

# New York State Head Start Collaboration Project



## Needs Assessment & Strategic Plan

2009



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# INTRODUCTION

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Head Start is a comprehensive child development program serving children ages 3 through 5 and their families. Since its inception in 1965, Head Start has promoted the healthy development of children from low-income families, as well as provided inclusive services for children with disabilities. The primary goal of Head Start is to enhance the social and cognitive development of enrolled children and improve their readiness for school. Head Start achieves these goals through the provision of a full range of individualized services in the areas of education, early childhood development, physical health, mental health, nutrition, social support, and family involvement. Head Start programs take a holistic view of child development and commit to providing the range of services and supports necessary to maximize each child's potential.

Head Start State Collaboration Offices (HSSCOs) are a federally funded effort designed to build collaborative partnerships between Head Start programs and a wide range of state and local agencies providing services to low-income children and families. For nearly 20 years, the New York State Council on Children and Families has administered the New York State Head Start Collaboration Project with support from the federal Office of Head Start and the New York State Head Start Association. The Council's unique role in state government, which is to develop interagency strategies that result in more responsive, coordinated, and cost-effective service delivery systems, has been crucial to the success of this collaborative enterprise.

The Head Start Act (as amended December 12, 2007) requires HSSCOs to conduct a needs assessment of Head Start programs in the state in the areas of coordination, collaboration, alignment of services, and alignment of curricula and assessments with the Head Start Child Outcomes Framework, and, as appropriate, state Early Learning Standards. The Head Start Act also requires HSSCOs to use the results of the needs assessment to develop a strategic plan outlining how they will assist and support Head Start grantees in meeting the requirements of the Head Start Act for coordination, collaboration, transition to elementary school and alignment with K-12 education. HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment and plan available to the general public.

The New York State Head Start Collaboration Project conducted a needs assessment survey of Head Start and Early Head Start programs throughout New York State in the spring of 2008. The needs assessment addressed the federally identified eight national priority areas:

1. Health Care
2. Education (including issues related to Head Start/Pre-K Coordination, Head Start Transition and Alignment with K-12, and Professional Development)
3. Services for Children with Disabilities
4. Child Care
5. Services for Children Experiencing Homelessness
6. Welfare/Child Welfare
7. Family Literacy
8. Community Services

## HEAD START IN NEW YORK STATE

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The provision of Head Start services in New York State is somewhat more complex than other places in the country. In New York, there are more Head Start delegate agencies (92) than there are grantees (86). This is primarily due to the Office of Head Start's contract with the New York City Administration for Children's Services to provide the majority of Head Start services in the city. The Administration for Children's Services provides no direct Head Start services to children and families. Instead, it subcontracts with 75 delegate agencies to provide those services. Many of these delegate agencies are very large programs and serve more children and families than grantee agencies in other states. Including the Administration for Children's Services, there are 28 grantees in NYC. Eleven of those grantees act as both a Head Start grantee and a delegate of the Administration for Children's Services; the remaining 17 only have a grantee contract with the Office of Head Start. In addition to the 178 Head Start grantee and delegate agencies in the state, there were at the time of the survey 39 Early Head Start programs.

In conducting this needs assessment, a decision had to be made about whether to survey delegate agencies in addition to grantees. Because there are so many delegate agencies in New York and the fact they serve approximately half the children enrolled in Head Start across the state, the decision to request that they complete the survey was clear. In New York City and elsewhere the issues that delegate agencies experience will vary and data on those variations are important to gather.

Including delegate agencies, however, did have an effect on the response rate, as shown in the table below.

EHS Grantees		HS Grantees		HS Delegates		HS Total	
Responses	Percent	Responses	Percent	Responses	Percent	Responses	Percent
29/39	74.4%	65/86	75.6%	24/92	26.1%	84/167	50.3%

(NYC agencies that receive Head Start funding as a grantee and as a delegate of the Administration for Children's Services were counted once in each category. However, these programs were only counted once in the total category.)

The chart shows that approximately 75% of Early Head Start and Head Start grantee agencies completed the survey as compared to approximately 25% of delegate agencies. This resulted in a much lower overall response rate of 50.3% for grantees and delegates.

The following report summarizes the responses received from Head Start programs across the state. A separate analysis was conducted of the responses for the Early Head Start programs. However, the differences in responses from the Early Head Start programs in comparison to the Head Start programs were negligible. It was decided that including the Early Head Start data in this report would overly complicate the discussion for very little benefit in increased knowledge of problems being experienced by programs in the state. So a decision was made to not include that data in this report.

Finally, to address the issues identified in the report, a list of strategic actions that the Collaboration Project will take over the next year was developed. This plan is listed at the end of the report.

## DESCRIPTION OF NEEDS ASSESSMENT INSTRUMENT

The needs assessment instrument was developed by a group of HSSCO Directors from across the country. While each state made changes based on differences in their state, using a common instrument can allow for comparative analysis across states.

The instrument was organized around the eight national priority areas for HSSCOs. These priority areas are: 1) Health Services; 2) Education; 3) Services for Children with Disabilities; 4) Child Care; 5) Services for Children Experiencing Homelessness; 6) Welfare/Child Welfare; 7) Family Literacy; and 8) Community Services. The Education section focuses on Head Start-Pre-K Partnership Development, and Head Start Transition and Alignment with K-12. An additional section on Professional Development is also included.

The survey included three parts for each of the content areas indicated above.

Part 1 asked respondents to rate the extent of involvement with various service providers/organizations over a 12-month period. This part used the following 4-point scale and definitions to reflect progress in relationship-building.

**No Working Relationship** – You have little or no contact with each other (i.e., you do not make/receive referrals, work together on projects/activities, share information, etc.).

**Cooperation** – You exchange information, including making and receiving referrals, even when you serve the same families.

**Coordination** – You work together on projects or activities. Examples: parents from the service providers' agency are invited to your parent education night, the service provider offers health screenings for the children at your site.

**Collaboration** - You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs, joint grant funding for a new initiative, an MOU on transition.

Part 2 asked respondents to indicate the level of difficulty their program has had engaging in each of a variety of activities and partnerships over a 12-month period. A 4-point scale of difficulty was provided, ranging from "Not at All Difficult" to "Extremely Difficult."

Part 3 included two open-ended questions at the end of each section. The first asked respondents to document any remaining concerns not covered in the survey. The second question asked respondents to share what was working well in their program, and to indicate if any of these successful strategies/activities might be helpful to other programs.

# SURVEY RESULTS

## HEALTH CARE

**Key Findings:** The single largest health concern of Head Start programs is the lack of available dental services.

Respondents were asked to rate the extent of their involvement with each of several types of health care providers/organizations during the past 12 months (Table 1). A majority of the respondents reported a working relationship with all of the listed health care providers/organizations. For half of the providers/organizations, respondents answered most frequently that their relationship was collaborative. Nearly one-third (30.2%) reported no working relationship with home visiting providers and an additional 14% reported that home visiting was not available in their area. As home visiting programs are not available statewide, it is possible that the lack of working relationship may, in some cases, be due to a lack of available services. More than one in ten respondents reported no working relationship with children’s health education providers or with programs/services related to children’s physical fitness and obesity prevention.

