%)	443 (81%)
Totals	433 (100%)	109 (100%)	542 (100%)	434 (100%)	110 (100%)	544 (100%)

**How important were the following considerations in selecting a specific program/service for the target child?**

	Knew the director or staff personally			Religious affiliation (e.g., church, temple, mosque)		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	163 (38%)	37 (34%)	200 (38%)	323 (76%)	95 (86%)	418 (78%)
A little important	112 (26%)	23 (21%)	135 (25%)	62 (15%)	8 (7%)	70 (13%)
Important	74 (18%)	25 (23%)	99 (19%)	21 (5%)	5 (5%)	26 (5%)
Very Important	75 (18%)	25 (23%)	100 (19%)	20 (5%)	2 (2%)	22 (4%)
Totals	424 (100%)	110 (100%)	534 (100%)	426 (100%)	110 (100%)	536 (100%)

**How important were the following considerations in selecting a specific program/service for the target child?**

	Hours of operation			Provided special services on site		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	10 (2%)	3 (3%)	13 (2%)	164 (38%)	44 (40%)	208 (39%)
A little important	28 (7%)	9 (8%)	37 (7%)	102 (24%)	29 (27%)	131 (24%)
Important	133 (31%)	37 (34%)	170 (32%)	66 (16%)	14 (13%)	80 (15%)
Very Important	258 (60%)	61 (56%)	319 (59%)	95 (22%)	22 (20%)	117 (22%)
Totals	429 (100%)	110 (100%)	539 (100%)	427 (100%)	109 (100%)	536 (100%)

**How important were the following considerations in selecting a specific program/service for the target child?**

	Was only program/provider available			Program seemed like a good fit for my child		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Not important	207 (49%)	53 (49%)	260 (49%)	10 (2%)	4 (4%)	14 (3%)
A little important	79 (19%)	23 (21%)	102 (19%)	23 (5%)	2 (2%)	25 (5%)
Important	73 (17%)	19 (17%)	92 (17%)	148 (34%)	30 (27%)	178 (33%)
Very Important	60 (14%)	14 (13%)	74 (14%)	252 (58%)	74 (67%)	326 (60%)
Totals	419 (100%)	109 (100%)	528 (100%)	433 (100%)	110 (100%)	543 (100%)

**How important were the following considerations in selecting a specific program/service for the target child?**

	Program offered transportation		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Not important	292 (69%)	82 (77%)	374 (70%)
A little important	45 (11%)	3 (3%)	48 (9%)
Important	30 (7%)	10 (9%)	40 (8%)
Very Important	58 (14%)	12 (11%)	70 (13%)
Totals	425 (100%)	107 (100%)	532 (100%)

**What resources did you use to find a provider? (select all that apply)**

	Program offered transportation		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Family	147 (34%)	38 (35%)	185 (34%)
Friends	251 (58%)	66 (61%)	317 (58%)
Child Care Resource and Referral Agency (CCR&R)	111 (26%)	22 (20%)	133 (24%)
Community Services	43 (1%)	10 (9%)	53 (10%)
Health Care Provider	30 (7%)	3 (3%)	33 (6%)
Social Services Department	28 (6%)	5 (5%)	33 (6%)
Websites	166 (38%)	31 (28%)	197 (36%)
Social Media	103 (24%)	23 (21%)	126 (23%)
Pamphlets/Flyers	21 (5%)	7 (6%)	28 (5%)
Recruited by program	8 (2%)	4 (4%)	12 (2%)
Other	41 (9%)	12 (11%)	53 (10%)
Total	434 (100%)	109 (100%)	543 (100%)

**How would you like to receive information about available programs in your area? (select all that apply)**

	Program offered transportation		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Website with resource lists for my county	343 (84%)	94 (93%)	437 (86%)
Phone number to call for guidance	84 (21%)	22 (22%)	106 (21%)
Instructional guide for choosing the right program for my child	169 (41%)	35 (35%)	204 (40%)
Other	16 (4%)	5 (5%)	21 (4%)
Total	409 (100%)	101 (100%)	510 (100%)

**Do you think there are enough of the following types of programs or services for children ages birth through 5 to meet the need of families living near you?**

	Child Care During the Day			Child Care at night		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Yes	133 (30%)	19 (17%)	152 (28%)	12 (3%)	0 (0%)	12 (2%)
No	262 (60%)	82 (74%)	344 (63%)	285 (66%)	87 (78%)	372 (68%)
Not Sure	43 (10%)	10 (9%)	53 (10%)	137 (32%)	24 (22%)	161 (30%)
Totals	438 (100%)	111 (100%)	549 (100%)	434 (100%)	111 (100%)	545 (100%)

Do you think there are enough of the following types of programs or services for children ages birth through 5 to meet the need of families living near you?

	Early Head Start			Head Start		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Yes	91 (21%)	22 (20%)	113 (21%)	108 (25%)	30 (28%)	138 (26%)
No	170 (40%)	45 (41%)	215 (40%)	152 (36%)	39 (36%)	191 (36%)
Not Sure	168 (39%)	44 (40%)	212 (39%)	167 (39%)	38 (36%)	205 (38%)
Totals	(100%)	(100%)	(100%)	427 (100%)	107 (100%)	534 (100%)

Do you think there are enough of the following types of programs or services for children ages birth through 5 to meet the need of families living near you?

	PreK offered through school districts			Preschool		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Yes	139 (32%)	42 (38%)	181 (33%)	166 (39%)	37 (33%)	203 (38%)
No	233 (54%)	51 (46%)	284 (52%)	184 (43%)	53 (48%)	237 (44%)
Not Sure	60 (14%)	18 (16%)	78 (14%)	75 (18%)	21 (19%)	96 (18%)
Totals	432 (100%)	111 (100%)	543 (100%)	425 (100%)	111 (100%)	536 (100%)

Do you think there are enough of the following types of programs or services for children ages birth through 5 to meet the need of families living near you?

	Programs specifically for children with special needs			Early Intervention		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Yes	53 (13%)	7 (6%)	60 (11%)	98 (23%)	22 (20%)	120 (22%)
No	185 (44%)	55 (50%)	240 (45%)	157 (37%)	45 (41%)	202 (38%)
Not Sure	187 (44%)	49 (44%)	236 (44%)	172 (40%)	44 (40%)	216 (40%)
Totals	425 (100%)	111 (100%)	536 (100%)	427 (100%)	111 (100%)	538 (100%)

Do you think there are enough of the following types of programs or services for children ages birth through 5 to meet the need of families living near you?

	Home Visiting Programs			Nannies/Babysitters		
	Urban	Rural	Total	Urban	Rural	Total
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Yes	59 (14%)	21 (19%)	80 (15%)	90 (21%)	12 (11%)	102 (19%)
No	150 (35%)	37 (33%)	187 (35%)	171 (40%)	62 (56%)	233 (43%)
Not Sure	220 (51%)	53 (48%)	273 (51%)	166 (39%)	37 (33%)	203 (38%)
Totals	429 (100%)	111 (100%)	540 (100%)	427 (100%)	111 (100%)	538 (100%)

**After contacting your child's program, how long did you have to wait for your child to be enrolled or start receiving services?**

	Urban n(%)	Rural n(%)	Total n(%)
There was no wait	149(34%)	36(32%)	185(34%)
Less than two weeks	66(15%)	12(10%)	78(14%)
Two weeks to less than one month	61(14%)	15(13%)	76(14%)
One month to less than two months	40(9%)	13(12%)	53(10%)
Two months or more	118(27%)	36(32%)	154(28%)
Total	434(100%)	112(100%)	546(100%)

**Did the wait time inconvenience you or your family?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	116(40%)	29(39%)	145(40%)
No	171(60%)	46(61%)	217(60%)
Total	287(100%)	75(100%)	362(100%)

\*Question was generated for only those that indicated that they had to wait for children to be enrolled/start receiving services

**Was the current program/provider your first choice?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	333(77%)	97(87%)	430(79%)
No	102(23%)	15(13%)	117(21%)
Total	435(100%)	112(100%)	547(100%)

**Why was your first choice not selected?**

	Urban n(%)	Rural n(%)	Total n(%)
Program was full	48(47%)	7(47%)	55(47%)
Program was too expensive	29(28%)	4(27%)	33(28%)
My child did not qualify for program	6(6%)	0(0%)	6(5%)
Other	19(19%)	4(27%)	23(20%)
Total	102(100%)	15(100%)	117(100%)

\*Question was generated for only those who answered 'No' to Q25.

**How does the target child typically get to his/her program**

	Urban n(%)	Rural n(%)	Total n(%)
Services are provided in my home	10(2%)	3(3%)	13(2%)
Walk	25(6%)	4(4%)	29(5%)
Family Car	323(75%)	92(82%)	415(76%)
Other family member transports child	19(4%)	2(2%)	21(4%)
Carpool with other families	2(1%)	1(1%)	3(1%)
School bus	29(7%)	10(9%)	39(7%)
Public transportation	17(4%)	0(0%)	17 (3%)
Other	8(2%)	0(0%)	8(2%)
Total	433(100%)	112(100%)	545(100%)

**How often is transportation to the target child's program a challenging issue for your family?**

	Urban n(%)	Rural n(%)	Total n(%)
Always	40(9%)	4(4%)	44(8%)
Sometimes	146(34%)	31(28%)	177(32.5%)
Never	246(57%)	77(69%)	323(59%)
Total	432(100%)	112(100%)	544(100%)

**How often is the time it takes to transport the target child to his/her program a challenging issue for your family?**

	Urban n(%)	Rural n(%)	Total n(%)
Always	46(11%)	8(7%)	54(10%)
Sometimes	172(40%)	36(32%)	208(38%)
Never	215(50%)	68(60%)	283(52%)
Total	433(100%)	112(100%)	545(100%)

**How is the target child's care paid for? (select all sources of funds that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Self	335 (78%)	93 (83%)	428 (79%)
Other family members	31 (7%)	4 (4%)	35 (7%)
Friends	1 (0%)	0 (0%)	1 (0%)
Employer	6 (1%)	2 (2%)	8 (2%)
Community organization	9 (2%)	1 (1%)	10 (2%)
Religious organization	2 (1%)	0 (0%)	2 (0%)
Department of Social Services	27 (6%)	7 (6%)	34 (6%)
School District	43 (10%)	18 (16%)	61 (11%)
Federal (Head Start, Early Head Start)	36 (8%)	5 (5%)	41 (7%)
Unemployment Services	1 (0%)	0 (0%)	1 (0%)
Medicaid/Other publicly subsidized health insurance	21 (5%)	1 (1%)	22 (4%)
Private Health Insurance	9 (2%)	1 (1%)	10 (2%)
Other	11 (3%)	2 (2%)	13 (2%)
Total	427(100%)	112(100%)	539(100%)

**During a typical month, how much do you pay for the program/service for the target child?**

	Urban n(%)	Rural n(%)	Total n(%)
The program is provided at no cost to me	87(21%)	22(20%)	109(20%)
\$1 - \$100 per month	17(4%)	8(7%)	25(5%)
\$101-\$500 per month	70(17%)	20(18%)	90(17%)
\$501 - \$1,000 per month	139(33%)	47(42%)	186(35%)
\$1,001 - \$1,500 per month	84(20%)	10(9%)	94(18%)
\$1,501 - \$2,000 per month	14(3%)	3(3%)	17(3%)
More than \$2,000 per month	13(3%)	1(1%)	14(3%)
Total	434(100%)	112(100%)	546(100%)

### How affordable is this program for you, given your current income?

	Urban n(%)	Rural n(%)	Total n(%)
Very affordable – little to no strain on your budget	115(27%)	32(29%)	147(28%)
Affordable – some strain on your budget	179(42%)	51(46%)	230 (43%)
Difficult to afford – considerable strain on your budget	114(27%)	26(23%)	140(26%)
Unaffordable – You will not be able to keep your child in this program	14(3%)	2(2%)	16(3%)
Total	422(100%)	111(100%)	533(100%)

### Have late payments or subsidies paid by others (e.g., department of social services, an employer) ever caused you problems with the provider?

	Urban n(%)	Rural n(%)	Total n(%)
Yes	24(6%)	8(7%)	32(6%)
No	395(94%)	102(93%)	497 (94%)
Total	419(100%)	110(100%)	529(100%)

### In the past year, how often have you experienced problems with late payments or subsidies paid by others?

	Urban n(%)	Rural n(%)	Total n(%)
Less than 5 times	11(48%)	7(88%)	18(58%)
More than 5 times	12(52%)	1(13%)	13(42%)
Total	23(100%)	8(100%)	31(100%)

\*Question was generated for only those who answered 'Yes' to Q33

### Which of the following have you experienced? (select all that apply)

	Urban n(%)	Rural n(%)	Total n(%)
Provider requested that I follow-up with the payer to make payment	9 (39%)	2 (25%)	11 (35%)
Provider requested that I pay outstanding payments	12 (52%)	5 (63%)	17 (55%)
The target child lost her/his place in the program due to non-payment	3 (13%)	0 (0%)	3 (10%)
Other	2 (9%)	2 (25%)	4 (13%)
None of the above	2 (9%)	0 (0%)	2 (6%)
Total	23 (100%)	8 (100%)	31 (100%)

\*Question was generated for only those who answered 'Yes' to Q33

### How satisfied are you with your current level of contact with Program Administrators?

	Urban n(%)	Rural n(%)	Total n(%)
Highly satisfied	171 (46%)	62 (56%)	233 (48%)
Satisfied	136 (36%)	32 (29%)	168 (35%)
Neither satisfied nor dissatisfied	45 (12%)	12 (11%)	57 (12%)
Dissatisfied	16 (4%)	3 (3%)	19 (4%)
Highly dissatisfied	8 (2%)	2 (2%)	10 (2%)
Total	376 (100%)	111 (100%)	487 (100%)

**How satisfied are you with your current level of contact with Teachers/Direct Service Providers?**

	Urban n(%)	Rural n(%)	Total n(%)
Highly satisfied	204 (55%)	69 (63%)	273 (56%)
Satisfied	122 (33%)	29 (26%)	151 (31%)
Neither satisfied nor dissatisfied	30 (8%)	7 (6%)	37 (8%)
Dissatisfied	10 (3%)	4 (4%)	14 (3%)
Highly dissatisfied	8 (2%)	1 (1%)	9 (2%)
Total	374 (100%)	110 (100%)	484 (100%)

**How often do you have face to face contact with program administrators or directors who run the target child's program or services?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	176 (47%)	59 (53%)	235 (49%)
Weekly	84 (23%)	23 (21%)	107 (22%)
Monthly	48 (13%)	8 (7%)	56 (11%)
Quarterly	20 (5%)	11 (10%)	31 (6%)
Yearly	18 (5%)	7 (6%)	25 (5%)
Never	27 (7%)	4 (4%)	31 (6%)
Total	373 (100%)	112 (100%)	485 (100%)

**How often do you have contact by phone with program administrators or directors who run the target child's program or services?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	39(11%)	7(7%)	46(10%)
Weekly	54(15%)	14(13%)	68(15%)
Monthly	66(18%)	26(25%)	92(20%)
Quarterly	42(12%)	12(11%)	54(12%)
Yearly	18(5%)	7(7%)	25(5%)
Never	140(39%)	39(37%)	179(39%)
Total	359(100%)	105(100%)	464 (100%)

**How often do you have contact by email with program administrators or directors who run the target child's program or services?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	24(7%)	6(6%)	30(6%)
Weekly	87(24%)	23(21%)	110(24%)
Monthly	63(18%)	23(21%)	86(18%)
Quarterly	26(7%)	13(12%)	39(8%)
Yearly	9(3%)	4(4%)	13(3%)
Never	152(42%)	39(36%)	191(41%)
Total	361(100%)	108(100%)	469(100%)

**How often do you have contact by text message with program administrators or directors who run the target child's program or services?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	43(12%)	14(13%)	57(12%)
Weekly	54(15%)	18(17%)	72(16%)
Monthly	35(10%)	13(12%)	48(10%)
Quarterly	8(2%)	5(5%)	13(3%)
Yearly	2(1%)	1(1%)	3(1%)
Never	212 (60%)	57(53%)	269 (58%)
Total	354(100%)	108(100%)	462(100%)

**How often do you have contact in writing (other than email) with program administrators or directors who run the target child's program or services?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	38(11%)	12(11%)	50(11%)
Weekly	44(13%)	13(12%)	57(13%)
Monthly	61(17%)	24(23%)	85(19%)
Quarterly	46(13%)	10(9%)	56(12%)
Yearly	12(3%)	5(5%)	17(4%)
Never	149 (43%)	42(40%)	191 (42%)
Total	350(100%)	106(100%)	456 (100%)

**How often do you have other contact with program administrators or directors who run the target child's program or services?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	5(5%)	1(3%)	6(4%)
Weekly	4(4%)	0(0%)	4(3%)
Monthly	6(6%)	0(0%)	6(4%)
Quarterly	3(3%)	0(0%)	3(2%)
Yearly	0(0%)	0(0%)	0(0%)
Never	92 (84%)	32(97%)	124 (87%)
Total	110(100%)	33(100%)	143 (100%)

**Have you experienced any of the following barriers to talking with program administrators or directors? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
They are difficult to reach	31 (9%)	6 (6%)	37 (8%)
They don't speak my primary language	4 (1%)	0 (0%)	4 (1%)
They don't take my suggestions/needs seriously	34 (10%)	7 (7%)	41 (9%)
They don't respond when I contact them	19 (5%)	2 (2%)	21 (5%)
It is difficult to meet in person due to scheduling	34 (10%)	11 (10%)	45 (10%)
Other	7 (2%)	2 (2%)	9 (2%)
None of the above	275 (77%)	85 (79%)	360 (83%)
Total	356 (100%)	107 (100%)	463 (100%)

### How often do you have the following types of contact with staff who work directly with the target child?

	Face to Face			By Phone			By Email		
	Urban n(%)	Rural n(%)	Total n(%)	Urban n(%)	Rural n(%)	Total n(%)	Urban n(%)	Rural n(%)	Total n(%)
Daily	301(80%)	89(80%)	390(80%)	36(10%)	12(12%)	48(11%)	28(8%)	9(9%)	37(8%)
Weekly	38 (10%)	11(10%)	49(10%)	72(21%)	17(17%)	89(20%)	59(17%)	17(16%)	76(17%)
Monthly	10(3%)	2(2%)	12(3%)	55 (16%)	17(17%)	72(16%)	37(11%)	12(12%)	49(11%)
Quarterly	15(4%)	6(5%)	21(4%)	29(8%)	8(8%)	37(8%)	13(4%)	7(7%)	20(4%)
Yearly	5(1%)	2(2%)	7(2%)	10(3%)	3(3%)	13(3%)	6(2%)	2(2%)	8(2%)
Never	6(2%)	1(1%)	7(1%)	144(42%)	45(44%)	189(42%)	205(59%)	57(55%)	262(58%)
Total	375(100%)	111(100%)	486(100%)	346(100%)	102(100%)	448(100%)	348(100%)	104(100%)	452(100%)

### How often do you have the following types of contact with staff who work directly with the target child?

	By Text Message			In writing (other than email)			Other		
	Urban n(%)	Rural n(%)	Total n(%)	Urban n(%)	Rural n(%)	Total n(%)	Urban n(%)	Rural n(%)	Total n(%)
Daily	47(13%)	18(17%)	65(14%)	62(18%)	17(16%)	79(18%)	9(7%)	0(0%)	9(5%)
Weekly	63(18%)	20(19%)	83(18%)	57(17%)	13(13%)	70(16%)	9(7%)	3(9%)	12
Monthly	27(8%)	11(10%)	38(8%)	40(12%)	21(20%)	61(14%)	4(3%)	0(0%)	4(2%)
Quarterly	8(2%)	2(2%)	10(2%)	26(8%)	11(11%)	37(8%)	1(1%)	0(0%)	1(1%)
Yearly	4(1%)	0(0%)	4(1%)	11(3%)	2(2%)	13 (3%)	0(0%)	0(0%)	0(0%)
Never	201(57%)	55(52%)	256(56%)	144(42%)	40(39%)	184 (41%)	113(83%)	31(91%)	144(85%)
Total	350(100%)	106(100%)	456(100%)	340(100%)	104(100%)	444(100%)	136(100%)	34(100%)	170(100%)

### Have you experienced any of the following barriers to talking with staff who work directly with the target child? (select all that apply)

	Urban n(%)	Rural n(%)	Total n(%)
They are difficult to reach	18 (5%)	2 (2%)	20 (4%)
They don't speak my primary language	6 (2%)	0(0%)	6 (1%)
They don't take my suggestions/needs seriously	31 (9%)	6 (6%)	37 (8%)
They don't respond when I contact them	16 (5%)	2 (2%)	18 (4%)
It is difficult to meet in person due to scheduling	37 (10%)	5 (5%)	42 (9%)
Other	10 (3%)	1 (1%)	11 (2%)
None of the above	281 (79%)	96 (90%)	377 (82%)
Total	354 (100%)	107 (100%)	461 (100%)

### How comfortable are you talking to the staff who work directly with the target child about the following topics?

	The Target Child's Needs		
	Urban n(%)	Rural n(%)	Total n(%)
Very Comfortable	257(69%)	88(79%)	345 (71%)
Comfortable	89(24%)	18(16%)	107 (22%)
Neither Comfortable nor Uncomfortable	15(4%)	4(4%)	19 (4%)
Uncomfortable	7(2%)	2(2%)	9 (2%)
Very Uncomfortable	7(2%)	0(0%)	7 (1%)
Total	375 (100%)	112 (100%)	487 (100%)

**How comfortable are you talking to the staff who work directly with the target child about the following topics?**

	Amount or types of services the target child receives		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Very Comfortable	222 (60%)	81 (73%)	303 (63%)
Comfortable	100 (27%)	22 (20%)	122 (25%)
Neither Comfortable nor Uncomfortable	34(9%)	5 (5%)	39 (8%)
Uncomfortable	10 (3%)	2 (2%)	12 (3%)
Very Uncomfortable	5 (1%)	1 (1%)	6 (1%)
Total	371 (100%)	111 (100%)	482 (100%)

**How comfortable are you talking to the staff who work directly with the target child about the following topics?**

	Concerns about the program quality		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Very Comfortable	154(41%)	61(55%)	215(45%)
Comfortable	107(29%)	22(20%)	129(27%)
Neither Comfortable nor Uncomfortable	58(16%)	17(15%)	75(16%)
Uncomfortable	38(10%)	9(8%)	47(10%)
Very Uncomfortable	15(4%)	2(2%)	17(4%)
Total	372(100%)	111(100%)	483(100%)

**How comfortable are you talking to the staff who work directly with the target child about the following topics?**

	Specific concerns about program staff members		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Very Comfortable	149(40%)	52(47%)	201(42%)
Comfortable	96(26%)	24(22%)	120(25%)
Neither Comfortable nor Uncomfortable	75(20%)	21(19%)	96(20%)
Uncomfortable	37(10%)	11(10%)	48(10%)
Very Uncomfortable	16(4%)	3(3%)	19(4%)
Total	373(100%)	111(100%)	484(100%)

**How comfortable are you talking to the staff who work directly with the target child about the following topics?**

	Costs related to the program		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Very Comfortable	121(33%)	50(46%)	171(36%)
Comfortable	64(17%)	18(16%)	82(17%)
Neither Comfortable nor Uncomfortable	98(27%)	22(20%)	120(25%)
Uncomfortable	68(18%)	15(14%)	83(17%)
Very Uncomfortable	18(5%)	5(5%)	23(5%)
Total	369 (100%)	110 (100%)	479 (100%)

### How comfortable are you talking to the staff who work directly with the target child about the following topics?

	Concerns about the programs operating hours meeting your needs		
	Urban	Rural	Total
	n(%)	n(%)	n(%)
Very Comfortable	154(42%)	61(56%)	215(45%)
Comfortable	92(25%)	20(18%)	112(23%)
Neither Comfortable nor Uncomfortable	84(23%)	22(20%)	106(22%)
Uncomfortable	27(7%)	3(3%)	30(6%)
Very Uncomfortable	12(3%)	4(4%)	16(3%)
Total	369(100%)	110(100%)	479(100%)

### The program meets the target child's individual needs

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	194(52%)	67(60%)	261(54%)
Agree	140(37%)	35(31%)	175(36%)
Neither agree nor disagree	24(6%)	6(5%)	30(6%)
Disagree	13(4%)	3(3%)	16(3%)
Strongly disagree	4(1%)	1(1%)	5(1%)
Total	375(100%)	112(100%)	487(100%)

### The program meets my needs as a caregiver

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	173(47%)	64(58%)	237(49%)
Agree	145(39%)	31(28%)	176(36%)
Neither agree nor disagree	31(8%)	11(10%)	42(9%)
Disagree	17(5%)	4(4%)	21(4%)
Strongly disagree	6(2%)	1(1%)	7(1%)
Total	372(100%)	111(100%)	483(100%)

### The program provides the emotional and social support needed to prepare the target child for her/his next level of care/education

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	194(52%)	72(66%)	266(55%)
Agree	128(34%)	26(24%)	154(32%)
Neither agree nor disagree	28(8%)	7(6%)	35(7%)
Disagree	15(4%)	5(5%)	20(4%)
Strongly disagree	9(2%)	0(0%)	9(2%)
Total	374(100%)	110(100%)	484(100%)

### The program is teaching my child things that are important now

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	201(54%)	73(66%)	274(57%)
Agree	136(36%)	26(23%)	162(33%)
Neither agree nor disagree	25(7%)	10(9%)	35(7%)
Disagree	8(2%)	2(2%)	10(2%)
Strongly disagree	4(1%)	0(0%)	4(1%)
Total	374(100%)	111(100%)	485(100%)

### I am usually satisfied with the outcome of meetings and talks that I have with program administrators

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	173(47%)	62(56%)	235(49%)
Agree	124(33%)	32(29%)	156(32%)
Neither agree nor disagree	52(14%)	11(10%)	63(13%)
Disagree	13(4%)	4(4%)	17(4%)
Strongly disagree	9(2%)	2(2%)	11(2%)
Total	371 (100%)	111 (100%)	482 (100%)

