



New Mexico Head Start State Collaboration Office Needs Assessment 2021



NEW MEXICO

Early Childhood

Education & Care Department

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Prepared by the
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for the
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Introduction

Early Head Start (EHS) and Head Start (HS) are a critical part of New Mexico's early childhood education and care system. EHS/HS provide low-income and vulnerable pregnant women and children up to the age of five an opportunity to succeed in school and life. EHS/HS programs are funded through federal grants to local programs that offer wrap around comprehensive services to promote strong family engagement, family health, and families' educational, nutritional, and social emotional well-being. Head Start was established in 1965 and the Early Head Start program was added in 1995, providing additional comprehensive early childhood supports to infants and toddlers birth to age 3, pregnant mothers, and their families. In New Mexico, these programs support 8,945 funded openings for children and families, across 34 programs.

Head Start State Collaboration Offices (HSSCOs) exist to facilitate partnerships between Head Start agencies and other state and Tribal entities that serve low-income children and their families. This past year, New Mexico's Head Start State Collaboration Office became part of the state's new Early Childhood Education and Care Department (ECECD), elevating it to the Office of the Secretary. Under this structure, the state's first-ever Assistant Secretary for Native American Early Childhood Education and Care has made it a priority to strengthen state collaboration with Tribal Head Start programs.

As part of the new Department's aim to create a more cohesive, equitable, and effective early childhood system in New Mexico, the Head Start State Collaboration Office serves an important role in the coordination of programs. Its facilitation of communication, data sharing, and service coordination is critical for creating a system that works for children and families, meets the needs of communities, and makes efficient use of limited resources from federal, state, local, and private sources.

The Head Start Act as noted under Sec. 642B (4)(A)(i) requires the Head Start Collaboration Office (HSCO) to conduct an Annual Needs Assessment that addresses the needs of Head Start agencies (including Early Head Start agencies) with respect to coordination, collaboration, alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, the State Early Learning Standards. The Head Start Act also requires HSCO to use the results of the Needs Assessment to develop goals outlining how it will assist and support Head Start agencies in meeting the requirements of the Head Start Act, and to assist Head Start agencies to collaborate with entities involved in state and local planning processes to better meet the needs of low-income children from birth to school entry, and their families; and to assist Head Start agencies to coordinate activities with the state agency responsible for administering the state program carried out under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.) and entities providing resource and referral services in the state.

This report describes New Mexico's efforts to build collaborative partnerships between Head Start and Early Head Start programs and a wide range of state and local agencies serving low-income children and families. In addition, data in the report highlights the state's progress in supporting Head Start as an integrated part of New Mexico's overall early childhood system and can be used to guide future endeavors to improve or refine these efforts.

The 2021 needs assessment focuses on federal priorities for collaboration, while also recognizing that the COVID-19 pandemic has placed unprecedented strain on low-income families with young children. This year's Head Start Needs Assessment reports new data on the needs and successes of Head Start programs in responding to the public health emergency, along with their broader, long-term needs related to collaboration with the rest of New Mexico's early childhood system. Data were gathered through a dedicated online survey distributed to Head Start and Tribal Head Start grantees.

ECECD and the New Mexico Head Start State Collaboration Office are grateful to the Head Start programs that completed the survey and provided their invaluable input, as well as for the resilience and dedication of the educators in programs like Head Start and Early Head Start who serve and support New Mexico's families with young children.



Recent Accomplishments and Strategic Planning

Head Start Strategic Plan

The input from this assessment will be used to guide New Mexico in implementing its 2018-2023 Head Start Strategic Plan. The strategic plan is designed to help build early childhood systems and access to comprehensive services for all children served. It also aims to encourage widespread collaboration to augment Head Start's capacity to be a partner in state initiatives, and to facilitate Head Start involvement in the development of state policies, plans, processes, and decisions affecting the Head Start target population and other low-income families.

The Head Start strategic plan informs the following priorities for the Head Start State Collaboration Office:

- Strengthen and continue collaboration with the New Mexico Head Start Association
- Partner with New Mexico's Early Head Start-Child Care Partnership grantees
- Support the state's efforts to collect early childhood program and outcome data
- Participate in workforce development strategies and initiatives
- Collaborate with the state's Tiered Quality Rating and Improvement System
- Engage local education agencies to promote collaboration with Head Start
- Coordinate with Region VI, Region XI (American Indian/Alaska Native) and Region XII (Migrant Seasonal) Collaboration Directors

New Mexico Early Childhood Strategic Plan

While New Mexico's Head Start Collaboration Office is guided by its own five-year strategic plan, Head Start and Early Head Start programs are also deeply integrated into New Mexico's first Statewide Early Childhood Strategic Plan - a plan also guided by the input and voices of New Mexico families, Tribes and early childhood educators. This plan, which spans 2021 to 2024, is the result of a comprehensive early childhood needs assessment that was conducted with federal Preschool Development Grant Birth to 5 (PDG B-5) funds. The strategic plan is divided into six overarching goal areas around families, governance, workforce, funding, data, and Tribal early childhood. Head Start and Early Head Start are included in each goal area, and are also elaborated more specifically in a few key areas including:

- Development of aligned service requirements across Head Start, New Mexico PreK (NM PreK), and Bureau of Indian Education (BIE) schools to support seamless transitions between services for all children, including those with disabilities or learning differences;
- State engagement with the New Mexico Head Start Association (NMHSA) to support development and enhancement of partnerships with NM PreK, BIE, and family child care providers;

New Mexico Head Start State Collaboration Office

Vision: Improve the quality of life for New Mexico children through school readiness.

Mission: Prepare New Mexico children for school while providing their families with access to community resources and comprehensive support services to ensure their children's success in school.



- State partnership with the NMHSA to maximize all available federal funding, including applying for Early Head Start-Child Care Partnership grants and other funding opportunities;
- Provision of state technical assistance and consultation for programs on how to effectively blend or layer funding to expand services in NM PreK, child care, and Head Start;
- Provision of state funding to help fill gaps where federal funds do not cover the costs needed for a child's success (e.g., Head Start 20 percent cost match);
- Establishment of a working group to develop common guidelines for shared data use across early childhood systems; and
- Strengthening of early childhood collaboration between state and Tribal governments, including improved integration of Tribal Head Start grantees.



Recent Accomplishments

Beginning on July 1, 2020, the New Mexico Head Start State Collaboration Office (HSSCO) is now administered by the Early Childhood Education and Care Department. Under HSSCO Director Olga Valenzuela-Zavala, the office assists with relevant state initiatives and brings the perspective of Head Start to the development of the state's comprehensive early childhood system.

Recent HSSCO highlights include:

- The Early Childhood Education and Care Department (ECECD) elevated the Head Start State Collaboration Office to the Office of the Secretary.
- Assistant Secretary for Native American Early Childhood Education and Care, Jovanna Archuleta, has been a key partner in the collaboration among Tribes, Pueblos, and Nations within New Mexico to increase support and services through Head Start and other early childhood systems.
- In December 2020, NMHSA hosted a virtual conference for Region VI, which includes Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The first virtual Mega Conference was called Head Start – *The Shining Rainbow During the Storm*. It was attended by nearly 600 participants, who were welcomed by Governor Michelle Lujan Grisham and ECECD Secretary Elizabeth Groginsky.
- Early Head Start and Head Start programs continued to provide services to families during the COVID-19 pandemic, with some programs providing in-person services to essential workers while others provided services virtually. In collaboration with public schools, Head Start providers were also key partners in ensuring that Head Start children and their families had access to drive-up or delivery meals. Children with special needs continued to receive critical supports, either virtually or in person.
- The New Mexico HSSCO and the NM Head Start Association coordinated fifteen slots for a Classroom Assessment Scoring System (CLASS) Training for Trainers offered to Head Start and Tribal Head Start programs across the state. The training, funded with PDG B-5 funds, aimed to build capacity and fidelity in the CLASS process.

- Nearly 600 Early Head Start and Head Start professionals engaged in Quorum, an online professional development learning platform.
- Scholarships were granted to 260 Head Start professionals seeking early childhood degrees.
- The American Academy of Pediatrics provided a grant to support a campaign on Substance and Opioid Misuse and Prevention.



New Mexico's Head Start Landscape

New Mexico is home to many children who are eligible for and in need of the supports that Early Head Start and Head Start programs provide. In general, Early Head Start or Head Start services are available to families of young children at or below 100 percent of the Federal Poverty Level, with additional eligibility categories for families experiencing homelessness, children in foster care, children with special needs, and families receiving other forms of public assistance.

According to 2019 U.S. Census data, New Mexico's population was just under 2.1 million people, with a median age of 38.6. The population of New Mexico is racially and culturally diverse, consisting of residents who are 49.3% Hispanic or Latino, 36.8% White, and 11% American Indian and Alaskan Native. New Mexico is home to 23 Pueblos, Tribes and Nations; 34% of New Mexicans speak a non-English language, and 94.5% are U.S. citizens.

New Mexico's median household annual income of \$49,754 is less than the nationwide median annual income by approximately \$13,000. About 18.2% of New Mexicans live below the poverty line, compared with the national rate of 10.5%. The largest demographic living in poverty are females ages 25 to 34, followed by females 18 to 24. In 2019, 5.8% of New Mexico's population is reported as under 5 years of age, and 22.7% are under 18 years old.

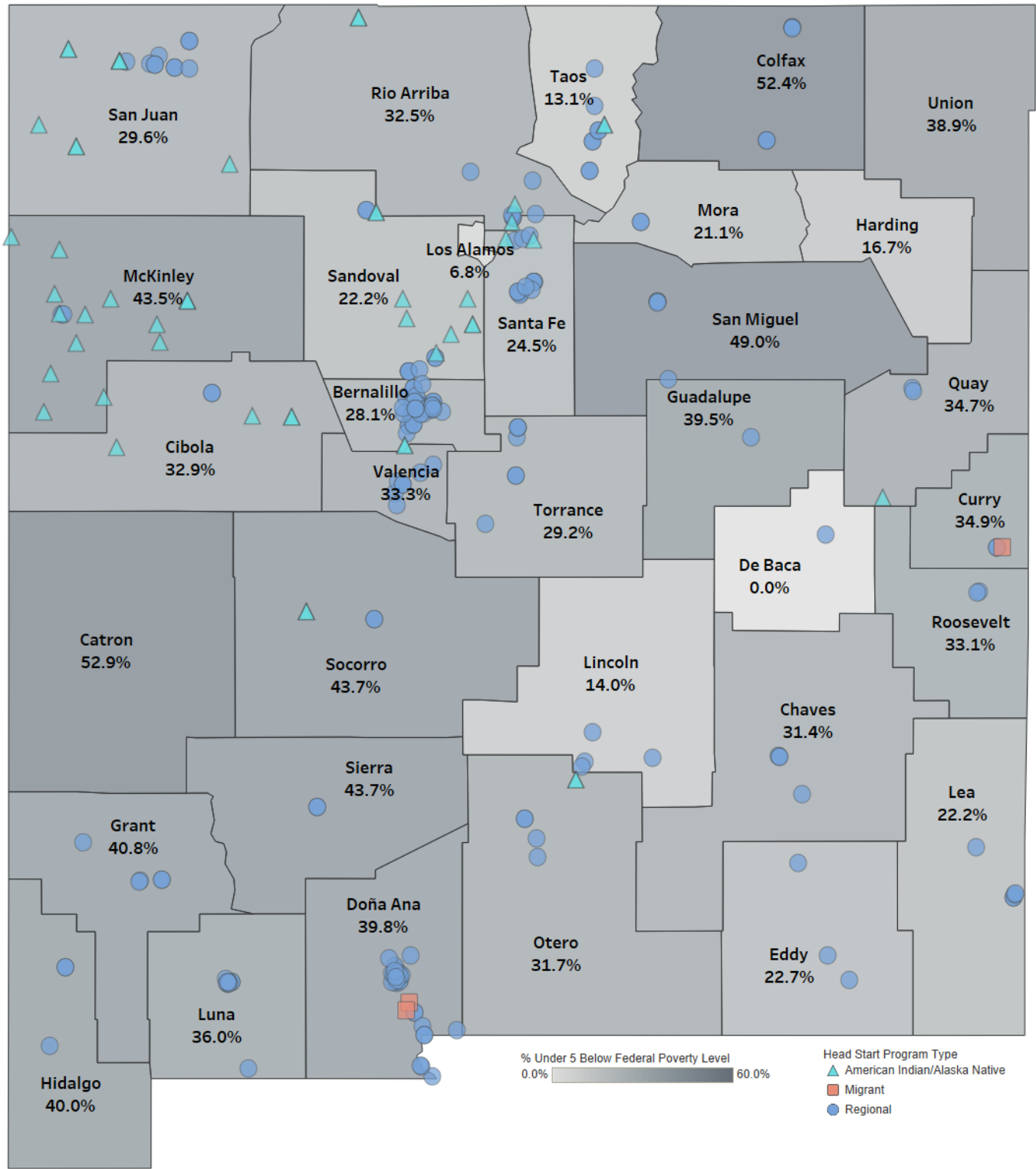
In 2019, there were 116,978 children birth to age five in New Mexico. Of these, 28.9% were living at or below the federal poverty level, which in 2019 was set at an annual income of \$21,330 for a family of three. The total number of births in New Mexico in 2019 was 22,966. Of these, 56% were Hispanic, 27.1% White, 12% Native American, 2.3% Asian, 2% Black, and 0.2% another race or ethnicity. Data reported in 2015 show that 72% of births in the state are Medicaid-funded.