**Table 1**  
Extent of involvement with health care providers/organizations during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Medical home providers	3.5% (3)	<b>50.0% (43)</b>	30.2% (26)	16.3% (14)	0.0% (0)
Dental home providers	5.8% (5)	<b>34.9% (30)</b>	<b>34.9% (30)</b>	23.3% (20)	1.2% (1)
Agencies/programs that conduct mental health screenings	9.3% (8)	26.7% (23)	18.6% (16)	<b>41.9% (36)</b>	3.5% (3)
Agency(ies) providing mental health prevention and treatment services	8.1% (7)	29.1% (25)	19.8% (17)	<b>39.5% (34)</b>	3.5% (3)
WIC	4.7% (4)	36.0% (31)	20.9% (18)	<b>38.4% (33)</b>	0.0% (0)
Other nutrition services	4.7% (4)	12.8% (11)	30.2% (26)	<b>51.2% (44)</b>	1.2% (1)
Children’s health education providers	14.0% (12)	19.8% (17)	30.2% (26)	<b>32.6% (28)</b>	3.5% (3)
Parent health education providers	4.7% (4)	27.9% (24)	<b>43.0% (37)</b>	18.6% (16)	5.8% (5)
Home-visiting providers	<b>30.2% (26)</b>	<b>30.2% (26)</b>	16.3% (14)	9.3% (8)	14.0% (12)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Programs/services related to children's physical fitness and obesity prevention	11.6% (10)	15.1% (13)	<b>38.4% (33)</b>	29.1% (25)	5.8% (5)

Respondents were also asked to indicate the level of success in carrying out certain activities related to health care (Table 2). Overall, respondents reported success and a low level of difficulty, if any, in their efforts to meet the health care needs of enrolled children. Using the rating average, two activities were reported as relatively more difficult than others. Those activities were linking children to dental homes and assisting families with transportation to appointments.

**Table 2**  
Level of success with health care efforts during the past 12 months

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Linking children to medical homes	<b>72.1% (62)</b>	23.3% (20)	4.7% (4)	0.0% (0)	3.67
Partnering with medical professionals on health-related issues	<b>47.1% (40)</b>	44.7% (38)	8.2% (7)	0.0% (0)	3.39
Linking children to dental homes that serve young children	<b>37.2% (32)</b>	31.4% (27)	19.8% (17)	11.6% (10)	2.94
Partnering with oral health professionals on oral-health related issues	<b>46.5% (40)</b>	33.7% (29)	14.0% (12)	5.8% (5)	3.21
Getting children enrolled in Child Health Plus or Medicaid	<b>67.4% (58)</b>	29.1% (25)	3.5% (3)	0.0% (0)	3.64
Arranging coordinated services for children with special health care needs	<b>45.3% (39)</b>	<b>45.3% (39)</b>	8.1% (7)	1.2% (1)	3.35
Assisting parents to communicate effectively with medical/dental providers	31.4% (27)	<b>46.5% (40)</b>	20.9% (18)	1.2% (1)	3.08
Assisting families to get transportation to appointments	30.2% (26)	<b>43.0% (37)</b>	18.6% (16)	8.1% (7)	2.95
Getting full representation and active commitment on your Health Advisory Committee	<b>51.2% (44)</b>	36.0% (31)	5.8% (5)	7.0% (6)	3.31
Sharing data/information on children/families served jointly by Head Start and other agencies regarding health care	<b>53.5% (46)</b>	39.5% (34)	7.0% (6)	0.0% (0)	3.47

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	48.8% (42)	43.0% (37)	7.0% (6)	1.2% (1)	3.40

The following is a summary of responses to the open-ended questions.

- Please describe any other issues you may have regarding health care for children and families in your program.

  - Lack of accessible medical, mental health, and oral health care providers** - By far, the single largest health care concern cited by respondents was the lack of available dental services for Head Start children. This was cited as a particular problem for children needing extensive dental treatment. Several programs also reported the lack of physicians and mental health providers. In some cases, there were too few or no providers in an area. In other cases there were providers, but they refused to accept Medicaid and Child Health Plus. Hearing and vision screenings, particularly for infants/toddlers, were also identified as a service lacking in many communities.
  - Parents following through with health care providers** - Several programs reported difficulties in keeping families connected with their health care providers and with parents following up with their children’s health care needs. This included parents not following through with preventative care. A related problem that programs reported is the difficulty in obtaining information from parents on the health status of their children (i.e., physician reports on child’s health or information provided by a health care provider to a parent).
  - Lack of parenting education and health promotion materials** - Several programs cited the need for parenting education on the importance of health care, particularly preventative care, and ways to promote health, especially early oral health care for children.
- Please describe what works well in your efforts to address the health care needs of the children and families in your program. Which of these efforts do you think may be helpful to other programs?

Many respondents reported success in building collaborative partnerships with community agencies to support and assist families with medical and dental needs. Through these collaborative efforts, programs exchange valuable information and assessments on children’s health with health care providers. Several cited how partnering with various entities helped to ensure that Head Start children and families receive primary care, dental care, nutrition education, and mental health services. In addition, some programs responded that through these collaborative partnerships they were able to develop effective educational materials for parents on preventive health care measures, including oral health care.

## PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES

**Key Findings:** Many Head Start programs have developed very successful partnerships with one or more of the school districts in their catchment area. However, programs still struggle with developing working relationships with some districts.

Respondents were asked to rate the extent of their involvement with local school districts administering Universal Pre-K programs during the past 12 months (Table 3). Six in ten (60.2%) respondents indicated a collaborative relationship in regards to the establishment of Memorandums of Understanding (MOUs) with school districts administering Universal Pre-K programs. An additional 33.8% of respondents indicated a working relationship characterized by cooperation or coordination.

**Table 3**  
Extent of involvement with local school districts administering Universal Prekindergarten during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Memorandum of Understanding (MOU) with school districts administering Universal Prekindergarten in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities.	4.8% (4)	13.3% (11)	20.5% (17)	<b>60.2% (50)</b>	1.2% (1)

Respondents were also asked to indicate the level of success in the 10 areas of coordination that are required in MOUs (Table 4). With the exception of experiencing some difficulty providing services to meet the needs of working parents, a majority of respondents indicated no difficulty with any of these activities. However, more than a quarter of respondents reported difficulty to extreme difficulty in providing staff training, including opportunities for joint staff training (26.3%) and in providing program technical assistance (25.3%).

**Table 4**  
Level of success with each of the following coordination efforts during the past 12 months

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Educational activities, curricular objectives and instruction	<b>53.8% (43)</b>	30.0% (24)	12.5% (10)	3.8% (3)	<b>3.34</b>
Information, dissemination, and access for families contacting Head Start or other preschool program	<b>68.4% (54)</b>	21.5% (17)	7.6% (6)	2.5% (2)	<b>3.56</b>

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Selection priorities for eligible children served	56.3% (45)	27.5% (22)	11.3% (9)	5.0% (4)	3.35
Service areas	70.5% (55)	20.5% (16)	6.4% (5)	2.6% (2)	3.59
Staff training, including opportunities for joint staff training	37.5% (30)	36.3% (29)	20.0% (16)	6.3% (5)	3.05
Program technical assistance	44.3% (35)	30.4% (24)	15.2% (12)	10.1% (8)	3.09
Provision of services to meet needs of working parents, as applicable	29.5% (23)	48.7% (38)	15.4% (12)	6.4% (5)	3.01
Communications and parent outreach for transition to kindergarten	73.4% (58)	19.0% (15)	5.1% (4)	2.5% (2)	3.63
Provision and use of facilities, transportation, etc.	48.1% (37)	31.2% (24)	11.7% (9)	9.1% (7)	3.18
Other elements mutually agreed to by the parties to the MOU	63.5% (47)	27.0% (20)	5.4% (4)	4.1% (3)	3.50

The following is a summary of responses to the following open-ended questions.