### I am usually satisfied with the outcome of meetings and talks that I have with program staff who work directly with the target child

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	185(50%)	71(64%)	256(53%)
Agree	136(37%)	33(30%)	169(35%)
Neither agree nor disagree	31(8%)	4(4%)	35(7%)
Disagree	12(3%)	2(2%)	14(3%)
Strongly disagree	7(2%)	1(1%)	8(2%)
Total	371 (100%)	111 (100%)	482 (100%)

### Program staff are well trained to meet the target child's needs

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	175(47%)	66(60%)	241(50%)
Agree	131(35%)	31(28%)	162(34%)
Neither agree nor disagree	41(11%)	7(6%)	48(10%)
Disagree	15(4%)	5(5%)	20(4%)
Strongly disagree	10(3%)	2(2%)	12(3%)
Total	372(100%)	111(100%)	483(100%)

### I would recommend this program/service to other families

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	202(54%)	76(69%)	278(57%)
Agree	124 (33%)	24(22%)	148(31%)
Neither agree nor disagree	29(8%)	7(6%)	36(7%)
Disagree	8(2%)	3(3%)	11(2%)
Strongly disagree	10(3%)	1(1%)	11(2%)
Total	373(100%)	111 (100%)	484(100%)

### The program is teaching my child things that will be important in the future (e.g., Kindergarten)

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	190(51%)	75(68%)	265(55%)
Agree	122(33%)	23(21%)	145(30%)
Neither agree nor disagree	40(11%)	9(8%)	49(10%)
Disagree	16(4%)	4(4%)	20(4%)
Strongly disagree	4(1%)	0(0%)	4(1%)
Total	372(100%)	111(100%)	483(100%)

### I am able to find information on the availability of early care/education programs in my area

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	81(22%)	19(17%)	100(21%)
Agree	151(40%)	41(37%)	192(40%)
Neither agree nor disagree	83(22%)	26(24%)	109(23%)
Disagree	52(14%)	17(16%)	69(14%)
Strongly disagree	7(2%)	7(6%)	14(3%)
Total	374(100%)	110(100%)	484(100%)

### I am able to find information about available support services in my area

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	57(15%)	12(11%)	69(14%)
Agree	103(28%)	27(25%)	130(27%)
Neither agree nor disagree	122(33%)	40(36%)	162(34%)
Disagree	75(20%)	24(22%)	99(21%)
Strongly disagree	13(4%)	7(6%)	20(4%)
Total	370(100%)	110(100%)	480(100%)

### I am able to find information about the quality of early care/education programs

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	67(18%)	9(8%)	76(16%)
Agree	104(28%)	25(23%)	129(27%)
Neither agree nor disagree	98(26%)	41(37%)	139(29%)
Disagree	87(23%)	28(26%)	115(24%)
Strongly disagree	18(5%)	7(6%)	25(5%)
Total	374(100%)	110(100%)	484(100%)

### If I needed, I know how to get help paying for early care/education programs available to me

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	50(13%)	10(9%)	60(12%)
Agree	68(18%)	24(22%)	92(19%)
Neither agree nor disagree	76(20%)	27(25%)	103(21%)
Disagree	117(31%)	32(30%)	149(31%)
Strongly disagree	62(17%)	16(15%)	78(16%)
Total	373(100%)	109 (100%)	482 (100%)

### What is the highest level of education that you have completed?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Never attended high school	0(0%)	0(0%)	0(0%)
Some high school, no diploma	7(2%)	0(0%)	7(1%)
High school diploma or GED	25(7%)	7(6%)	32(7%)
Some college credits	39(11%)	11(10%)	50(10%)
Associate's degree	38(10%)	18(16%)	56(12%)
Bachelor's degree	107(29%)	34(30%)	141(29%)
Master's degree	143(38%)	38(34%)	181(37%)
Doctoral degree	14(4%)	4(4%)	18(4%)
Total	373 (100%)	112 (100%)	485 (100%)

### What is your gender?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Female	351(94%)	99(88%)	450(93%)
Male	21(6%)	13(12%)	34(7%)
Prefer to Self Describe	1(0%)	0(0%)	1(0%)
Total	373(100%)	112(100%)	485(100%)

### Are you Hispanic or Latinx?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	49(13%)	2(2%)	51(11%)
No	321(87%)	110(98%)	431(89%)
Total	370(100%)	112(100%)	482(100%)

### Which best describes your racial identity? (select all that apply)

	Urban	Rural	Total
	n(%)	n(%)	n(%)
American Indian/Alaska Native	7(2%)	4(4%)	11(2%)
Asian	10(3%)	3(3%)	13(3%)
Black/African-American	48(13%)	1(1%)	49(10%)
Native Hawaiian/Pacific Islander	3(1%)	1(1%)	4(1%)
White	305(83%)	102(91%)	407(85%)
Other	13(4%)	3(3%)	16(3%)
Total	366 (100%)	112 (100%)	478 (100%)

### Is English your primary language?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	358(97%)	109(98%)	467(97%)
No	13(3%)	2(2%)	15(3%)
Total	371(100%)	111(100%)	482(100%)

**Which best describes your employment status?**

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Not in the job market	17(5%)	4(4%)	21(4%)
Currently unemployed and looking for work	8(2%)	1(1%)	9(2%)
Work one full-time job	251(67%)	72(64%)	323(67%)
Work more than one full-time job	16(4%)	8(7%)	24(5%)
Work one part-time job	29(8%)	13(12%)	42(9%)
Work more than one part-time job	11(3%)	6(5%)	17(4%)
Work occasionally	7(2%)	1(1%)	8(2%)
Do volunteer work	6(2%)	3(3%)	9(2%)
Other	29(8%)	4(4%)	33(7%)
Total	374 (100%)	112 (100%)	486 (100%)

**Which of the following income categories best describes your total annual household income before taxes?**

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Less than \$14,999	16(4%)	4(4%)	20(4%)
\$15,000 to \$24,999	28(8%)	7(6%)	35(7%)
\$25,000 to \$49,999	48(13%)	22(20%)	70(15%)
\$50,000 to \$74,999	55(15%)	26(23%)	81(17%)
\$75,000 to \$99,999	60(16%)	17(15%)	77(16%)
\$100,000 to \$149,999	91(25%)	18(16%)	109(23%)
\$150,000 or more	67(18%)	17(15%)	84(18%)
Total	365 (100%)	111 (100%)	476 (100%)
Other	29(8%)	4(4%)	33(7%)
Total	374 (100%)	112 (100%)	486 (100%)

**Do you receive Public Assistance or other benefits such as SNAP or HEAP?**

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	49(13%)	12(11%)	61(13%)
No	320(86%)	100(89%)	420(87%)
Don't know	3(1%)	0(0%)	3(1%)
Total	372 (100%)	112 (100%)	484 (100%)

**Do you qualify for childcare subsidies or tax credits based on your income?**

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	63(17%)	27 (24%)	90 (19%)
No	247 (67%)	71 (63%)	318 (66%)
Don't know	59 (16%)	14 (13%)	73 (15%)
Total	369 (100%)	112 (100%)	481 (100%)

In the past 12 months, have you and your family experienced homelessness as defined here:  
<https://nche.ed.gov/mckinney-vento-definition/>

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	7 (2%)	0 (0%)	7 (2%)
No	363 (98%)	112 (100%)	475 (99%)
Total	370 (100%)	112 (100%)	482 (100%)

What is the target child's sex?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Female	176 (47%)	50 (45%)	226 (47%)
Male	186 (50%)	59 (53%)	245 (51%)
Prefer not to answer	10 (3%)	3 (3%)	13 (3%)
Total	372 (100%)	112 (100%)	484 (100%)

Is the target child Hispanic or Latinx?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	57 (16%)	3 (3%)	60 (13%)
No	311 (85%)	109 (97%)	420 (88%)
Total	368 (100%)	112 (100%)	480 (100%)

What best describes the target child's racial identity? (select all that apply)

	Urban	Rural	Total
	n(%)	n(%)	n(%)
American Indian/Alaska Native	5(1%)	3(3%)	8(2%)
Asian	9(2%)	2(2%)	11(2%)
Black/African-American	56(15%)	3(3%)	59(12%)
Native Hawaiian/Pacific Islander	2(1%)	0(0%)	2(<1%)
White	304(83%)	105(94%)	409(85%)
Other	21(6%)	3(3%)	24(5%)
Total	368 (100%)	112 (100%)	480 (100%)

Is English the target child's primary language?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	368 (99%)	110 (98%)	478 (99%)
No	5 (1%)	2 (2%)	7 (1%)
Total	373 (100%)	112 (100%)	485 (100%)

## Direct Care Staff Survey

### In what type(s) of early childhood program(s) do you currently work? (select all that apply)

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Child Care Center	148(26%)	30(18%)	178(24%)
Family Child Care	82(14%)	35(21%)	117(16%)
Group Family Child Care	63(11%)	23(14%)	86(12%)
Legally Exempt Child Care	5(1%)	2(1%)	7(1%)
Early Head Start	50(9%)	18(11%)	68(9%)
Migrant and Seasonal Head Start	5(1%)	0(0%)	5(1%)
Head Start	108(19%)	44(27%)	152(21%)
Nursery School	22(4%)	4(2%)	26(4%)
State administered Prekindergarten	87(15%)	14(9%)	101(14%)
Other prekindergarten	38(7%)	9(5%)	47(6%)
Preschool Special Education	89(16%)	26(16%)	115(16%)
Early Intervention	49(9%)	17(10%)	66(9%)
Home Visiting	35(6%)	18(11%)	53(7%)
After School Program	22(4%)	10(6%)	32(4%)
Babysitter/Nanny	11(2%)	4(2%)	15(2%)
Total	567(100%)	164(100%)	731(100%)

### How would you describe your organization?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
For profit	76(14%)	24(15%)	100(15%)
Not for profit	249(47%)	79(49%)	328(48%)
Run by a government agency	76(14%)	20(12%)	96(14%)
Run by an individual/family	86(16%)	30(19%)	116(17%)
Other	7(1%)	2(1%)	9(1%)
Don't know	35(7)	6(4%)	41(6%)
Total	529(100%)	161(100%)	690(100%)

### Approximately how many children ages birth through 5 do you directly interact with at work on a typical day?

	Urban (n=411)	Rural (n=156)	Total (n=567)
Mean(SD)	21.8(36.9)	14.2(14.1)	19.7(32.4)
Minimum	0	0	0
Maximum	530	100	530

### Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for children receiving Early Intervention or Special education services

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Abundant	42(9%)	12(8%)	54(9%)
Adequate	190(42%)	58(36%)	248(40%)
Insufficient	180(39%)	75(47%)	255(41%)
Does not apply	16(4%)	6(4%)	22(4%)
Don't know	29(6%)	10(6%)	39(6%)
Total	457(100%)	161(100%)	618(100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for families currently experiencing homelessness**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	15(3%)	5(3%)	20(3%)
Adequate	105(23%)	34(21%)	139(23%)
Insufficient	111(24%)	38(24%)	149(24%)
Does not apply	72(16%)	24(15%)	96(16%)
Don't know	151(33%)	59(37%)	210(34%)
Total	454(100%)	160(100%)	614(100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Families having immigrant or refugee status**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	25(6%)	2(1%)	27(4%)
Adequate	66(15%)	13(8%)	79(13%)
Insufficient	77(17%)	30(19%)	107(18%)
Does not apply	78(17%)	46(29%)	124(20%)
Don't know	207(46%)	68(43%)	275(45%)
Total	453(100%)	159(100%)	612(100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Low Income Families**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	119(26%)	38(24%)	157(26%)
Adequate	140(31%)	54(33%)	194(32%)
Insufficient	117(26%)	44(27%)	161(26%)
Does not apply	15(3%)	4(3%)	19(3%)
Don't know	62(14%)	22(14%)	84(14%)
Total	453(100%)	162(100%)	615(100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for children who are members of a racial/ethnic minority**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	76(17%)	7(5%)	83(14%)
Adequate	182(40%)	64(41%)	246(40%)
Insufficient	86(19%)	28(18%)	114(19%)
Does not apply	34(8%)	17(11%)	51(8%)
Don't know	75(17%)	41(26%)	116(19%)
Total	453(100%)	157(100%)	610(100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for families whose primary language is other than English**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	55(12%)	10(6%)	65(10%)
Adequate	116(26%)	39(24%)	155(25%)
Insufficient	139(31%)	53(33%)	192(31%)
Does not apply	47(10%)	26(16%)	73(12%)
Don't know	96(21%)	32(20%)	128(21%)
Total	453(100%)	160(100%)	613(100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Families living in rural communities**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	51(11%)	37(23%)	88(14%)
Adequate	124(28%)	52(33%)	176(29%)
Insufficient	122(27%)	49(31%)	171(28%)
Does not apply	75(17%)	6(4%)	81(13%)
Don't know	79(18%)	16(10%)	95(16%)
Total	451(100%)	160(100%)	611(100%)

**Indicate which of the following practices are in place to support transitions to kindergarten. (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Share student assessment information with school districts	238(54%)	94(59%)	332(55%)
Meet with kindergarten teachers or other district liaison	196(44%)	75(47%)	271(45%)
Help parents navigate the kindergarten enrollment process	249(56%)	83(53%)	332(55%)
Take children to visit kindergarten classrooms	140(32%)	61(39%)	201(33%)
Develop a written transition plan for children	111(25%)	37(23%)	148(25%)
Other	15(3%)	2(1%)	17(3%)
None	61(14%)	25(16%)	86(14%)
Total	444(100%)	158(100%)	602(100%)

**How many hours do you typically work each week?**

	Urban (n=392)	Rural (n=158)	Total (n=550)
Mean(SD)	40.2(11.7)	41.5(12.5)	40.5(12.0)
Minimum	5	5	5
Maximum	120	90	120

### What is your current annual salary before taxes?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Less than \$15,000	41(9%)	12(8%)	53(9%)
\$15,000-\$24,999	126(29%)	51(32%)	177(30%)
\$25,000-\$49,999	184(42%)	69(43%)	253(42%)
\$50,000-\$74,999	63(14%)	21(13%)	84(14%)
\$75,000-\$99,999	24(6%)	6(4%)	30(5%)
\$100,000 or more	2(1%)	1(1%)	3(1%)
Total	440(100%)	160(100%)	600(100%)

### My current job pays a competitive salary

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	12(3%)	5(3%)	17(3%)
Agree	74(17%)	33(20%)	107(18%)
Neither agree nor disagree	88(20%)	36(22%)	124(21%)
Disagree	160(36%)	54(33%)	214(35%)
Strongly disagree	107(24%)	36(22%)	143(24%)
Total	441(100%)	164(100%)	605(100%)

### My current salary meets my needs

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Strongly agree	10(2%)	4(3%)	14(2%)
Agree	69(16%)	40(25%)	109(18%)
Neither agree nor disagree	70(16%)	33(20%)	103(17%)
Disagree	179(41%)	54(33%)	233(39%)
Strongly disagree	111(25%)	31(19%)	142(24%)
Total	439(100%)	162(100%)	601(100%)

### Is the benefit provided by your program? (yes/no)

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Health insurance for self	284(68%)	107(67%)	391(67%)
Health insurance for family	259(63%)	100(63%)	359(63%)
Paid sick days	318(74%)	119(74%)	437(74%)
Paid vacation days	286(68%)	119(74%)	405(69%)
Paid child care	41(11%)	9(7%)	50(10%)
Job related training	344(83%)	137(87%)	481(84%)
Assistance with education costs	175(45%)	59(40%)	234(43%)
Other	6(17%)	4(31%)	10(21%)

\*The percentages reported reflects those that responded yes out of the total number responding to the question. Each question has a slightly different number of total respondents. For example, 68% of urban staff said yes that the program offered health insurance for them, 67% of rural said yes, and 67% of the total sample said yes.

### Select the 3 benefits most important to you

	Urban n(%)	Rural n(%)	Total n(%)
Health insurance for self	231(59%)	77(51%)	308(57%)
Health insurance for family	157(40%)	66(44%)	223(41%)
Paid sick days	282(72%)	111(74%)	393(72%)
Paid vacation days	218(55%)	83(55%)	301(55%)
Paid child care	43(11%)	11(7%)	54(10%)
Job related training	128(33%)	57(38%)	185(34%)
Assistance with education costs	93(24%)	39(26%)	132(24%)
Other	10(3%)	4(3%)	14(3%)
Total	393(100%)	151(100%)	544(100%)

\*The percentages reported reflect those that responded that this was one of their top 3 benefits.

### Of the benefits not provided by your program, select the ones, if any, you receive from another source

	Urban n(%)	Rural n(%)	Total n(%)
Health insurance for self	68(18%)	34(23%)	102(20%)
Health insurance for family	65(17%)	45(30%)	110(21%)
Paid sick days	0(0%)	1(1%)	1(<1%)
Paid vacation days	0(0%)	2(1%)	2(<1%)
Paid child care	14(4%)	3(2%)	17(3%)
Job related training	18(5%)	4(2%)	22(4%)
Assistance with education costs	17(5%)	13(9%)	30(6%)
Other	0(0%)	2(1%)	2(<1%)
None	241(65%)	89(60%)	330(63%)
Total	372(100%)	148(100%)	520(100%)

\*The percentages reported reflect those that responded that this was a benefit they received from another source.

### What is the highest level of education that you have completed?

	Urban n(%)	Rural n(%)	Total n(%)
Some high school or no diploma	2(1%)	0(0%)	2(<1%)
High school diploma or GED	28(7%)	17(10%)	45(8%)
Some college credits	51(12%)	16(10%)	67(11%)
Child Development Associate (CDA) or other credential	30(7%)	13(8%)	43(7%)
Associate's Degree	78(18%)	39(24%)	117(20%)
Bachelor's Degree	74(16%)	29(18%)	100(17%)
Some Graduate coursework	20(5%)	5(3%)	25(4%)
Master's Degree	150(35%)	45(27%)	195(33%)
Doctoral Degree	3(1%)	0(0%)	3(1%)
Total	433(100%)	164(100%)	597(100%)

**In the past 12 months have you completed any of the following educational activities to help you acquire new skills? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Attended a workshop provided by your program	262(62%)	97(59%)	359(61%)
Attended a workshop provided by a professional association	259(61%)	111(68%)	370(63%)
Attended a course at an accredited college relevant to childhood care/education	48(11%)	36(22%)	84(14%)
Attended a conference	169(40%)	74(45%)	243(41%)
Other	18(4%)	8(5%)	26(4%)
None	30(7%)	6(4%)	36(6%)
Total	425(100%)	164(100%)	589(100%)

**I have the necessary education to perform my best at my job**

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	213(50%)	73(45%)	286(48%)
Agree	182(43%)	72(44%)	254(43%)
Neither agree nor disagree	25(6%)	10(6%)	35(6%)
Disagree	6(1%)	9(6%)	15(3%)
Strongly disagree	2(1%)	0(0%)	2(<1%)
Total	428(100%)	164(100%)	592(100%)

**I have the necessary training to perform the best at my job**

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	160(37%)	67(41%)	227(38%)
Agree	200(47%)	74(45%)	274(46%)
Neither agree nor disagree	41(10%)	14(9%)	55(9%)
Disagree	23(5%)	9(6%)	32(5%)
Strongly disagree	4(1%)	0(0%)	4(1%)
Total	428(100%)	164(100%)	592(100%)

**Which of the following are challenges that affect your ability to receive more education/training?**

	Urban n(%)	Rural n(%)	Total n(%)
My program does not offer professional development	35(8%)	7(4%)	42(7%)
I cannot afford to pay	197(47%)	63(39%)	260(45%)
I do not have time	144(34%)	63(39%)	207(36%)
I do not have childcare to free up the time I need	48(11%)	14(9%)	62(11%)
I do not have transportation	12(3%)	1(1%)	13(2%)
I am not interested	29(7%)	7(4%)	36(6%)
Other	30(7%)	12(7%)	42(7%)
None	77(18%)	49(30%)	126(22%)
Total	419(100%)	161(100%)	580(100%)

**What professional development topics would be most useful to you in your current job? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Health and safety in the classroom	91(22%)	29(18%)	120(21%)
Working with children with physical needs	103(25%)	54(34%)	157(27%)
Working with children with emotional or behavioral needs	348(83%)	132(82%)	480(83%)
Working with children whose primary language is not English	113(27%)	31(19%)	144(25%)
Planning activities that meet the needs of all the children in the class	175(42%)	77(48%)	252(43%)
Working with children and families that are currently experiencing homelessness	80(19%)	28(17%)	108(19%)
Working with children and families that are recent immigrants or refugees	81(19%)	16(10%)	97(17%)
Engaging families in their children's activities in the program	222(53%)	89(55%)	311(54%)
Designing curricula for individual children	107(26%)	49(30%)	156(27%)
Preparing children for the next level of care/education	148(35%)	66(41%)	214(37%)
Other	14(3%)	1(1%)	15(3%)
Total	419(100%)	161(100%)	580(100%)

**Do you know about the ASPIRE early childhood workforce registry?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	209(49%)	84(52%)	293(50%)
No	218(51%)	79(49%)	297(50%)
Total	427(100%)	163(100%)	590(100%)

**Are you registered with the ASPIRE registry?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	159(76%)	59(70%)	218(75%)
No	49(24%)	25(30%)	74(25%)
Total	208(100%)	84(100%)	292(100%)

\*Question only asked of the 293 that indicated they knew what the ASPIRE registry is

**What are some of the reasons that prevent you from registering with the ASPIRE registry? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Don't know enough about it	23(50%)	9(36%)	32(45%)
Takes too much time to register	7(15%)	3(12%)	10(14%)
Do not see the value	4(9%)	5(20%)	9(13%)
Do not want to share information with an online registry	9(20%)	2(8%)	11(15%)
Other	12(26%)	9(36%)	21(30%)
Total	46(100%)	25(100%)	71(100%)

\*Question only asked of those that reported they knew about ASPIRE but were not registered (n=74).

### Select the role or title that best describes your current position

	Urban n(%)	Rural n(%)	Total n(%)
Master Teacher	41(10%)	10(6%)	51(9%)
Lead Teacher	120(29%)	32(20%)	152(27%)
Assistant Teacher/Aide	69(17%)	22(14%)	91(16%)
Early Intervention Service Provider	18(4%)	13(8%)	31(5%)
Family Child Care Provider	53(13%)	27(17%)	80(14%)
Group Family Child Care Provider/Assistant	31(8%)	19(12%)	50(9%)
Mental Health Consultant	5(1%)	1(1%)	6(1%)
Special Education Therapist	26(6%)	9(6%)	35(6%)
Home Visitor	32(8%)	18(11%)	50(9%)
Visiting Nurse	9(2%)	1(1%)	10(2%)
Social Worker	11(3%)	5(3%)	16(3%)
School Age Care/After School Provider	1(<1%)	1(1%)	2(<1%)
Total	416(100%)	158(100%)	574(100%)

### What age group of children do you most often work with?

	Urban n(%)	Rural n(%)	Total n(%)
Infant and toddler (Birth-2)	67(16%)	32(20%)	99(17%)
Preschool (3-5)	236(56%)	76(48%)	312(54%)
Work equally with both	116(28%)	51(32%)	167(29%)
Total	419(100%)	159(100%)	578(100%)

### How long have you worked in your current position?

	Urban n(%)	Rural n(%)	Total n(%)
Less than 1 year	44(10%)	16(10%)	60(10%)
1-2 years	72(17%)	30(18%)	102(17%)
3-5 years	108(25%)	38(23%)	146(25%)
6-10 years	51(12%)	27(17%)	78(13%)
More than 10 years	152(36%)	52(32%)	204(35%)
Total	427(100%)	163(100%)	590(100%)

### How long have you worked with children (ages birth through five years old) in the early care/education system?

	Urban n(%)	Rural n(%)	Total n(%)
Less than 1 year	14(3%)	1(1%)	15(3%)
1-2 years	29(7%)	10(6%)	39(7%)
3-5 years	56(13%)	28(17%)	84(14%)
6-10 years	70(17%)	33(20%)	103(18%)
More than 10 years	253(60%)	90(56%)	343(59%)
Total	422(100%)	162(100%)	584(100%)

### What is your gender?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Female	419(99%)	163(100%)	582(99%)
Male	3(1%)	0(0%)	3(1%)
Prefer to self-describe	2(1%)	0(0%)	2(<1%)
Total	424(100%)	163(100%)	587(100%)

### Are you Hispanic or Latinx?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	26(6%)	5(3%)	31(5%)
No	393(94%)	157(97%)	550(95%)
Total	419(100%)	162(100%)	581(100%)

### Which best describes your racial identity? (select all that apply)

	Urban	Rural	Total
	n(%)	n(%)	n(%)
American Indian/Alaska Native	6(1%)	2(1%)	8(1%)
Asian	9(2%)	1(1%)	10(2%)
Black/African-American	30(7%)	3(2%)	33(6%)
Native Hawaiian/Pacific Islander	1(<1%)	0(0%)	1(<1%)
White	362(87%)	157(96%)	519(89%)
Other	15(4%)	2(1%)	17(3%)
Total	418(100%)	163(100%)	581(100%)

## Direct Care Staff Survey

What programs or services for children ages birth through 5 does your organization provide? (select all that apply)

	Urban n(%)	Rural n(%)	Total n(%)
Child Care Center	329 (46%)	40 (42%)	369 (45%)
In-home Family Child Care	55 (8%)	8 (8%)	63 (8%)
In-home Group Family Child Care	57 (8%)	10 (10%)	67 (8%)
Legally Exempt Child Care	12 (2%)	1 (1%)	13 (2%)
Early Head Start	78 (11%)	11 (11%)	89 (11%)
Migrant and Seasonal Head Start	8 (1%)	0 (0%)	8 (1%)
Head Start	121 (17%)	21 (22%)	142 (17%)
Nursery School	59 (8%)	1 (1%)	60 (7%)
State-administered Prekindergarten (e.g., through a school district)	166 (23%)	31 (32%)	197 (24%)
Other Prekindergarten	56 (8%)	12 (13%)	68 (8%)
New York City Department of Education Preschool (Pre-K for All)	77 (11%)	3 (3%)	80 (10%)
Preschool Special Education	153 (21%)	18 (19%)	171 (21%)
Early Intervention	87 (12%)	14 (15%)	101 (12%)
Home Visiting Program (e.g., Healthy Families, Nurse-Family Partnership, HIPPIY, ParentChildPlus, Early Head Start, County Health Department, or Parents as Teachers)	57 (8%)	16 (17%)	73 (9%)
After school program	96 (13%)	17 (18%)	113 (14%)
Total	722 (100%)	96 (100%)	818 (100%)

Approximately how long has your organization been providing early childhood services?