Public school data reported to the U.S. Department of Education during the 2018-2019 school year indicates that an estimated 11,588 New Mexico public school students experienced homelessness over the course of the year. Of that total, 1,251 students throughout the state were unsheltered, 1,159 were in shelters, 603 were in hotels/motels, and 8,575 were doubled up in their living arrangement.

Feeding America reports a 2018 food insecurity rate for New Mexico of 15.1%, with a child food insecurity rate of 23.8% (114,180 children). It estimates a 30% increase in child food insecurity during the 2020 pandemic, reaching a rate of 30.8% of the state's children. During the 2019-20 school year, Early Head Start and Head Start programs in New Mexico provided 753,377 vital, nutritious meals and snacks.

According to the New Mexico Department of Health's 2021 Substance Use Epidemiology Profile, alcohol-related deaths (including deaths from chronic diseases strongly associated with heavy drinking and deaths due to alcohol-related injuries) in New Mexico totaled 7,281 between 2015 and 2019. This is a rate of 67.1 per 100,000. Among states, New Mexico has rated first, second or third in alcohol-related deaths for the past thirty years. Since 1990, New Mexico's death rate for alcohol-related injury alone has ranged from 1.4 to 1.8 times the national rate. In addition, the Centers for Disease Control and Prevention reports that the state had the 15th highest drug overdose rate in the country in 2018 at a rate of 26.7 per 100,000. Opioid overdose-related emergency department visits occurred at a rate of 57.8 per 100,000, affecting 6,255 New Mexicans between 2014 and 2018.

FIGURE 1: NEW MEXICO HEAD START AND EARLY HEAD START PROGRAM LOCATIONS



Head Start Providers and Enrollment

Head Start and Early Head Start programs in New Mexico reflect the characteristics of the state – rural and urban, culturally diverse, and rich in human and community values. As seen in Figure 1, New Mexico has 34 Head Start and Early Head Start programs with a total of 8,945 funded openings in 2020. In a typical year, HS/ EHS programs in the state serve over 10,000 children. Cumulative enrollment totals are not available this year due to the COVID-19 public health emergency. Of the 34 grantees, 16 are Tribal. In 2020, federal and Tribal Head Start and Early Head Start awards in New Mexico totaled \$96,608,145. This amount does not include Head Start funding on the Navajo Nation.

TABLE 1. FUNDED ENROLLMENT BY PROGRAM

2020 Regional and Tribal Early Head Start/Head Start Funded Enrollment			
Program Name	Program Type	Early Head Start	Head Start
Alamo Navajo School Board, Inc.	AIAN	44	64
Child and Family Services Inc. of Lea County	Regional	55	257
City of Albuquerque Early Head Start	Regional	128	
CPLC HS/Multi-State Migrant and Seasonal	Migrant		107
Eastern Plains Community Action Agency, Inc.	Regional	102	329
Eight Northern Indian Pueblos Council, Inc.	AIAN		36
El Grito, Inc. Head Start	Regional	24	161
Five Sandoval Indian Pueblos Inc.	AIAN		53
Help - New Mexico, Inc.	Regional	88	319
Jicarilla Apache Nation	AIAN	65	102
La Clinica De Familia Inc.	Regional	231	
Laguna Department of Education	AIAN	52	115
Las Cruces School District #2	Regional		413
Mescalero Apache Tribe	AIAN		120
Mid-West New Mexico Community Action Program	Regional	56	667
Mora Independent School District	Regional	64	51
Native American Professional Parent Resources, Inc.	Regional	72	
Navajo Nation	AIAN	17	513
New Mexico State University	Regional	32	228
Ohkay Owingeh Tribal Council	AIAN		81
Presbyterian Medical Services, Inc.	Regional	552	625
Pueblo of Acoma (Inc.)	AIAN		90
Pueblo of Isleta	AIAN	48	87
Pueblo of Jemez	AIAN		68
Pueblo of San Felipe	AIAN		96
Pueblo of Santa Clara	AIAN		38
Pueblo of Taos	AIAN	14	36
Pueblo of Zuni	AIAN		153
Ramah Navajo School Board Inc.	AIAN		60
Region IX Education Cooperative	Regional	44	115
Santo Domingo Tribe- Kewa Health Outreach Program	AIAN	94	120
Southeast NM Community Action Corporation	Regional		679
West Las Vegas Schools	Regional	36	140
Youth Development Inc.	Regional	392	812
TOTAL FUNDED ENROLLMENT	8,945	2,210	6,735

Methodology

Directors of 23 Head Start and Early Head Start programs from urban, rural, and Tribal regions throughout New Mexico responded to an online survey conducted in February 2021.

The 2021 Head Start Need Assessment survey included a total of 96 questions under the following eight category areas:

- COVID-19 Public Health Emergency
- Demographics
- Collaboration with Partners
- Workforce
- Substance Misuse
- Infant/Early Childhood Mental Health
- FOCUS Tiered Quality Rating and Improvement System
- Transitions
- State-Local Collaboration

The survey instrument is included as Appendix A and all write-in comments are provided in Appendix B of this report.

This report is based on the results of the survey. The questions were developed with input from Head Start grantees, under the direction of the New Mexico HSSCO and ECECD. The survey and report were conducted on behalf of ECECD by the University of New Mexico Cradle to Career Policy Institute.

Findings

Selected Key Findings

Findings from the Needs Assessment survey demonstrate the ways in which Early Head Start and Head Start grantees adapted to the unique circumstances of the COVID-19 public health emergency in the past year. Survey respondents largely provided services virtually, and most programs reported that they provided portable computing devices to families to facilitate distance learning, though internet connectivity remained an issue. Enrollment dropped significantly for most survey respondents, and more than half reported that decreased enrollment would present a barrier to full re-opening.

Despite the obvious challenges of the past year, programs also reported a variety of accomplishments and positive developments that emerged from the public health emergency. Programs reported that with fewer people on-site, they were able to complete needed upgrades to their facilities, and that virtual learning created new times and opportunities for early childhood educators to focus on higher education. Programs also reported that they were able to promote food security for families through meal delivery or drop-off options.





Some survey findings reflect the substantial population of respondents (35 percent) who direct Tribal Head Start or Early Head Start programs. Overall, responses show American Indian children among the largest population of children served and reflect some challenges around conflicting communication from ECECD and from Tribal governments, particularly around COVID-19 reopening guidance. In general, programs reported that they were well-supported by ECECD during the public health emergency and that communication was clear and ample. Some critical feedback suggested that communication was sometimes overwhelming, and that much of it seemed more tailored to NM PreK and child care programs than to Head Start grantees.

Respondents reported generally high levels of collaboration with partners, though there was considerable variation across service agency programs. Grantees reported particularly high levels of collaboration with Family Infant Toddler (Early Intervention) programs, and high-to-moderate collaboration with other closely related services such as public schools, community health centers, and ECECD itself. Lower levels of collaboration were reported with housing partners such as youth shelters, transitional housing, and McKinney-Vento liaisons, and with Tribal partners such as Bureau of Indian Education schools and Indian Child Welfare Agencies.

In the critical area of supporting and developing the Head Start workforce, programs reported relatively high levels of partnership with higher education institutions and workforce training programs, though these relationships were sometimes challenging to maintain. Survey results show a significant minority of programs who were not aware that workforce scholarships were available for early childhood educators, or who cannot access such scholarships. State early childhood scholarships are not available to programs that aren't licensed by the state – a category that includes many Tribal grantees.

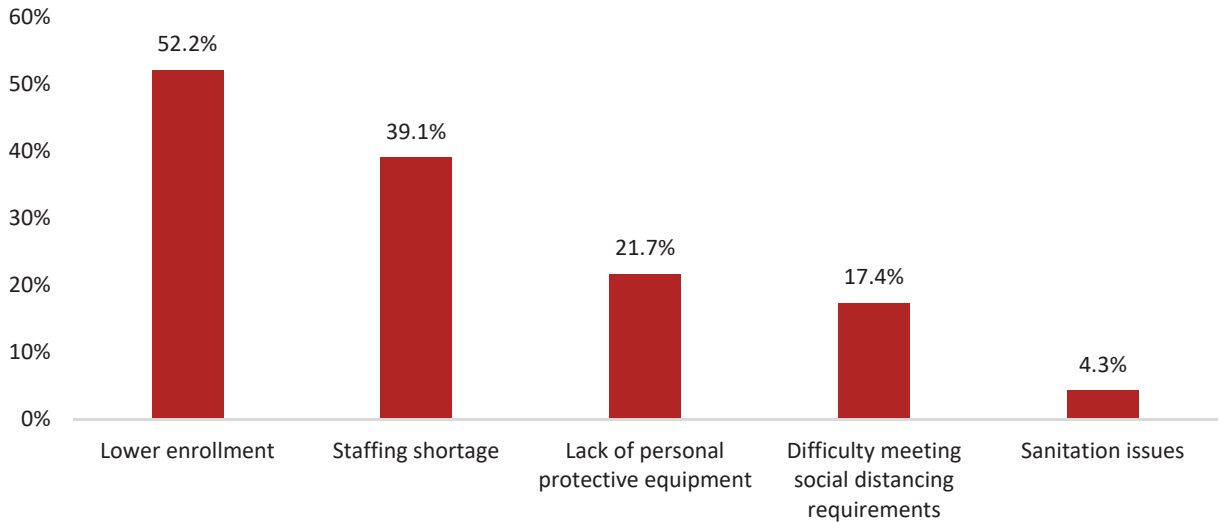
Survey respondents indicated that substance misuse is a significant challenge facing the families they serve. Yet, among the group of respondents who rated substance misuse as a moderate to large issue in their communities, about half had limited or no collaboration with substance use treatment agencies. This finding affirms the need for a public awareness campaign related to opioid and other substance misuse, which is among the NM Head Start Collaboration Office's plans for the coming year.

COVID-19 Public Health Emergency

When asked whether they had remained open for in-person services during the COVID-19 public health emergency, more than 90 percent of respondents reported they had been closed temporarily or throughout the public health emergency (to date) for in-person services. Fifty-two percent of respondents reported lower enrollment as an issue preventing or delaying re-opening, while 39 percent said staffing shortages prevented or delayed re-opening as well (Figure 2). Tribal respondents noted potential contradictions between Tribal and state authorities' recommendations to stay closed or to instead re-open with enhanced safety practices.



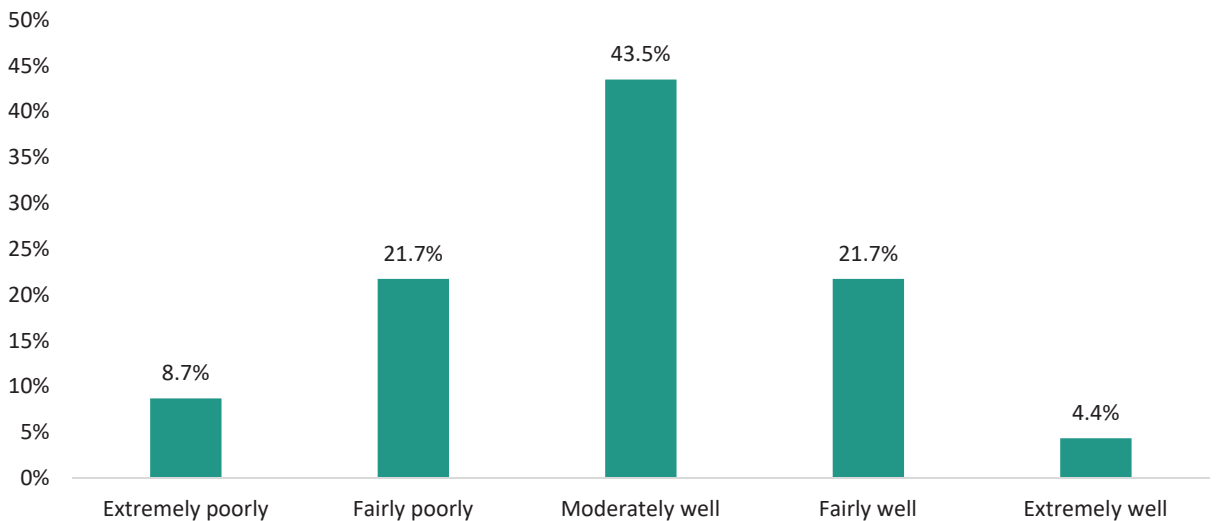
FIGURE 2. ISSUES THAT PREVENTED OR DELAYED REOPENING FOR IN-PROGRAM SERVICES



When asked what they perceived families' highest needs to be, internet connectivity was ranked the highest, followed by food security and mental/behavioral health. Additional needs reported were "adequate housing allowing families to social distance," dependable child care, "transportation to needed resources," and education and training about health behaviors, including the COVID-19 vaccine.