1. Please describe any other issues you may have regarding partnership development with local school districts in your service areas.
  - **Difficulty in obtaining Pre-K MOUs with school districts and developing partnerships with school districts in the operation of Universal Prekindergarten programs** - Several respondents cited difficulty in getting Pre-K MOUs signed with all the districts in their community. Many attributed this difficulty to the fact that MOUs are required of Head Starts but not of school districts. Some programs had multiple districts in their community and the process worked well with some while others refused to participate. A few respondents who received Universal Pre-K funds from multiple districts remarked that different districts had different ideas about how the classroom should be operated. This forced Head Start programs to operate using different curriculums, assessment tools, and program policies.
  - **Inability to develop cooperative relationships with local school districts** - Several respondents reported having difficulty developing cooperative relationships with school districts on a variety of issues including Universal Pre-K, preschool special education, and transition to school. Many programs reported that districts in their community were not actively seeking partnerships. Some said that one or more districts were seeking or received waivers from the requirement to use 10% of their Universal Pre-K funding for collaborative programs and others were only doing the minimum despite the fact that the resulting program did not meet child or family needs. Several programs reported that school districts were slow to respond to referrals for preschool special education or were not conducting timely evaluations and/or providing services in a reasonable time period. Some programs cited difficulties in working with school districts in easing the transition for children from the Head Start program to kindergarten.

2. Please describe what works well in your efforts to develop partnerships with local school districts managing Pre-K programs in your service areas. Which of these efforts do you think may be helpful to other programs?

Despite the difficulties reported, many respondents noted the development of positive relationships with school district personnel and their ability to discuss the needs and goals for both programs. This included program efforts to develop joint enrollment processes, and efforts to extend the day to accommodate working parents and encourage their participation in meetings. Many said that they held regular meetings with school district personnel that effectively allowed programs and school districts to refer children to each other and provide a consistent educational environment. Some have involved school personnel on their policy councils and several respondents cited joint training and efforts to align curriculum and child assessment.

## HEAD START TRANSITION & ALIGNMENT WITH K-12

**Key Findings:** Many Head Start/school district partnerships have led to significant joint efforts to support children and families in making successful transitions from the Head Start program to the school. However, these cooperative relationships have not been developed uniformly across the state.

Respondents were asked to rate the extent of their involvement with the local school districts during the past 12 months (Table 5). Nearly 9 in 10 (86.6%) respondents reported having a working relationship with local school districts regarding transition from Head Start to kindergarten.

**Table 5**  
Extent of involvement with local school districts in transition planning during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Relationship with local school districts regarding transition from Head Start to kindergarten	3.7% (3)	20.7% (17)	30.5% (25)	<b>35.4% (29)</b>	9.8% (8)

Respondents were also asked to indicate the level of success in the exchange of information and the coordination of comprehensive policies and procedures with local school districts (Table 6). On average, respondents most frequently characterized these activities as somewhat or not at all difficult. Using the rating average, three activities were reported as relatively more difficult than others. Those activities were coordinating transportation with local school districts, coordinating shared use of facilities with local school districts, and organizing and participating in joint training, including transition-related training for school staff and Head Start staff. Additionally, more than a quarter of respondents reported difficulty to extreme difficulty in aligning local school district and Head Start curricula and assessments with Head Start Child Outcomes Framework (30%), helping parents of limited English proficiency understand instructional and other information and services provided by the receiving school (25.3%), and exchanging information with local school districts on roles, resources, and regulations (25.1%).

**Table 6****Level of success with transition planning and coordination efforts during the past 12 months**

	<b>Not at All Difficult</b>	<b>Somewhat Difficult</b>	<b>Difficult</b>	<b>Extremely Difficult</b>	<b>Rating Average</b>
Coordinating with local school districts to implement systematic procedures for transferring Head Start program records to school	<b>59.8% (49)</b>	28.0% (23)	8.5% (7)	3.7% (3)	<b>3.44</b>
Ongoing communication with local school districts to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)	<b>39.0% (32)</b>	<b>39.0% (32)</b>	19.5% (16)	2.4% (2)	<b>3.15</b>
Establishing and implementing comprehensive transition policies and procedures with local school districts	<b>43.2% (35)</b>	<b>43.2% (35)</b>	9.9% (8)	3.7% (3)	<b>3.26</b>
Linking local school district and Head Start services relating to language, numeracy, and literacy	<b>45.1% (37)</b>	34.1% (28)	15.9% (13)	4.9% (4)	<b>3.20</b>
Aligning local school district and Head Start curricula and assessments with Head Start Child Outcomes Framework	<b>43.8% (35)</b>	26.3% (21)	17.5% (14)	12.5% (10)	<b>3.01</b>
Partnering with local school districts and parents to assist individual children/families to transition to school, including review of portfolio/records	<b>53.1% (43)</b>	34.6% (28)	8.6% (7)	3.7% (3)	<b>3.37</b>
Coordinating transportation with local school districts	<b>37.2% (29)</b>	15.4% (12)	16.7% (13)	30.8% (24)	<b>2.59</b>
Coordinating shared use of facilities with local school districts	<b>36.3% (29)</b>	26.3% (21)	22.5% (18)	15.0% (12)	<b>2.84</b>
Coordinating with local school districts regarding other support services for children and families	35.4% (28)	<b>48.1% (38)</b>	8.9% (7)	7.6% (6)	<b>3.11</b>
Conducting joint outreach to parents and local school district to discuss needs of children entering kindergarten	<b>48.8% (39)</b>	35.0% (28)	12.5% (10)	3.8% (3)	<b>3.29</b>
Establish policies and procedures that support children transition to school that includes engagement with local school districts	<b>52.5% (42)</b>	33.8% (27)	11.3% (9)	2.5% (2)	<b>3.36</b>
Helping parents of limited English proficiency understand instructional and other information and services provided by the receiving school.	<b>48.1% (38)</b>	26.6% (21)	15.2% (12)	10.1% (8)	<b>3.13</b>
Exchanging information with local school districts on roles, resources, and regulations	<b>45.0% (36)</b>	30.0% (24)	21.3% (17)	3.8% (3)	<b>3.16</b>
Aligning curricula and assessment practices with local school districts	<b>39.2% (31)</b>	38.0% (30)	15.2% (12)	7.6% (6)	<b>3.09</b>

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	27.5% (22)	<b>33.8% (27)</b>	20.0% (16)	18.8% (15)	<b>2.70</b>

The following is a summary of responses to the following open-ended questions.

1. Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program.
  - **Inability to develop cooperative working relationships with school districts** – Similar to their experiences building cooperative working relationships with schools around Universal Pre-K, respondents cited difficulties in developing collaborative strategies around supporting children’s and families’ transition from the Head Start program to school. Several programs cited school districts’ unwillingness to share child information, to work to align curricula, or to take steps to ease the transition for children and parents.
2. In your efforts to address the education/Head Start transition to school needs of the children and families in your program, please describe what works well. Which of these efforts do you think may be helpful to other programs?