	Urban n(%)	Rural n(%)	Total n(%)
Less than 1 year	8 (1%)	2 (2%)	10 (1%)
1-2 years	20 (3%)	6 (6%)	26 (4%)
3-5 years	39 (6%)	8 (8%)	47 (6%)
6-10 years	60 (9%)	5 (5%)	65 (9%)
More than 10 years	528 (81%)	75 (78%)	603 (80%)
Total	655 (100%)	96 (100%)	751 (100%)

How would you describe your organization?

	Urban n(%)	Rural n(%)	Total n(%)
For profit	122 (19%)	13 (14%)	135 (18.4%)
Not for profit	362 (57%)	52 (55%)	414 (56%)
Run by a government agency	86 (13%)	21 (22%)	107 (15%)
Run by an individual/family	50 (8%)	8 (8%)	58 (8%)
Other	13 (2%)	1 (1%)	14 (2%)
Don't know	7 (1%)	0 (0%)	7 (1%)
Total	640 (100%)	95 (100%)	735 (100%)

**Does your program offer birth through 5 care/services during: (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Some Federal holidays	261 (52%)	27 (41%)	288 (51%)
All Federal holidays	22 (4%)	2 (3%)	24 (4%)
Summer	465 (93%)	63 (95%)	528 (93%)
Total	502 (100%)	66 (100%)	568 (100%)

**What summer months does your program provide care/services? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
June	416 (90%)	60 (95%)	476 (91%)
July	460 (100%)	62 (98%)	522 (99%)
August	433 (94%)	61 (97%)	494 (94%)
Total	462 (100%)	63 (100%)	525 (100%)

\* Question was generated for only those that indicated that they offered care/services during the Summer

**How often does your program receive requests for expanded hours?**

	Urban n(%)	Rural n(%)	Total n(%)
Frequently	111 (18%)	15 (16%)	126 (17%)
Sometimes	205 (32%)	36 (38%)	241 (33%)
Rarely	193 (31%)	19 (20%)	212 (29%)
Never	124 (20%)	25 (26%)	149 (21%)
Total	633 (100%)	95 (100%)	728 (100%)

**How does your program typically handle requests for extended service hours?**

	Urban n(%)	Rural n(%)	Total n(%)
We meet the request and charge a fee	115 (23%)	13 (19%)	128 (23%)
We meet the request without charging a fee	51 (10%)	4 (6%)	55 (10%)
We do not meet the request	259 (52%)	37 (53%)	296 (52%)
Other	71 (14%)	16 (23%)	87 (15%)
Total	496 (100%)	70 (100%)	566 (100%)

\* Question was generated for those that indicated that they have received requests for expanded hours

**If operating hours are sometimes insufficient for the families that your program serves, which of the following would help you meet that need? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Additional funding to support expanded hours	337 (75%)	54 (82%)	391 (75%)
Additional qualified staff to support expanded hours	313 (69%)	47 (71%)	360 (69%)
Additional space to support expanded hours	82 (18%)	16 (24%)	98 (19%)
Other	44 (10%)	6 (9%)	50 (10%)
Total	452 (100%)	66 (100%)	518 (100%)

\* Question was generated for those that indicated that they have received requests for expanded hours

### How many children ages birth through 5 does your program have the capacity to serve?

	Urban	Rural	Total
	Mean (Standard Deviation)	Mean (Standard Deviation)	Mean (Standard Deviation)
0 -12 months old	133 (1846)	15 (42)	114 (1685)
1 year old	139 (1891)	10 (13)	118 (1728)
2 years old	129 (1692)	15 (14)	112 (1560)
3 years old	188 (1938)	32 (36)	164 (1786)
4 years old	71 (143)	42 (55)	67 (134)
5 years old	44 (123)	28 (49)	41 (115)

### How many children (birth through 5) are currently enrolled in your program?

	Urban	Rural	Total
	Mean (Standard Deviation)	Mean (Standard Deviation)	Mean (Standard Deviation)
0 -12 months old	16 (51)	10 (12)	15 (47)
1 year old	17 (70)	9 (11)	15 (64)
2 years old	30 (119)	14 (13)	28 (110)
3 years old	95 (991)	25 (31)	85 (918)
4 years old	64 (137)	38 (59)	61 (128)
5 years old	33 (90)	18 (23)	31 (84)

### What is the estimated average daily attendance rate in the program?

	Urban	Rural	Total
	n%	n%	n%
Below 50%	2 (0%)	1 (1%)	3 (1%)
50% to 75%	33 (6%)	6 (7%)	39 (6%)
76% to 89%	158 (30%)	29 (31%)	187 (30%)
90% or above	307 (59%)	55 (59%)	362 (59%)
Don't know	25 (5%)	2 (2%)	27 (4%)
Total	525 (100%)	93 (100%)	618 (100%)

### Which best describes typical enrollment (birth through 5) availability in the program?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Demand exceeds our enrollment availability	277 (53%)	50 (54%)	327 (53%)
Enrollment availability is generally well matched to demand	187 (36%)	31 (33%)	218 (35%)
Insufficient demand leaves excess enrollment availability	62 (12%)	12 (13%)	74 (12%)
Total	526 (100%)	93 (100%)	619 (100%)

### Typically, how many children ages birth through 5 are on a waiting list for enrollment

	Urban	Rural	Total
	n(%)	n(%)	n(%)
1-5	119 (23%)	33 (35%)	152 (25%)
6-10	97 (19%)	18 (19%)	115 (19%)
More than 10	180 (34%)	29 (31%)	209 (34%)
There is no waitlist	128 (24%)	15 (16%)	143 (23%)
Total	524 (100%)	95 (100%)	619 (100%)

**On average, how long does a child stay on the waiting list?**

	Urban n(%)	Rural n(%)	Total n(%)
Less than 2 weeks	23 (6%)	2 (3%)	25 (6%)
2-4 weeks	41 (11%)	6 (8%)	47 (11%)
5-12 weeks	85 (23%)	20 (26%)	105 (23%)
13-24 weeks	68 (18%)	16 (21%)	84 (19%)
Longer than 24 weeks	153 (41%)	34 (44%)	187 (42%)
Total	370 (100%)	78 (100%)	448 (100%)

\* Question was generated for those that indicated they had a waitlist for their program

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who are receiving Early Intervention or special education services**

	Urban n(%)	Rural n(%)	Total n(%)
0%	50 (10%)	5 (5%)	55 (9%)
1-25%	316 (63%)	64 (68%)	380 (64%)
26-50%	62 (12%)	12 (13%)	74 (12%)
51-75%	21 (4%)	5 (5%)	26 (4%)
76-100%	40 (8%)	6 (6%)	46 (8%)
Don't know	13 (3%)	2 (2%)	15 (3%)
Total	502 (100%)	94 (100%)	596 (100%)

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who belong to families currently experiencing homelessness**

	Urban n(%)	Rural n(%)	Total n(%)
0%	222 (45%)	43 (46%)	265 (45%)
1-25%	197 (40%)	42 (45%)	239 (41%)
26-50%	15 (3%)	2 (2%)	17 (3%)
51-75%	9 (2%)	0 (0%)	9 (2%)
76-100%	4 (1%)	0 (0%)	4 (1%)
Don't know	48 (10%)	6 (7%)	54 (9%)
Total	495 (100%)	93 (100%)	588 (100%)

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who belong to families having Immigrant or refugee status**

	Urban n(%)	Rural n(%)	Total n(%)
0%	226 (46%)	56 (61%)	282 (49%)
1-25%	154 (31%)	28 (30%)	182 (31%)
26-50%	27 (6%)	0 (0%)	27 (5%)
51-75%	13 (3%)	0 (0%)	13 (2%)
76-100%	11 (2%)	0 (0%)	11 (2%)
Don't know	59 (12%)	8 (9%)	67 (12%)
Total	490 (100%)	92 (100%)	582 (100%)

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who belong to low income families**

	Urban n(%)	Rural n(%)	Total n(%)
0%	58 (12%)	3 (3%)	61 (10%)
1-25%	128 (26%)	24 (25%)	152 (26%)
26-50%	89 (18%)	23 (24%)	112 (19%)
51-75%	85 (17%)	23 (24%)	108 (18%)
76-100%	113 (23%)	21 (22%)	134 (23%)
Don't know	26 (5%)	1 (1%)	27 (5%)
Total	499 (100%)	95 (100%)	594 (100%)

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who are members of a racial/ethnic minority**

	Urban n(%)	Rural n(%)	Total n(%)
0%	41 (8%)	7 (7%)	48 (8%)
1-25%	192 (39%)	58 (62%)	250 (42%)
26-50%	75 (15%)	17 (18%)	92 (16%)
51-75%	76 (15%)	5 (5%)	81 (14%)
76-100%	89 (18%)	5 (5%)	94 (16%)
Don't know	22 (4%)	2 (2%)	24 (4%)
Total	495 (100%)	94 (100%)	589 (100%)

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who belong to families whose primary language is other than English**

	Urban n(%)	Rural n(%)	Total n(%)
0%	109 (22%)	31 (33%)	140 (24%)
1-25%	225 (45%)	57 (60%)	282 (47%)
26-50%	63 (13%)	3 (3%)	66 (11%)
51-75%	43 (9%)	2 (2%)	45 (8%)
76-100%	44 (9%)	1 (1%)	45 (8%)
Don't know	16 (3%)	1 (1%)	17 (3%)
Total	500 (100%)	95 (100%)	595 (100%)

**Please estimate the percentage of children ages Birth through 5 enrolled in the program who belong to families living in rural communities**

	Urban n(%)	Rural n(%)	Total n(%)
0%	202 (41%)	7 (7%)	209 (35%)
1-25%	112 (23%)	14 (15%)	126 (21%)
26-50%	35 (7%)	9 (10%)	44 (7%)
51-75%	30 (6%)	7 (7%)	37 (6%)
76-100%	77 (16%)	52 (55%)	129 (22%)
Don't know	40 (8%)	6 (6%)	46 (8%)
Total	496 (100%)	95 (100%)	591 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Children receiving Early Intervention Services**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	71 (14%)	2 (2%)	73 (12%)
Adequate	190 (38%)	40 (42%)	230 (39%)
Insufficient	199 (40%)	47 (50%)	246 (41%)
Don't know	25 (5%)	3 (3%)	28 (5%)
Does not apply	17 (3%)	3 (3%)	20 (3%)
Total	502 (100%)	95 (100%)	597 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Families currently experiencing homelessness**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	16 (3%)	1 (1%)	17 (3%)
Adequate	113 (23%)	27 (29%)	140 (24%)
Insufficient	130 (26%)	27 (29%)	157 (27%)
Don't know	148 (30%)	27 (29%)	175 (30%)
Does not apply	90 (18%)	12 (13%)	102 (17%)
Total	497 (100%)	94 (100%)	591 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Families having immigrant or refugee status**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	17 (3%)	0 (0%)	17 (3%)
Adequate	102 (21%)	19 (20%)	121 (20%)
Insufficient	115 (23%)	16 (17%)	131 (22%)
Don't know	168 (34%)	42 (44%)	210 (36%)
Does not apply	95 (19%)	18 (19%)	113 (19%)
Total	497 (100%)	95 (100%)	592 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Low Income Families**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	47 (9%)	7 (7%)	54 (9%)
Adequate	175 (35%)	45 (47%)	220 (37%)
Insufficient	170 (34%)	34 (36%)	204 (34%)
Don't know	78 (16%)	7 (7%)	85 (14%)
Does not apply	28 (6%)	2 (2%)	30 (5%)
Total	498 (100%)	95 (100%)	593 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Children are member of a racial/ethnic minority**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	44 (9%)	4 (4%)	48 (8%)
Adequate	202 (41%)	37 (39%)	239 (41%)
Insufficient	96 (19%)	19 (20%)	115 (20%)
Don't know	117 (24%)	30 (32%)	147 (25%)
Does not apply	36 (7%)	5 (5%)	41 (7%)
Total	495 (100%)	95 (100%)	590 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for families whose primary language is other than English**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	46 (9%)	2 (2%)	48 (8%)
Adequate	160 (32%)	33 (35%)	193 (33%)
Insufficient	139 (28%)	24 (26%)	163 (28%)
Don't know	100 (20%)	25 (27%)	125 (21%)
Does not apply	51 (10%)	10 (11%)	61 (10%)
Total	496 (100%)	94 (100%)	590 (100%)

**Indicate whether available resources in your community are abundant, adequate, or insufficient to meet family and child needs for Families living in rural communities**

	Urban n(%)	Rural n(%)	Total n(%)
Abundant	27 (6%)	4 (4%)	31 (5%)
Adequate	104 (21%)	36 (38%)	140 (24%)
Insufficient	84 (17%)	38 (40%)	122 (21%)
Don't know	112 (23%)	12 (13%)	124 (21%)
Does not apply	165 (34%)	4 (4%)	169 (29%)
Total	492 (100%)	94 (100%)	586 (100%)

**In the past year, have you had to ask a family/families to leave because they couldn't pay their fees?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	129 (26%)	32 (34%)	161 (27%)
No	359 (71%)	60 (64%)	419 (70%)
Don't know	16 (3%)	2 (2%)	18 (3%)
Total	504 (100%)	94 (100%)	598 (100%)

**How many families have you asked to leave in the past year because they couldn't pay?**

	Urban n(%)	Rural n(%)	Total n(%)
1-5	110 (86%)	27 (87%)	137 (86%)
6-10	11 (9%)	3 (10%)	14 (9%)
More than 10	7 (6%)	1 (3%)	8 (5%)
Total	128 (100%)	31 (100%)	159 (100%)

\*Question was generated for those who answered 'Yes' to Q118

**In the past year, have you had to ask a family/families to leave because a child was too difficult for the staff to manage?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	138 (27%)	18 (19%)	156 (26%)
No	364 (72%)	76 (81%)	440 (73%)
Don't know	4 (1%)	0 (0%)	4 (1%)
Total	506 (100%)	94 (100%)	600 (100%)

**How many families have you asked to leave in the past year because a child was too difficult for staff to manage?**

	Urban n(%)	Rural n(%)	Total n(%)
1-5	131 (96%)	17 (94%)	148 (96%)
6-10	4 (3%)	1 (6%)	5 (3%)
More than 10	2 (2%)	0 (0%)	2 (1%)
Total	137 (100%)	18 (100%)	155 (100%)

**Once you have a staffing vacancy, how long does it take to replace a classroom staff member?**

	Urban n(%)	Rural n(%)	Total n(%)
Less than 2 weeks	68 (14%)	7 (8%)	75 (13%)
2-4 weeks	105 (22%)	21 (23%)	126 (22%)
5-8 weeks	135 (28%)	27 (29%)	162 (29%)
9-12 weeks	66 (14%)	13 (14%)	79 (14%)
Longer than 12 weeks	102 (21%)	24 (26%)	126 (22%)
Total	476 (100%)	92 (100%)	568 (100%)

**How do you find new classroom staff? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Place an ad in the local newspaper	154 (32%)	54 (58%)	208 (36%)
Place an ad on the internet	391 (81%)	79 (85%)	470 (82%)
Place an ad with local colleges/universities	239 (50%)	47 (51%)	286 (50%)
Word of mouth	345 (72%)	71 (76%)	416 (72%)
Other staff recommend new people	359 (75%)	65 (70%)	424 (74%)
Other	61 (13%)	15 (16%)	76 (13%)
Total	481 (100%)	93 (100%)	574 (100%)

**How often is the performance of classroom staff formally evaluated?**

	Urban n(%)	Rural n(%)	Total n(%)
Never	17 (4%)	4 (4%)	21 (4%)
Once a year	219 (46%)	48 (52%)	267 (47%)
Twice a year	126 (26%)	23 (25%)	149 (26%)
More than twice a year	117 (24%)	18 (19%)	135 (24%)
Total	479 (100%)	93 (100%)	572 (100%)

Select all the ways you use the NYS Early Childhood Core Body of Knowledge

	Urban n(%)	Rural n(%)	Total n(%)
To help me understand what is expected of classroom staff	282 (57%)	61 (65%)	343 (59%)
To write job descriptions	116 (24%)	23 (27%)	139 (24%)
To evaluate classroom staff performance	236 (48%)	48 (51%)	284 (48%)
To plan for classroom staff professional development	254 (52%)	57 (61%)	311 (53%)
Other	13 (3%)	2 (2%)	15 (3%)
I do not use the NYS Early Childhood Core Body of Knowledge	135 (27%)	24 (26%)	159 (27%)
Total	492 (100%)	94 (100%)	586 (100%)

Does the program serve children ages *Birth through 2 years* who have special needs?

	Urban n(%)	Rural n(%)	Total n(%)
Yes	250 (50%)	58 (61%)	308 (52%)
No	250 (50%)	37 (39%)	287 (48%)
Total	500 (100%)	95 (100%)	595 (100%)

Select all the ways you use the NYS Early Childhood Core Body of Knowledge

	Urban n(%)	Rural n(%)	Total n(%)
Autism	126 (55%)	22 (42%)	148 (52%)
Blindness	15 (7%)	3 (6%)	18 (6%)
Deafness	19 (8%)	3 (6%)	22 (8%)
Emotional Disturbance	78 (34%)	11 (21%)	89 (31%)
Hearing Impairment	46 (20%)	13 (25%)	59 (21%)
Multiple Disabilities	81 (35%)	19 (36%)	100 (35%)
Orthopedic Impairment	65 (28%)	12 (23%)	77 (27%)
Other Health Impaired	60 (26%)	15 (28%)	75 (27%)
Specific Learning Disability	82 (36%)	15 (28%)	97 (34%)
Speech or Language Impairment	186 (81%)	42 (79%)	228 (81%)
Traumatic Brain Injury	31 (13%)	5 (9%)	36 (13%)
Visual Impairment	46 (20%)	11 (21%)	57 (20%)
Other	30 (13%)	9 (17%)	39 (14%)
Total	230 (100%)	53 (100%)	283 (100%)

\*Question generated only for those who answered 'Yes' to Q126

Are there EI specialists in the program providing services to enrolled children with special needs?

	Urban n(%)	Rural n(%)	Total n(%)
Yes	140 (59%)	30 (54%)	170 (58%)
No	97 (41%)	26 (46%)	123 (42%)
Total	237 (100%)	56 (100%)	293 (100%)

\*Question generated only for those who answered 'Yes' to Q126

**How often do you deny a family enrollment because the program or service cannot meet the needs of a child age Birth through 2 who has been identified for special education services?**

	Urban n(%)	Rural n(%)	Total n(%)
Frequently	6 (3%)	1 (2%)	7 (2%)
Sometimes	18 (8%)	0 (0%)	18 (6%)
Rarely	89 (38%)	17 (30%)	106 (36%)
Never	124 (52%)	39 (68%)	163 (55%)
Total	237 (100%)	57 (100%)	294 (100%)

\*Question generated only for those who answered 'Yes' to Q126

**Does the program serve children ages 3 through 5 years who have special needs?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	391 (80%)	82 (86%)	473 (81%)
No	97 (20%)	13 (14%)	110 (19%)
Total	488 (100%)	95 (100%)	583 (100%)

**How often have these children previously received services from Early Intervention?**

	Urban n(%)	Rural n(%)	Total n(%)
Always	52 (14%)	8 (10%)	60 (13%)
Usually	223 (58%)	49 (61%)	272 (58%)
Rarely	104 (27%)	22 (27%)	126 (27%)
Never	6 (2%)	2 (3%)	8 (2%)
Total	385 (100%)	81 (100%)	466 (100%)

\*Question generated only for those who answered 'Yes' to Q137

**On a scale from 1-5, how would you rate the transition experience from EI to Preschool Special Education services for children in your program**

*1 = Poor, neither the family nor the program was supported or informed*

*5 = Excellent, Both the family and the program were fully supported and informed*

	Urban n(%)	Rural n(%)	Total n(%)
1	16 (4%)	1 (1%)	17 (4%)
2	36 (10%)	5 (7%)	41 (9%)
3	131 (36%)	22 (29%)	153 (35%)
4	118 (32%)	35 (46%)	153 (35%)
5	63 (17%)	13 (17%)	76 (17%)
Total	364 (100%)	76 (100%)	440 (100%)

\*Question generated only for those who indicated that they have served children who have previously received services from Early Intervention in Q138

**What are the special education classifications of enrolled children (ages 3 through 5)? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Autism	212 (57%)	47 (58%)	259 (58%)
Blindness	16 (4%)	8 (10%)	24 (5%)
Deafness	22 (6%)	5 (6%)	27 (6%)
Emotional Disturbance	148 (40%)	35 (43%)	183 (41%)
Hearing Impairment	66 (18%)	14 (17%)	80 (18%)
Multiple Disabilities	137 (37%)	27 (33%)	164 (36%)
Orthopedic Impairment	102 (28%)	17 (21%)	119 (26%)
Other Health Impaired	101 (27%)	24 (30%)	125 (28%)
Specific Learning Disability	168 (46%)	40 (49%)	208 (46%)
Speech or Language Impairment	311 (84%)	66 (81%)	377 (84%)
Traumatic Brain Injury	35 (9%)	7 (9%)	42 (9%)
Visual Impairment	61 (17%)	12 (15%)	73 (16%)
Other	62 (17%)	13 (16%)	75 (17%)
Total	369 (100%)	81 (100%)	450 (100%)

\*Question generated only for those who answered 'Yes' to Q137

**How often do you deny a family enrollment because the program or service cannot meet the needs of a child age 3 through 5 years who has been identified for special education services?**

	Urban n(%)	Rural n(%)	Total n(%)
Frequently	7 (2%)	2 (2%)	9 (2%)
Sometimes	44 (12%)	5 (6%)	49 (11%)
Rarely	138 (37%)	27 (33%)	165 (36%)
Never	187 (50%)	48 (59%)	235 (51%)
Total	376 (100%)	82 (100%)	458 (100%)

\*Question generated only for those who answered 'Yes' to Q137

**Does the program provide early childhood education for children 3 or 4 years old?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	452 (92%)	86 (91%)	538 (92%)
No	39 (8%)	9 (10%)	48 (8%)
Total	491 (100%)	95 (100%)	586 (100%)

**Does the program follow a standardized curriculum?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	317 (72%)	71 (84%)	388 (74%)
No	121 (28%)	14 (17%)	135 (26%)
Total	438 (100%)	85 (100%)	523 (100%)

Indicate which of the following practices are in place to support transitions to kindergarten. (select all that apply)

	Urban n(%)	Rural n(%)	Total n(%)
The program aligns curriculum and assessment tools with the children's future school district	306 (65%)	66 (73%)	372 (66%)
Staff meet with kindergarten teachers or other district liaison(s) to build partnership and communication	202 (43%)	56 (62%)	258 (46%)
Staff help parents navigate the kindergarten enrollment process	309 (66%)	61 (67%)	370 (66%)
Staff participate on a community Kindergarten Transition Team	87 (18%)	22 (24%)	109 (19%)
Other	38 (8%)	5 (5%)	43 (8%)
None	44 (9%)	7 (8%)	51 (9%)
Total	471 (100%)	91 (100%)	561 (100%)

Is transportation offered to and from the program?

	Urban n(%)	Rural n(%)	Total n(%)
Transportation offered to the program	13 (3%)	1 (1%)	14 (3%)
Transportation offered from the program	3 (1%)	0 (0%)	3 (1%)
Transportation offered both to and from the program	122 (26%)	37 (40%)	159 (28%)
No transportation offered	337 (71%)	55 (59%)	392 (69%)
Total	475 (100%)	93 (100%)	568 (100%)

Overall, how would you rate current participation in prekindergarten programs serving 4 year olds in your community?

	Urban n(%)	Rural n(%)	Total n(%)
Nearly all of our 4 year olds are enrolled in prekindergarten	29(6%)	2(2%)	31(6%)
The majority of our 4 year olds are enrolled in prekindergarten	77(17%)	17(19%)	94(18%)
Fewer than half of our 4 year olds are enrolled in prekindergarten	208(47%)	49(54%)	257(48%)
Our community does not have state administered, school district or community located prekindergarten	133(30%)	22(24%)	155(29%)
Total	447 (100%)	90 (100%)	537 (100%)

Overall, how would you rate current quality of prekindergarten programs serving 4 year olds in your community?