Seventy percent of respondents reported that their local education agencies met the needs of young children with special education needs moderately to extremely well (Figure 3). Still, in open-ended comments respondents mentioned that virtual services generally are "not supportive to special education needs" and can be difficult for children and parents but may be "better than nothing." Some noted that getting families with young children to participate consistently in virtual services was a challenge, while others remarked on long waiting times to get children screened, referred, and evaluated.

FIGURE 3. HOW WELL LOCAL LEAs MET THE NEEDS OF CHILDREN WITH DISABILITIES DURING THE PANDEMIC





Respondents did report positive developments during the public health emergency. Just over a quarter of respondents noted that without children or staff present on-site full time, they were able to complete facility upgrades, or their staff were able to participate in more professional development or concentrate on classes to complete their degrees. Another 17 percent reported that they and their communities were proud to be able to deliver meals and protect food security by delivering meals directly to families, while 13 percent saw strength in the adaptations and innovations that programs employed to creatively meet the needs of families.

When asked whether they were able to maintain enrollment throughout the public health emergency, almost three quarters said that their enrollment had dropped significantly, but they were still serving about half of their original families. Only 4 percent reported losing more than half of their enrollment. However, 70 percent of respondents reported that less than half of their enrolled families are experiencing in-person services. Only 9 percent of respondents indicated that all or most families in their program were receiving in-person services.

Respondents reported that their programs met the technological needs of families as most shifted to distance learning. Seventy-four percent of respondents reported that all or most students in their program had access to a technological device like a tablet or a laptop, and two-thirds of respondents affirmed that their program helped distribute devices to families. Still, reliable connectivity was an issue. Sixty-one percent of respondents reported that about half of their families had issues with connectivity.

When asked whether they thought ECECD provided clear communication during the public health emergency, 70 percent reported that the messaging was clear most of the time. While many respondents praised weekly calls and emails from ECECD, a few noted that policies and expectations sometimes changed frequently. Some respondents felt that the information they received from the state was sometimes in conflict with their Tribal governing authority, while others perceived that much of the information “was aimed toward programs providing child care or Pre-K.” Overall though, people saw ECECD communication as consistent, helpful, and informative.

Respondents said they were thankful for personal protective equipment (PPE) supplies, food resources, masks, and infant gift packages that helped meet the needs of their families. Reflecting on challenges from state agencies, some did comment that testing and vaccines were not especially well-coordinated among state agencies, with one lamenting the lack of state prioritization of early childhood providers for receipt of the COVID-19 vaccination.

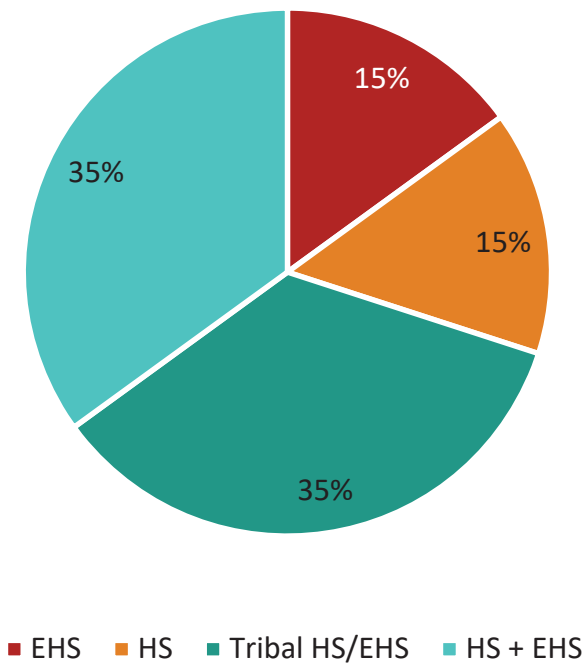
Demographics and Program Type

Survey respondents reported that their programs served a total of 20 of the state’s 33 counties (61 percent). Four respondents reported serving Cibola County, while three respondents each reported serving Doña Ana, McKinley, and Sandoval Counties. Seventy-four percent of respondents reported serving one or two counties, with a minority reporting serving three or more.

Thirty-five percent of programs offered both Early Head Start and Head Start, while 35 percent reported Tribal affiliation. Fifteen percent offered only Head Start and the final 15 percent offered only Early Head Start (Figure 4). No migrant seasonal programs provided data for the survey.



FIGURE 4. SURVEY RESPONDENTS BY PROGRAM TYPE

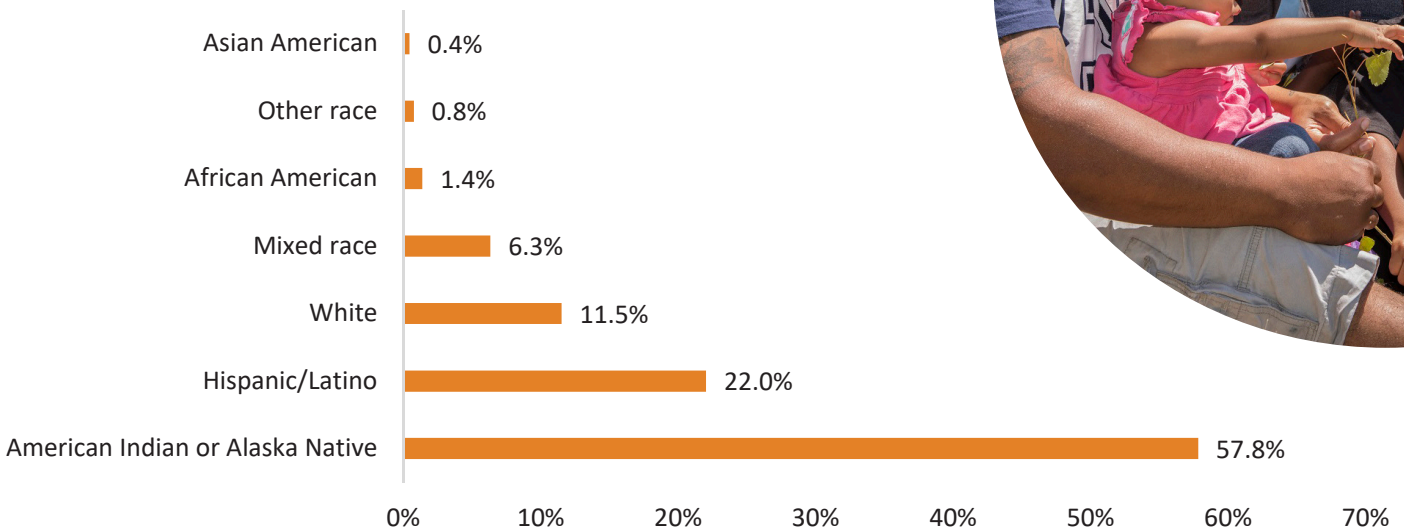


Both of New Mexico’s Early Head Start-Child Care (EHS-CC) Partnership grantees responded to the survey. The EHS-CC Partnership is a program in which Early Head Start (EHS) grantees partner with local child care centers and family child care programs. These partnerships layer funding in order to provide comprehensive services and high-quality early learning environments for low-income working families with infants and toddlers.

Among the programs surveyed, American Indian or Alaska Native (AIAN) children comprise the largest demographic group. This is unsurprising given that just over a third of programs in the survey sample are Tribal Head Start or Early Head Start grantees. Programs who took the survey reported on average that 58 percent of their families are AIAN. Eight programs reported that 95 percent or more of the families they served were AIAN. Hispanic/Latino families account for 22 percent of families served in the sample, on average. White families make up on average about 12 percent of families served, and other racial and ethnic groups compose an exceedingly small proportion of families served (Figure 5).

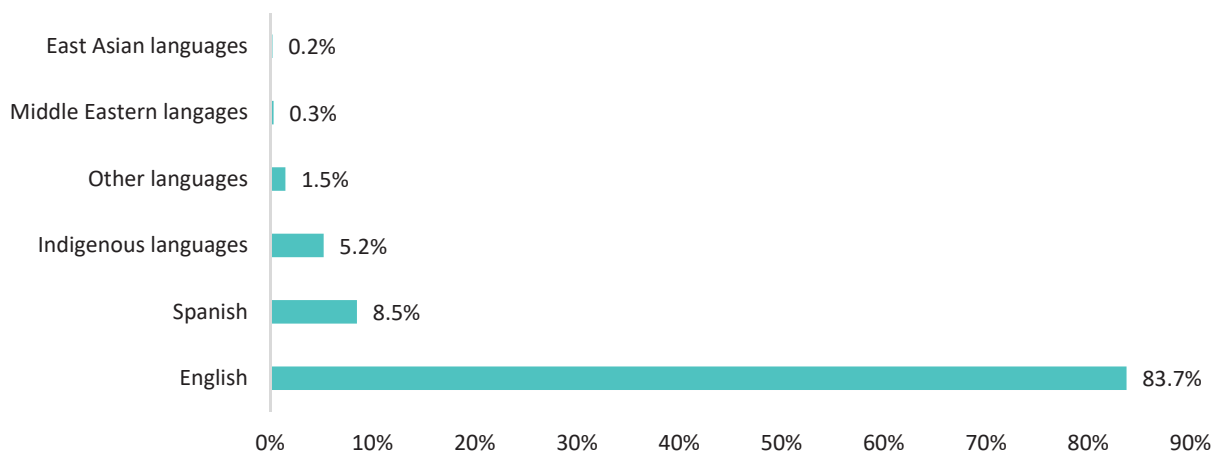


FIGURE 5. RACIAL AND ETHNIC IDENTITIES OF CHILDREN SERVED BY SURVEY RESPONDENTS



Respondents reported that English was spoken by 84 percent of the families they serve, followed distantly by Spanish at about 9 percent (Figure 6).

FIGURE 6. LANGUAGES SPOKEN BY CHILDREN SERVED BY SURVEY RESPONDENTS



About 35 percent of programs reported that they use a language immersion program. Of this group, 57 percent reported teaching in indigenous languages such as Keres, Navajo, and Tewa while the remaining 43 percent reported teaching in Spanish. Among respondents not offering a language immersion program, several said that they had bilingual staff, but not a formalized language immersion approach, noting a desire to further explore what such a framework would look like. One respondent noted that for their indigenous language, there is a “lack of educational material.”

Programs shared a variety of strategies they use for maximizing dual language learning. Bilingual staff were a key component, and many respondents stated that they label things around the classroom with both languages, provide visual examples, and use interpreters if necessary (including for parent meetings). One respondent mentioned using picture cards, song, and dance to help immerse children in non-written indigenous languages, while another described trying to create “a welcoming environment, promote positive relationships and build family engagement partnerships.”

Seventy percent of respondents reported serving one or more children in the care of non-parental kin. Of these, 36 percent estimated their programs have 10 or more children in kinship care, while 14 percent reported having more than 20 children in such care.