It is apparent from survey responses that where positive working relationships between schools and Head Start programs exist, effective strategies for helping children and families make the transition to school are developed. Several respondents reported that they have arranged visits by school district personnel to Head Start centers and Head Start staff to schools. These visits have led to productive discussions about other steps that could be taken to address transition issues. One respondent cited the development of a curriculum that directly corresponded to the New York State Learning Standards and Head Start Child Outcomes Framework. This led to sharing outcomes, assessments, and feedback on services for children with disabilities. Several respondents cited collaboratively held parent meetings to familiarize the parents and child with the school building and classroom and school personnel.

## SERVICES FOR CHILDREN WITH DISABILITIES

**Key Findings: Programs are increasingly serving children with significant behavioral challenges and children needing mental health services. The number of children with severe behavior problems is challenging classroom staffs’ ability to manage their program.**

Respondents were asked to rate the extent of their involvement with service providers and organizations specific to providing services for children with disabilities during the past 12 months (Table 7). A majority of respondents indicated that their programs had working relationships with all of the providers/organizations listed. Approximately 6 in 10 respondents reported collaborating with school district Committees on Preschool Education (60.2%) and preschool special education providers (56.6%). For all other providers/organizations, the percentage of respondents who reported not having a working relationship exceeded 10%. With respect to programs and services related to children with disabilities

operated by higher education institutions, over half of respondents indicated that they had little to no contact with those programs or that such a program was not available in their community.

**Table 7**  
**Extent of involvement with special education providers/organizations during the past 12 months**

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
School District Committee on Preschool Special Education	3.6% (3)	15.7% (13)	20.5% (17)	<b>60.2% (50)</b>	0.0% (0)
Preschool Special Education Providers	2.4% (2)	12.0% (10)	28.9% (24)	<b>56.6% (47)</b>	0.0% (0)
City/County Early Intervention Program/Official	16.0% (13)	16.0% (13)	25.9% (21)	<b>42.0% (34)</b>	0.0% (0)
Local Early Intervention Providers	10.8% (9)	19.3% (16)	33.7% (28)	<b>36.1% (30)</b>	0.0% (0)
Early Childhood Direction Centers	19.5% (16)	<b>29.3% (24)</b>	14.6% (12)	14.6% (12)	22.0% (18)
University/community college programs/services related to children with disabilities	24.4% (20)	13.4% (11)	11.0% (9)	13.4% (11)	<b>37.8% (31)</b>
Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities	18.3% (15)	26.8% (22)	<b>29.3% (24)</b>	19.5% (16)	6.1% (5)

Respondents were also asked to indicate the level of success in coordinating and obtaining special education/early intervention services for children with disabilities and their families (Table 8). Most respondents indicated there was some to no difficulty coordinating services or sharing information for children with disabilities.

**Table 8**  
**Level of success with special education/early intervention efforts during the past 12 months**

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Obtaining timely evaluations of children	32.5% (27)	<b>48.2% (40)</b>	10.8% (9)	8.4% (7)	3.05
Having staff attend IEP or IFSP meetings	<b>75.9% (63)</b>	19.3% (16)	3.6% (3)	1.2% (1)	3.70
Coordinating services with early intervention providers	<b>64.6% (51)</b>	27.8% (22)	5.1% (4)	2.5% (2)	3.54

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Coordinating services with preschool special education providers	63.9% (53)	30.1% (25)	3.6% (3)	2.4% (2)	3.55
Sharing data/information on jointly served children (assessments, outcomes, etc.)	64.2% (52)	32.1% (26)	3.7% (3)	0.0% (0)	3.60
Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	71.1% (59)	28.9% (24)	0.0% (0)	0.0% (0)	3.71

The following is a summary of responses to the following open-ended questions.

1. Please describe any other issues you may have regarding services for children with disabilities and their families.
  - **Delay in obtaining timely evaluations and needed services** – Several respondents cited unreasonable delays for children that they have referred to Committees on Preschool Special Education for evaluation and the retrieval of services identified in their Individual Education Plan.
  - **Lack of evaluators and related service providers** – Respondents also frequently cited the lack of evaluators and itinerant therapists, especially bilingual evaluators and therapists. Occupational, physical, and speech therapists were repeatedly mentioned as unavailable in both urban and rural communities.
  - **Families’ attitude toward evaluations and special education services** - Several programs reported experiencing problems with parents' reluctance to have their children evaluated and/or receive services. Parents were afraid of labels or associated stigmas with disabilities. They feared the special education process and did not want to pursue extra support; thus, families did not follow through with paperwork and appointments, which delayed the timeliness of evaluation processes.
  - **Communication with the school district** – Respondents repeatedly mentioned difficulties in obtaining Individual Education Plans and information about Committees on Preschool Special Education meetings.
  - **Increase of children with behavior problems in the classroom** - Respondents cited significant increases in the number of children with behavioral problems and those needing mental health services. The challenging behaviors within the classroom proved difficult for teachers to manage.
2. Please describe what works well in your efforts to address the needs of children with disabilities in your program. Which of these efforts do you think may be helpful to other programs?

Many respondents reported building strong collaborations with school districts, Committees on Preschool Special Education, and special education service providers that led to many positive benefits for children and families, programs, and staff. These collaborative relationships allowed for the exchange of information and shared input between staff and parents. Several respondents mentioned collaborative efforts to provide trainings for staff and parents to understand the need for services, increased staff support, professional development opportunities, and the provision of on-site services.

## PROFESSIONAL DEVELOPMENT

**Key Findings: Programs lack the resources needed to support staff members' efforts to obtain additional education and training.**

Respondents were asked to rate the extent of their involvement with institutions of higher education and other professional development providers. With the exception of online educational opportunities, the majority of respondents reported working relationships characterized by coordination or collaboration with professional development entities. More than one in ten respondents indicated that they did not have a working relationship with online courses/programs, institutions of higher education (2- and 4-year), other training and technical assistance networks, and child care resource and referral networks.

**Table 9**  
Extent of involvement with professional development institutions/providers during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Institutions of Higher Education (4-year)	23.2% (19)	17.1% (14)	14.6% (12)	<b>30.5% (25)</b>	14.6% (12)
Institutions of Higher Education (less than 4-year)	19.5% (16)	23.2% (19)	<b>28.0% (23)</b>	25.6% (21)	3.7% (3)
Online courses/programs	<b>46.3% (38)</b>	30.5% (25)	11.0% (9)	11.0% (9)	1.2% (1)
Child Care Resource & Referral Network	12.2% (10)	29.3% (24)	25.6% (21)	<b>32.9% (27)</b>	0.0% (0)
Head Start T & TA Network	4.9% (4)	19.5% (16)	35.4% (29)	<b>37.8% (31)</b>	2.4% (2)
Other T & TA networks	18.3% (15)	<b>31.7% (26)</b>	<b>31.7% (26)</b>	12.2% (10)	6.1% (5)
Service providers/organizations offering relevant training/TA cross-training opportunities	9.8% (8)	<b>34.1% (28)</b>	26.8% (22)	25.6% (21)	3.7% (3)

Respondents were also asked to indicate the level of success in accessing professional development opportunities (Table 10). The majority of respondents indicated that these efforts presented no difficulty, with the exception of transferring credits between public institutions of learning which was somewhat difficult. Of these professional development activities, more than a quarter of respondents rated release time for staff to attend professional development activities (30.5%) and accessing scholarships/financial aid (26.9%) as difficult to extremely difficult.