	Urban n(%)	Rural n(%)	Total n(%)
Nearly all of enrolled 4 year olds are well prepared for kindergarten	120 (27%)	17 (19%)	137 (26%)
The majority of enrolled 4 year olds are well prepared for kindergarten	240 (54%)	55 (62%)	295 (55%)
Fewer than half of enrolled 4 year olds are well prepared for kindergarten	59 (13%)	16 (18%)	75 (14%)
Our community does not have state administered, school district or community located prekindergarten	25 (6%)	1 (1%)	26 (5%)
Total	444 (100%)	89 (100%)	533 (100%)

**What percentage of families receive financial assistance to meet tuition needs?**

	Urban n(%)	Rural n(%)	Total n(%)
0% to 25%	232 (52%)	43 (48%)	275 (51%)
26% to 50%	45 (10%)	12 (13%)	57 (11%)
51% to 75%	31 (7%)	7 (8%)	38 (7%)
76% to 100%	52 (12%)	3 (3%)	55 (10%)
Don't know	93 (21%)	25 (28%)	118 (22%)
Total	453 (100%)	90 (100%)	543 (100%)

**Indicate your level of agreement with the following statement: Program enrollment is affected by the out of pocket cost of the program**

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	107 (23%)	19 (21%)	126 (23%)
Agree	99 (22%)	16 (18%)	115 (21%)
Neither agree nor disagree	71 (16%)	14 (16%)	85 (16%)
Disagree	51 (11%)	8 (9%)	59 (11%)
Strongly disagree	86 (19%)	25 (28%)	111 (20%)
Don't know	45 (10%)	8 (9%)	53 (10%)
Total	459 (100%)	90 (100%)	549 (100%)

**Select the sources of revenue that fund this (birth through five) program.**

	Yes			No		
	Urban n(%)	Rural n(%)	Total n(%)	Urban n(%)	Rural n(%)	Total n(%)
Parent Pay	302 (82%)	52 (69%)	354 (80%)	68 (18%)	23 (31%)	91 (20%)
Federal Government	222 (66%)	48 (74%)	270 (67%)	116 (34%)	17 (26%)	133 (33%)
State Government	271 (74%)	63 (81%)	334 (75%)	95 (26%)	15 (19%)	110 (25%)
Local Government	187 (62%)	33 (52%)	220 (60%)	116 (38%)	30 (48%)	146 (40%)
Community Organization	74 (32%)	21 (40%)	95 (33%)	161 (69%)	31 (60%)	192 (67%)
Fund Raising/ foundations	147 (54%)	30 (50%)	177 (54%)	124 (46%)	30 (50%)	154 (47%)
Gifts	64 (29%)	15 (30%)	79 (29%)	159 (71%)	35 (70%)	194 (71%)
Bequests/endowments	19 (10%)	1 (2%)	20 (8%)	180 (91%)	43 (98%)	223 (92%)
QUALITYstarsNY	98 (40%)	23 (42%)	121 (40%)	147 (60%)	32 (58%)	179 (60%)

**Approximately what percent of children currently enrolled are supported through more than one funding stream?**

	Urban n(%)	Rural n(%)	Total n(%)
0% to 25%	207 (46%)	40 (43%)	247 (46%)
26% to 50%	47 (11%)	10 (11%)	57 (11%)
51% to 75%	51 (11%)	10 (11%)	61 (11%)
76% to 100%	81 (18%)	17 (18%)	98 (18%)
Don't know	63 (14%)	17 (18%)	80 (15%)
Total	449 (100%)	94 (100%)	543 (100%)

**Which of the following abilities of the program are affected by current funding rates? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
Attracting qualified staff	319 (71%)	64 (70%)	383 (71%)
Retaining qualified staff	321 (71%)	68 (74%)	389 (72%)
Offering high quality professional development to staff	239 (53%)	55 (60%)	294 (54%)
Purchasing equipment and supplies	287 (64%)	49 (53%)	336 (62%)
Other	31 (7%)	11 (12%)	42 (8%)
None of the above	37 (8%)	8 (9%)	45 (8%)
Total	451 (100%)	92 (100%)	543 (100%)

**Indicate your level of agreement with the following statement: Parents in the community know how to find information about our program**

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	115 (25%)	21 (22%)	136 (25%)
Agree	228 (50%)	48 (51%)	276 (50%)
Neither agree nor disagree	81 (18%)	14 (15%)	95 (17%)
Disagree	33 (7%)	9 (10%)	42 (8%)
Strongly disagree	3 (1%)	3 (3%)	6 (1%)
Total	460 (100%)	95 (100%)	555 (100%)

**On average, how often does a staff member discuss a child's developmental progress with a family member?**

	Urban n(%)	Rural n(%)	Total n(%)
Daily	146 (32%)	27 (29%)	173 (31%)
Weekly	128 (28%)	30 (32%)	158 (29%)
Monthly	73 (16%)	20 (21%)	93 (17%)
Quarterly	106 (23%)	15 (16%)	121 (22%)
Yearly	4 (1%)	1 (1%)	5 (1%)
Never	4 (1%)	1 (1%)	5 (1%)
Total	461 (100%)	94 (100%)	555 (100%)

**Does the program participate in QUALITYstarsNY?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	142 (31%)	31 (33%)	173 (31%)
We are on the waiting list	25 (5%)	7 (7%)	32 (6%)
No	255 (55%)	45 (47%)	300 (54%)
Don't know	41 (9%)	12 (13%)	53 (10%)
Total	463 (100%)	95 (100%)	558 (100%)

### How has the quality of the program changed as a result of your involvement with QUALITYstarsNY?

	Urban n(%)	Rural n(%)	Total n(%)
Improved a great deal	55 (40%)	15 (52%)	70 (42%)
Improved somewhat	63 (46%)	9 (31%)	72 (43%)
Stayed the same	20 (15%)	5 (17%)	25 (15%)
Decreased somewhat	0 (0%)	0 (0%)	0 (0%)
Decreased a great deal	0 (0%)	0 (0%)	0 (0%)
Total	138 (100%)	29 (100%)	167 (100%)

\*Question was generated for those who answered 'Yes' to Q156

### Would you like to participate in QUALITYstarsNY when the funding is increased?

	Urban n(%)	Rural n(%)	Total n(%)
Yes	87 (35%)	16 (36%)	103 (35%)
No	39 (16%)	7 (16%)	46 (16%)
Don't know	121 (49%)	21 (48%)	142 (49%)
Total	247 (100%)	44 (100%)	291 (100%)

\*Question was generated for those who answered 'Yes' to Q156

### The program is able to pay a competitive salary to attract staff

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	27(6%)	10(11%)	34(7%)
Agree	72(16%)	8(9%)	80(15%)
Neither agree/disagree	55(12%)	5(5%)	60(11%)
Disagree	155(34%)	36(38%)	191(35%)
Strongly disagree	133(29%)	34(36%)	167(31%)
Don't know	10(2%)	1(1%)	11(2%)
Total	452(100%)	94(100%)	546(100%)

### The program is able to pay a competitive salary to retain staff

	Urban n(%)	Rural n(%)	Total n(%)
Strongly agree	26(6%)	9(10%)	35(6%)
Agree	65(14%)	10(11%)	75(14%)
Neither agree/disagree	66(15%)	7(7%)	73(13%)
Disagree	146(32%)	36(38%)	182(33%)
Strongly disagree	139(31%)	31(33%)	170(31%)
Don't know	10(2%)	1(1%)	11(2%)
Total	452(100%)	94(100%)	546(100%)

### When staff leave the program, how often is salary a primary factor?

	Urban n(%)	Rural n(%)	Total n(%)
Always	90(20%)	15(16%)	105(20%)
Most of the time	197(44%)	46(50%)	243(45%)
Sometimes	94(21%)	21(23%)	115(21%)
Rarely	39(9%)	6(7%)	45(8%)
Never	26(6%)	4(4%)	30(6%)
Total	446(100%)	92(100%)	538(100%)

### Which of the following additional factors contribute to staff turnover (select all that apply)

	Urban n(%)	Rural n(%)	Total n(%)
Desire to change fields	124(28%)	27(29%)	151(28%)
Desire for a job with lower stress level	159(36%)	51(55%)	210(39%)
Desire for a job closer to home	84(19%)	15(16%)	99(18%)
Desire to go back to school	106(24%)	18(19%)	124(23%)
Retirement	106(24%)	20(22%)	126(23%)
Salary	305(69%)	64(69%)	369(69%)
Other	64(14%)	14(15%)	78(15%)
None of the above	20(5%)	3(3%)	23(4%)
Total	444 (100%)	93 (100%)	537 (100%)

### Specify the benefits provided by the program. (select all that apply)

	Urban n(%)	Rural n(%)	Total n(%)
Health insurance for staff	276 (67%)	62 (67%)	338 (62%)
Health insurance for family	202 (45%)	50 (54%)	252 (47%)
Paid background check/ Background check reimbursement	255 (57%)	67 (72%)	322 (60%)
Paid sick days	366 (82%)	77 (83%)	443 (82%)
Paid vacation days	343 (77%)	72 (77%)	415 (77%)
Paid child care	34 (8%)	8 (9%)	42 (8%)
Tuition for children enrolled in the program	80 (18%)	20 (22%)	100 (18%)
Higher education stipends	96 (21%)	21 (23%)	117 (22%)
Training	327 (73%)	73 (78%)	400 (74%)
Other	46 (10%)	15 (16%)	61 (11%)
No benefits are provided by the program	20 (4%)	4 (4%)	24 (4%)
Total	448 (100%)	93 (100%)	541 (100%)

### How difficult is it to attract and retain staff who meet minimum training and education requirements?

	Urban n(%)	Rural n(%)	Total n(%)
Very difficult	119 (27%)	33 (36%)	152 (28%)
Somewhat difficult	161 (36%)	35 (38%)	196 (37%)
Neither difficult or easy	70 (16%)	8 (9%)	78 (15%)
Somewhat easy	69 (16%)	11 (12%)	80 (15%)
Very easy	25 (6%)	6 (7%)	31 (6%)
Total	444 (100%)	93 (100%)	537 (100%)

**Does your program provide in-house professional development to staff?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	390 (88%)	81 (87%)	471 (88%)
No	54 (12%)	12 (13%)	66 (12%)
Total	444 (100%)	93 (100%)	537 (100%)

**Does the program provide cost-reimbursement for professional development or additional education accessed outside of the program?**

	Urban n(%)	Rural n(%)	Total n(%)
Yes	288 (65%)	68 (72%)	356 (66%)
No	154 (35%)	27 (28%)	181 (34%)
Total	442 (100%)	95 (100%)	537 (100%)

**Which of the following training have you or any of your staff received? (select all that apply)**

	Urban n(%)	Rural n(%)	Total n(%)
The Pyramid Model	239 (72%)	55 (68%)	294 (71%)
Adverse Childhood Experiences (ACEs)	124 (37%)	46 (57%)	170 (41%)
Protective Factors Framework	45 (14%)	16 (20%)	64 (15%)
Other trauma-informed training	193 (58%)	52 (64%)	245 (59%)
Total	333 (100%)	81 (100%)	414 (100%)

**Select the level of priority the program places on the following: Streamlining the background check process for new employees**

	Urban n(%)	Rural n(%)	Total n(%)
High priority	271 (62%)	57 (62%)	328 (62%)
Medium priority	100 (23%)	23 (25%)	123 (23%)
Low priority	69 (16%)	12 (13%)	81 (15%)
Total	440 (100%)	92 (100%)	532 (100%)

**Select the role or title that best describes your current position**

	Urban n(%)	Rural n(%)	Total n(%)
Assistant Director/Administrator	90 (20%)	15 (16%)	105 (19%)
Assistant/Vice Principal	3 (1%)	0 (0%)	3 (1%)
Director/Administrator	182 (41%)	32 (34%)	214 (39%)
Educational Director	39 (9%)	4 (4%)	43 (8%)
Early Head Start Director	1 (0%)	0 (0%)	1 (0%)
Head Start Director	12 (3%)	2 (2%)	14 (3%)
Owner	54 (12%)	9 (10%)	63 (12%)
Principal	10 (2%)	10 (11%)	20 (4%)
Superintendent	7 (2%)	4 (4%)	11 (2%)
Other	50 (11%)	19 (20%)	69 (13%)
Total	448 (100%)	95 (100%)	543 (100%)

### How long have you worked in your current position?

	Urban n(%)	Rural n(%)	Total n(%)
Less than 1 year	34 (8%)	6 (6%)	40 (7%)
1-2 years	62 (14%)	20 (21%)	82 (15%)
3-5 years	104 (23%)	27 (28%)	131 (24%)
6-10 years	68 (15%)	14 (15%)	82 (15%)
More than 10 years	176 (40%)	29 (30%)	205 (38%)
Total	444 (100%)	96 (100%)	540 (100%)

### How long have you worked with children (ages Birth through 5 years) in the early childhood care/education system?

	Urban n(%)	Rural n(%)	Total n(%)
Less than 1 year	7 (2%)	0 (0%)	7 (1%)
1-2 years	8 (2%)	3 (3%)	11 (2%)
3-5 years	26 (6%)	9 (9%)	35 (7%)
6-10 years	56 (13%)	7 (7%)	63 (12%)
More than 10 years	349 (78%)	77 (80%)	426 (79%)
Total	446 (100%)	96 (100%)	542 (100%)

### What is the highest level of education that you have completed?

	Urban n(%)	Rural n(%)	Total n(%)
Never attended high school	1 (0%)	0 (0%)	1 (0%)
Some high school, no diploma	1 (0%)	0 (0%)	1 (0%)
High school diploma or GED	6 (1%)	2 (2%)	8 (2%)
Some college credits	17 (4%)	2 (2%)	19 (4%)
Child Development Associate (CDA) or other credential	12 (3%)	2 (2%)	14 (3%)
Associate's degree	28 (6%)	6 (6%)	34 (6%)
Bachelor's degree	86 (19%)	30 (31%)	116 (21%)
Some Graduate Coursework	28 (6%)	7 (7%)	35 (6%)
Master's degree	250 (56%)	45 (47%)	295 (54%)
Doctoral degree	21 (5%)	2 (2%)	23 (4%)
Total	450 (100%)	96 (100%)	546 (100%)

### What is your gender?

	Urban n(%)	Rural n(%)	Total n(%)
Female	422 (95%)	92 (96%)	514 (95%)
Male	22 (5%)	3 (3%)	25 (5%)
Prefer to Self Describe	1 (0%)	1 (1%)	2 (0%)
Total	445 (100%)	96 (100%)	541 (100%)

### Are you Hispanic or Latinx?

	Urban	Rural	Total
	n(%)	n(%)	n(%)
Yes	46 (10%)	2 (2%)	48 (9%)
No	398 (90%)	92 (98%)	490 (92%)
Total	444 (100%)	94 (100%)	538 (100%)

### Which best describes your racial identity? (select all that apply)

	Urban	Rural	Total
	n(%)	n(%)	n(%)
American Indian/Alaska Native	1 (0%)	3 (3%)	4 (1%)
Asian	8 (2%)	1 (1%)	9 (2%)
Black/African-American	44 (10%)	1 (1%)	45 (8%)
Native Hawaiian/Pacific Islander	0 (0%)	0 (0%)	0 (0%)
White	366 (84%)	55 (59%)	454 (86%)
Other	18 (4%)	2 (2%)	20 (4%)
Total	436 (100%)	94 (100%)	530 (100%)

# Appendix F

## NYSB5 Focus Group Protocols

### Focus Group: Parents

Welcome, everyone. Thank you for taking time out of your busy schedule to attend today's focus group. My name is [facilitator's name]. I will lead the discussion. This is [notetaker's name]. She/he will observe and take notes. We are researchers from the Center for Human Services Research at the University at Albany, State University of New York.

The Center is gathering information from people across New York State that either work with or live with children ages birth through 5. We want to learn about the New York State early care and education system—what is going well with services and programs, and what could be going better. In addition to parents, we are also talking to teachers, assistants, and other people who work directly with children, and the people who direct or manage these services and programs.

Today's group is specifically for parents. It also might include grandparents, foster parents, guardians and caregivers. In general, we are going to be asking you about your personal opinion about and experiences with early childhood programs and services in your geographic area. That is, programs that serve children from birth through 5 years old. We want to know if there are enough programs and services, what those programs and services are like, and if you have or had the information you needed to make the right choices and decisions all along the way.

I'm going to be asking you some questions, and I may have some follow-up questions too, depending on how you respond. Your personal opinions and views are very important, but if you do not feel comfortable answering a question, you are under no obligation to. Your participation throughout this group is voluntary. We would like to give everyone the chance to express his and her opinions during the conversation. There are no right or wrong answers. We appreciate your candor and your willingness to participate.

The focus group today will last for about 90 minutes.

Today's session will be audio recorded to ensure that we accurately capture everything that is discussed. The recording goes along with the notes we take and catches important details that might be missed in notetaking. If something comes up during the discussion that you do not want recorded, please let me know and we can turn off the recorder for that portion of the discussion. The recording will be transcribed, but all transcriptions and notes will be destroyed at the end of the project.

None of what we record or write down today will be attributed to any individual or identified by name or organization. Focus group data will be analyzed and summarized in a report.

Your responses are kept confidential. We ask you to respect the privacy of all focus group participants and do not disclose any information to anyone outside the focus group. Keep in mind that the center does not have control over maintaining confidentiality by focus group participants after the session.

You will be given a form to provide some demographic information for classification purposes for these focus groups. We are trying to make sure we get people from all different locations and groups across the state. You do not have to complete this form.

We've provided you with a handout that lists those programs and other information that I'll be referring to during the discussion. We are also interested in learning about families in the early childhood system that have unique circumstances [*facilitator: specify to the categories on the list*]. If you have questions after the focus group, contact information is on the paper.

We understand your need to stay connected to your family during the session, but please take a moment to silence your cell phone. If you need to make or take a call at any time, please leave the room to do so and come back when you are finished.

Are there any questions before we get started?

Now [notetaker's name] will turn on the recorder

### Introduction

As a reminder, we are interested in programs that serve children from birth through 5 years old. So, when I ask questions about programs and services, keep that age range in mind.

Let's start by going around the [table] [room] and briefly tell us the birth through 5 programs and services that your children participate in now or have had experience in. If none of your children are currently enrolled, that's okay. We want to get a sense of your family's experience in the early childhood system.

### Availability

*First, we would like to know how parents find out about available programs and services in your area.*

How did you find out about the program or service your child currently participates in?

- **Probes:**
  - » Family
  - » Friends
  - » Child Care Resource & Referral Agency (CCR&R)
  - » Community Services
  - » Health Care Provider
  - » Social Services Department
  - » Websites
  - » Social Media
  - » Pamphlets/Flyers recruited by program

What services are available in your area to help connect children to appropriate, high-quality care and education?

- **Probes:**
  - » Child Care Resource & Referral Agency (CCR&R)
  - » Community Services
  - » Health Care Provider
  - » Social Services Department

Have you ever felt like you didn't have the information you needed to make a choice about the programs or services your child receives? If so, can you tell me more about that?

- **Probe:** What was missing?
- **Probe:** How could you have gotten the information you needed?
- 

*Now we would like to know more about the availability of services or programs in your area. Think about the programs and services that you are evaluating or did evaluate in your area and the ones your child participates in now.*

What programs or services had enough or more than enough spots to fill the need of your family?

What programs or services do not have enough spots to fill the need? (E.g., maybe there are enough fulltime center-based daycare spots, but not enough providers for speech therapy.)

- **Probe:** After contacting your child's program, how long did you have to wait for your child to be enrolled or start receiving services?

If your child was placed on a waitlist, did this inconvenience your family?

Do the programs and services hours of operation fully accommodate your and other family members' schedules?

If not, did you need to make compromises or special arrangements?

- **Probe:** Are the programs flexible enough to accommodate the needs and schedules of working families?

- **Probe:** Do the programs and services accommodate families who need care in the evening, night time, on weekends and holidays, etc.

What do you see as the biggest need in terms of availability of programs or services for children age birth through 5 in your area?

**Families with Unique Circumstance: Facilitator: during discussions, be mindful of the categories below and work them into your questioning**

- Receive Early Intervention or Special Education Services
- Are experiencing homelessness
- Are Immigrants or refugees
- Have low income
- Are members of a racial/ethnic minority
- Primarily speak a language other than English
- Live in rural communities

**Probe:** Are there specialized referral programs for children/families

**Probe:** Do you know of any initiatives or supports that your program has in place to ensure that quality care is available any of these families?

**Access and Participation**

*Now we are going to talk about the different things that might affect a family's ability to access and participate in programs or services that serve children from birth through 5.*

How affordable is the program or service that you are evaluating or your child participates in now?

- **Probe:** What are some things that help make it affordable?
- **Probe:** How has the high cost affect your children's ability to participate in needed programs or services?

Can you tell us about an experience where you found a program or service that you liked, but your child wasn't able to participate? What happened?

What do you see as the biggest barrier for children to in terms of participating in programs and services for children age birth through 5 in your area?

**Location/Facilities**

How does the location of programs affect your children's ability to participate in programs or services? Specifically, are providers too far away from where your family lives to make accessing programs or services feasible?

- **Probe:** How does the availability or lack of transportation affect your children participating in programs or services?

Do you have any issues related to the space or facility that houses the program?

Has the facility recently undergone any improvements? If so, what are they?

Have the improvements made an impact on you or your child?

**Quality**

*Think about the quality of your child's program or service and your expectation of a high quality service.*

What do you think are the top 5 key ingredients of a high quality program? Take a moment to jot them down.

- **Probe:** Think about your top 5. If your child's program meets your high quality standards, what do you like most about the program/service? Tell us a little about the program where he or she attends. If your child's program does not meet

your high quality standard, what's lacking?

- **Probe:** What would be some recommendations for improvement?

Do you think the people who work directly with your child are highly skilled? What makes you say that?

### Parent Engagement

Think about your child's program and the ways that you are involved with the people who work directly with your children and those who run the program or services.

How easy or hard is it for you to be involved as much as you would like in your child's program or services?

- **Probe:** In what ways are you involved?
- **Probe:** What makes it easy to be involved?
- **Probe:** What is preventing you from being more involved?

What is the communication like between you and the people who work directly with your child?

What is the communication like between you and the people who run the program or services your child participates in?

### Transition to Kindergarten

*How many of you had children move on from an early childhood program/service to kindergarten? Please raise your hands. I count [number] people. This next question is directed to those [number] people.*

How did that process go for you? Please tell us what worked well and what could have gone better

- **Probe:** What kind of information did you receive about your child's transition to kindergarten?
- **Probe:** Who/where did you receive it from?
- **Probe:** Were you able to easily understand the information you were provided?
- **Probe:** How could the information have been improved to better meet your needs?

### Coordination/Collaboration

*How many of you had children who are currently in more than one early childhood program/service at the same time or have been in the past? Please raise your hands. If you need to please refer to the sheet that lists the program. I count [number] people. This next question is directed to those [number] people.*

What is the communication or collaboration like across these different programs or services?

- **Probe:** Are there programs/services that seem to interact or communicate better with each other?
- **Probe:** Are there programs/services that seem to particularly struggle with working together?
- **Probe:** Imagine you could make recommendations to policy makers for how you would like to see programs or service work together better. What would some recommendations be?

### Broader System Focus - Other Services

*Think about the social support programs or services in your area that help families who have very young children obtain other services such as healthcare, food assistance, housing support, and economic assistance and employment support.*

If you know, can you comment on how easy or difficult it is to find out about and obtain these services?

- **Probe:** What works well about these programs?
- **Probe:** What could work better?

### Tax Credits – Ask if Time Permits

*We are interested in knowing your knowledge level programs that provide some financial assistance to families with young children. One is called **the New York State Child and Dependent Care Tax Credit** which offers low and middle income working New York families a fully refundable tax credit to help pay for a portion of their child care expenses. At present, the law allows tax filers to claim up to \$3,000 in annual expenses for one child, or \$6,000 for two, and additional, smaller*

*amounts for additional children.*

How many of you are aware of this New York State program? (Notetaker: record number.)

How many of you are aware of this same program at the federal level? (Notetaker: record number.)

How many of you have applied for either of these tax credits? (Notetaker: record number.)

For those of you who have applied and received either of these tax credits, how much or little did it benefit your family?

For those of you who knew about the programs, but haven't applied, what has stopped you?

For those of you who didn't know about these programs, what is the best way for you to get information about programs like these?

### General

Overall, what do you think is going well in the early childhood care and education system in your area?

Overall, what do you see as the most pressing issues in the early childhood care and education system?

What do you perceive as the top challenges that parents have related to accessing and affording quality care and education programs for their children?

Our discussion today was to help us understand the needs of the early childhood care and education system. Have we missed anything?

**Thank you so much for your participation today. Getting your feedback on New York State's early childhood care and education system is essential to our analysis. We appreciate everyone's willingness to share their views with us today. If you have any questions after today about our analysis, please contact us at the University at Albany.**

Focus Group: Early Childhood Direct Care and Instructional Staff

Welcome, everyone. Thank you for taking time out of your busy schedule to attend today's focus group. My name is [facilitator's name]. I will lead the discussion. This is [assistant's name]. She/he will observe and take notes. We are researchers from the Center for Human Services Research at the University at Albany, State University of New York.

The center is conducting a needs analysis of the New York State early childhood care and education system. The aim is to learn about the programs that serve children from birth through five years old. We are collecting data from policymakers, administrators, direct care staff, and parents and caregivers through focus groups around the state. We are also collecting data through surveys.

Today's focus group is specifically for direct care and instruction staff who work directly with children age birth through 5. In general, questions and topics of discussion will focus on program strengths and challenges, funding, quality, parent engagement, and services available to specific populations.

In today's focus group, I will ask questions. Your personal opinions and views are very important. We value input from each of you. We would like to give everyone the chance to express his and her opinions during this conversation. There are no right or wrong answers. We appreciate your candor and your willingness to participate.

We are only talking to a limited number of direct care and direct instruction staff, so feel free to express your opinion, even if it differs from everyone in the group, as your views may represent many others across the state.

The focus group today will last for about 90 minutes.

We understand your need to stay connected to your job or family during this session, but please take a moment to silence your cell phone. If you need to make or take a phone call at any point, please leave the room to do so and come back when you are finished.

Today's session will be audio recorded to ensure that we accurately capture everything that is discussed. The recording augments the notes and catches important details that might be missed in notetaking. If something comes up during the discussion that you do not want recorded, please let me know and we can turn off the recorder for that portion of the discussion.

The recording will be transcribed, but all transcriptions and notes will be destroyed at the end of the project.

None of what we record or write down today will be attributed to any individual or identified by name or organization. Focus group data will be analyzed and summarized in a report.

Your responses are kept confidential by Center staff. We ask you to respect the privacy of all focus group participants and do not disclose any information to anyone outside the focus group. Keep in mind that the center does not have control over maintaining confidentiality by focus group participants after the session.

You will be given a form to provide some demographic information for classification purposes for these focus groups. We are trying to make sure we get people from all different locations and groups across the state. You do not have to complete this form.

Are there any questions before we get started?

QUESTIONS

Briefly, tell us the type of EC organization where you work, the type of work that you do, and how long you've worked in the NYS EC system.

### **General – Strengths and Challenges**

What are the top three challenges you face in the work that you do?

- **Probes:**
  - » Funding
  - » Staff retention/attrition/hiring
  - » Compensation (low pay)
  - » Burnout
  - » High turnover
  - » Education and training

What are top three challenges that your agency faces?