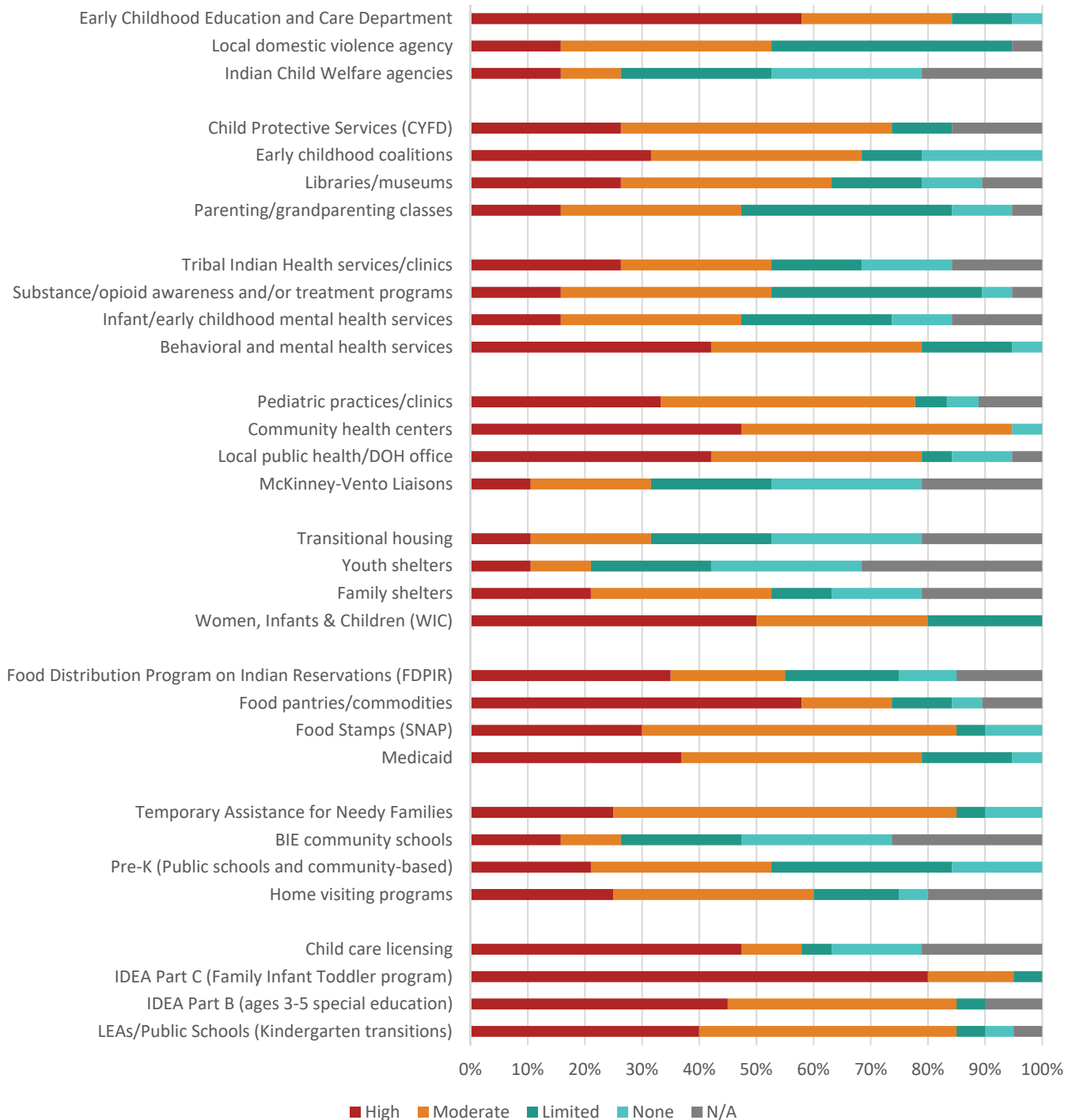


Collaboration with Partners

In general, respondents reported high or moderate levels of collaboration with partners. In communities where these services exist, more than 80 percent of respondents indicated moderate to high collaboration with community health centers, ECECD, Women, Infants & Children (WIC), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Local Education Agencies (LEAs) for kindergarten transitions as well as IDEA Part B and C transitions. Seventy five percent noted moderate to high collaboration with Medicaid, Child Protective Services, behavioral and mental health services, and pediatric clinics (Figure 7).

About 50 percent of respondents indicated moderate or high collaboration with other partners including infant mental health consultants, parenting classes, substance treatment agencies and family shelters. Youth shelters, Indian Child Welfare Agencies and Bureau of Indian Education community schools were all ranked lowest at 30 percent or less for moderate to high collaboration.

FIGURE 7. STRENGTH OF COLLABORATION BY PARTNER ORGANIZATION TYPE



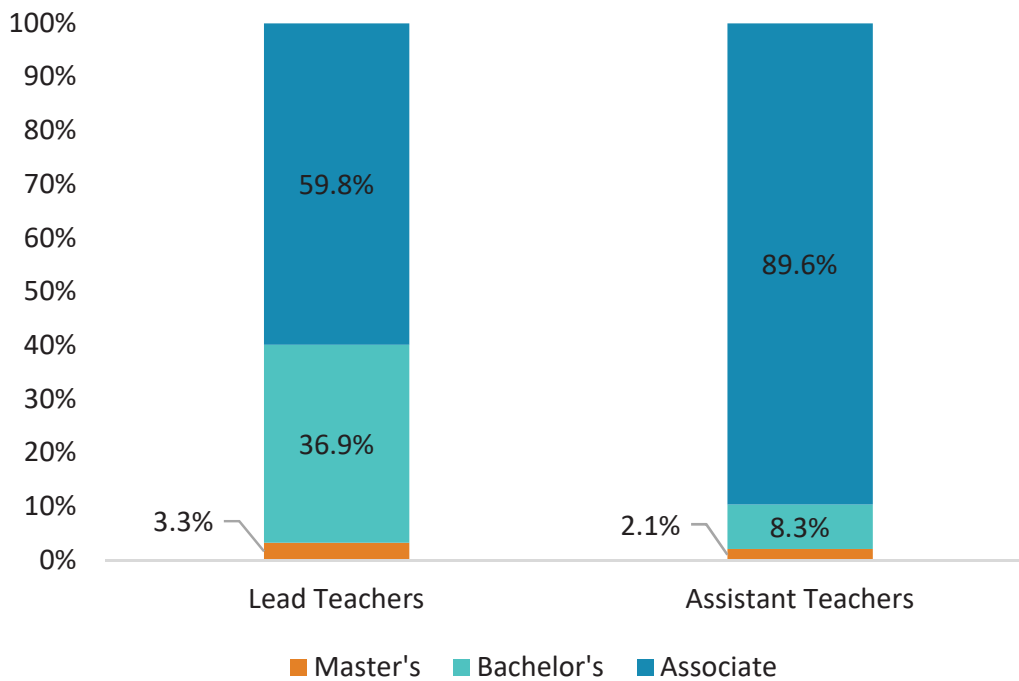
Head Start Teaching Workforce

Survey respondents provided information on educational credentials and certificates earned by teachers working at their program sites (67 sites in total). Across these sites, degree attainment data were reported for 292 total early childhood educators (244 lead teachers and 48 assistant teachers). Among lead teachers who held any degree, 40 percent had a bachelor's degree or higher. For assistant teachers, this number is just over 10 percent. Associate degrees were more common among educators, held by about 60 percent of the degreed lead teachers in the sample and about 90 percent of the degreed assistant teachers (Figure 8).

Respondents reported that their staff hold a total of 124 Child Development Certificates, 125 Child Development Associate degrees, and 4 bilingual certifications. No educators were reported as having an infant mental health endorsement.



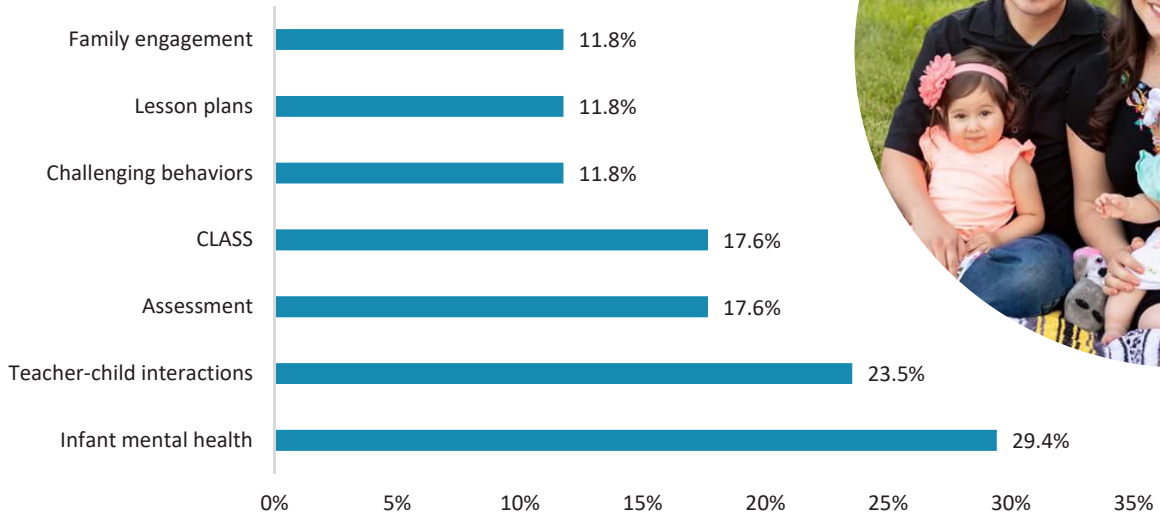
FIGURE 8. DISTRIBUTION OF DEGREE ATTAINMENT AMONG DEGREED EDUCATORS



Data note: Survey respondents were asked to provide the number of educators, by site, with certain degrees and credentials. These percentages reflect the distribution among educators with degrees, and do not indicate that 100% of Head Start educators have a degree.

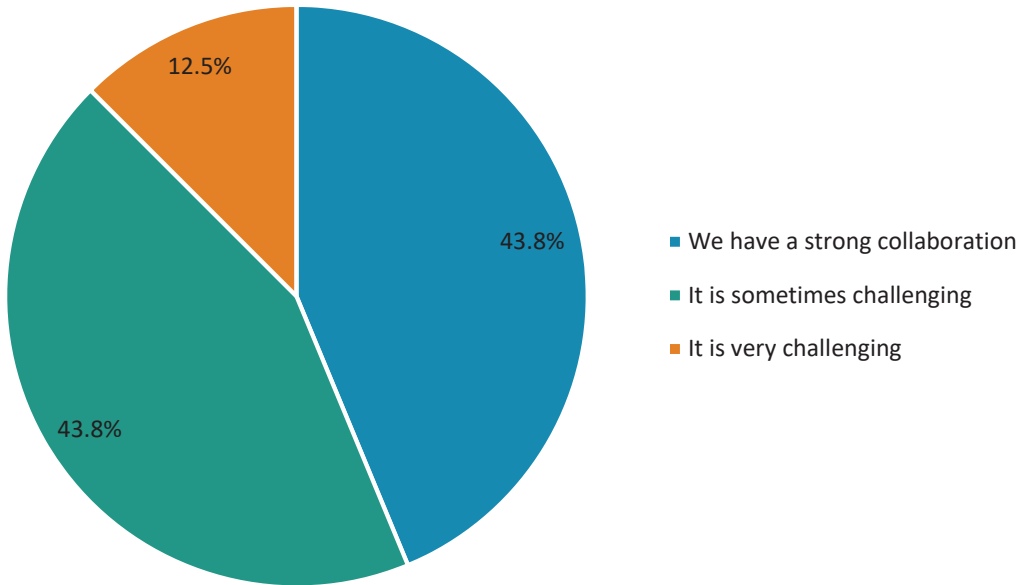
Respondents described a variety of needs related to staff professional development. Responding to an open-ended question, almost 30 percent indicated that infant mental health training was needed, and 24 percent reported a need for resources on teacher-child interactions (Figure 9). Eighteen percent of respondents noted that professional development around assessments and the Classroom Assessment Scoring System (CLASS) were needed, while 12 percent each reported a need for professional development on dealing with and documenting challenging behaviors, designing high-quality lesson plans, and fostering family engagement.

FIGURE 9. GREATEST PROFESSIONAL DEVELOPMENT NEEDS



About 70 percent of respondents reported that they have a partnership with a higher education institution or training program, while about 30 percent reported they had no partnerships. Respondents reported having agreements with more than 14 different universities, colleges, or other agencies, representing nearly every major higher education institution in the state.

FIGURE 10. LEVEL OF CHALLENGE EXPERIENCED IN COLLABORATING WITH HIGHER EDUCATION INSTITUTIONS





About 44 percent of respondents reported that they had a strong collaboration with higher education and training institutions, while the same proportion noted that it is sometimes challenging (Figure 10). Only 13 percent of respondents stated that collaborating with these institutions was very challenging.

Those who said their collaboration was strong mentioned that they felt supported and their partner institution was eager to serve their employees. Another said there was no challenge in collaborating, but that the problem was “our own teachers who are losing motivation and commitment.” Respondents who said collaboration was sometimes challenging described a lack of time and a struggle to connect with the staff and faculty from those institutions. Multiple respondents noted that it was hard to work with institutions to offer the classes that staff needed to finish degrees. Those who saw their collaboration as very challenging reported “very little communication, if any” and remote distances and lack of early childhood classes as being barriers.

Slightly less than half (44 percent) of respondents reported that their program accesses the state scholarship system for early childhood educators.

Forty-five staff from these programs were reported to have accessed a scholarship.

Among the 56 percent who had not accessed the program, 44 percent reported that they had not heard of it and 22 percent reported that they encountered difficulty when trying to sign up. Other comments mentioned not being state licensed and thus not having been allowed to apply for scholarships. Some respondents said that in the past they had used their own technical assistance funds to cover tuition, and that most staff use other specific scholarships and financial aid to finance their education.