**Table 10**  
**Level of success with professional development efforts during the past 12 months**

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Transferring credits between public institutions of learning	33.3% (27)	<b>42.0% (34)</b>	16.0% (13)	8.6% (7)	3.00
Accessing early childhood education degree programs in the community	<b>58.5% (48)</b>	23.2% (19)	13.4% (11)	4.9% (4)	3.35
Accessing T & TA opportunities in the community (including cross-training)	<b>50.0% (41)</b>	35.4% (29)	8.5% (7)	6.1% (5)	3.29
Accessing scholarships and other financial support for professional development programs/activities	<b>40.2% (33)</b>	32.9% (27)	15.9% (13)	11.0% (9)	3.02
Staff release time to attend professional development activities	<b>35.4% (29)</b>	34.1% (28)	23.2% (19)	7.3% (6)	2.98
Accessing on-line professional development opportunities	<b>56.1% (46)</b>	25.6% (21)	14.6% (12)	3.7% (3)	3.34
Exchanging information on roles and resources with other providers/ organizations regarding professional development	<b>61.0% (50)</b>	28.0% (23)	11.0% (9)	0.0% (0)	3.50

The following is a summary of responses to the following open-ended questions.

- Please describe any other issues you have regarding professional development activities and resources.
  - Lack of adequate resources** - Several respondents cited that their program lacked the necessary funding to provide professional development courses and/or training or to provide support to staff to participate in training and educational opportunities outside the program. A particular problem cited repeatedly was the lack of funding needed for substitute staff to cover the classroom while regular staff attended professional development programs. Respondents reported that there was even great difficulty in creating adequate time to provide quality in-service staff training. It was also reported that staff were not financially able to cover the expense of their own educational pursuits and there was insufficient scholarship aid to support them.
  - Lack of early childhood education opportunities** - A few respondents cited there was a lack of educational programs in their area.
- Please describe what works well in your efforts to address the professional development needs of your staff. Which of these efforts do you think may be helpful to other programs?

One program mentioned that they have someone who helps staff develop career development plans. Several programs encourage their staff to take advantage of online undergraduate courses and webinars addressing early childhood education, as well as bringing trainers and professors directly to the programs. One program reported developing partnerships with other non-profit organizations to offer professional staff development workshops and seminars, as a way to keep costs down. Respondents also supplemented staff development funds by writing funding proposals. In addition, several programs have started partnerships with colleges and universities that offer

classes. Programs found that the advantages of higher education collaborations were access to facilities for training and sharing trainer expenses.

## CHILD CARE

**Key Findings:** The demand for child care subsidies has increased at the same time that the supply of subsidy funding has decreased due to budget cuts.<sup>1</sup>

Respondents were asked to rate the extent of their involvement with each of the following child care service providers/organizations during the past 12 months (Table 11). A majority of respondents indicated working relationships with all of the providers/organizations. However, more than one in ten respondents cited no working relationship with all of the providers/organizations, except the Regional Child Care Licensing Office/NYC Bureau of Child Care Licensing.

**Table 11**  
**Extent of involvement with child care service providers/organizations during the past 12 months**

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Regional Child Care Licensing Office/NYC Bureau of Child Care Licensing	7.2% (6)	14.5% (12)	<b>44.6% (37)</b>	33.7% (28)	0.0% (0)
County/NYC Child Care Subsidy Program Office	<b>31.3% (26)</b>	<b>31.3% (26)</b>	15.7% (13)	15.7% (13)	6.0% (5)
Child Care Resource & Referral agencies	12.0% (10)	<b>33.7% (28)</b>	30.1% (25)	24.1% (20)	0.0% (0)
Local child care programs for full-year, full-day services	10.8% (9)	<b>41.0% (34)</b>	21.7% (18)	24.1% (20)	2.4% (2)
State or regional policy/planning committees that address child care issues	27.7% (23)	<b>33.7% (28)</b>	27.7% (23)	8.4% (7)	2.4% (2)
Higher education programs/services/ resources related to child care	18.1% (15)	22.9% (19)	<b>28.9% (24)</b>	<b>28.9% (24)</b>	1.2% (1)

Respondents were also asked to indicate the level of success in establishing partnerships with child care providers (Table 12). Despite lacking relationships with state, regional, and local agencies that regulate or represent child care providers, respondents reported some to no difficulty in working with child care providers to benefit the experience of enrolled children.

<sup>1</sup> This survey was completed prior to New York receiving additional child care subsidy dollars as part of the American Recovery and Reinvestment Act. Federal subsidy dollars were reduced in FFY2008-09 due to variations in the census.

**Table 12**  
**Level of success with child care efforts during the past 12 months**

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Establishing linkages/partnerships with child care providers	50.6% (42)	33.7% (28)	12.0% (10)	3.6% (3)	3.31
Assisting families to access full-day, full year services	34.9% (29)	47.0% (39)	14.5% (12)	3.6% (3)	3.13
Aligning policies and practices with other service providers	37.8% (31)	40.2% (33)	14.6% (12)	7.3% (6)	3.09
Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	53.0% (44)	36.1% (30)	9.6% (8)	1.2% (1)	3.41
Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	59.0% (49)	26.5% (22)	10.8% (9)	3.6% (3)	3.41

The following is a summary of responses to the following open-ended questions.

1. Please describe any other issues you may have regarding access to child care services and resources.
  - **Difficulties in accessing child care services and resources** - Several respondents cited the unaffordable cost of child care and the lack of sufficient subsidy funding, which has grown worse with state and federal budget cuts. One program responded that it is difficult to partner with child care service providers because of philosophical differences regarding early learning. The lack of child care for night and weekend care is a significant problem for many families as are transportation difficulties. Several programs cite the cost and accessibility of public transportation as a great barrier for many families in need of child care; these barriers are very prevalent in the most geographically-isolated areas.
2. Please describe what works well in your efforts to address the child care needs of the children and families in your program. Which of these efforts do you think may be helpful to other programs?
 

Many programs access child care subsidies and through that funding offer extended day and year services, which meet parents’ child care needs. One program surveyed parents every year to find out what the needs were and then took steps to address them accordingly. Others led or participated in community efforts to bring child care programs together for training, networking, discussions, and sharing of ideas to address and create action plans for service accessibility and family supports. Several respondents cited utilizing other child and family support-related organizations to help provide extended hours for working families.

## SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

**Key Findings:** Over one-third of Head Start programs responding to the survey reported that they had no working relationship with the local McKinney-Vento liaison.

Respondents were asked to rate the extent of their involvement with each of the following homeless service providers/organizations during the past 12 months (Table 13). A majority of respondents indicated no working relationship or not available in the community for local McKinney-Vento liaisons and Title I Directors. For local agencies, respondents most frequently cited relationships characterized by cooperation. However, more than one in ten respondents indicated they had no working relationship with those local agencies.