What do you perceive as the top challenges that parents have related to accessing and affording quality care and education programs for their children?

- • **Probes:**
  - » Supply and demand,
  - » Availability
  - » Access
  - » Affordability
  - » Quality
  - » Systems in place to help families find/secure quality care
  - » Information gaps
  - » Family (un)employment
  - » Working parents' pressures

What do you perceive as 3 key strengths of the early childhood care and education system?

What do you perceive as 3 key weakness of the early childhood care and education system?

### **Underserved Families**

The CHSR analysis will focus the issues and needs of underserved families. For example, families with low income, families experiencing homelessness, or immigrants. Please refer to your handout for a list. We'll discuss the unique issues and needs of people in those groups separately.

Think about the issues and needs of these families. Let's discuss those issues and needs, and the supports children and families are getting or not. [query/discuss separately]

- Receive Early Intervention or Special Education Services
- Are experiencing homelessness
- Are Immigrants or refugees
- Have low income
- Are members of a racial/ethnic minority
- Primarily speak a language other than English
- Live in rural communities (for FG in rural areas)

Are there specialized referral programs for any of these underserved families?

What initiatives or supports does your program have in place to ensure that quality care is available for these underserved families?

- **Probe:** What works well about these initiatives and supports?

What are some of the issues or barriers to accessing quality care that families in these groups experience?

- **Probe:** What services and supports do families need that are lacking?
- **Probe:** Are there specific families with cultural/language differences that are not being referred to and/or participate in quality programs?

What do you see as the greatest opportunity in improving the quality and availability of care particularly for underserved children?

Share one or two tips that you've used to support parents in any of these categories.

## Funding

What do you think are the most pressing issues for your agency and for families when it comes to affording programs or services for children age birth through 5?

We are interested in your knowledge level about some programs that provide some financial assistance to families with young children.

There are child care tax credits that exist. What is your experience with them?

How do you educate parents?

Are you aware of the recent passage of the New York State Employer-Provided Child Care Credit? (Show of hands)

Reference:

**New York State Child and Dependent Care Tax Credit** – offers low and middle income working New York families a fully refundable tax credit to help pay for a portion of their child care expenses. At present, the law allows tax filers to claim up to \$3,000 in annual expenses for one child, or \$6,000 for two, and additional, smaller amounts for additional children.

**New York State Employer-Provided Child Care Credit** – Employers are allowed a credit for qualifying expenditures paid or incurred in providing child care alternatives for their employees.

## Parent Engagement

How would you describe the level of parent engagement in your program?

What are some successful strategies you or your program use to promote parent involvement in their children's care, education and development?

What are some of barriers you face in getting parents to engage with your program?

What have you or your program done to overcome these barriers?

### **Children's Mixed Delivery System Transition**

For those of you who work with children transitioning to Kindergarten, what are some ways you or your program prepare families for this transition?

- **Probe:** What information do you provide families and in what way do you provide it?
- **Probe:** Do you provide information in different languages?
- **Probe:** What is most effective about the information you provide?
- **Probe:** What could be better?
- **Probe:** Do you provide targeted transition supports for children who are part of any of the specific groups listed on your handout?

What are some specific transition supports that work particularly well for families?

Do families request additional support that is not available through your program?

What are the top challenges with ensuring that children in your program are ready for kindergarten?

### **Coordination/Collaboration with Other Programs/Services**

What are some other services and programs families with children in your program routinely utilize?

- **Probes:**
  - » Healthcare (physical health, mental health)
  - » Behavioral Health
  - » Substance Use Treatment
  - » Domestic Violence
  - » Food assistance
  - » Housing support
  - » Economic assistance
  - » Employment support

Are many of your families involved in multiple systems? If so, what ones?

- **Probes:**
  - » Healthcare
  - » Behavioral health
  - » Social Services
  - » Housing
  - » Employment
  - » Child Protection

In what ways do you collaborate or coordinate with other service providers in your area?

How is information or data typically shared between programs or services? What are the gaps in information sharing?

Is there additional information you wish was available about services children in your program receive from other providers?

### **Facilities**

Have any issues been identified regarding the facility that houses your program? If so, what are they?

Has the facility recently undergone any improvements? If so, what are they?

Is there any plan currently in place to update the facilities?

Is there any plan to work collaboratively with another early childhood provider to combine funding to update facilities?

### **Ideas for Quality Improvement**

If your agency had increased funding, what processes or changes, if any, would you like to see implemented to enhance

quality of care?

What supports would you like to see put into place in the NYS EC system that would help to improve a program like yours? (e.g., Head Start, child care, etc.)

What's one thing you would change in the EC system right now?

- **Probe:** Why did you choose that aspect specifically?

Our discussion today was to help us understand the needs in the EC care and education system. Have we missed anything?

**Thank you so much for your participation today. Getting your feedback on New York State's early childhood care and education system is essential to our analysis. We appreciate everyone's willingness to share their views with us today.**

**If you have any questions after today about our analysis, please contact us at the University at Albany.**

## Focus Group: Early Childhood Administrators

Welcome, everyone. Thank you for taking time out of your busy schedule to attend today's focus group. My name is [facilitator's name/title]. I will lead the discussion. This is [assistant's name/title]. She/he will observe and take notes. We are from the Center for Human Services Research at the University at Albany, State University of New York.

The center is conducting a needs analysis of the New York State early childhood care and education system. The aim is to learn about the programs that serve children from birth through 5 years old. We are collecting data from policymakers, administrators, direct care staff, and parents and caregivers through focus groups around the state. We are also collecting data through surveys.

Today's focus group is specifically for administrators, program directors, principals and local policy makers who work directly with children age birth through 5. In general, questions and topics of discussion will focus on program strengths and challenges, funding, quality, parent engagement, and services available to specific populations.

In today's focus group, I will ask questions. Your personal opinions and views are very important. We value input from each of you. We would like to give everyone the chance to express his and her opinions during the conversation. There are no right or wrong answers. We appreciate your candor and your willingness to participate.

We are only talking to a limited number of administrative professionals, so feel free to express your opinion, even if it differs from everyone in the group, as your views may represent many others across the state.

The focus group today will last for about 90 minutes.

Today's session will be audio recorded to ensure that we accurately capture everything that is discussed. The recording augments the notes and catches important details that might be missed in notetaking. If something comes up during the discussion that you do not want recorded, please let me know and we can turn off the recorder for that portion of the discussion. The recording will be transcribed, but all transcriptions and notes will be destroyed at the end of the project.

We understand your need to stay connected to your work throughout this session, but ask that you please silence your cell phone. If you need to take or make a call at any point, please leave the room and come back when you are finished.

None of what we record or write down today will be attributed to any individual or identified by name or organization. Focus group data will be analyzed and summarized in a report.

Your responses are kept confidential by Center staff. We ask you to respect the privacy of all focus group participants and do not disclose any information to anyone outside the focus group. Keep in mind that the center does not have control over maintaining confidentiality by focus group participants after the session.

You will be given a form to provide some demographic information for classification purposes for these focus groups. We are trying to make sure we get people from all different locations and groups across the state. You do not have to complete this form.

Are there any questions before we get started?

### QUESTIONS

Briefly, tell us the type of EC organization where you work, your title, the type of work that you do, and how long you've worked in the NYS EC system.

### General - Strengths and Challenges

What are your top three challenges as a director or administrator of an EC program?

What do you perceive as top three challenges that your agency's direct care staff have?

- **Probes:**
  - » Funding
  - » Timely reporting to external entities (State, funders)
  - » Staff retention/attrition/hiring
  - » Compensation (low pay)

- » Burnout
- » High turnover
- » Education and training

What do you perceive as the top challenges that parents have related to accessing and affording quality care and education programs for their children?

- **Probes:**
  - » Supply and demand
  - » Availability
  - » Access
  - » Affordability
  - » Quality
  - » Systems in place to help families find/secure quality care
  - » Information gaps
  - » Family (un)employment
  - » Working parents' pressures

What do you perceive as 3 key strengths of the early childhood care and education system?

What do you perceive as 3 key weaknesses of the early childhood care and education system?

### **Underserved Populations**

The CHSR analysis will focus the issues and needs of underserved families. For example, families with low income, families experiencing homelessness, or immigrants. Please refer to your handout for a list. We'll discuss each the unique issues and needs of people in those groups separately.

Think about the issues and needs of these families. Let's discuss those issues and needs, and the supports families are getting or not. [query/discuss separately]

- Receive Early Intervention or Special Education Services
- Are experiencing homelessness
- Are Immigrants or refugees
- Have low income
- Are members of a racial/ethnic minority
- Primarily speak a language other than English
- Live in rural communities (for FG in rural areas)

Are there specialized referral programs for any of these underserved families?

What initiatives or supports does your program have in place to ensure that quality care is available for these underserved families?

- **Probe:** What works well about these initiatives and supports?

What are some of the issues or barriers to accessing quality care that families in these groups experience?

- **Probe:** What services and supports do families need that are lacking?
- **Probe:** Are there specific families with cultural/language differences that are not being referred to and/or participating in quality programs?

What do you see as the greatest opportunity in improving the quality and availability of care particularly for underserved children?

Share one or two tips that you've used to support parents in these groups.

### **Data**

What are the most important gaps in data or research about early childhood care and education programs and supports?

- **Probe:** What challenges do these gaps present?
- **Probe:** Do any initiatives exist to address these gaps?

What are the most important gaps in data or research regarding collaboration across programs and services in the early childhood care and education system?

- **Probe:** What challenges do these gaps present?
- **Probe:** Do any initiatives exist to address these gaps?

What are the most important gaps in data or research related to maximizing parental choice?

- **Probe:** What challenges do these gaps present?
- **Probe:** Do any initiatives exist to address these gaps?

What are the strengths and weaknesses of data you have available on program quality?

- **Probe:** Are there any initiatives under way to improve these data?

### Funding

How challenging is it to fund your early childhood program? What specific barriers do you face to ensure it is affordable, meets community demand, and provides high quality services?

- **Probe:** Characteristics of the current State or local governance or financing of the system
- **Probe:** State or local policies/regulations

Are there regulatory barriers that could be eliminated without compromising quality?

Are there regulatory or policy barriers outside of the early childhood system that routinely impact your program?

Are there opportunities for a more efficient allocation of resources across the EC system?

Have there been successful efforts in the state at implementing strategies to improve the efficient use of resources?

- **Probe:** Why and how were they successful and what needs to be done to replicate them?
- **Probe:** Have there been efforts that were undertaken, but did not show positive results?
- **Probe:** What can be learned from these experiences?

Do current funding levels allow you to recruit and retain a well-qualified staff?

Do current funding levels allow you to offer all necessary professional development and training?

We are interested in your knowledge level about some programs that provide some financial assistance to families with young children.

There are child care credits that exist. What is your experience with them?

How do you educate parents?

Are you aware of the recent passage of the New York State Employer-Provided Child Care Credit? (Show of hands)

Reference:

**New York State Child and Dependent Care Tax Credit** – offers low and middle income working New York families a fully refundable tax credit to help pay for a portion of their child care expenses. At present, the law allows tax filers to claim up to \$3,000 in annual expenses for one child, or \$6,000 for two, and additional, smaller amounts for additional children.

**New York State Employer-Provided Child Care Credit** – Employers are allowed a credit for qualifying expenditures paid or incurred in providing child care alternatives for their employees.

### **Coordination within the System**

What policies and practices are in place in your organization that effectively support interagency collaboration with other EC care and education providers?

- **Probe:** Were these practices developed by your agency or by a state or local governing agency?
- **Probe:** How were they developed?
- **Probe:** What would need to happen for them to spread to other areas, agencies, or sectors?

What policies and practices are in place that hinder interagency collaboration?

- **Probe:** funding policies and practices

Do you use data from external systems to help you administer your program? Do you link data from various sources to establish connections between different components of your services?

Imagine a data system that would help you do your job better—one that links children, program, workforce and other information. What would it look like, what information would you need?

### **Parent Engagement**

How would you describe the level of parent engagement in your program?

What are some successful strategies you or your program use to promote parent involvement in their children's care, education and development?

What are some of barriers you face in getting parents to engage with your program?

What have you or your program done to overcome these barriers?

### **Children's Mixed Delivery System Transition**

For those of you who work with children transitioning to Kindergarten, what are some ways you or your program prepare families for this transition?

- **Probe:** What information do you provide families and in what way do you provide it?
- **Probe:** Do you provide information in different languages?
- **Probe:** What is most effective about the information you provide?
- **Probe:** What could be better?

Do you provide targeted transition supports for children who are part of any of the specific groups listed on your handout?

What are the specific transition supports that work particularly well for families? Do families request additional support that is not available through your program?

What are the top challenges with ensuring that children in your program are ready for Kindergarten?

### **Facilities**

Have any issues been identified regarding the facility that houses your program? If so, what are they?

Has the facility recently undergone any improvements? If so, what are they?

Is there any plan currently in place to update the facilities?

Is there any plan to work collaboratively with another early childhood provider to combine funding to update facilities?

### **Ideas for Quality Improvement**

If you had increased funding, what processes or changes, if any, would you implement in your program to enhance the quality of care?

What supports would you like to see put into place in the NYS EC system that would help to improve a program like yours? (E.g., Head Start, daycare, etc.)

What's one thing you would change in the EC system right now?

- **Probe:** Why did you choose that aspect specifically?

What do you see as the most pressing issues in the NYS EC system?

Our discussion today was to help us understand the needs in the EC care and education system. Have we missed anything?

**Thank you so much for your participation today. Getting your feedback on New York State's early childhood care and education system is essential to our analysis. We appreciate everyone's willingness to share their views with us today.**

**If you have any questions after today about our analysis, please contact us at the University at Albany.**

# Appendix G

## NYSB5 Focus Group Demographic Analysis

Total Participants: **235**

Total Number of Demographic Forms Completed: **229**

### Total

Demographics*	N	%
Female	208	90.83
White	171	74.67
African American	20	8.73
Other non-white	24	10.48
Blanks	14	6.11
Hispanic	27	11.79
Total	446 (100%)	96 (100%)

Region	N	%
North Country	113	49.34
Capital Region	14	6.11
Mid-Hudson	9	3.93
New York City	10	4.37
Long Island	20	8.73
Mohawk Valley	1	0.44
Central New York	7	3.06
Southern Tier	21	9.17
Finger Lakes	11	4.80
Western New York	16	6.99
Blank	7	3.06
Total	229	100.00

## Parent Focus Groups

Total Participants: **83**

Total Number of Demographic Forms Completed: **78**

<b>Demographics*</b>	<b>N</b>	<b>%</b>
Female	68	87.18
White	48	61.54
African American	10	12.82
2 or more races	7	8.97
Asian	2	2.56
Native American/Alaska Native	2	2.56
Other non-white	5	6.41
Blanks	4	5.13
Hispanic	17	21.79
<b>Region</b>		
	<b>N</b>	<b>%</b>
North Country	37	47.44
Capital Region	7	8.97
Mid-Hudson	6	7.69
New York City	1	1.28
Long Island	0	0.00
Mohawk Valley	0	0.00
Central New York	0	0.00
Southern Tier	5	6.41
Finger Lakes	9	11.54
Western New York	13	16.67
Total	78	100.00
<b>Age of Children in Program</b>		
	<b>N</b>	<b>%</b>
Infants/Toddlers	18	23.08
Preschool	23	29.49
Both	23	29.49
Blank	14	17.95
Total	78	100.00
<b>Type of program*</b>		
	<b>N</b>	<b>%</b>
Child Care Center	26	33.33
Family Child Care Home	16	20.51
Legally Exempt Child Care	0	0.00
Early Head Start	5	6.41
Migrant/Seasonal Head Start	0	0.00
Head Start	10	12.82
Nursery School	1	1.28
State-administered Pre-K	8	10.26
NYC Pre-K for All	1	1.28
Preschool Special Education	10	12.82
Early Intervention	12	15.38
Home Visiting Program	4	5.13
Babysitter/Nanny in Our Home	6	7.69
Care provided by family member	13	16.67
Other	6	7.69
Blank	3	3.85

Highest Level of Education	N	%
No or some high school	4	5.13
Diploma/GED	17	21.79
Some College	10	12.82
Associate's Degree	15	19.23
Bachelor's Degree	16	20.51
Some Graduate Coursework	1	1.28
Master's Degree	14	17.95
Doctoral Degree	1	1.28
Total	78	100.00

Employment Status	N	%
Not employed	16	20.51
1 full time job	35	44.87
More than 1 full time job	0	0.00
1 part time job	8	10.26
More than 1 part time job	2	2.56
Work Occasionally	3	3.85
Volunteer	2	2.56
Other	12	15.38
Total	78	100.00

Income Category	N	%
Less than \$14,999	14	17.95
\$15,000-\$24,999	6	7.69
\$25,000-\$49,999	22	28.21
\$50,000-\$74,999	13	16.67
\$75,000-\$99,999	12	15.38
\$100,000-\$149,999	4	5.13
\$150,000 or more	6	7.69
Blank	1	1.28
Total	78	100.00

Homeless in last Year	N	%
Yes	7	8.97

\*Total is greater than N (or 100%) due to multiple responses allowed.

## Direct Care Focus Groups

Total Participants: **75**

Total Number of Demographic Forms Completed: **75**

Demographics*	N	%
Female	70	93.33
White	70	93.33
African American	0	0.00
Other non-white	4	5.33
Hispanic	5	6.67
Blanks	1	1.33

<b>Region</b>	<b>N</b>	<b>%</b>
North Country	51	68.00
Capital Region	0	0.00
Mid-Hudson	0	0.00
New York City	0	0.00
Long Island	6	8.00
Mohawk Valley	0	0.00
Central New York	7	9.33
Southern Tier	8	10.67
Finger Lakes	0	0.00
Western New York	0	0.00
Blanks	3	4.00
<b>Total</b>	<b>75</b>	<b>100.00</b>

<b>Age of Children in Program</b>	<b>N</b>	<b>%</b>
Infants/Toddlers	2	2.67
Preschool	31	41.33
Both	42	56.00
<b>Total</b>	<b>75</b>	<b>100.00</b>

<b>Type of program*</b>	<b>N</b>	<b>%</b>
Child Care Center	16	21.33
Family Child Care Home	12	16.00
Group Family Child Care Home	18	24.00
Legally Exempt Child Care	0	0.00
Early Head Start	3	4.00
Migrant/Seasonal Head Start	0	0.00
Head Start	9	12.00
Nursery School	0	0.00
State-administered Pre-K	4	5.33
Other Pre-K	0	0.00
NYC Pre-K for All	0	0.00
Preschool Special Education	7	9.33
Early Intervention	3	4.00
Home Visiting Program	1	1.33
After School Program	4	5.33
Other	5	6.67
Blank	2	2.67

<b>Role</b>	<b>N</b>	<b>%</b>
Master Teacher	8	10.67
Lead Teacher	17	22.67
Assistant Teacher/Aide	11	14.67
Early Intervention Service Provider	0	0.00
Family Child Care Provider	10	13.33
Family Group Home Provider/ Assistant	14	18.67
Mental Health Consultant	0	0.00
Special Education Therapist	1	1.33
Home Visitor	1	1.33
Visiting Nurse	0	0.00
Social Worker	1	1.33
School Age Care/ Afterschool Provider	2	2.67
Blanks	10	13.33
Total	75	100.00

<b>Highest Level of Education</b>	<b>N</b>	<b>%</b>
No or some high school	0	0.00
Diploma/GED	20	26.67
Some College	8	10.67
Child Development Associate of other credential	7	9.33
Associate's Degree	13	17.33
Bachelor's Degree	10	13.33
Some Graduate Coursework	2	2.67
Master's Degree	15	20.00
Doctoral Degree	0	0.00
Total	75	100.00

<b>How long have you worked in your current position</b>	<b>N</b>	<b>%</b>
Less than 1 year	9	12.00
1-2 years	5	6.67
3-5 years	15	20.00
6-10 years	11	14.67
More than 10 years	32	42.67
Blanks	3	4.00
Total	75	100.00

\*Total is greater than N (or 100%) due to multiple responses allowed.

## Administrator Focus Groups

Total Participants: **77**

Total Number of Demographic Forms Completed: **76**

<b>Demographics*</b>	<b>N</b>	<b>%</b>
Female	70	92.11
White	53	69.74
African American	10	13.16
Other non-white	4	5.26
Hispanic	5	6.58
Blank	9	11.84
<b>Region</b>	<b>N</b>	<b>%</b>
North Country	25	32.89
Capital Region	7	9.21
Mid-Hudson	3	3.95
New York City	9	11.84
Long Island	14	18.42
Mohawk Valley	1	1.32
Central New York	0	0.00
Southern Tier	8	10.53
Finger Lakes	2	2.63
Western New York	3	3.95
Blanks	4	5.26
Total	76	100.00
<b>Age of Children in Program</b>	<b>N</b>	<b>%</b>
Infants/Toddlers	5	6.58
Preschool	17	22.37
Both	48	63.16
Blank	6	7.89
Total	76	100.00
Type of program	N	%
Child Care Center	26	34.21
Family Child Care Home	14	18.42
Legally Exempt Child Care	3	3.95
Early Head Start	19	25.00
Migrant/Seasonal Head Start	0	0.00
Head Start	25	32.89
Nursery School	3	3.95
State-administered Pre-K	14	18.42
Other Pre-K	2	2.63
NYC Pre-K for All	3	3.95
Preschool Special Education	6	7.89
Early Intervention	3	3.95
Home Visiting Program	6	7.89
After School Program	12	15.79
Other	13	17.11

<b>Role</b>	<b>N</b>	<b>%</b>
Director	30	39.47
Assistant Director/Administrator	8	10.53
Assistant/Vice Principal	1	1.32
Educational Director	7	9.21
Head Start/Early Head Start Director	7	9.21
Owner	10	13.16
Principal	0	0.00
Superintendent	0	0.00
Other	12	15.79
Blank	1	1.32
Total	76	100.00

<b>Highest Level of Education</b>	<b>N</b>	<b>%</b>
No or some high school	1	1.32
Diploma/GED	3	3.95
Some College	4	5.26
Associate's Degree	5	6.58
Bachelor's Degree	15	19.74
CDA	4	5.26
Some graduate coursework	4	5.26
Master's Degree	33	43.42
Doctoral Degree	5	6.58
Blank	2	2.63
Total	76	100.00

<b>Length of time in current position</b>	<b>N</b>	<b>%</b>
Less than 1 year	6	7.89
1-2 years	15	19.74
3-5 years	20	26.32
6-10 years	12	15.79
More than 10 years	23	30.26
Total	76	100.00

\*Total is greater than N (or 100%) due to multiple responses allowed.