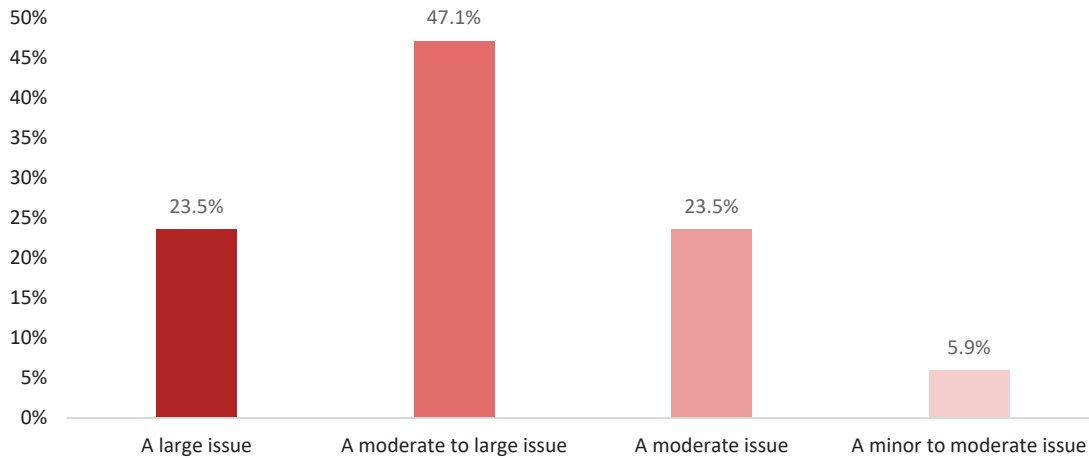
About 59 percent of respondents indicated their program had accessed online Quorum training. From this pool, respondents estimated that 194 staff had accessed the training. Among the 41 percent who reported their programs had not accessed Quorum training, 57 percent had not heard of it while 29 percent did not think Head Start was eligible for it.

Substance Misuse

Nearly half (47 percent) of respondents reported limited or no collaboration with local substance treatment partners, or that such services were not available in their area. When asked about the needs in their communities regarding substance misuse, 71 percent indicated substance abuse was a moderate to large issue in their locales (Figure 11). Only one survey respondent indicated that substance misuse programs were at the lowest level of priority. Of the 71 percent, half had limited or no collaboration with substance use treatment agencies. Nearly all respondents reported alcohol (94 percent) and marijuana (82 percent) were abused in their communities, while opioids (59 percent) and methamphetamines (53 percent) were also mentioned by more than half of respondents.



FIGURE 11. EXTENT OF SUBSTANCE MISUSE IN RESPONDENT COMMUNITIES



More than half (59 percent) of respondents reported that their program collaborates with a specific agency that provides treatment for substance abuse. Of this group, about half reported their local behavioral health clinic was their primary treatment agency for referred families. Respondents described numerous examples of how they collaborated with these agencies in addition to making referrals, including monthly or annual trainings, workshops and resources for parents, and written collaboration agreements.

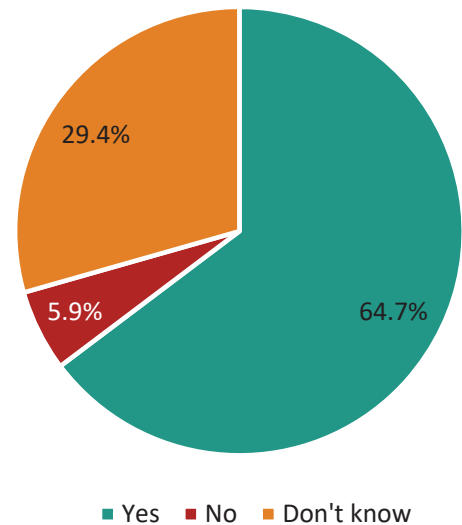
Nearly half of respondents (47 percent) reported that availability was a barrier to substance use treatment. Respondents also noted that those referred for services may not be ready to admit to the scope of their problem or act on it, and that commitment and following through on attending the treatment program are frequent problems. Financial cost poses barriers, as well as the process of leaving family for treatment. One respondent from a rural area noted a lack of qualified treatment professionals, and difficulty maintaining confidentiality while seeking services in a small community.

Infant/Early Childhood Mental Health

About a third of respondents (36 percent) reported that they employ dedicated onsite staff providing Infant/Early Childhood Mental Health consultations. Sixty-four percent reported using an offsite contractor instead.

About two-thirds (65 percent) of respondents said families in their program were aware of Infant / Early Childhood Mental Health Consultation. About 30 percent reported they were unsure whether families were aware of such services (Figure 12). Two respondents noted that a training and informative session on the topic for families would be useful in increasing awareness and uptake of these services. One respondent noted the need to “remove the stigma from partaking in these services” while another stated that finding a consistent Infant/Early Childhood Mental Health consultant to work with families would improve awareness and uptake.

FIGURE 12. ARE FAMILIES AWARE OF INFANT /EARLY CHILDHOOD MENTAL HEALTH CONSULTATIONS?



FOCUS Tiered Quality Rating and Improvement System

A minority of respondents (18 percent) reported participating in FOCUS, the state's tiered quality rating and improvement system. Asked to describe other tools and frameworks they use for quality improvement, the Classroom Assessment Scoring System (CLASS) was the most frequent answer, followed by the National Association of Education for Young Children (NAEYC) accreditation. Two of the three respondents who reported using FOCUS indicated they had positive experiences with the system, and appreciated the continued coaching and trainings for staff. One respondent said a challenge of FOCUS is "aligning to what we already do in Early Head Start ... There is some duplication as EHS has many components of high quality and standards." Regarding curriculum, all respondents reported using Creative Curriculum, while others supplemented this with curricula such as We Can, Parents as Teachers, Teaching Strategies Gold, and Frog Street.

Transitions

Respondents described a mix of successes and challenges in transitioning students from IDEA Part C to Part B (from Early Intervention into public school special education services). Some respondents described strong collaboration with their public schools and, for some, the benefits of being housed under one roof. Others described being invited to meetings for the family/child as a success while another wrote that transition visits and the transition of actual documents were successes. Among the challenges raised by respondents, disruptions due to the COVID-19 public health emergency appeared to complicate transitions. One respondent stated that "contact with Part C agencies has been limited due to COVID ... [prior] to COVID, our Disabilities/Transition Specialist would attend IEP meetings, Transition meetings, and Part C Regional Meetings." Other logistical challenges mentioned were scheduling dates, parent registrations in both settings, public schools not providing documents when requested, turnover of management staff, and Head Start programs not receiving notification of transition meetings taking place.

All respondents indicated that clear instructions are provided to families on the transition of an Individual Family Service Plan (IFSP) to an Individual Education Plan (IEP). Some mentioned further that families are "stepped through the process in advance" and there is a "team that supports them." One clarified that "during the conference meeting... EI, LEA (Local Education Agency), and [the] Head Start representative meet with a family to share how each collaborates and assists the family." Additionally, all respondents indicated that they had developed a Memorandum of Understanding (MOU) with their local education agency.

Respondents described a variety of ways kindergarten teachers could support Part C to Part B transitions. Many mentioned things like communicating clearly with families and with Head Start teachers about what is expected in the kindergarten classroom, coordinating visits with Head Start teachers, and understanding the role of Head Start. One commented that kindergarten teachers should "be willing to work WITH our staff, not to use them to blame them if all children are not up to speed."

Relatedly, respondents mentioned similar things Head Start programs can do to support a smooth transition: inviting kindergarten teachers to visit their Head Start classrooms, educating parents and guardians about the process, and accompanying families and children in visiting schools. Other strategies mentioned include: transition checklists, assisting parents with kindergarten registration, and ensuring parents and children have adequate school readiness skills.

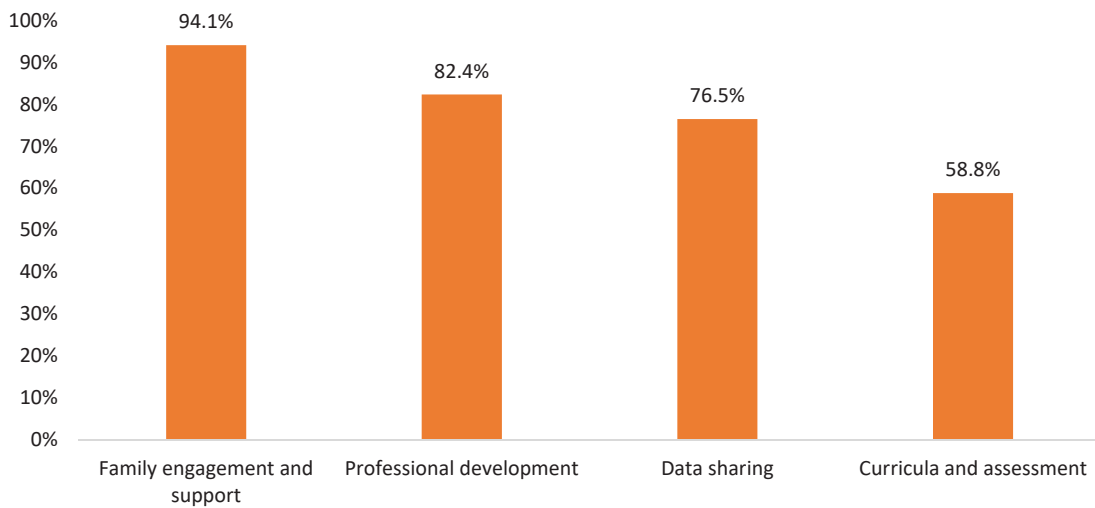


State-Local Collaboration

More than 94 percent of respondents said they would like to see increased collaboration between Head Start and other state agencies to improve family engagement and support. More than 80 percent of respondents indicated they would like to see increased collaboration between Head Start and state agencies to support professional development, and three-quarters said collaboration to support data sharing would be useful (Figure 13). A little over half wanted to see increased collaboration supporting curricula and assessment. One respondent wrote that they would like to see collaboration to prevent oversaturating areas with state-funded PreK, which can cause competition with local Head Starts to fill funded openings.

Respondents had several suggestions for strengthening collaboration. About 18 percent wrote that data sharing would be impactful to “see the outcomes of students as they transition” and “support recruitment to Head Start programs.” Other ideas mentioned include: improving communication between state officials, having one listserv and point of contact, a shared database for “identifying progress among our children,” cooperative training opportunities between Head Start and other local early childhood or educational programs, and continuing with Zoom meetings, which one respondent described as “the best way to meet others in a convenient structure.”

FIGURE 13. HOW WOULD YOU LIKE TO SEE COLLABORATION STRENGTHENED BETWEEN HEAD START AND STATE AGENCIES?



Conclusion

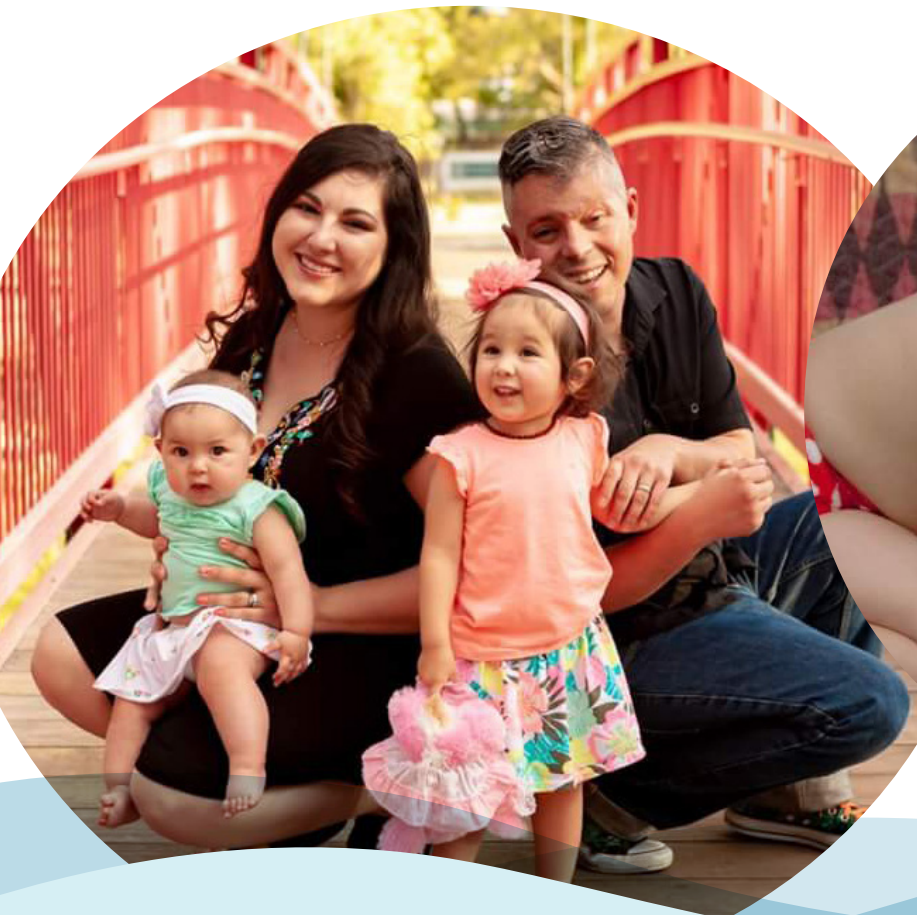
The 2021 Head Start Needs Assessment shows the strengths and challenges of Early Head Start and Head Start Programs during an extraordinary time. Some key findings illuminated by the survey include:

Strengths: Head Start and Early Head Start grantees report particularly high levels of collaboration with early intervention programs, and high to moderate levels of collaboration with public schools, community health centers, and ECECD itself. Public school collaborations appear to be strongest around IDEA Part B services and kindergarten transitions, but somewhat weaker with PreK programs in public schools.