**Table 13**  
Extent of involvement with homeless service providers/organizations during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Local McKinney-Vento liaison	35.8% (29)	23.5% (19)	12.3% (10)	12.3% (10)	16.0% (13)
Local agencies serving families experiencing homelessness	13.6% (11)	39.5% (32)	27.2% (22)	17.3% (14)	2.5% (2)
Local housing agencies and planning groups	19.8% (16)	29.6% (24)	25.9% (21)	19.8% (16)	4.9% (4)
Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness	54.3% (44)	12.3% (10)	3.7% (3)	2.5% (2)	27.2% (22)

Respondents were also asked to indicate the level of success in implementing policies and procedures to ensure children of families experiencing homelessness are receiving appropriate services and supports (Table 14). For all seven activities, respondents most frequently reported some to no difficulty. Respondents tended to find those activities that did not require cooperation from local school districts less difficult to implement. This is consistent with the lack of working relationship with McKinney-Vento liaisons that many respondents reported. In providing services to children of families experiencing homelessness, more than a quarter of respondents rated the following activities as difficult to extremely difficult: coordinating with school districts to develop and implement family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness (33.0%); engaging community partners, including the local McKinney-Vento liaison (30.5%); and entering into an MOU with school districts administering Universal Pre-K that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness (25.6%).

**Table 14**

**Level of success with efforts to plan for and serve children of families experiencing homelessness during the past 12 months**

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	81.7% (67)	18.3% (15)	0.0% (0)	0.0% (0)	3.82
Allowing families of children experiencing homelessness to apply to, enroll in, and attend Head Start while required documents are obtained within a reasonable time frame	78.0% (64)	18.3% (15)	3.7% (3)	0.0% (0)	3.74
Aligning Head Start program definition of homelessness w/ McKinney-Vento Homeless Assistance Act	76.5% (62)	17.3% (14)	4.9% (4)	1.2% (1)	3.69
Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	37.8% (31)	52.4% (43)	8.5% (7)	1.2% (1)	3.27
Engaging community partners, including the local McKinney-Vento Liaison	34.1% (28)	35.4% (29)	20.7% (17)	9.8% (8)	2.94
Entering into an MOU with school districts administering Universal Pre-Kindergarten that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	41.5% (34)	32.9% (27)	19.5% (16)	6.1% (5)	3.10
In coordination with school district, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	32.9% (27)	34.1% (28)	22.0% (18)	11.0% (9)	2.89

The following is a summary of responses to the following open-ended questions.

1. Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.
  - **Transportation needs** – Several respondents cited difficulty in obtaining transportation for children when their families are relocated due to temporary housing situations. According to respondents, arriving to school on time and having proper transit fare are some of the difficulties experienced by the children.
  - **Lack of affordable housing** - A challenge for several programs in supporting families experiencing homelessness is obtaining affordable housing resources.
  - **Obtaining proper documentation for enrollment** - Several programs cited difficulty enrolling homeless children into a school district without proper documentation of a permanent address.
2. Please describe what works well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness. Which of these efforts do you think may be helpful to other programs?

Several respondents cited their efforts to build partnerships with the local department of social services, school district McKinney-Vento liaisons, and area homeless services providers as very important in meeting the needs of homeless families. Such relationships support efforts to identify families, assess their needs, and make timely referrals.

## WELFARE/CHILD WELFARE

**Key Findings:** High caseloads and long waiting lists make it difficult for Head Start program staff to communicate and collaborate with preventive services programs and other programs serving low-income families.

Respondents were asked to rate the extent of their involvement with each of the following welfare service providers/organizations during the past 12 months (Table 15). A majority of the respondents reported a working relationship with all of the listed welfare providers/organizations. The most frequently cited level of involvement was cooperation for all providers/organizations, except child protective services and child welfare agencies for which coordination was most frequently cited. More than one in ten respondents indicated no working relationship with local economic and community development councils and with services and networks that support foster and adoptive families.

**Table 15**  
Extent of involvement with welfare/child welfare service providers/organizations during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
TANF agency	7.3% (6)	<b>53.7% (44)</b>	20.7% (17)	18.3% (15)	0.0% (0)
Employment & Training and Labor services agencies	8.5% (7)	<b>51.2% (42)</b>	28.0% (23)	12.2% (10)	0.0% (0)
Economic and Community Development Councils	12.2% (10)	<b>35.4% (29)</b>	17.1% (14)	32.9% (27)	2.4% (2)
Child Welfare agency	7.3% (6)	34.1% (28)	<b>39.0% (32)</b>	19.5% (16)	0.0% (0)
Child Protective Services	6.1% (5)	22.0% (18)	<b>41.5% (34)</b>	30.5% (25)	0.0% (0)
Services and networks supporting foster and adoptive families	13.4% (11)	<b>36.6% (30)</b>	35.4% (29)	14.6% (12)	0.0% (0)

Respondents were also asked to indicate the level of success in working with child welfare organizations and providers offering services and supports for children and their families (Table 16). With the exception of obtaining information for community assessment and planning which was reported by over half of the respondents as somewhat difficult, the majority of respondents cited no difficulty with the other activities.

**Table 16**  
**Level of success with child and family support efforts during the past 12 months**

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Obtaining information and data for community assessment and planning	37.8% (31)	51.2% (42)	9.8% (8)	1.2% (1)	3.26
Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	50.0% (41)	45.1% (37)	4.9% (4)	0.0% (0)	3.45
Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	86.6% (71)	11.0% (9)	2.4% (2)	0.0% (0)	3.84
Establishing and implementing local interagency partnerships agreements	58.5% (48)	39.0% (32)	1.2% (1)	1.2% (1)	3.55
Facilitating shared training and technical assistance opportunities	46.3% (38)	40.2% (33)	11.0% (9)	2.4% (2)	3.30
Exchanging information on roles & resources with other service providers regarding family/child assistance services	64.6% (53)	30.5% (25)	4.9% (4)	0.0% (0)	3.60

The following is a summary of responses to the following open-ended questions.

1. Please describe any other issues you may have regarding the welfare/child welfare needs of the children and families in your program.
  - **Lack of funding and limited supports for families** - Respondents commonly cited lack of funding for child care subsidies and other supports for families. The difficulty in developing effective working relationships with social service agencies was also cited as a problem. In most cases, the agencies who work with low-income families are carrying large caseloads, and this negatively impacts communication. Extensive waiting lists for preventive programs were also cited as a problem. The lack of viable employment opportunities compounded the lack of family resources.
2. Please describe what works well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program. Which of these efforts do you think may be helpful to other programs?
 

Many Head Start programs partner with multiple social service agencies to enhance service accessibility for the families they serve. Respondents cited communication with local Departments of Social Services as very important, especially collaborations with child welfare workers. One program conducts monthly meetings that provide opportunities for community programs to discuss issues and share information on available resources, such as Section 8 housing, homeless shelters, adult education programs, and parenting classes.

## FAMILY LITERACY SERVICES

**Key Findings:** The lack of literacy program resources and parents inability to participate in program activities due to work schedules and other responsibilities hinders Head Start programs' effectiveness in addressing the literacy needs of families.