# Appendix H

## NYS Demographics by County

County	Population		Race, Ages 0-4							Federal Poverty Level			Number of Children ages 0-4 on SNAP in NYS	
	Total (#)	Ages 0-4 (#)	White (%)	Children of Color					Total (%)	Children ages 0-5			#	%
				Black (%)	Asian (%)	Native Amer. (%)	Multi-racial (%)	Hispanic (%)		<50% FPL	<100% FPL	<200% FPL		
<b>New York State</b>	<b>19,798,228</b>	<b>1,164,406</b>	<b>45.3%</b>	<b>15.1%</b>	<b>8.6%</b>	<b>0.3%</b>	<b>4.2%</b>	<b>26.5%</b>	<b>54.7%</b>	<b>10.5%</b>	<b>22.6%</b>	<b>20.0%</b>	<b>256,781</b>	<b>22.0%</b>
Albany	308,580	15,659	58.2%	16.7%	8.7%	0.2%	6.0%	10.3%	41.8%	9.4%	17.7%	16.4%	3,251	21.0%
Allegany	47,400	2,493	92.2%	1.1%	1.1%	0.4%	3.4%	1.9%	7.8%	13.2%	30.3%	31.8%	480	19.0%
Bronx	1,455,846	106,055	6.2%	26.7%	3.5%	0.3%	1.7%	61.7%	93.8%	19.0%	40.8%	50.0%	see NY	see NY
Broome	196,124	10,062	72.9%	8.0%	3.8%	0.3%	7.0%	8.1%	27.1%	13.2%	26.2%	23.7%	2,700	27.0%
Cattaraugus	78,175	4,431	81.9%	2.7%	0.9%	4.8%	5.5%	4.2%	18.1%	11.7%	26.4%	33.9%	1,074	24.0%
Cayuga	78,319	3,759	84.3%	3.4%	0.6%	0.3%	6.3%	5.0%	15.7%	10.7%	19.6%	28.2%	949	25.0%
Chautauqua	130,846	7,049	78.0%	2.3%	0.6%	0.7%	4.5%	13.9%	22.0%	12.6%	32.1%	28.3%	2,363	34.0%
Chemung	86,883	4,859	78.9%	6.3%	2.1%	0.2%	7.7%	4.9%	21.1%	14.7%	28.7%	23.6%	1,309	27.0%
Chenango	48,763	2,528	90.7%	0.9%	0.8%	0.3%	3.2%	4.0%	9.3%	11.6%	25.8%	28.8%	550	22.0%
Clinton	81,224	3,908	91.2%	1.5%	1.2%	0.2%	3.5%	2.5%	8.8%	15.4%	26.0%	22.1%	808	21.0%
Columbia	61,481	2,594	72.5%	5.9%	2.9%	0.3%	6.6%	11.8%	27.5%	5.8%	15.7%	23.5%	459	18.0%
Cortland	48,334	2,408	87.1%	2.3%	2.2%	0.3%	4.1%	4.1%	12.9%	11.3%	24.3%	20.4%	600	25.0%
Delaware	45,950	1,792	87.5%	2.1%	0.9%	0.2%	4.2%	5.1%	12.5%	12.5%	35.8%	21.8%	387	22.0%
Dutchess	295,685	13,644	60.2%	12.0%	3.3%	0.2%	5.4%	18.9%	39.8%	4.6%	12.8%	18.4%	1,634	12.0%
Erie	923,995	50,972	63.0%	17.4%	4.6%	0.6%	4.7%	9.7%	37.0%	13.0%	24.6%	17.5%	14,784	29.0%
Essex	38,233	1,518	93.0%	0.8%	0.7%	0.4%	3.0%	2.2%	7.0%	9.8%	16.8%	29.5%	284	19.0%
Franklin	51,054	2,447	84.2%	0.7%	0.4%	8.2%	3.4%	3.1%	15.8%	18.5%	33.0%	18.6%	590	24.0%
Fulton	53,955	2,708	88.6%	2.4%	0.6%	0.3%	3.4%	4.8%	11.4%	13.5%	24.0%	29.0%	657	24.0%
Genesee	58,537	2,992	84.5%	3.0%	0.4%	1.4%	4.7%	6.0%	15.5%	9.8%	23.2%	24.2%	475	16.0%
Greene	47,791	2,009	82.3%	3.8%	0.8%	0.3%	5.4%	7.3%	17.7%	12.9%	22.7%	16.2%	362	18.0%
Hamilton	4,646	143	93.0%	0.0%	0.7%	0.0%	2.8%	3.5%	7.0%	5.3%	17.6%	18.7%	18	13.0%
Herkimer	62,943	3,218	89.7%	1.9%	1.0%	0.4%	2.9%	4.1%	10.3%	14.7%	29.7%	24.8%	830	26.0%
Jefferson	116,567	8,929	71.5%	7.3%	1.4%	1.1%	6.4%	12.4%	28.5%	10.0%	22.2%	32.1%	1,476	17.0%
Kings	2,635,121	193,368	37.3%	25.6%	11.9%	0.2%	4.2%	20.9%	62.7%	13.1%	30.3%	22.5%	see NY	see NY
Lewis	26,845	1,636	92.6%	1.3%	0.3%	0.3%	2.2%	3.3%	7.4%	7.1%	22.6%	20.6%	271	17.0%
Livingston	64,373	2,707	86.8%	1.3%	1.6%	0.4%	4.0%	5.9%	13.2%	8.9%	24.5%	21.0%	495	18.0%
Madison	71,760	3,280	89.7%	1.5%	0.8%	0.9%	4.0%	3.1%	10.3%	7.4%	18.3%	20.7%	649	20.0%
Monroe	748,680	41,466	56.3%	19.3%	4.4%	0.3%	5.3%	14.4%	43.7%	12.6%	24.0%	19.7%	11,784	28.0%
Montgomery	49,500	3,145	69.7%	3.5%	0.5%	0.4%	3.7%	22.3%	30.3%	14.2%	32.8%	29.8%	869	28.0%
Nassau	1,363,069	74,378	46.6%	11.4%	9.9%	0.1%	3.3%	28.6%	53.4%	3.4%	8.1%	10.0%	2,949	4.0%
New York	1,653,877	80,126	38.8%	12.0%	11.0%	0.1%	5.4%	32.6%	61.2%	10.4%	19.6%	14.1%	142,332	26.0%
Niagara	212,675	11,022	74.5%	10.4%	1.1%	1.4%	6.8%	5.9%	25.5%	10.8%	22.4%	24.8%	2,772	25.0%
Oneida	232,324	13,216	69.1%	8.2%	6.9%	0.3%	5.3%	10.2%	30.9%	17.1%	30.7%	21.4%	4,142	31.0%
Onondaga	467,669	26,487	62.3%	15.7%	5.1%	1.0%	6.8%	9.1%	37.7%	11.8%	24.8%	19.6%	7,401	28.0%
Ontario	109,491	5,491	81.8%	3.0%	1.2%	0.2%	3.3%	10.5%	18.2%	7.0%	13.7%	27.2%	825	15.0%
Orange	378,174	25,224	58.1%	9.5%	2.3%	0.3%	4.1%	25.7%	41.9%	11.0%	23.0%	18.3%	5,568	22.0%
Orleans	41,584	2,113	82.3%	5.2%	0.4%	0.4%	4.1%	7.6%	17.7%	8.6%	29.7%	34.0%	495	23.0%
Oswego	119,833	6,273	90.0%	1.3%	0.6%	0.3%	3.6%	4.2%	10.0%	19.7%	34.5%	22.3%	1,865	30.0%
Otsego	60,750	2,594	86.9%	2.5%	2.0%	0.3%	3.2%	5.2%	13.1%	7.3%	21.5%	25.2%	463	18.0%

County	Population		Race, Ages 0–4							Federal Poverty Level			Number of Children ages 0–4 on SNAP in NYS	
	Total (#)	Ages 0–4 (#)	White (%)	Black (%)	Asian (%)	Children of Color		Hispanic (%)	Total (%)	Children ages 0–5			#	%
						Native Amer. (%)	Multi-racial (%)			<50% FPL	<100% FPL	<200% FPL		
Putnam	99,464	4,377	65.4%	2.6%	1.7%	0.0%	2.9%	27.4%	34.6%	0.9%	3.0%	7.2%	141	3.0%
Queens	2,339,280	145,587	19.8%	15.8%	24.3%	0.3%	4.7%	35.2%	80.2%	6.5%	18.0%	24.7%	see NY	see NY
Rensselaer	159,800	8,294	70.1%	10.6%	3.1%	0.2%	5.5%	10.5%	29.9%	12.0%	21.0%	18.0%	1,764	21.0%
Richmond	475,948	27,445	49.3%	11.1%	7.7%	0.1%	3.3%	28.4%	50.7%	11.4%	18.1%	12.6%	see NY	see NY
Rockland	325,027	25,919	60.4%	9.9%	4.0%	0.1%	2.7%	22.9%	39.6%	14.2%	30.6%	20.7%	7,377	28.0%
St. Lawrence	110,817	5,748	90.4%	1.5%	1.1%	0.9%	3.2%	2.8%	9.6%	19.0%	34.7%	19.0%	1,268	22.0%
Saratoga	226,632	11,883	84.8%	2.2%	3.5%	0.2%	4.1%	5.3%	15.2%	3.4%	8.4%	14.3%	1,114	9.0%
Schenectady	155,239	9,185	60.9%	14.7%	4.8%	0.6%	7.2%	11.8%	39.1%	9.3%	21.7%	14.1%	2,350	26.0%
Schoharie	31,611	1,259	91.4%	1.4%	0.6%	0.2%	3.3%	3.1%	8.6%	9.7%	27.7%	18.9%	286	23.0%
Schuyler	18,112	916	92.0%	1.6%	0.9%	0.3%	3.6%	1.5%	8.0%	19.7%	32.0%	28.0%	216	24.0%
Seneca	34,843	1,814	88.9%	1.7%	0.7%	0.3%	4.1%	4.3%	11.1%	11.5%	22.5%	28.8%	320	18.0%
Steuben	97,539	5,298	89.9%	1.4%	2.1%	0.2%	3.3%	3.0%	10.1%	13.4%	26.9%	24.9%	950	18.0%
Suffolk	1,497,595	79,536	48.8%	8.2%	3.6%	0.2%	3.4%	35.9%	51.2%	4.9%	10.5%	13.7%	8,331	10.0%
Sullivan	75,783	4,190	59.7%	7.5%	1.2%	0.2%	5.2%	26.2%	40.3%	14.4%	25.7%	19.3%	1,503	36.0%
Tioga	49,322	2,478	91.0%	0.8%	0.6%	0.2%	3.7%	3.7%	9.0%	8.2%	19.9%	24.2%	507	20.0%
Tompkins	104,415	4,159	70.3%	4.7%	9.3%	0.4%	6.9%	8.4%	29.7%	9.4%	19.3%	21.2%	772	19.0%
Ulster	180,129	7,924	68.8%	6.2%	2.1%	0.3%	5.8%	16.9%	31.2%	9.9%	19.1%	23.6%	1,437	18.0%
Warren	64,701	2,847	88.6%	1.6%	0.8%	0.4%	3.9%	4.6%	11.4%	4.2%	15.5%	16.7%	566	20.0%
Washington	62,183	3,022	91.8%	1.0%	0.7%	0.3%	3.1%	3.2%	8.2%	7.4%	15.9%	28.9%	604	20.0%
Wayne	91,442	5,018	82.9%	3.4%	0.9%	0.2%	4.8%	7.7%	17.1%	9.4%	19.9%	20.8%	827	16.0%
Westchester	975,321	55,325	39.4%	13.7%	5.9%	0.1%	3.6%	37.2%	60.6%	5.6%	12.0%	15.8%	7,117	13.0%
Wyoming	40,886	1,937	93.1%	0.6%	0.8%	0.1%	2.3%	3.1%	6.9%	10.0%	17.2%	25.6%	204	11.0%
Yates	25,083	1,542	92.7%	1.0%	0.5%	0.4%	2.6%	2.9%	7.3%	14.2%	20.1%	38.7%	207	13.0%

# Appendix I

## NYS SNAP Participation by County

County	Urban or Rural Designation	Population		Federal Poverty Level			Number of Children ages 0-4 on SNAP in NYS		SNAP Household w/ children ages: < 18	
		Total	Ages 0-4	Children ages 0-5			(#)	(%)	(#)	(%)
		(#)	(#)	<50% FPL	<100% FPL	<200% FPL				
<b>New York State</b>		<b>19,798,228</b>	<b>1,164,406</b>	<b>10.5%</b>	<b>22.6%</b>	<b>20.0%</b>	<b>256,781</b>	<b>22.0%</b>	<b>477,021</b>	<b>43.0%</b>
Albany	urban	308,580	15,659	9.4%	17.7%	16.4%	3,251	21.0%	5,567	38.4%
Allegany	rural	47,400	2,493	13.2%	30.3%	31.8%	480	19.0%	1,120	38.4%
Bronx	urban	1,455,846	106,055	19.0%	40.8%	50.0%	see NY	see NY	89,443	49.5%
Broome	urban	196,124	10,062	13.2%	26.2%	23.7%	2,700	27.0%	5,237	42.0%
Cattaraugus	rural	78,175	4,431	11.7%	26.4%	33.9%	1,074	24.0%	2,233	39.6%
Cayuga	rural	78,319	3,759	10.7%	19.6%	28.2%	949	25.0%	1,860	45.3%
Chautauqua	rural	130,846	7,049	12.6%	32.1%	28.3%	2,363	34.0%	4,293	42.9%
Chemung	urban	86,883	4,859	14.7%	28.7%	23.6%	1,309	27.0%	2,184	41.5%
Chenango	rural	48,763	2,528	11.6%	25.8%	28.8%	550	22.0%	1,179	33.4%
Clinton	rural	81,224	3,908	15.4%	26.0%	22.1%	808	21.0%	2,487	45.2%
Columbia	rural	61,481	2,594	5.8%	15.7%	23.5%	459	18.0%	1,069	39.0%
Cortland	rural	48,334	2,408	11.3%	24.3%	20.4%	600	25.0%	899	37.0%
Delaware	rural	45,950	1,792	12.5%	35.8%	21.8%	387	22.0%	1,113	38.3%
Dutchess	urban	295,685	13,644	4.6%	12.8%	18.4%	1,634	12.0%	4,244	41.9%
Erie	urban	923,995	50,972	13.0%	24.6%	17.5%	14,784	29.0%	25,089	40.0%
Essex	rural	38,233	1,518	9.8%	16.8%	29.5%	284	19.0%	580	34.2%
Franklin	rural	51,054	2,447	18.5%	33.0%	18.6%	590	24.0%	1,394	42.8%
Fulton	rural	53,955	2,708	13.5%	24.0%	29.0%	657	24.0%	1,384	42.2%
Genesee	rural	58,537	2,992	9.8%	23.2%	24.2%	475	16.0%	1,333	45.3%
Greene	rural	47,791	2,009	12.9%	22.7%	16.2%	362	18.0%	412	32.8%
Hamilton	rural	4,646	143	5.3%	17.6%	18.7%	18	13.0%	15	14.0%
Herkimer	urban	62,943	3,218	14.7%	29.7%	24.8%	830	26.0%	1,706	38.9%
Jefferson	urban	116,567	8,929	10.0%	22.2%	32.1%	1,476	17.0%	2,799	39.7%
Kings	urban	2,635,121	193,368	13.1%	30.3%	22.5%	see NY	see NY	95,442	42.9%
Lewis	rural	26,845	1,636	7.1%	22.6%	20.6%	271	17.0%	683	43.2%
Livingston	urban	64,373	2,707	8.9%	24.5%	21.0%	495	18.0%	1,461	44.3%
Madison	urban	71,760	3,280	7.4%	18.3%	20.7%	649	20.0%	1,321	39.0%
Monroe	urban	748,680	41,466	12.6%	24.0%	19.7%	11,784	28.0%	20,385	45.0%
Montgomery	rural	49,500	3,145	14.2%	32.8%	29.8%	869	28.0%	1,755	47.2%
Nassau	urban	1,363,069	74,378	3.4%	8.1%	10.0%	2,949	4.0%	8,322	39.5%
New York	urban	1,653,877	80,126	10.4%	19.6%	14.1%	142,332	26.0%	31,461	30.0%
Niagara	urban	212,675	11,022	10.8%	22.4%	24.8%	2,772	25.0%	4,754	41.9%
Oneida	urban	232,324	13,216	17.1%	30.7%	21.4%	4,142	31.0%	7,156	44.6%
Onondaga	urban	467,669	26,487	11.8%	24.8%	19.6%	7,401	28.0%	12,039	45.4%
Ontario	urban	109,491	5,491	7.0%	13.7%	27.2%	825	15.0%	1,926	44.5%
Orange	urban	378,174	25,224	11.0%	23.0%	18.3%	5,568	22.0%	6,899	52.7%
Orleans	urban	41,584	2,113	8.6%	29.7%	34.0%	495	23.0%	1,352	49.1%
Oswego	urban	119,833	6,273	19.7%	34.5%	22.3%	1,865	30.0%	3,866	48.8%
Otsego	rural	60,750	2,594	7.3%	21.5%	25.2%	463	18.0%	1,171	43.9%
Putnam	urban	99,464	4,377	0.9%	3.0%	7.2%	141	3.0%	445	38.1%

County	Urban or Rural Designation	Population		Federal Poverty Level			Number of Children ages 0-4 on SNAP in NYS		SNAP Household w/ children ages: < 18	
		Total (#)	Ages 0-4 (#)	Children ages 0-5			#	%	#	%
				<50% FPL	<100% FPL	<200% FPL				
Queens	urban	2,339,280	145,587	6.5%	18.0%	24.7%	see NY	see NY	45,668	43.3%
Rensselaer	urban	159,800	8,294	12.0%	21.0%	18.0%	1,764	21.0%	3,419	45.7%
Richmond	urban	475,948	27,445	11.4%	18.1%	12.6%	see NY	see NY	9,369	45.9%
Rockland	urban	325,027	25,919	14.2%	30.6%	20.7%	7,377	28.0%	7,235	65.8%
St. Lawrence	rural	110,817	5,748	19.0%	34.7%	19.0%	1,268	22.0%	2,820	40.7%
Saratoga	urban	226,632	11,883	3.4%	8.4%	14.3%	1,114	9.0%	2,880	39.2%
Schenectady	urban	155,239	9,185	9.3%	21.7%	14.1%	2,350	26.0%	2,577	35.6%
Schoharie	urban	31,611	1,259	9.7%	27.7%	18.9%	286	23.0%	698	41.9%
Schuyler	rural	18,112	916	19.7%	32.0%	28.0%	216	24.0%	381	37.5%
Seneca	rural	34,843	1,814	11.5%	22.5%	28.8%	320	18.0%	553	34.2%
Steuben	rural	97,539	5,298	13.4%	26.9%	24.9%	950	18.0%	2,403	42.7%
Suffolk	urban	1,497,595	79,536	4.9%	10.5%	13.7%	8,331	10.0%	14,802	45.7%
Sullivan	rural	75,783	4,190	14.4%	25.7%	19.3%	1,503	36.0%	1,700	45.4%
Tioga	urban	49,322	2,478	8.2%	19.9%	24.2%	507	20.0%	1,104	39.1%
Tompkins	urban	104,415	4,159	9.4%	19.3%	21.2%	772	19.0%	1,367	38.2%
Ulster	urban	180,129	7,924	9.9%	19.1%	23.6%	1,437	18.0%	3,024	38.7%
Warren	urban	64,701	2,847	4.2%	15.5%	16.7%	566	20.0%	1,079	34.9%
Washington	urban	62,183	3,022	7.4%	15.9%	28.9%	604	20.0%	1,513	41.3%
Wayne	urban	91,442	5,018	9.4%	19.9%	20.8%	827	16.0%	1,906	45.4%
Westchester	urban	975,321	55,325	5.6%	12.0%	15.8%	7,117	13.0%	13,196	44.2%
Wyoming	rural	40,886	1,937	10.0%	17.2%	25.6%	204	11.0%	739	44.4%
Yates	urban	25,083	1,542	14.2%	20.1%	38.7%	207	13.0%	510	46.4%

# Appendix J

## NYS EI and Special Education Participation by County

County	Urban or Rural Designation	Population		Percent of children ages 0-3 served by Early Intervention		Percent of children ages 3-5 receiving Preschool Special Education
		Total (#)	Ages 0-4 (#)	(%)		(#)
<b>New York</b>		<b>19,798,228</b>	<b>1,164,406</b>	<b>69,650</b>	<b>4%</b>	<b>79,233</b>
New York				4.0%		11.6%
Albany	urban	308,580	15,659	2.4%		886
Allegany	rural	47,400	2,493	2.3%		167
Bronx	urban	1,455,846	106,055	4.4%		see NY
Broome	urban	196,124	10,062	4.5%		635
Cattaraugus	rural	78,175	4,431	5.0%		290
Cayuga	rural	78,319	3,759	4.2%		230
Chautauqua	rural	130,846	7,049	4.3%		426
Chemung	urban	86,883	4,859	3.4%		300
Chenango	rural	48,763	2,528	4.0%		178
Clinton	rural	81,224	3,908	4.9%		332
Columbia	rural	61,481	2,594	2.5%		190
Cortland	rural	48,334	2,408	4.2%		182
Delaware	rural	45,950	1,792	5.2%		151
Dutchess	urban	295,685	13,644	3.8%		1,109
Erie	urban	923,995	50,972	4.6%		3,709
Essex	rural	38,233	1,518	3.8%		106
Franklin	rural	51,054	2,447	3.4%		177
Fulton	rural	53,955	2,708	2.6%		163
Genesee	rural	58,537	2,992	5.0%		195
Greene	rural	47,791	2,009	2.1%		207
Hamilton	rural	4,646	143	0		9
Herkimer	urban	62,943	3,218	3.3%		141
Jefferson	urban	116,567	8,929	1.5%		562
Kings	urban	2,635,121	193,368	4.4%		see NY
Lewis	rural	26,845	1,636	2.7%		176
Livingston	urban	64,373	2,707	3.6%		280
Madison	urban	71,760	3,280	4.2%		191
Monroe	urban	748,680	41,466	4.4%		2,726
Montgomery	rural	49,500	3,145	2.2%		158
Nassau	urban	1,363,069	74,378	4.6%		5,290
New York	urban	1,653,877	80,126	4.4%		34,109
Niagara	urban	212,675	11,022	5.8%		1,036
Oneida	urban	232,324	13,216	3.4%		553
Onondaga	urban	467,669	26,487	4.5%		2,602
Ontario	urban	109,491	5,491	2.2%		447
Orange	urban	378,174	25,224	6.8%		1,849
Orleans	urban	41,584	2,113	5.4%		194
Oswego	urban	119,833	6,273	3.9%		620
Otsego	rural	60,750	2,594	3.6%		176

County	Urban or Rural Designation	Population		Percent of children ages 0-3 served by Early Intervention	Percent of children ages 3-5 receiving Preschool Special Education
		Total	Ages 0-4		
		(#)	(#)	(%)	(#)
Putnam	urban	99,464	4,377	3.7%	359
Queens	urban	2,339,280	145,587	4.4%	see NY
Rensselaer	urban	159,800	8,294	3.8%	733
Richmond	urban	475,948	27,445	4.4%	see NY
Rockland	urban	325,027	25,919	6.6%	1,477
St. Lawrence	rural	110,817	5,748	3.8%	297
Saratoga	urban	226,632	11,883	2.4%	891
Schenectady	urban	155,239	9,185	2.8%	629
Schoharie	urban	31,611	1,259	4.1%	81
Schuyler	rural	18,112	916	4.7%	66
Seneca	rural	34,843	1,814	1.8%	118
Steuben	rural	97,539	5,298	2.4%	407
Suffolk	urban	1,497,595	79,536	3.3%	6,312
Sullivan	rural	75,783	4,190	5.3%	339
Tioga	urban	49,322	2,478	5.4%	187
Tompkins	urban	104,415	4,159	7.7%	383
Ulster	urban	180,129	7,924	5.0%	645
Warren	urban	64,701	2,847	5.3%	230
Washington	urban	62,183	3,022	3.7%	247
Wayne	urban	91,442	5,018	2.9%	500
Westchester	urban	975,321	55,325	6.2%	4,369
Wyoming	rural	40,886	1,937	5.2%	138
Yates	urban	25,083	1,542	2.4%	73

# Appendix K

## NYS Households Non-English Speaking, Foreign Born by County

County	SNAP Household w/ child. ages: < 18		Non-English Households		Foreign born ages: <18		Urban or Rural Designation	County
	(#)	(%)	(#)	(%)	(#)	(%)		
<b>New York State</b>	<b>477,021</b>	<b>43.0%</b>	<b>594,811</b>	<b>8.1%</b>	<b>221,411</b>	<b>5.3%</b>		<b>New York State</b>
Albany	5,567	38.4%	2,988	2.4%	2,667	4.6%	urban	Albany
Allegany	1,120	38.4%	123	0.7%	122	1.3%	rural	Allegany
Bronx	89,443	49.5%	89,575	18.1%	33,050	9.0%	urban	Bronx
Broome	5,237	42.0%	1,269	1.6%	809	2.1%	urban	Broome
Cattaraugus	2,233	39.6%	292	0.9%	116	0.7%	rural	Cattaraugus
Cayuga	1,860	45.3%	259	0.8%	115	0.7%	rural	Cayuga
Chautauqua	4,293	42.9%	748	1.4%	155	0.6%	rural	Chautauqua
Chemung	2,184	41.5%	79	0.2%	202	1.1%	urban	Chemung
Chenango	1,179	33.4%	99	0.5%	39	0.4%	rural	Chenango
Clinton	2,487	45.2%	180	0.6%	69	0.5%	rural	Clinton
Columbia	1,069	39.0%	369	1.4%	389	3.5%	rural	Columbia
Cortland	899	37.0%	91	0.5%	108	1.1%	rural	Cortland
Delaware	1,113	38.3%	170	0.9%	94	1.2%	rural	Delaware
Dutchess	4,244	41.9%	2,966	2.8%	1,758	3.0%	urban	Dutchess
Erie	25,089	40.0%	8,456	2.2%	7,716	4.1%	urban	Erie
Essex	580	34.2%	65	0.4%	8	0.1%	rural	Essex
Franklin	1,394	42.8%	113	0.6%	372	3.7%	rural	Franklin
Fulton	1,384	42.2%	113	0.5%	48	0.4%	rural	Fulton
Genesee	1,333	45.3%	152	0.6%	75	0.6%	rural	Genesee
Greene	412	32.8%	130	0.8%	112	1.4%	rural	Greene
Hamilton	15	14.0%	3	0.3%	-	0.0%	rural	Hamilton
Herkimer	1,706	38.9%	97	0.4%	9	0.1%	urban	Herkimer
Jefferson	2,799	39.7%	319	0.7%	311	1.1%	urban	Jefferson
Kings	95,442	42.9%	145,558	15.4%	44,178	7.3%	urban	Kings
Lewis	683	43.2%	23	0.2%	29	0.5%	rural	Lewis
Livingston	1,461	44.3%	129	0.5%	132	1.1%	urban	Livingston
Madison	1,321	39.0%	59	0.2%	85	0.6%	urban	Madison
Monroe	20,385	45.0%	9,920	3.3%	5,023	3.1%	urban	Monroe
Montgomery	1,755	47.2%	514	2.6%	89	0.8%	rural	Montgomery
Nassau	8,322	39.5%	25,329	5.7%	12,299	4.1%	urban	Nassau
New York	31,461	30.0%	72,453	9.6%	18,464	7.7%	urban	New York
Niagara	4,754	41.9%	734	0.8%	585	1.4%	urban	Niagara
Oneida	7,156	44.6%	2,757	3.0%	2,107	4.3%	urban	Oneida
Onondaga	12,039	45.4%	4,159	2.2%	3,884	3.8%	urban	Onondaga
Ontario	1,926	44.5%	547	1.2%	365	1.6%	urban	Ontario
Orange	6,899	52.7%	4,195	3.3%	1,857	1.9%	urban	Orange
Orleans	1,352	49.1%	167	1.0%	54	0.6%	urban	Orleans
Oswego	3,866	48.8%	215	0.5%	82	0.3%	urban	Oswego
Otsego	1,171	43.9%	130	0.6%	158	1.6%	rural	Otsego
Putnam	445	38.1%	1,150	3.4%	725	3.5%	urban	Putnam
Queens	45,668	43.3%	148,487	19.1%	45,123	9.5%	urban	Queens