Progress: In two domains of particular importance, about half of respondents reported that they had high to moderate levels of collaboration, while the other half reported limited or no collaboration. In both these areas – collaboration with NM PreK programs, and with substance misuse treatment programs – collaboration is essential to meet the needs of families. Improved collaboration between Head Start programs and NM PreK is an important statewide goal, and Head Start programs have indicated clearly that substance misuse is a significant challenge in their communities. In both these areas, there is room to grow.

Challenges: Survey respondents reported lower levels of collaboration with Tribal entities such as Indian Child Welfare agencies and Bureau of Indian Education community schools. Lower collaboration levels were also reported with housing partners such as youth shelters and transitional housing. These areas point to possibilities for future development and focus.

Broadly, the 2021 Head Start Needs Assessment shows that Head Start grantees are meaningfully incorporated into the new Early Childhood Education and Care Department, and have received regular and helpful communication from the department throughout the public health emergency. The relatively high percentage of Tribal survey participants (35 percent) also indicates that Tribal grantees are being engaged in statewide early childhood efforts in encouraging ways. These findings point to numerous opportunities for ECECD to build on existing successes and enhance the integration of Early Head Start and Head Start programs into the broader fabric of early childhood in New Mexico.



Appendix A: Survey Instrument

COVID-19 HEALTH EMERGENCY

1. Did your program remain open for in-person services during the COVID-19 public health emergency?
 - a. Yes, we remained open for in-person services for all or nearly all of the public health emergency (exclude temporary closures due to a COVID rapid response)
 - b. We closed temporarily for in-person services during the public health emergency, but not the entire time
 - c. No, we have been closed for in-person services throughout the public health emergency
2. Did your program face any of the following issues that prevented or delayed reopening for in-person services? Check all that apply.
 - Staffing shortage
 - Lower enrollment
 - Sanitation issues
 - Lack of PPE
 - Difficulty meeting social distancing requirements
 - Other (specify)
3. For the families your program serves, what have you observed to be their highest needs? Please rank order the following, with 1 as the highest need.
 - a. Food
 - b. Mental/Behavioral health supports
 - c. Cleaning and sanitizing products
 - d. Internet connectivity / Access to communication devices (phones/tablets/laptops) / Help with use of technology
 - e. State services such as WIC, TANF, unemployment or Medicaid
4. Are there any other high needs for families in your program? (open-ended)
5. During the public health emergency, how well have local education agencies met the needs of young children with special education needs in your community?
 - a. Extremely well
 - b. Fairly well
 - c. Moderately well
 - d. Fairly poorly
 - e. Extremely poorly
6. Please explain your response: (open-ended)
7. Please describe one or more positive things that have happened during the public health

8. Acknowledging that COVID-19 has potentially reduced your maximum capacity and enrollment, has your program been able to maintain enrollment throughout the public health emergency?
 - a. We maintained most of our enrollment during the public health emergency
 - b. Our enrollment dropped significantly, but we are still serving about half of our original families
 - c. We lost more than half of our enrollment

9. What proportion of families in your program are still experiencing in-person programming?
 - a. All or most
 - b. About half
 - c. Less than half

10. What proportion of your students have access to technological devices (phones, tablets, computers) to support learning?
 - a. All or most
 - b. About half
 - c. Less than half

11. Did your program provide devices to families to assist with learning? Yes/No

12. What proportion of families have challenges with connectivity and receiving virtual content?
 - a. All or most
 - b. About half
 - c. Less than half

13. Has ECECD provided clear communication and regular updates about health and safety guidelines related to the COVID-19 public health emergency?
 - a. Yes, most of the time
 - b. Some of the time
 - c. No, hardly ever

14. Please explain your answer: (open-ended)

15. Please describe any positive supports your program received from state agencies (e.g. ECECD, DOH, HSD) to meet your program's health and safety needs during the COVID-19 public health emergency. (open-ended)

16. Please describe any challenges you encountered in receiving health and safety supports from state agencies during the COVID-19 public health emergency. (open-ended)

DEMOGRAPHICS

17. What county/counties does your program serve? Select all that apply.

Bernalillo	Harding	Roosevelt
Catron	Hidalgo	Sandoval
Chaves	Lea	San Juan
Cibola	Lincoln	San Miguel
Colfax	Los Alamos	Santa Fe
Curry	Luna	Sierra
De Baca	McKinley	Socorro
Dona Ana	Mora	Taos
Eddy	Otero	Torrance
Grant	Quay	Union
Guadalupe	Rio Arriba	Valencia

18. Select your program type(s): Select all that apply

- a. EHS
- b. HS
- c. Tribal HS/EHS
- d. Migrant-Seasonal HS

19. Are you an Early Head Start-Child Care Partnership Grantee? Yes/No

20. How many children in your program are under kinship care?

21. About what percentage of the children you serve have the following racial/ethnic identities? Please provide your best estimate, using a number from 0 to 100 (e.g. 25 = 25%). If you oversee multiple sites, please provide your best estimate of the overall percentage across your entire program.

- a. % American Indian
- b. % Hispanic/Latino
- c. % African American
- d. % Asian American
- e. % Mixed race
- f. % Caucasian
- g. % Other (specify)

22. About what percentage of the children you serve have the following as their primary language? Please provide your best estimate, using a number from 0 to 100 (e.g. 25 = 25%). If you oversee multiple sites, please provide your best estimate of the overall percentage across your entire program.

- a. % English
- b. % Spanish
- c. % Indigenous languages
- d. % Middle Eastern and Arabic languages
- e. % East Asian languages
- f. % Other (specify)

23. Is your program using a Language Immersion program? Yes/No
- a. If yes, what language is the focus of your program's immersion program? (open-ended)
 - b. If no, why does your program not use a Language Immersion program? (open-ended)
24. What are some of your program's strategies for maximizing dual language learning? (open-ended)

PARTNERSHIP COLLABORATION

Strong collaboration is critical to the success of Head Start programs. Please identify your level of collaboration with each community partner (high, moderate, limited, none, not available). Choose not available only if the service is not present in your community.

Education

1. Local Education Agencies/Public Schools (Kindergarten transitions)
2. IDEA Part B (ages 3-5 special education)
3. IDEA Part C (ages 0-3 early intervention – Family Infant Toddler program)
4. Child care licensing
5. Home visiting programs
6. Pre-K (Public schools and Community-based)
7. BIE Community Schools

Local Income Support Division

8. Temporary Assistance for Needy Families (TANF)
9. Medicaid
10. Food Stamps (SNAP)
11. Food pantries/commodities
12. Food Distribution Program on Indian Reservations (FDPIR)
13. Woman, Infants & Children (WIC)

Homeless Providers

14. Family shelters
15. Youth shelters
16. Transitional housing
17. McKinney-Vento Liaisons

Health/Mental Health

18. Local public health/DOH office
19. Community health centers
20. Pediatric practices/clinics
21. Behavioral and mental health services
22. Infant early childhood mental health services
23. Substance/opioid awareness and/or treatment programs
24. Tribal Indian Health Services/clinics

Other

25. Parenting/grandparenting classes

- 26. Libraries/museums
 - 27. Early childhood coalitions
 - 28. Child Protective Services (CYFD)
 - 29. Indian Child Welfare agencies
 - 30. Local domestic violence agency
 - 31. Early Childhood Education and Care Department
 - 32. Other partnership: (specify)
33. Please provide any additional information about partnerships that you think is important to explain: (open-ended)

WORKFORCE

25. For the next question on workforce education, please remind us whether you oversee more than one program site. (I only manage one site / I manage more than one site)

[For multi-site respondents: For the next series of questions on workforce education, please respond at the site level including site name for identification. We have included fields for up to 30 sites. Please fill in only what you need (e.g. if you have 3 sites, use only fields designated Sites 1 through 3 and ignore fields for Sites 4 through 30), then scroll to the bottom to click Next to continue.]

26. How many of your program staff have the following highest levels of education? People may be counted only once. Please provide your best estimate for each site you oversee using a number from 0 to 100. (question is repeated per site; 30 sites)

a. Site name:

	Lead Teachers	Assistant Teachers
# with Master’s degree in early childhood or a related field		
# with Bachelor’s degree in early childhood or a related field		
# with Associate degree in early childhood or a related field		

27. How many of your program staff at that site have the following additional qualifications? People may be counted more than once here if they have more than one of the following.

	Lead Teachers	Assistant Teachers
# with Child Development Certificate		

# with Child Development Associate		
# with Bilingual Certification(s)		
# with Infant Mental Health endorsement		

28. What is the greatest need for staff professional development in your program? Please list any specific types of training that would be helpful. (open-ended)
29. Which higher education institution(s) or training program(s) does your program have partnerships with, if any? (open-ended)
30. Do you face any challenges in collaborating with higher education and training institutions?
- Yes, it is very challenging
 - It is sometimes challenging
 - No, we have a strong collaboration
31. Please explain your answer: (open-ended)
32. Does your program access the state scholarship system for early childhood educators? (Yes/No)
- If yes, how many staff have utilized state scholarship funds?
 - If no: Why hasn't your program accessed state scholarships? Select all that apply.
 - I have not heard of this resource
 - I did not think Head Start was eligible for this resource
 - My employees are not interested in this resource
 - We encountered difficulty signing up for and using this resource
 - Other (specify)
33. Does your program access online Quorum Training available through the state? (Yes/No)
- If yes, how many staff have utilized online Quorum Training?
 - If no: Why hasn't your program accessed Quorum Training? Select all that apply.
 - I have not heard of this resource
 - I did not think Head Start was eligible for this resource
 - My employees are not interested in this resource
 - We encountered difficulty signing up for and using this resource
 - Other (specify)

SUBSTANCE MISUSE

34. How high are the needs in your community regarding substance misuse? (scale 1-5, with 1 signifying that substance misuse is a very minor issue in your community, and 5 signifying that substance misuse is one of the most pressing issues in your community)

35. What are the predominant substances being misused in your community? Select all that apply.
- i. Methamphetamines
 - ii. Alcohol
 - iii. Marijuana
 - iv. Opioids (prescribed/non-prescribed)
 - v. Other (specify)

36. Does your program collaborate with agencies that provide treatment for substance misuse?
Yes/No
- a. What agencies? (open-ended)
 - b. Please describe the ways you collaborate: (open-ended)

37. What are the barriers to families accessing substance misuse services in your community? (open-ended)

INFANT EARLY CHILDHOOD MENTAL HEALTH

This is a service provided by a trained professional in early childhood mental health whose goal is to help educators and families promote the social and emotional development of the young children in their care.

38. Do you have a dedicated onsite staff providing Infant / Early Childhood Mental Health Consultations, or do you utilize an offsite contractor for these services? (Staff/Contractor)
- a. If contractor, please provide the name of the person(s)/agency(ies) that provide IMH consultation: (open-ended)
39. Are families in your program aware of Infant Mental Health Consultation? Yes/No/Don't Know
- a. If no/don't know, what would be most helpful to increase awareness and uptake of infant mental health consultation among the families you serve? (open-ended)

FOCUS TIERED QUALITY RATING AND IMPROVEMENT SYSTEM (TQRIS)

40. The state has implemented the FOCUS TQRIS program, which is a Tiered Quality Rating and Improvement System that provides consultation and monitoring services and is free of charge. As a rule, Head Start programs are required to participate in a quality rating system. Is your program currently participating in FOCUS? Yes/No
- a. If no, is your program using a different quality rating system? Please specify.
 - b. If yes, what has been your overall experience with FOCUS?
 - i. Generally positive
 - ii. A mixture of positive and negative
 - iii. Generally negative
 - c. What challenges have you encountered participating in FOCUS? (open-ended)
 - d. What have been your program's successes related to FOCUS? (open-ended)
41. What curriculum is being used in your program?
- a. Creative Curriculum

- b. High Scope
- c. Work Sampling
- d. Connect4Learning
- e. Other (specify)

TRANSITIONS

As children grow, they often become ineligible for some programs and must transition to different ones. One of the goals of Head Start is to ensure that these transition processes are as timely and seamless as possible. We'd like to know about how those transitions happen in your community.