Respondents were asked to rate the extent of their involvement with each of the following literacy service providers/organizations during the past 12 months (Table 17). A majority of respondents reported having a working relationship with all of the literacy service providers/organizations, except Even Start Family Literacy Partnerships. With respect to Even Start programs, nearly three in four (74.4%) respondents indicated no working relationship or that the partnerships were not available in their community. This reflects the severe reduction Even Start programs have faced over the last few years. More the one in three (34.1%) of respondents did not have working relationships with school libraries. More than one in ten respondents cited no working relationships with an additional four literacy providers. These providers included museums, reading readiness programs, higher education programs/resources related to family literacy, and public or private sources that provide book donations or funds.

**Table 17**  
**Extent of involvement with literacy service providers/organizations during the past 12 months**

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Even Start Family Literacy Partnerships	31.7% (26)	7.3% (6)	7.3% (6)	11.0% (9)	<b>42.7% (35)</b>
Employment and Training programs	4.9% (4)	<b>48.8% (40)</b>	28.0% (23)	18.3% (15)	0.0% (0)
Adult Education	3.7% (3)	<b>49.4% (40)</b>	25.9% (21)	21.0% (17)	0.0% (0)
English Language Learner programs & services	7.3% (6)	<b>45.1% (37)</b>	24.4% (20)	20.7% (17)	2.4% (2)
Services to promote parent/child literacy interactions	4.9% (4)	<b>34.1% (28)</b>	31.7% (26)	29.3% (24)	0.0% (0)
Parent education programs/services	1.2% (1)	30.5% (25)	<b>37.8% (31)</b>	30.5% (25)	0.0% (0)
Public libraries	3.7% (3)	28.0% (23)	<b>45.1% (37)</b>	23.2% (19)	0.0% (0)
School libraries	<b>34.1% (28)</b>	25.6% (21)	23.2% (19)	14.6% (12)	2.4% (2)
Public/private sources that provide book donations or funding for books	13.6% (11)	21.0% (17)	28.4% (23)	<b>33.3% (27)</b>	3.7% (3)
Museums	26.8% (22)	<b>28.0% (23)</b>	15.9% (13)	17.1% (14)	12.2% (10)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Reading Readiness programs	20.7% (17)	17.1% (14)	<b>25.6% (21)</b>	22.0% (18)	14.6% (12)
Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training)	19.5% (16)	23.2% (19)	<b>29.3% (24)</b>	23.2% (19)	4.9% (4)
Providers of services for children and families who are English language learners (ELL)	8.5% (7)	<b>35.4% (29)</b>	19.5% (16)	30.5% (25)	6.1% (5)

Respondents were also asked to indicate the level of success in providing family literacy services and development of literacy partnerships (Table 18). Overall, respondents reported success and a low level of difficulty, if any, in their efforts to carry out activities related to family literacy.

**Table 18**  
Level of success with family literacy efforts during the past 12 months

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Recruiting families to Family Literacy Services	29.3% (24)	<b>53.7% (44)</b>	14.6% (12)	2.4% (2)	3.10
Educating others	<b>57.3% (47)</b>	34.1% (28)	7.3% (6)	1.2% (1)	3.48
Establishing linkages/partnerships with key literacy providers	<b>52.4% (43)</b>	34.1% (28)	12.2% (10)	1.2% (1)	3.38
Incorporating family literacy into your program policies and practices	<b>82.9% (68)</b>	13.4% (11)	3.7% (3)	0.0% (0)	3.79
Exchanging information with other providers/organizations regarding roles and resources related to family literacy	<b>63.4% (52)</b>	26.8% (22)	7.3% (6)	2.4% (2)	3.51

The following is a summary of responses to the following open-ended questions.

- Please describe any other issues you may have regarding family literacy services and resources.
  - Lack of providers and accessibility** - A great concern cited by respondents is the lack of community literacy providers, mostly due to budget cuts. This has led many agencies including libraries to shorten their hours of operation, as well as services. Respondents noted that literacy programs do not have the ability to teach children to read in their primary language, which calls for the availability of translators in common languages.
  - Parent participation** - Respondents reported that parents frequently do not have the time to commit to a literacy program because they work several jobs or are busy caring for their children. In

some cases, parents feel participating in a literacy program carries a stigma that deters them from seeking or participating in services.

2. Please describe what works well in your efforts to address the literacy needs of the families in your program. Which of these efforts do you think may be helpful to other programs?

Two programs cited the SPARC program as being instrumental in their development of effective approaches to address families’ literacy needs. Several programs have developed initiatives that offer library cards and book exchanges, as well as literacy programs that respond to family literacy needs, such as literacy training sessions. Some literacy programs offer workshops and brochures every month and provide incentives for parents to participate. One respondent cited a local public library that established a Head Start lending library, offering a collection of age-appropriate picture books in both English and Spanish that children and parents can borrow. In some cases, literacy trainers are available to consult with teaching and social work staff in areas of curriculum development, activities and workshops. Some programs offer a school readiness program, which provide trainings to Head Start staff to help them better address the needs of families.

## COMMUNITY SERVICES

**Key Findings:** The lack of mental health services for children under five is one of the more significant barriers to comprehensive service provision faced by Head Start programs.

Respondents were asked to rate the extent of involvement with each of the following community service providers/organizations during the past 12 months (Table 19). A majority of the respondents reported a working relationship with all of the listed health care providers/organizations. However, more than one in ten respondents cited no working relationship with four of the six providers/organizations, including law enforcement, substance abuse prevention/treatment providers, emergency services providers, and private resources geared toward prevention/intervention.

**Table 19**  
Extent of involvement with community service providers/ organizations during the past 12 months

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Law Enforcement	28.8% (23)	32.5% (26)	<b>33.8% (27)</b>	5.0% (4)	0.0% (0)
Providers of substance abuse prevention/ treatment services	10.0% (8)	<b>46.3% (37)</b>	22.5% (18)	21.3% (17)	0.0% (0)
Providers of child abuse prevention/treatment services	1.3% (1)	32.5% (26)	<b>40.0% (32)</b>	26.3% (21)	0.0% (0)
Providers of domestic violence prevention/ treatment services	2.5% (2)	<b>37.5% (30)</b>	33.8% (27)	26.3% (21)	0.0% (0)
Private resources geared toward prevention/intervention	17.5% (14)	<b>37.5% (30)</b>	28.8% (23)	15.0% (12)	1.3% (1)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Not Available in Community
Providers of emergency services	21.3% (17)	<b>36.3% (29)</b>	26.3% (21)	16.3% (13)	0.0% (0)

Respondents were also asked to indicate the level of success in establishing partnerships with community agencies that offer prevention and treatment services for children and families (Table 20). Overall, respondents reported success and a low level of difficulty in their efforts to link with community-based services.

**Table 20**  
**Level of success with community services efforts during the past 12 months**

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Rating Average
Establishing linkages/partnerships with law enforcement agencies	<b>54.4% (43)</b>	27.8% (22)	17.7% (14)	0.0% (0)	<b>3.37</b>
Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services	<b>61.3% (49)</b>	30.0% (24)	8.8% (7)	0.0% (0)	<b>3.53</b>
Establishing linkages/partnerships with private resources regarding prevention/treatment services	<b>52.5% (42)</b>	35.0% (28)	11.3% (9)	1.3% (1)	<b>3.39</b>
Partnering with service providers on outreach activities for eligible families	<b>61.3% (49)</b>	33.8% (27)	5.0% (4)	0.0% (0)	<b>3.56</b>
Obtaining in-kind community services for the children/families in your program	<b>50.0% (40)</b>	41.3% (33)	7.5% (6)	1.3% (1)	<b>3.40</b>
Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	<b>56.3% (45)</b>	35.0% (28)	8.8% (7)	0.0% (0)	<b>3.48</b>
Exchanging information on roles and resources with other providers/ organizations regarding community services	<b>67.5% (54)</b>	25.0% (20)	7.5% (6)	0.0% (0)	<b>3.60</b>

The following is a summary of responses to the following open-ended questions:

1. Please describe any other issues you may have regarding community services for the families in your program.
  - **Lack of community partnerships** - Respondents cited large budget cuts as affecting several community agencies, causing them to close or reduce services.
  - **Lack of mental health services and resources** - Respondents cited a lack of mental health services for children under five years old.