County	SNAP Household w/ child. ages: < 18		Non-English Households		Foreign born ages: <18		Urban or Rural Designation	County
	(#)	(%)	(#)	(%)	(#)	(%)		
Rensselaer	3,419	45.7%	955	1.5%	586	1.8%	urban	Rensselaer
Richmond	9,369	45.9%	9,937	6.0%	3,701	3.5%	urban	Richmond
Rockland	7,235	65.8%	7,741	7.7%	3,406	3.8%	urban	Rockland
St. Lawrence	2,820	40.7%	538	1.3%	190	0.8%	rural	St. Lawrence
Saratoga	2,880	39.2%	671	0.7%	1,277	2.7%	urban	Saratoga
Schenectady	2,577	35.6%	1,205	2.2%	1,393	4.1%	urban	Schenectady
Schoharie	698	41.9%	49	0.4%	23	0.4%	urban	Schoharie
Schuyler	381	37.5%	24	0.3%	28	0.8%	rural	Schuyler
Seneca	553	34.2%	96	0.7%	73	1.0%	rural	Seneca
Steuben	2,403	42.7%	277	0.7%	282	1.3%	rural	Steuben
Suffolk	14,802	45.7%	18,953	3.9%	12,176	3.7%	urban	Suffolk
Sullivan	1,700	45.4%	984	3.6%	192	1.2%	rural	Sullivan
Tioga	1,104	39.1%	86	0.4%	48	0.4%	urban	Tioga
Tompkins	1,367	38.2%	970	2.5%	801	5.1%	urban	Tompkins
Ulster	3,024	38.7%	1,234	1.8%	694	2.1%	urban	Ulster
Warren	1,079	34.9%	137	0.5%	205	1.7%	urban	Warren
Washington	1,513	41.3%	49	0.2%	25	0.2%	urban	Washington
Wayne	1,906	45.4%	309	0.8%	193	1.0%	urban	Wayne
Westchester	13,196	44.2%	25,249	7.3%	12,490	5.7%	urban	Westchester
Wyoming	739	44.4%	21	0.1%	35	0.4%	rural	Wyoming
Yates	510	46.4%	144	1.5%	10	0.2%	urban	Yates

# Appendix L

## NYS Early Childhood Programs

PROGRAM	Funded Enrollment	Age of Children	Total Funding	Source of Funding	Providers	Regulatory Authority
Child Care Centers	305,741 (maximum capacity)	6 weeks through 12 years of age	New York State Child Care Block Grant allocation \$799 million (2017 SFY)	Parent fees and/or Child Care Subsidies	4,282 Statewide 2,233 NYC 2,049 ROS	NYC DOHMH & OCFS
Family and Group Family Child Care	156,818 (maximum capacity)	6 weeks through 12 years of age		Parent fees and/or Child Care Subsidies	12,410 Statewide 6,851 NYC 5,559 ROS	OCFS
School Age Child Care	299,388 (maximum capacity)	5-12 years of age (enrolled in K or higher grade)		Parent fees and/or Child Care Subsidies	2,722 Statewide 1,452 NYC 1,270 ROS	OCFS
Early Head Start	11,084 (+626 pregnant women)	Infant to 3 years of age plus 626 pregnant women	HS & EHS = \$547,552,882 AIAN = \$1,422,372	Federal	80 programs About 200 EHS/CC Partnerships	Office of Head Start
Head Start	53,504	3-5 years of age		Federal	261 programs	Office of Head Start
Registered Nursery Schools	8,913	3-5 years of age	NA	Parent fees	104 agencies	NYSED
State-Administered Prekindergarten	124,892	3 + 4-year-olds	\$816,699,144	State/Federal	Districts/BOCES/CBO	NYSED
Targeted Pre-K	63 218	3-year olds 4-year olds	\$1,303,000	State	3 BOCES	NYSED
Universal Prekindergarten	104,149	4-year-olds	\$385,034,734	State	444 school districts	NYSED
Priority PreK	966*	4-year-olds	\$25,000,000	State	25 school districts	NYSED
Statewide Univ. Full-Day PreK	13,736*	4-year-olds	\$340,000,000	State	54 districts & 17 CBOs	NYSED
Federal Preschool Development Grant	1,402*	4-year-olds	\$25,000,000	Federal	5 school districts	NYSED
Expanded PreK for 3 & 4 yr. olds *Does not include conversion slots	2184 643*	3-year-olds 4-year-olds	\$30,000,000	State	34 school districts	NYSED
PreK for 3 yr. olds	1,531	3-year-olds			25 school districts	NYSED
Preschool Special Education (4410)	81,951	3-5 years of age	\$10,361,410	State	Private/District/BOCES	NYSED
Evaluation	51,275	3-5 years of age	\$39,462,615	State/County	277	NYSED
Related Service	45,200	3-5 years of age	\$147,296,037	State/County	County Administered	NYSED
Special Education Itinerant Services	18,225	3-5 years of age	\$245,121,322	State/County	222	NYSED
Special Class Integrated Setting	14,178	3-5 years of age	\$248,226,405	State/County	175	NYSED, OCFS/DOHMH
Special Class	24,229	3-5 years of age	\$551,931,018	State/County	165	NYSED, OCFS/DOHMH
Transportation	34,600	3-5 years of age	\$191,779,154	State/County	County Administered	County Contracts
Early Intervention	68,000+	Infant to 3 years	over \$600 million	Federal, State, Counties, Insurance	1,310 billing providers 14,914 qual. personnel rendering services	DOH

**Child Care Programs** – The terms child care programs or child day care programs refer to day care centers, school-age child care, and family and group family child care settings that are designed to provide educationally enriched and safe environments for children while their parents work or go to school. Funding for child care comes primarily through parent fees. For eligible low-income working families and families on federal Temporary Assistance for Needy Families (TANF), child care subsidies are available for child care services. Given that New York State is a state-supervised, county-administered state, there is no direct federal or state administration of the child care subsidy programs.

**Child care regulations** – Child care regulations set the standards for the health and safety of children in child care settings in New York State. The New York State Office of Children and Family Services regulates child care programs, both center-based and family-based programs, that serve children on a regular basis for 3 or more hours per day on a regular basis. The New York City Department of Health and Mental Hygiene is the regulatory agency responsible for the oversight of all child care centers in New York City. Center-based programs in New York City must meet regulations if they provide services for five or more hours per week, for more than 30 days in a 12-month period, to three or more children under age six.

**Early Head Start** – Early Head Start is a two-generation program designed to provide high-quality child and family development to low-income pregnant women and children birth to three years of age. The program is family-centered, community-based and designed to enhance children's physical, social, emotional and intellectual development. As with Head Start, Early Head Start provides child development services through center-based, home-based, and a combination of program options. The program is administered and directly funded by the federal Office of Head Start. In addition to meeting federal performance standards, center-based and family child care models must be licensed or registered and meet center-based or family child care regulations.

**Head Start** – Head Start programs provide early education, parent education, and family support services to low-income, three- and four-year olds and their families. The overall goal of Head Start is to increase school readiness of children through the delivery of comprehensive services to children and their families. The program is administered and directly funded by the federal Office of Head Start. In addition to meeting federal performance standards, center-based and family child care models must be licensed or registered and meet center-based or family child care regulations.

**Nursery Schools** – Nursery Schools encourage social, physical, emotional and intellectual development by organizing activities for children ages two through five. They are typically part-day programs and operate 2-5 days a week. Nursery schools are licensed as child care centers in New York City; in the rest of the state, because their sessions are less than 3 hours per day, they are exempt from licensure. Although the State Education Department allows voluntary registration, a very small number become registered. Currently, there are 127 nursery schools registered with the State Education Department.

**State-administered Prekindergarten** – Currently there are seven NYSED administered prekindergarten programs for three- and four-year old children in New York State. The purpose of each of these grants is to provide high-quality early childhood education that prepares children for success in kindergarten and beyond. Some grant funded programs are targeted to high need students and/or high need school districts, while the Universal Prekindergarten Program is open to any four-year old residing in a participating district. Most prekindergarten funding goes to public school districts that may operate Pre-K programs directly or may contract with community-based organizations (CBOs) to provide Pre-K instructional services for them.

**Preschool Special Education** – The Preschool Special Education Program provides special education services to children 3 through 5 years of age who have an identified disability that affects their learning. Services are provided in the least restrictive environment and are intended to support learning and to prepare children for kindergarten or other school-age programs. Least restrictive environment means that the special education programs and services are provided, to the maximum extent appropriate to the needs of the student, with other students who do not have disabilities and as close as possible to the student's home. Special education and related services (e.g., speech therapy, occupational therapy, physical therapy, assistive technology, parent education and training, counseling) are provided in programs approved by the New York State Department of Education. In New York City, all center-based Preschool Special Education programs not operated by schools are required to obtain a permit from NYC Department of Health and Mental Hygiene to operate a child care center. In the rest of the state, center-based programs not operated by schools, that are providing services for more than 3 hours per day on a regular basis, are licensed as child care centers by the New York State Office of Children and Family Services.

**Early Intervention Program** – The Early Intervention Program was established to identify and evaluate, as early as possible, infants and toddlers whose development is compromised and provide for appropriate intervention to improve child and family development. The program provides an array of therapeutic and supportive services including: service coordination, evaluation services, special instruction, speech-language therapy, physical therapy, family counseling and training, nutrition services, and assistive technology devices and services. The majority of services are provided in the child's home or child care setting used by the family. A limited number of group services are provided, but for the most part these services are part-day and once or twice a week. Consequently, it is rare that Early Intervention programs fall under child care licensing.

# Appendix M

## Quality Tools and Resources

Quality Rating Tools	Author	Purpose	Additional Information	Vulnerable or Underserved Populations
QUALITYstarsNY: New York's quality rating and improvement system. <sup>152</sup>	Experts in the field of early childhood development and learning across NYS; New York Early Childhood Professional Development Institute	Provides a common framework for the elements of high quality in ECCE programs.	75 standards of excellence fall into 4 categories: 1. Learning environment 2. Family engagement 3. Management and leadership 4. Staff qualifications and experience  Separate standards by program type: center-based programs (including HS and Pre-K), family home providers, and primary schools with Prekindergarten classrooms	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Members of minority/ethnic groups</li> <li>Receiving EI or special education services</li> <li>Immigrants</li> </ul>
The NYS Prekindergarten Learning Standards: A Resource for School Success <sup>153</sup>	SED	A reference tool for teachers, specialists, and administrators working with four year olds in Prekindergarten programs	Clearly consolidates all learning standards for four-year-olds  Articulates the expectations of what children can learn and do as a result of high-quality instruction that is personalized, differentiated, adapted, culturally and linguistically relevant, and context-based	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Members of minority/ethnic groups</li> <li>Receiving EI or special education services</li> </ul>
The Early Childhood Framework for Quality <sup>154</sup>	NYC Department of Education (NYC DOE) Division of Early Childhood Education	To guide programs in NYC to ensure positive outcomes for all children and families and that regardless of setting or location all NYC DOE early childhood programs are held accountable to the same standards and expectations of quality	Comprised of six elements, which are high-level, research-based principles of early childhood quality: 1. trust (respect and value differences) 2. supportive environment 3. rigorous instruction, 4. strong family-community ties 5. collaborative teachers 6. effective school leadership	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Members of minority/ethnic groups</li> <li>Receiving EI or special education services</li> <li>Low income</li> <li>Immigrants</li> <li>Homeless</li> </ul>
Quality Improvement Self-Assessment; Quality Improvement Action Plan <sup>155</sup>	SED	To assess quality in state or federally funded Pre-K programs	Districts are required to rate themselves as "implemented", "in process", or "not implemented" for 7 quality indicators: 1. Classroom Environment (3 standards) 2. Teaching Staff Qualifications (4 standards) 3. Curriculum Planning and Implementation (5 standards) 4. Child Screening and Assessment (5 standards) 5. Professional Development (6 standards) 6. Family Engagement and Supports (4 standards) 7. Transitions to Kindergarten (7 standards)  For each standard identified as "Not Implemented" or "In Progress," district must identify specific actions to be taken, the responsible person(s), and the timeframe for completion to ensure each standard will be implemented.  If the district determines that all standards are implemented, it must establish goals and action steps in at least two standard areas where it wishes to continue strengthening its program	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Receiving EI or special education services</li> </ul>

152 <https://qualitystarsny.org/index.php>

153 <http://www.p12.nysed.gov/earlylearning/standards/documents/PreKStandards2019.pdf>

154 <https://infohub.nyced.org/docs/default-source/default-document-library/early-childhood-framework-for-quality.pdf>

155 <http://www.p12.nysed.gov/earlylearning/documents/DISTRICTNYSPre-KSA-AP.pdf>

Quality Rating Tools	Author	Purpose	Additional Information	Vulnerable or Underserved Populations
Quality Assurance Protocol <sup>156</sup>	SED	Help ensure the comprehensive and consistent monitoring of quality in providers of full-day Prekindergarten programs.	May be used by school districts and individual entities as a self-assessment tool to prepare for monitoring visits  Indicators: 1. Facility Quality (4 standards) 2. Curriculum (4 standards) 3. Learning Environment, Materials and Supplies (4 standards) 4. Family Engagement and Support (4 standards) 5. Staffing Patterns, Teacher Education and Experience (5 standards) 6. Physical Well-Being and Health (3 standards) 7. Partnerships with Non-Profit, Community and Educational Institutions (2 standards) 8. Program Oversight and Fiscal Management (9 standards)  Screening and Assessment (2 standards)	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Members of minority/ethnic groups</li> <li>Receiving EI or special education services</li> </ul>
Early Childhood Environment Rating Scale (ECERS) <sup>157</sup>	University of North Carolina at Chapel Hill: Thelma Harms, Richard M. Clifford, Debby Cryer	To assess quality in NYC Prekindergarten programs, including 3K for All programs; QUALITYstarsNY uses Environmental Rating Scale (ERS) assessments as a second independent evaluation for programs with provisional ratings of 3, 4, or 5 stars	7 subscales: 1. space and furnishings 2. personal care routines 3. language-reasoning 4. activities 5. interactions 6. program structure 7. parents and staff  Assessment is available in multiple languages. For dual language programs and programs that have indicated a language other than English is spoken in the Pre-K day, an evaluator who understands that language is assigned, when possible.	<ul style="list-style-type: none"> <li>Students with disabilities</li> <li>Members of minority/ethnic groups</li> </ul>
Classroom Assessment Scoring System (CLASS) <sup>158</sup>	Teachstone	To assess quality in NYC Prekindergarten programs, including 3K for All programs  Used by HS as part of their federal review	3 domains: 1. emotional support 2. classroom organization 3. instructional support  For dual language programs and programs that have indicated a language other than English is spoken in the Pre-K day, an evaluator who understands that language is assigned, when possible.	

**Resources for early care and learning programs**

NYS Early Learning Guidelines <sup>159</sup>	ECAC and many partners.	To provide teachers and administrators (and parents with a shorter guide) with a strong reference tool on child development for all early care and learning settings birth through five years old*  The ELGs were designed to complement and coordinate with the state's Prekindergarten Learning Standards, and the HS Child Development and Learning Framework to reinforce the developmental continuum. These documents are companions to the NYS CBK and the NYS Teaching Standards. We are fortunate to have a framework in NYS that acknowledges that learning begins at birth and continues throughout one's lifetime.	5 domains: 1. Physical Well-being, Health, and Motor Development 2. Social and Emotional Development 3. Approaches to Learning 4. Cognition and General Knowledge 5. Language, Communication and Literacy	
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156 <http://www.p12.nysed.gov/earlylearning/>

157 <https://fpg.unc.edu/resources/early-childhood-environment-rating-scale-third-edition-ecers-3>

158 <https://teachstone.com/class/>

159 <https://www.earlychildhoodnyc.org/pdi/elg.php>

\*They are in the process of being revised with the B5 grant to expand through all of early childhood up to age 8.

Quality Rating Tools	Author	Purpose	Additional Information	Vulnerable or Underserved Populations
The Developmentally Appropriate Practice Briefs <sup>160</sup> Prekindergarten through age 8	NYS Association for the Education of Young Children and the NYS HS Collaboration Office	Support administrators and teachers in making decisions that will lead to higher quality early childhood classrooms with positive outcomes for children from Prekindergarten through third grade.	<ul style="list-style-type: none"> <li>A set of guidance briefs on several topics including Leadership, Curriculum, Interactions, Environment, Assessment, Family Engagement, Behavior and Play.</li> <li>Mailed to every district and community based organization providing Prekindergarten.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Members of minority/ethnic groups</li> <li>Receiving EI or special education services</li> <li>Low-income</li> </ul>
The Core Body of Knowledge: New York State's Core Competencies for Early Childhood Educators <sup>161</sup>	Supported by the OCFS, funded by the federal Child Care and Development Fund, and developed by the NYC Early Childhood Professional Development Institute, the ECAC, and state partners. Reprinted with the NYSB5 grant.	Can be used as a self-assessment or in conjunction with a formal performance evaluation. Includes tools to help professionals chart their goals and career development.	<ul style="list-style-type: none"> <li>Outlines the knowledge, dispositions, and skills required to work with young children, along with recommended practices for educators and administrators</li> <li>Core competencies are divided into seven areas:                             <ol style="list-style-type: none"> <li>child growth and development</li> <li>family and community relationships</li> <li>observation and assessment</li> <li>environment and curriculum</li> <li>health, safety, and nutrition</li> <li>professionalism and leadership</li> <li>administration and management</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Multi-lingual households</li> <li>Members of minority/ethnic groups</li> <li>Receiving EI or special education services</li> </ul>
Pyramid Model <sup>162</sup> Implementation	NYS Pyramid Model Leadership Team, CCF	For all child serving settings birth through six years to support the social and emotional development of children, parents and staff.	<ul style="list-style-type: none"> <li>A relationship-based tiered approach to positive behavior support.</li> <li>Uses implementation science to create change in a school/program/agency/home to better support all children in healthy social and emotional development.</li> </ul>	
Meeting the Social-Emotional Development Needs of Infants and Toddlers: Guidance for Early Intervention Program Providers and Other Early Childhood Professionals	NYS Department of Health Early Intervention Coordinating Council, NYS Council on Children and Families Early Childhood Advisory Council, Joint Task Force on Social-Emotional Development	Provide guidance to a wide variety of professionals who touch the lives of infants and toddlers and their families.	<ul style="list-style-type: none"> <li>Outlines importance of social-emotional development for infants and toddlers, how to promote social-emotional development, identifying and addressing concerns, and specific steps to be taken to address social-emotional delays or disabilities</li> </ul>	

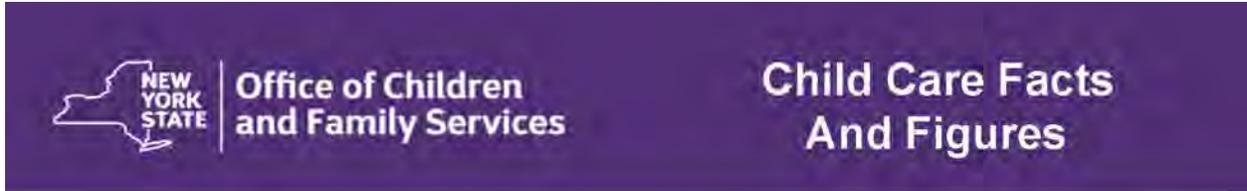
160 <https://www.ccf.ny.gov/council-initiatives/ecac/>

161 [https://earlychildhoodny.org/pdfs/NYWFC\\_Core-Body-of-Knowledge-20170510.pdf](https://earlychildhoodny.org/pdfs/NYWFC_Core-Body-of-Knowledge-20170510.pdf)

162 <http://www.nysecac.org/contact/pyramid-model>

# Appendix N

## OCFS Capacity and Enrollment

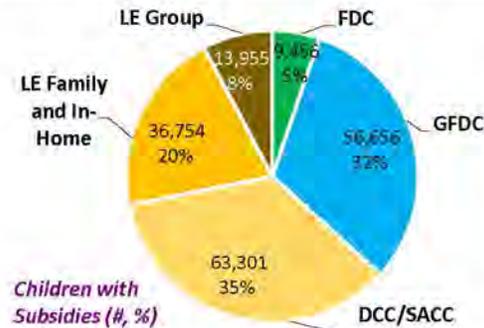


Number and Capacity of Licensed and Registered Child Care Providers by Modality and Region:

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

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

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



Number of providers caring for one or more children with child care subsidies in FFY2018.

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

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

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

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

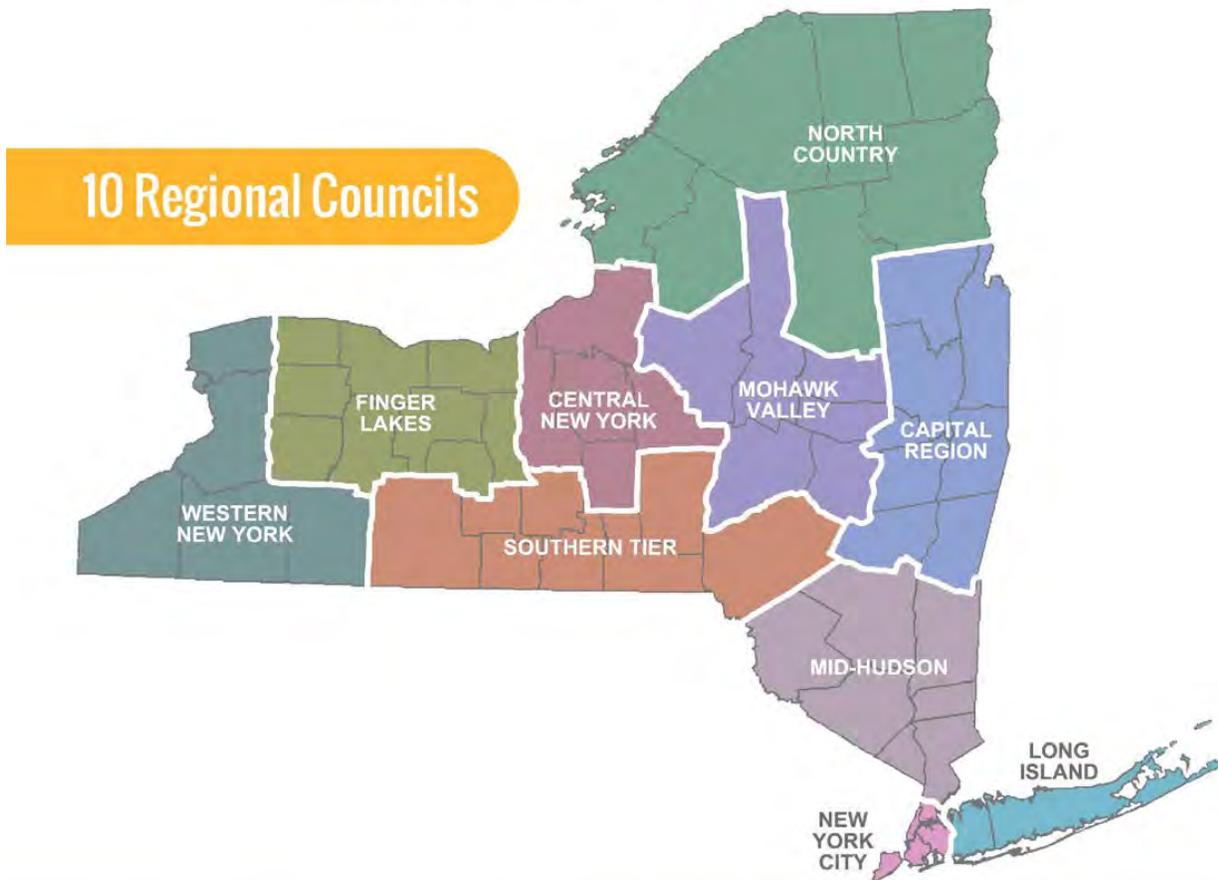
**Empire State After School Program:** Approximately 27,000 children and youth served through 47 contracts with approx. 265 program sites - \$45 million

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

# Appendix O

## Regional Economic Development Council Map

Regional Economic Development Councils | PROVIDING THE TOOLS FOR PROSPERITY



- Western New York:** Allegany, Cattaraugus, Chautauqua, Erie, Niagara
- Finger Lakes:** Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates
- Southern Tier:** Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins
- Central New York:** Cayuga, Cortland, Madison, Onondaga, Oswego
- Mohawk Valley:** Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie
- North Country:** Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence
- Capital Region:** Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer, Warren, Washington
- Mid-Hudson:** Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
- New York City:** Bronx, Kings, New York, Richmond, Queens
- Long Island:** Nassau, Suffolk

# Appendix P

## NY State-Administered Prekindergarten Funding

### New York State-Administered Prekindergarten Funding, Summer 2019

<b>Total School Districts Served: 480 + 3 BOCES + 13 CBOs</b>	<b>Targeted Prekindergarten (TPK) (1966)<sup>163</sup></b>	<b>Universal Prekindergarten (UPK) (1997)<sup>164</sup></b>	<b>Statewide Full-Day Prekindergarten (SUFDPK) 2014-2019</b>	<b>Additional Grants for High Need Three and Four-Year-Olds (EPK4)</b>
<b>Total Funding: \$857,225,288</b>	<b>\$1,303,000</b> (3602-e)	<b>\$500,922,288</b> (3602-e)	<b>\$340,000,000</b> (3602-ee)	<b>\$15,000,000</b> (3602-e)
<b>Number of Participating Districts</b>	3 BOCES	471 School Districts	53 School Districts + 13 CBOs	TBD
<b>Rates per child</b>	Folded into UPK in 2007-2008, follow same rates	Formula based on state school aid, usually half the aid per child – with minimum set at \$2,700 per child	\$10,000, with certified teacher  \$7,000, with teacher in study plan to obtain certification	Formula based on UPK, with rate doubled for full-day
<b>Length of Day</b>	Half-day or Full-Day (no rate differential)	Half-day or Full-Day (no rate differential)	Full-day	Half-day or full-day
<b>Child Eligibility</b>	High need 3's and 4's	3's and 4's	All 4's	High-need 3's and 4's
<b>Governance</b>	BOCES In public schools	School Districts, with mandate for collaboration with CBOs	School Districts, with new option for individual entities (Charters added)	School Districts, with mandate for collaboration with CBOs
<b>Funding Strategy</b>	Recurring grant, now part of Universal Prekindergarten program	Recurring formula- based, non- competitive grant	Competitive grant	Competitive grant

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

164 Includes former PreK programs: Federal Preschool Development Grant-PDG (\$25,000,000), Expanded PreK-EPK (\$30,000,000), PreK for Threes-3PK (\$10,361,410), Expanded PreK Expansion-EPK2 (\$5,000,000), Additional Expanded PreK-EPK3 (\$15,000,000)

# Appendix Q

## Logic Model

### New York State PDGB5 Logic Model: Four Year View

#### Vision

Every child & family in NY is supported by a mixed delivery system that is informed by parent voice & provides access to high quality, equitable & comprehensive early care & learning environments & services essential for successful development & lifelong success.