- 42. What has been the greatest success in transitioning students from IDEA Part C to Part B (from Early Intervention into public school special education services)? (open-ended)
- 43. What has been the greatest challenge in making these Part C to Part B transitions? (open-ended)
- 44. Is there clear instruction to families about the transition of an Individual Family Service Plan (IFSP) to an Individual Education Plan (IEP)?
- 45. Has your program developed a Memorandum of Understanding (MOU) with your local education agency? (Yes/No)
- 46. Please share the top three things a Kindergarten teacher can do to support a smooth transition? (open-ended)
- 47. What are the top three things Head Start does to support a smooth transition? (open-ended)

STATE- LOCAL COLLABORATION

- 48. Please mark how you would like to see collaboration strengthened between Head Start and state agencies. Select all that apply:
 - a. Data sharing
 - b. Professional development
 - c. Curricula and assessment
 - d. Family engagement and support
 - e. Other (specify)
- 49. Please explain more how you would like to see collaboration between Head Start and state agencies improved. (open-ended)
- 50. Is there anything else important about your program needs that we missed? (open-ended)
- 51. Please provide your identifying information (your name and your program name), and additional address/contact information if you would like the Head Start Collaboration Director to contact you for follow up and to be kept up to date on happenings, events and opportunities.

Appendix B: Write-In Comments

2. Did your program face any of the following issues that prevented or delayed reopening for in-person services?

Other (specify):

- Our Program is still currently closed due to the high impact of cases in the community
- Tribal recommendations to remain closed
- Adherence to public health and tribal leadership concern for community spread - containment continues to be priority
- Only remote services have been provided.
- Administration support
- Conflicting or different orders between NN and state
- Facility issues and required square footage

4. Are there any other high needs for families in your program? (open-ended)

- Getting support for our children with referrals and IEP's.
- Network connection for distant learning
- Families just want to receive face to face visits in our home base program. Virtual has been a challenge for the families as they have other children that are in school that also have virtuals. Families have difficulty if they themselves are working from home or have to go and work. Overall, virtual has been a challenge to families and staff.
- Access to child care when families return to work.
- No
- Transportation
- Lack of transportation to needed resources
- Transportation
- Clear education and access to receipt of the vaccine. Careful planning has begun late January and currently for this containment activity
- Financial stability
- Housing
- Education and training on healthy eating
- Child Care during classroom quarantines
- Shelter
- Adequate housing allowing families to social distance
- N/A
- Housing
- Childcare (dependable)
- Household appliances
- Many family members have died due to covid

6. During the public health emergency, how well have local education agencies met the needs of young children with special education needs in your community?

Please explain your response: (open-ended)

- Delay in response time, their own closures.
- Services continue virtually
- Virtual learning is not supportive to special education needs especially in young children as they need interactive experiences which are very difficult for children and parents virtually.
- wrap around services
- Therapy services occur via zoom. Internet access and Wifi stability remains a problem.
- Services delivered remotely is really seen as less than ideal but a "better than nothing" service. The quality pales in comparison to in-person making regression inevitable.
- The Special Education Department in our area immediately converted to virtual, schedules of meeting times per family were sent out. Virtual therapy sessions for families with internet at homes, but learning packet no internet.
- LEAs contacted us several times due to lack of communication with parents. If they worked with the Head Start program, we could have assisted i connecting them. Most times, they tried to work directly with parents.
- Our LEA was quick to adapt and implement a virtual based service plan for our students, but you can only do so much virtually and students have suffered with out direct, face-to-face services.
- This community is small and rural. Shortage of public health and educators permitted to provide service. Families of students with special needs may have had to wait longer than normal for specific service or are new to technology (online instruction) or learning kits; and, the family adults have had to increase his/her skill set to home school during this pandemic.
- Providing services via zoom.

- Low internet access and they offered face to face but most parents of special needs children opted out of face to face
- We have a significant number of pending referrals. Children have been waiting for evaluation/determination for a long time. Services for children are limited as well.
- Services are provided based on LEA availability. Initially when schools were closed, no services were provided. Once services were provided, not all families consistently participating.
- Poorly coordinated virtual services for Pre-K Students
- Families aren't interested or unable with virtual learning for young children. Especially when parents are working from home, and have older children who are trying to attend virtual learning. It's too much to ask some families to meet all these needs.
- Parents state that public schools send out packets of work that do not address the deficits in IEPs or IFSPs. Lack of consistency and communication also occur frequently.
- We are unable to provide services through our Agency, services are provided through the LEA which is the Espanola School District. Because of restrictions we were unable to screen children with potential delays. Services to children with IEPs have been provided virtually.
- There was a coordination of services
- Lack of response from some of the districts, services not rendered and/or incomplete assessments to provide services.
- They have met the needs of families by searching for accommodating measures to reach out to families and connecting virtually to provide services or outreach.
- Our children in Ruidoso School District who receive services - mainly speech have not received their normal hours of services whether in person or virtual
- Ei programs have continued to provide services virtually as well as in person evaluations

7. Please describe one or more positive things that have happened during the public health emergency, for your program: (open-ended)

- Learning continued to take place as our program are working to support children, families, and staff.
- We have been able to serve children onsite using hybrid model and families are happy to have children back onsite. We have created a safe environment for staff, children and families by following high standard protocols such as screening, PPE for staff (face mask, face shield, gowns, gloves, disposable shoes) and provided memo's to families and staff on our process. Provide resources to families to include supporting community through partnerships with N'gaga and Success. Provided tablets for families that needed them by creating a survey on families needs as it pertained to equipment and internet. Home Visitors created and provided monthly activity boxes for the families so that they have them throughout their virtual visits. Made modifications to our playground for social distancing.
- innovative ways to meet the needs of families
- Without children and staff in the program, we have been able to upgrade the facility including the installation of automatic hand sanitizer stations, automatic faucets and paper towel dispensers, security systems, and roof repair.
- We have been able to provide in-person services throughout the entire pandemic.
- For our preschoolers. The abundance of free resources made available for reading and social connections, but only to those who were able to retrieve resources via the internet.
- Staff were able to participate in many professional development virtual trainings. This was not always possible due to travel cost for all staff. Families were able to receive internet services through CARES Act funds. More interactions with parents and families. Deeper appreciation from families for the teaching staff.
- It allowed us to really review and revise our policies and procedures to determine what is and is not important for our community and families. Also, we were the only early childhood program providing services to our community, so it allowed us to keep our families food secure and provide continued educational service for their child's development.
- For more than one year concentrated efforts by many in our community have focused on managing the health pandemic COVID-19. Inter-departmental and educational service processes and service times have had to be modified for safety. We can all be assured medical vaccination schedules are underway and every community member has been planned for. Jicarilla Child & Family Education Center applauds parent advocacy including active technology and parent training during the health pandemic. Each interaction is a milestone to help our learning program build upon the parent-teacher-child relationship. An ultimate challenge for service continuity and managing service disruption began in March, 2020. In 2021, confirmation for an end to the health pandemic is completed community inoculation for a return to safe in-person service. At this time, our learning program has not held in-

person classroom learning since March, 2020. An online promotion was conducted for transitioning Head Start students in May, 2020. Likely, we will conduct a similar online promotion in May, 2021 (yet to be determined and confirmed). Parent and student communication was made available via hand-outs, telephone and social media. Students were provided their personal learning tablets (Hatch Learning Tablets). Meals were provided to students all month (breakfast, lunch and snack), even when the Jicarilla Apache Nation had scheduled days closed, the Staff wanted to make sure the students received a meal before the weekend prior to the federal holiday. Although the pandemic limited in-person service, we used a shortened service timeframe M-F for consistency, which is an important message for future program family activities and once school routine is restored.

- The community has provided boxes of food for families. Coats for kids, CAA rental/mortgage payments/ utilities payments.
- Family were eating together. Appreciation for child care centers and teachers.
- We were fortunate to receive Cares Act funds. We have used some of the funding to make improvements to network/internet services which are critical in providing remote services. Our staff have worked hard to learn and develop virtual learning approaches and activities.
- More time for professional development. 50% staff returned to pursue AA/BA degrees. More time for PLCs. Peer critique of zoom videos to assess children and teacher/child relationships.
- Smaller class sizes have increased Teacher's capacity to provide more intention and one-on-one individualized instruction with their students.
- Teachers trying to find what works for the families.
- Some staff members are thriving in the virtual world. Some state they have more time to concentrate on their classes towards their degree.
- During the Public Health Emergency, we have been able to take a step back and assess content areas and improve policies and procedures. We have continued to deliver meal services and educational services have been provided virtually for families who are able to attend.
- Sanitization, creative ways to provide services to the children and families.
- Staff training and professional development. Facility upgrades.
- We have had the support from our funding sources to conduct business in the safest methods to remain healthy.
- We have been able to deliver 60 or more meals a day to our families by using our bus and staff members. They are able to take the food to their house for those who can't drive to the school and get the free meals
- Our inkind numbers have increased through families doing more in home learning experiences

14. Has ECECD provided clear communication and regular updates about health and safety guidelines related to the COVID-19 public health emergency?

Please explain your answer: (open-ended)

- Information is share and given when available to share with families.
- We receive updates on a weekly basis.
- Sometimes policies and expectations changed
- Received e-mails.
- Weekly ECECD meetings with Secretary Groginsky have been effective in sharing/receiving information, updates and a forum for questions.
- Regular communication with ECECD provided guidance for creating a re-opening school plan. ECED also provided resources for PD for teachers, and regular meetings helped to stay connected with other Head Start staff in the State.
- The program was inundated with information several times a day, every day. At times, it was information overload.
- I am not really sure where those announcements are posted. I do receive some through communications with the CACFP.
- As we could attend onsite work schedules and to attend the zoom meetings, ECECD made available downloads or recorded meetings to attend when our schedules permitted. This was helpful.
- We receive updates and follow their website.
- They were available all the time to answer questions. Tuesday calls were excellent communication. Web site was informative
- The weekly informational meetings with ECECD staff have been helpful and provided consistent communication. More could be provided from licensing regarding requirements and changes.

- Information on test locations, PPE, Rapid Response plans, state updates by the experts, closure of centers, requirements and limitations of in-person services.
- The weekly calls and frequent emails have kept us updated. Great job.
- It's taken along time to get info out. It also feels like were are being told different things from different agencies, like licensing, environmental health, ECECD, Department of Health, OSHA, and the CDC. No one is ever on the same page.
- Navajo Nation is our governing authority. What comes from the state is sometimes in conflict and puts us in jeopardy of not following Navajo Nation directives.
- Although the information was provided, a lot of the information was aimed toward programs providing childcare or Pre-K. There seems to be little understanding about the Head Start Program. At the beginning, it felt a lot like our programs were being singled out because we were closed and not providing in person services.
- There was good communication and information.
- N/A
- I am always informed with updates from ECECD with the Tuesday morning calls or emails from our assigned licensing surveyor.
- At the beginning I felt that ECECD, DOH and NMPED were not communicating on the requirements for childcare centers residing in schools. The requirements were conflicting and there wasn't a really clear understanding of who we report to, how we report, and the guidelines when it came to quarantine. My staff were getting mixed messages from DOH about timelines and how long to quarantine.
- The weekly zoom meetings have been a great way to receive communication

15. Please describe any positive supports your program received from state agencies (e.g. ECECD, DOH, HSD) to meet your program's health and safety needs during the COVID-19 public health emergency. (open-ended)

- Resources
- We continue to have meeting to support on going efforts.
- We are getting vault screenings for our center staff on a bi-weekly basis.
- ECECD
- Nothing other an information in e-mails.
- No cost PPE was provided. DOH guidance around testing and quarantining.
- PPE supplies, resources, food resources, community distributions, PD resources, and much more
- The amount of information received; the weekly teleconferences with ECECD; bi-weekly conferences for tribal programs from ECECD
- ECECD allowed for us to modify how we distribute food through CACFP.
- Full support. Hand-outs or poster-type marketing pieces to share with families who expressed many concerns and fear or confusion during this entire pandemic. National news was helpful but did not target small communities, so the agencies listed aptly provided focused messaging to help everyone.
- We are a federally funded program and COVID money.
- New Mexico teams were supportive in all areas.
- The initial distribution of PPE by the Emergency Management system was very helpful. Children's services do not typically have established sources for that level of PPE and this resource was so important.
- Including us in most up to date state information, location and schedule of testing locations, providing masks, infant gift packages,
- Our Child Care Specialist has been informative and available. The DOH has answered our many call as we strived to follow state regulations. ECECD provided many supports through our weekly calls.
- Provided PPE from ECECD or Licensing.
- None that I am aware of
- We were able to receive care packages from the state to help our families who had infants and toddlers.
- ECECD provided information and resources.
- None
- I have remained informed of changes in processes with regard to surveillance testing and the many changes we experienced among any revisions or updates from ECECD, DOH, HSD, EID.
- Assistance with resources and PPE