2. Please describe what works well in your efforts to address the community service needs of the families in your program. Which of these efforts do you think may be helpful to other programs?

Through a number of networking organizations, several Head Start programs are able to exchange information with community service providers. Programs offer access to the internet to provide referrals to community services, and community providers offer in-kind services to family and staff. Community collaborations provide services in health screenings, language translation, first aid/CPR training, mental health consultation, and special education integrated classrooms.

# STRATEGIC PLAN

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Domain	Issue	Next Step
<b>General</b>	Some programs have developed successful strategies for addressing problems that other programs are struggling with finding ways to address.	The Collaboration Project will work with the State-based team and the Grantee Performance Support Specialists to reach out to programs that have developed creative solutions for complex problems and develop methods for conveying any promising practices to programs in need of assistance.
	A few programs cited difficulty addressing an issue that most programs handled with little or no difficulty (e.g., enrolling children in health insurance).	To the extent possible, the Collaboration Project will identify these programs and assess their needs for information/technical assistance and work with the State-based team and the Grantee Performance Support Specialists in providing the supports needed.
<b>Health Care</b>	The lack of access to dental services is a significant problem faced by many Early Head Start and Head Start programs across the state.	<ul style="list-style-type: none"> <li>• The Collaboration Project will continue to work in partnership with the Office of Head Start Oral Health Initiative to identify dentists willing to serve Head Start children and families.</li> <li>• The Collaboration Project will continue to participate as a member of the NYS Oral Health Coalition to address oral health issues of low-income children and families.</li> </ul>
	The majority of respondents cited little to no difficulty in enrolling children in health insurance programs. Three programs responded that they experienced difficulty in enrolling children.	The Collaboration Project will reach out to the three programs to determine what the difficulties are and provide assistance where needed.
	Several respondents mentioned that they had difficulty finding health promotion and educational materials suitable for the parents in their programs.	The Collaboration Project will work with the State-based team, the Grantee Performance Support Specialists, and the NYS Department of Health to obtain and disseminate health promotion and educational materials designed to meet the needs of families, particularly those families with low-incomes and/or low literacy skills.

Domain	Issue	Next Step
<b>Education - General Education Issues</b>	<p>In each of the three sections that make up the education portion of the survey (i.e., UPK, transition to school/alignment, and special education), there were numerous respondents who stated that they have developed extremely beneficial relationships with school districts in their catchment area, as well as those who said that they faced significant difficulties in forming these relationships.</p>	<ul style="list-style-type: none"> <li>• The Collaboration Project will continue to work with the State Education Department to support the development of collaborative partnerships between Head Start programs and local school districts.</li> <li>• The Collaboration Project will work along with the Early Childhood Advisory Council in building statewide approaches to collaborative early learning programming.</li> </ul>
<b>Education - Universal Prekindergarten</b>	<p>Head Start programs continue to have difficulties developing collaborative partnerships with some school districts, including the development of MOUs to meet the federal requirement for Head Start programs to develop collaborative agreements with the administrative agency providing prekindergarten in their community.</p>	<ul style="list-style-type: none"> <li>• The Collaboration Project will facilitate regular meetings between the State-based team, the Grantee Performance Specialists, and the State Education Department to discuss and resolve issues regarding Head Start and the Universal Prekindergarten program including developing and implementing strategies for building collaborative relationships between Head Start programs and school districts.</li> <li>• The Collaboration Project will complete an analysis of MOUs submitted as required by federal legislation and work with the State-based team and the Grantee Performance Support Specialists in supporting Head Start programs in the development of these agreements.</li> </ul>
<b>Education - Transition and Alignment with K-12 Education</b>	<p>Many Head Start programs reported difficulty in developing cooperative working relationships needed to ease the transition of children and families to schools and to align their program’s curricula with the curricula of the school district.</p>	<p>The Collaboration Project is currently working with the State Education Department, NYS Association for the Education of Young Children, and the NYC Early Childhood Professional Development Institute to develop Birth through Three and Prekindergarten Learning Standards. These standards will be fully aligned with K-12 Learning Standards. Once the Early Learning Standards are developed and disseminated, efforts will begin to support program in using the standards to guide curriculum development and implementation.</p>
<b>Services for Children with Disabilities</b>	<p>Some Head Start programs are finding it difficult to obtain timely evaluations and services for children suspected of having a delay or disability.</p>	<p>The Collaboration Project will work with State Education Department in addressing issues related to the provision of timely evaluations and delays.</p>

Domain	Issue	Next Step
	Several respondents raised the difficulties that their programs are facing in meeting the needs of children with severe behavior problems.	The Collaboration Project will continue to lead an interagency workgroup aimed at addressing the social emotional development needs of children in early learning programs, including implementing strategies for supporting classroom staff and the provision of mental health consultation services.
<b>Professional Development</b>	Head Start programs reported a lack of resources, including financial aid and training and educational programs, to support their staffs' efforts to improve their skills and knowledge.	<ul style="list-style-type: none"> <li>• The Collaboration Project will continue to work with the Early Childhood Advisory Council's Early Learning Workforce Development workgroup to increase the availability of financial and educational resources to support early learning professional development.</li> <li>• The Collaboration Project will continue to upgrade and promote use of its website <a href="http://www.earlychildhood.org">www.earlychildhood.org</a> which provides comprehensive information on early learning professional development resources.</li> </ul>
<b>Child Care</b>	Head Start programs are finding it increasingly difficult to assist families in meeting their child care needs.	The Collaboration Project will continue to work with the Early Childhood Advisory Council Finance workgroup to develop cost estimates and develop financing strategies needed for building a high-quality early childhood system.
<b>Services for Children Experiencing Homelessness</b>	Many programs responded that they had no working relationship with their McKinney-Vento liaison.	The Head Start Collaboration Project will continue to work with the State Education Department's Committee on Homeless Education to make linkages between Head Start programs and school district McKinney-Vento liaisons.
<b>Welfare/Child Welfare</b>	Many programs reported difficulties in accessing supports for the families in their programs.	The Collaboration Project will continue to work with the Early Childhood Advisory Council in developing a system of family supports and services.
<b>Family Literacy Services</b>	Several programs reported the lack of accessible literacy services for the families in their program.	The Collaboration Project will work with the State Education Department's Literacy Zone Initiative, Literacy New York, and others in ensuring that Head Start programs are aware of the literacy resources available to families in New York State.

Domain	Issue	Next Step
<b>Community Services</b>	Head Start programs report that budget cuts and increased demand for services have resulted in the lack of availability of community services.	The Collaboration Project will continue to provide information about statewide and local resources for community services for families and make connections where needed.