#### Needs to be Addressed

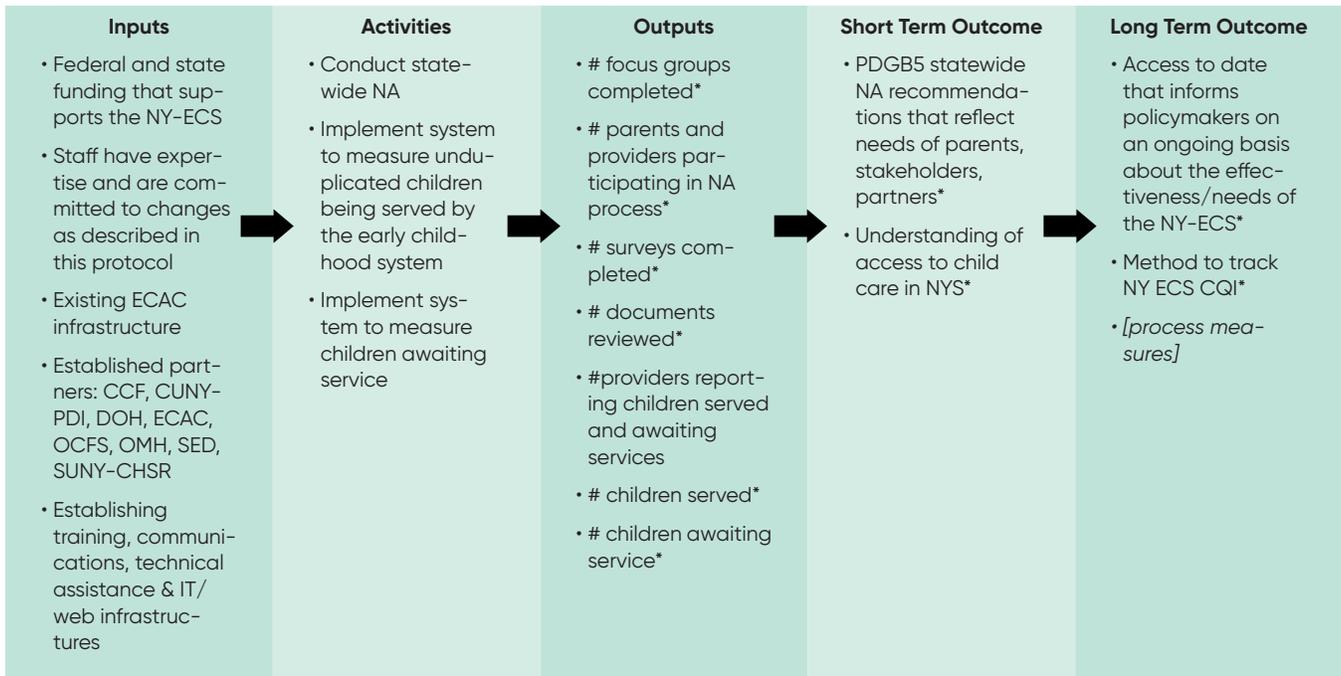
Poorly aligned, fragmented early childhood care and education system (ECCE) lack of parental knowledge, voice & choice; inefficient use of resources including inability to braid funding streams to seamlessly provide high quality care & services

#### Target Population

Vulnerable/underserved children who (1) are members of minority/ethnic groups; (2) live in low-income households; (3) are homeless; (4) receive early intervention or special education services; (5) live in rural communities; (6) live in multi-lingual households; (7) are immigrants

### Goal 1: The NY-ECS is informed by the needs of its families, stakeholders & partners

Objective 1.1 Improve ability of policymakers to review & modify, as needed, the quality, availability & accessibility of the NY-ECS



\*Indicates measures that will be used to describe the conditions experienced by vulnerable, underserved, and rural populations

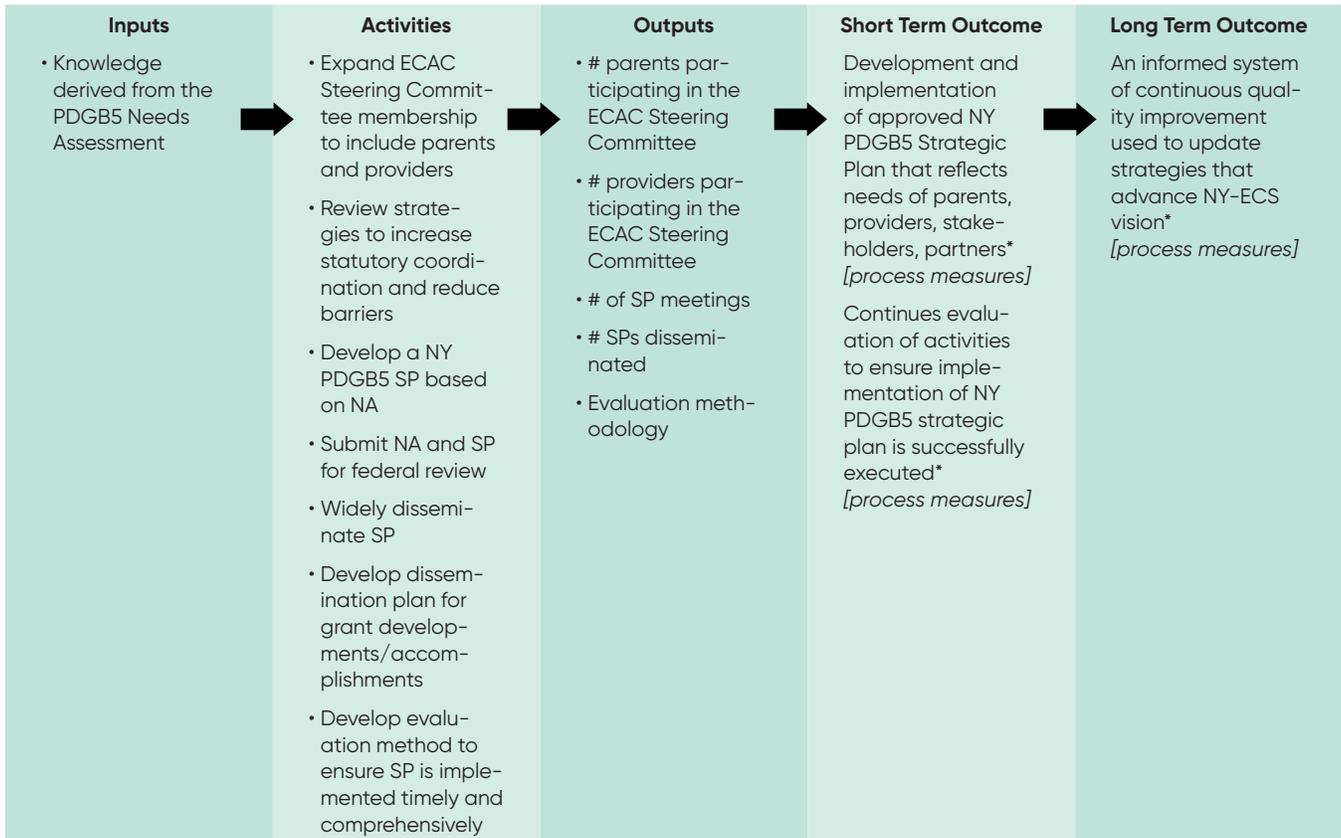


**Goal 2: Work of the Steering Committee is guided by a strategic plan based on NY needs**

Objectives

2.1 Increase parent and provider input into the design and delivery of the NY-ECS

2.2 Develop a strategic plan that addresses needs of stakeholders, incorporates best practices and is revised on a regular basis



\*Indicates measures that will be used to describe the conditions experienced by vulnerable, underserved, and rural populations

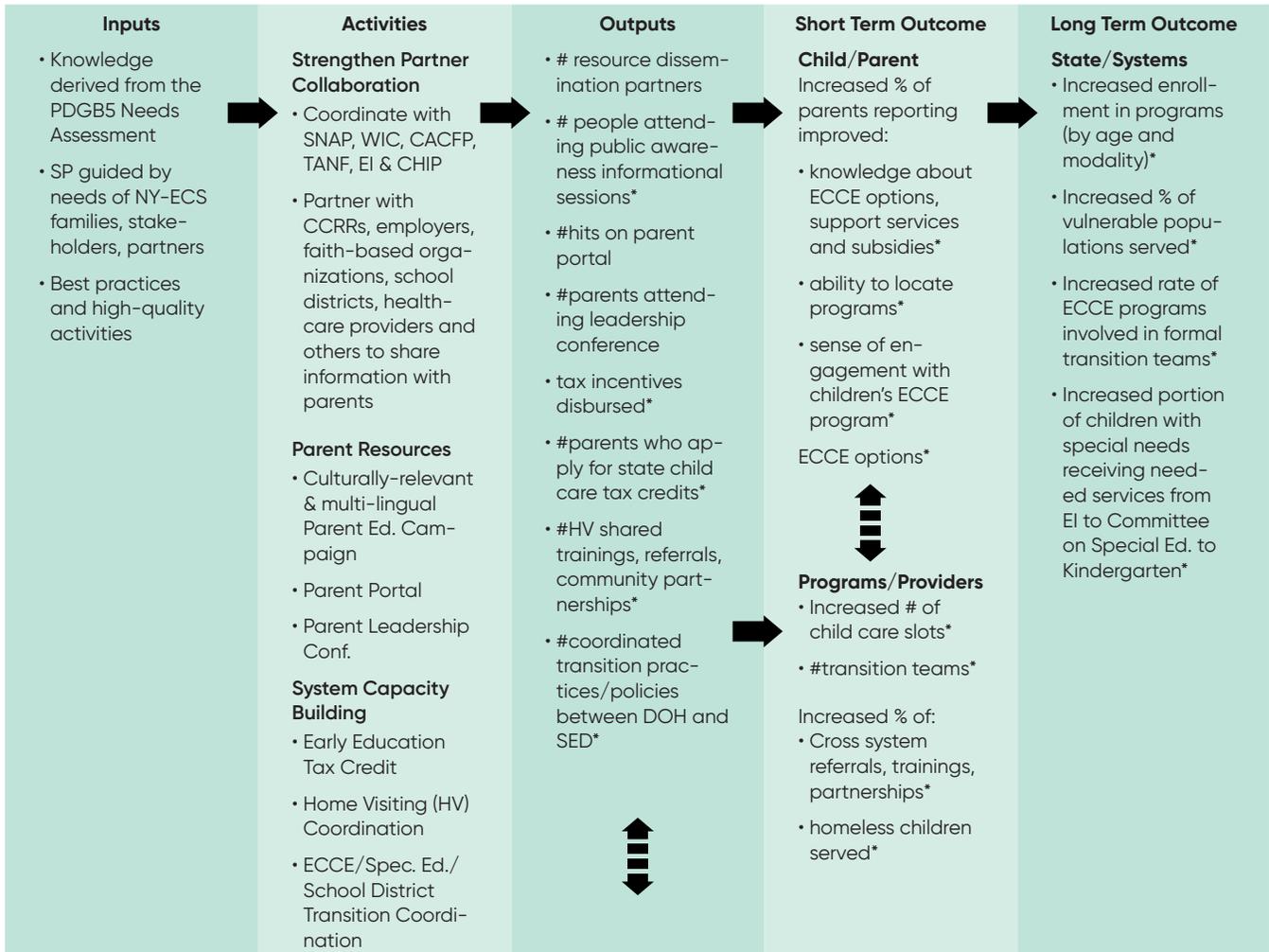


**Goal 3: All Families have Knowledge and Choice in a High-Quality NY-ECS**

Objectives

3.1 Increase parent knowledge about ECCE options

3.2 Increase availability of ECCE options and parent access to ECCE options



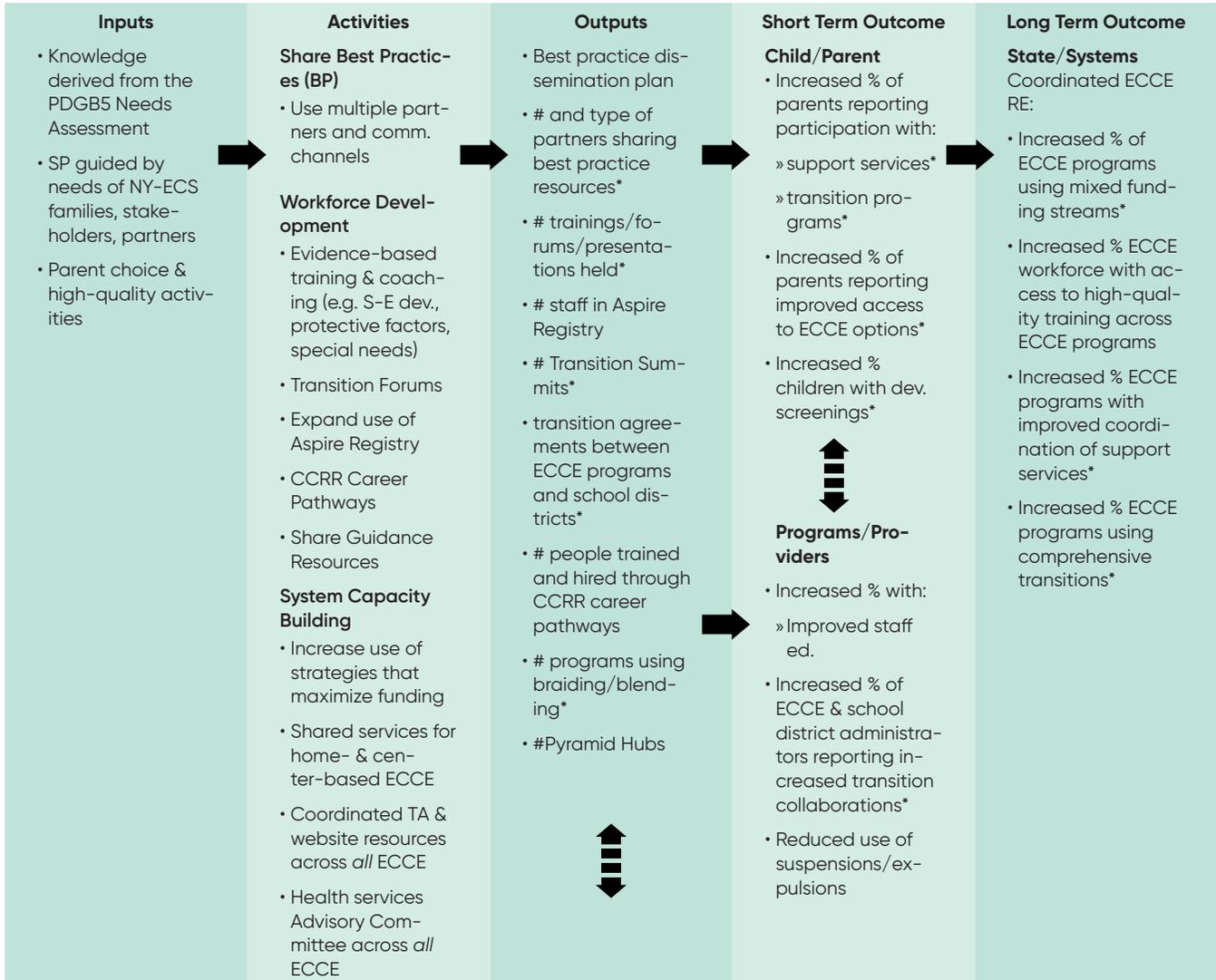
\*Indicates measures that will be used to describe the conditions experienced by vulnerable, underserved, and rural populations



**Goal 4: Best practices are known and drive actions of individuals serving children and families within the NY-ECS**

Objectives

- 4.1 Increase access to best practice information with emphasis on practices pertaining to vulnerable populations & 2-gen approaches
- 4.2 Increase coordination of TA Centers across NY
- 4.3 Increase provider ability to serve vulnerable populations & ensure access to support services



\*Indicates measures that will be used to describe the conditions experienced by vulnerable, underserved, and rural populations

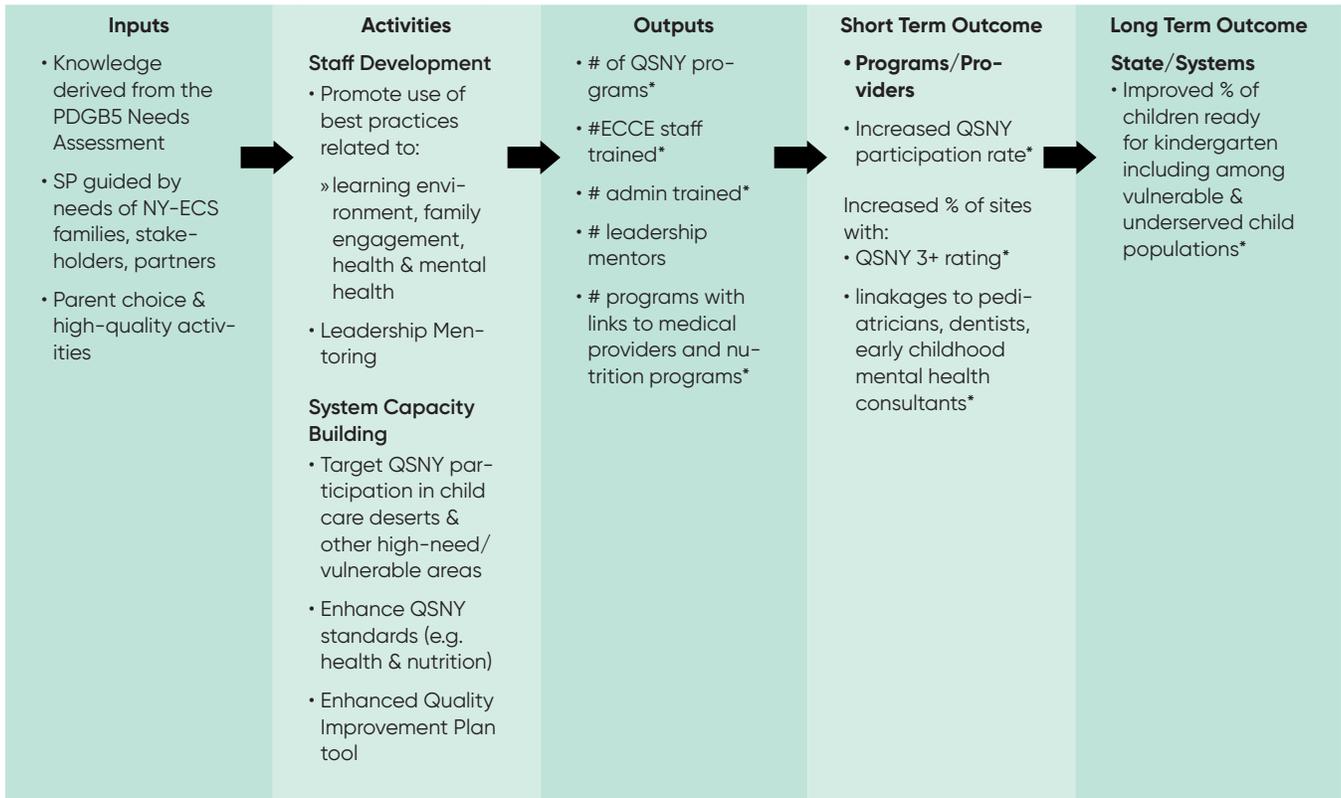


**Goal 5: High quality early care and education is available and accessible across the NY-ECS**

Objectives

5.1 Increase provider adoption of QSNY

5.2 Increase staff TA & training to support the cognitive, social emotional and physical development of children



\*Indicates measures that will be used to describe the conditions experienced by vulnerable, underserved, and rural populations

# Appendix R

## NYS Licensed Child Care Facility Violations

Most Frequently Cited Violations <sup>165</sup>	DCC	FCC	GFCC
<b>Health and Safety</b>			
<ul style="list-style-type: none"> <li>Eliminate all conditions in areas accessible to children which pose a safety or health hazard</li> </ul>	X	X	X
<b>Daily Attendance Records - Children</b>			
<ul style="list-style-type: none"> <li>Maintain daily attendance records for children including arrival and departure times</li> </ul>	X	X	X
<b>Competent Supervision</b>			
<ul style="list-style-type: none"> <li>Children cannot be left without competent supervision at any time</li> </ul>	X	X	
<b>Health Care Plan</b>			
<ul style="list-style-type: none"> <li>A health care plan must be on site, followed by all staff and available upon demand</li> </ul>	X		
<b>Parent Notification</b>			
<ul style="list-style-type: none"> <li>Immediately notify the parent and Office upon learning of the death, serious incident/injury/conditions, communicable illness, or transportation to a hospital, of a child which occurred in the program's care</li> </ul>	X		
<b>Personnel Records</b>			
<ul style="list-style-type: none"> <li>Maintain records of personnel information including a list of all staff with job assignments and schedules, background checks and clearances, criminal history, staff resumes, medical statements, and references</li> </ul>	X		
<b>Children's Medical Clearance</b>			
<ul style="list-style-type: none"> <li>Maintain records of written medical clearance statements signed by a health care provider within the 12 months preceding the date of enrollment for each child</li> </ul>		X	
<b>Daily Attendance Records – Staff</b>			
<ul style="list-style-type: none"> <li>Maintain daily schedule documenting the arrival and departure times of each caregiver, employees, and volunteers.</li> </ul>		X	
<b>Children's Health Records</b>			
<ul style="list-style-type: none"> <li>Maintain children's health records, including parental consent forms, medical statement and immunizations, record of illness/injury/abuse, and any medication information</li> </ul>		X	X
<b>Evacuation Drills</b>			
<ul style="list-style-type: none"> <li>Conduct evacuation drills at least monthly during the hours of operation</li> </ul>			X
<b>Fire Extinguishers</b>			
<ul style="list-style-type: none"> <li>Multi-purpose fire extinguishers must be maintained in good working condition and placed in the kitchen and outside the furnace room; caregivers must know how to use the fire extinguishers</li> </ul>			X
<b>Paint</b>			
<ul style="list-style-type: none"> <li>Peeling or damaged paint or plaster must be repaired</li> </ul>			X

# Appendix S

## NYS Birth through Five System Building Partners



### New York State Birth through Five System Building and Partner Activities

**NYS B5**  
Promoting equity and access to quality early childhood programs for all young children and families in NYS

The NYS Council on Children and Families was awarded an \$8.7 million Preschool Development Grant Birth through Five (NYSB5) from the U.S. Department of Health and Human Services. The grant serves to assess need, strengthen partnerships, coordinate services and expand parent choice to ensure all children receive equitable, high quality, and comprehensive services.

**NYS CCF Project Lead**  
NYS Council on Children and Families

- Develop parent choice and knowledge campaign with Talking is Teaching from Too Small to Fail
- Create online, anytime access parent portal
- Support family life skills specialist at homeless shelter
- Create Pyramid Model hubs of 3 Child Care Resource and Referral Networks
- Coordinate NYS Technical Assistance

**CUNY PDI**  
City University of New York, Professional Development Institute

- Increase professional development and leadership for early care and education field
- Expand the Aspire Registry
- Develop career pathway centers at select CCRRs
- Provide early childhood leadership mentoring
- Increase participation in QUALITYstartNY.

**NYAEYC**  
New York Association for the Education of Young Children

- Expand Shared Services Platform

**NYS ED**  
New York State Education Department

- Support regional kindergarten transition forums and NYS P3 Institute
- Collaborate with NYS Department of Health to promote smooth transitions for children from Early Intervention to Preschool Special Education

**NYS ECAC**  
New York State Early Childhood Advisory Council

- Update NYS Birth through Five strategic plan with key stakeholder input
- Invite parents to participate on the Early Childhood Advisory Council

**NYS ECSS**  
New York State Early Childhood Comprehensive Systems Project

- Coordinate NYSB5 Parent Leadership Conference

**NYS DOH**  
New York State Department of Health

- Promote smooth transitions for children from Early Intervention to Preschool Special Education
- Support NYSB5 Home Visiting Coordination Initiative (HVIC)
- Coordinate the First 1000 Days on Medicaid with NYSB5 activities

**NYS HSCP**  
New York State Head Start Collaboration Project

- Facilitate connections between Head Start Health Advisory Councils and local center-based, group family and family child care
- Support coordination of statewide and federal technical assistance efforts in early childhood
- Support regional kindergarten transition forums across the state

- Partner with local organizations to help increase the enrollment of children who are experiencing homelessness in Head Start and Early Head Start
- Connect the work of the NYSB5 grant with work of the ECAC

**NYS OCFS**  
New York State Office of Children and Family Services

- Support the promotion of the OCFS online Child Care Informational Videos
- Facilitate connections with licensed child care providers
- Support leadership coaches in Pyramid Model Implementation Sites

**NYS OMH**  
New York State Office of Mental Health

- Deliver regional in-person infant mental health foundational training, DC:05 for a broad statewide audience
- Support smooth transitions for children from Early Intervention to Preschool Special Education

**NYS OTDA**  
New York State Office of Temporary and Disability Assistance

- Provide connection to NYS homeless shelters and support development of family life skills pilot in vulnerable communities.

**PCANY**  
Prevent Child Abuse New York

- Coordinate Protective Factors Framework Training of Trainers
- Facilitate Home Visiting Coordination Initiative

**SUNY CHSR**  
State University of New York at Albany Center for Human Services Research

- Conduct a comprehensive statewide needs assessment with input from a broad range of stakeholders including families and vulnerable populations
- Advance efforts to build an early childhood integrated data system in NYS
- Track progress in meeting project outcomes
- Build statewide Pyramid Model Data Collection System

NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES

**NEW YORK STATE BIRTH THROUGH FIVE (NYSB5)**

**PRESCHOOL DEVELOPMENT GRANT**

**NEEDS ASSESSMENT REPORT**

This work is supported by the Preschool Development Grant Birth through Five Initiative (PDG-B-5), Grant Number 90TP0019-01-01, from the Office of Child Care Administration for Children and Families, U.S. Department of Health and Human Services. Its content are solely the responsibility of the authors and do not necessarily represent official views of the Office of Child Care, the Administration for Children and Families or the U.S. Department of Health and Human Services.

For more information, visit <https://www.ccf.ny.gov/council-initiatives/nysb5/>

**OCTOBER 1, 2019**

**Conducted by**