16. Please describe any challenges you encountered in receiving health and safety supports from state agencies during the COVID-19 public health emergency. (open-ended)

- We have much support especially since our program is under La Clinica de Familia which receives much guidance that our program follows. We have ongoing weekly meetings to follow-up on any changes or guidance.
- BACK AND FORTH
- None
- ECE educators are deemed "essential", but aren't prioritized for the vaccine. LEA's get to put children and educator health, safety and well-being first when considering whether or not they will provide in-person learning and eyebrows are not raised, however, ECE providers are not afforded the same luxury. If we are so critical and so important, then let that reflect in how we are compensated
- I think the biggest was waiting on the vaccines and the uncertainties associated with C-19.
- None.
- Support for our program came from Office of Head Start and our Tribal Governance. Cannot recall receiving many services from state agencies.
- Locally, consistent and regular communication might have helped at the start. But, no one in the age generations served did not see the COVID-19 to be such an enormous health and safety concern. Mapping out the community spread would have been effective. Educators were doing their best to support the lock-down or shelter-in-place communication and planning for home supplies or schedules for ranchers. Strategic planning needed more input from stakeholders, but fear of contracting or presenting became a barrier for planners. Overall, the kinks got worked out but it took time.
- Just acquiring the vaccine for staff.
- NA
- I didn't have any challenges.
- How to work with infants. They never gave directions on holding and comforting infants. I had to find it on the CDC national website.
- Some of the info appears to be contingent on programs that are State Licensed. We are a tribal program and receive no state funds. We also have concerns that some of the state directives and supports may undermine tribal sovereignty.
- I have only had issues with the CACFP program and ensuring that reimbursements came through in a timely manner to provide meals for students.
- None
- Obtaining PPE.
- Early on there changes almost daily. We have come a long way as a state during this pandemic and have learned a lot and adjusted.
- Just the fact that there wasn't a consistent message across ECECD, DOH, and NMPED. I have to adhere to all three with my head start classrooms and I kept getting mixed information.
- Testing and vaccines

20. How many children in your program are under kinship care?

- | | | |
|------|------|-----|
| • 0 | • 3 | • 5 |
| • 0 | • 12 | • 3 |
| • 3 | • 25 | • 4 |
| • 37 | • 0 | • 6 |
| • 5 | • 15 | • 5 |
| • 9 | • 15 | |

23. Is your program using a Language Immersion program?

If yes, what language is the focus of your program's immersion program? (open-ended)

- | | |
|-----------|-----------|
| • Keres | • Navajo |
| • Spanish | • Tewa |
| • Keres | • Spanish |
| • Spanish | |

If no, why does your program not use a Language Immersion program? (open-ended)

- Lack of MOA
- Have not started a well-thought out program
- Not enough native speakers are on staff. We do incorporate our language into lesson plans and daily activities, but it is not enough to be considered "immersion." Also, there is a lack of educational material produced in our language.
- Head start federal standards must respect child's primary language.
- All student come to our program speaking English. If there dominate language is Spanish over 80% of our staff are fluent in Spanish and they will be place in a classroom with a Spanish speaking teacher.
- We do not have a specific curriculum or approach for dual language learners. We have bilingual staff. Need to formalize approach.
- Need to further explore the framework.
- We are trying to develop one at this time, but it has not been fully developed and is not yet operational.
- We utilize Teaching Strategies Gold curriculum
- Families have chosen English as the main language. We so have Spanish as a language within the program to align with the local LEA's.
- Never heard of this
- Not sure

24. What are some of your program's strategies for maximizing dual language learning? (open-ended)

- Lack of language teachers
- As Keres Language is not written so a lot of verbal and visual strategies are used. Repetition is use a lot and picture cards, songs and dance.
- WIDA
- One fluent Keres speaker on staff, integration of services with the Learn-at-Home Model including weekly videos and Keres Classroom Zoom Sessions.
- creating a welcoming environment, promote positive relationships and build family engagement partnerships
- Encourage social conversation, use simple one-word phrase to tie in with lessons expand as understanding deepens, read simple bilingual books. label classroom to languages in the classroom.
- We have bilingual teachers who provide language/cultural teaching experiences on a daily basis.
- Presenting of materials in multiple languages. Providing visual examples and spellings in multiple languages in the classroom environment. Acquiring interpreters if needed.
- Dual language curriculum, having bilingual staff.
- Both Spanish and English are spoken in the delivery of instruction.
- Bilingual staff; labeling in multiple languages; materials in multiple languages; positive adult/child interactions; strong home/school relationships; assessment and individualization
- Provide bi-lingual instruction in classrooms where teachers feel confident in using the language correctly. Bring in Keres speaking teachers to support classroom instruction
- Our classroom staff speak the Native language and use it in the classroom, as does most of the staff. Parent meetings all have Native speakers to provide info and/or translate if necessary.
- We use an immersion method for our Tewa classroom and ensure that children are surrounding by the language including early literacy practices such as labeling.
- Having staff that speaks the child's language
- Labels, activities and curriculum.
- Placing dual language teachers with dual language learners, collaborating with parents, modeling
- We have 1 dual language classroom in Ruidoso that is taught 90% in Spanish and 10% English. We label everything in every classroom in English and Spanish, our curriculum is in both languages, we have a social emotional curriculum that is both languages. We try to staff our classrooms with 1 teacher that speaks Spanish and 1 that speaks English and about 25% of all of our staff speak both languages including family advocates and managers.
- Provide resources in dual languages, interpreting services

Please provide any additional information about partnerships that you think is important to explain:
(open-ended)

- We provide service in two school districts. We have an active MOU with Silver School District and NO collaboration with Cobre Consolidated School in any manner.
- County Government, Higher Ed. and Local LEA's.
- It is vital that all partnerships are geared toward the best interest of the families we serve in our shared communities
- None at this time

28. What is the greatest need for staff professional development in your program? Please list any specific types of training that would be helpful. (open-ended)

- Scholarships, CLASS
- For teacher assistance to obtain to their CDC/CDA
- Infant Mental Health
- CLASS, Building relationships amongst colleagues, Writing and Implementing high-quality lesson plans
- conducting assessments, planning a good lesson plan, keeping the momentum, planning developmentally appropriate curriculum, supporting family engagement.
- Mental Health/Behavioral/Special Needs
- Our biggest need for staff development right now is how curriculum is driven by child assessment.
- We are utilizing Quorum so we need to see how this works
- Infant Mental Health; assessment; adult/child interactions and CLASS;
- Trauma informed classrooms
- Reflective thinking, individualizing student education, abstract thinking, scaffolding, ethical standards, best practices, developing relationships with families, reading comprehension, writing skills
- Child Mental Health Services
- Challenging Behaviors Documenting observations
- N/A
- Mental Health, challenging behaviors, professionalism/leadership, child-teacher interactions
- Teacher-Child Interactions and health and safety
- Covid -19, social emotional, child teacher interactions

29. Which higher education institution(s) or training program(s) does your program have partnerships with, if any? (open-ended)

- SIPI, UNM, NMHU
- SIPI Highlands CNM
- Collaborate with Community College as well as NMSU
- NONE
- Northern Arizona University, UNM, Navajo Technical University
- No partnerships.
- New Mexico State University
- Western New Mexico University
- Highlands, CNM, SFCC, SJCC
- NMSU-Grants
- Our Community Services division has agreements or the ability to work with all the tribal colleges in the state. They also work with UNM UNMV WNMU NMHU and CCNM
- Northern New Mexico College
- CNM
- N/A
- None
- ENMU-Ruidoso, CDA Council, and ECECD
- none

31. Do you face any challenges in collaborating with higher education and training institutions? Please explain your answer: (open-ended)

- Staff are having challenges in seeking assistance.
- Time
- Not a challenge. It's our own teachers who are losing motivation and commitment.
- Distance. Lack of early childhood classes.
- We are governed by NMSU so all our staff get free tuition to take classes.
- with the teacher practicum Teacher with 10+years experience are expected to come out of there jobs with no pay for a semester to do there practicum. It is getting better.
- I feel they are supportive and eager to serve our employees and are willing to work with our program.

- Very little communication if any.
- Our location is so remote, and it is difficult to get consistent advisement and the classes our staff needs to finish degrees
- There are times it is hard to get them to offer classes that are needed for our staff taking classes leading to longer graduation waits.
- Connecting with staff from the higher education institutions
- N/A
- No connections
- really have not had the opportunity

32. Does your program access the state scholarship system for early childhood educators?

If yes, how many staff have utilized state scholarship funds?

- 0
- 10
- 6
- 3
- 12
- 6
- 5
- 3

If no: Why hasn't your program accessed state scholarships? Select all that apply.

Other (specify)

- I believe we are just now learning of this resource. We have typically utilized our own T/TA funds.
- Staff mostly use specific scholarships and financial aid
- We are not state licensed and have not been able to apply
- Most employees come in with degrees. Program covers the cost when necessary.

33. Does your program access online Quorum Training available through the state?

If yes, how many staff have utilized online Quorum Training?

- 17
- 2
- 10
- 5
- 3
- 3
- 70
- 50
- 26
- 8

If no: Why hasn't your program accessed Quorum Training? Select all that apply.

Other (specify)

- Program utilizes it T&TA network and trainings are not program centered.

35. What are the predominant substances being misused in your community? Select all that apply.

Other (specify)

- high alcohol content drinks

36. Does your program collaborate with agencies that provide treatment for substance misuse? Yes/No

What agencies? (open-ended)

- Behavior Health programs within our community
- LCDF BHS
- Local Behavioral Health Service Agency
- Teen Health and Family Wellness Program
- PMS provides treatment for substance misuse. (internal)
- Behavioral Health
- Alamo Navajo Health Center
- Grant programs in Colfax County.
- Hope center, hartley house, lighthouse mission
- IHS, UNM, Indian Health Center

Please describe the ways you collaborate: (open-ended)

- Making referrals, sharing resources
- Annual trainings; refer to BHS
- Monthly Training, community wide
- We can make internal referrals to our own BH clinics. BH staff provide training and support to Head Start staff when needed.
- Program, family and community needs. Training/Education to staff and families
- Parent information and workshops, referrals of families in crisis, mental health counseling
- Written partnerships.
- Referral of families when the needs is expressed
- Provide resources and training

37. What are the barriers to families accessing substance misuse services in your community? (open-ended)

- unsure
- They don't want to disclose information and also being in denial of usage.
- Currently done telephonic or telehealth due to COVID restrictions
- Consistent attendance when referred
- Not ready to hear, denial.
- Lack of confidentiality. Lack of qualified substance abuse counselors/professionals.
- Finding programs that help with substance misuse.
- Only one facility is available and very hard to get services.
- Willingness to engage in services. Lack of in-patient treatment when warranted;
- Limited services
- They have to go off reservation and away from families to get in-patient treatment. Costs and ability to access.
- lack of providers
- Lack of services
- Lack of programs and access.
- The information is not shared
- We have limited resources available in our area. Most families access resources in Alamogordo or Roswell
- none at this time

38. Do you have a dedicated onsite staff providing Infant / Early Childhood Mental Health Consultations, or do you utilize an offsite contractor for these services? (Staff/Contractor)

If contractor, please provide the name of the person(s)/agency(ies) that provide IMH consultation: (open-ended)

- FSIP BH
- Ruth Ortiz
- We do not have one specific to our program.
- Avenues Early Childhood Center
- We used to work with Avenues Early Childhood but when pandemic shutdowns occurred, they no longer provided any services.
- PMS providers; Kathleen Benecke previously.
- We have a MOA with Circles of Life Agency but services are limited.
- Dave Crane
- Monica Aragon and The NAPPR EI program

39. Are families in your program aware of Infant Mental Health Consultation? Yes/No/Don't Know

If no/don't know, what would be most helpful to increase awareness and uptake of infant mental health consultation among the families you serve? (open-ended)

- Our program does not serve infant/toddlers however resources are shared with families.
- Provide a training to our families.
- An informative session on Infant Mental Health.
- We need to strengthen our own use of consultation services and continue to educate
- our families of this resource. Increased availability of Infant MH clinicians in all communities is needed.
- Removing the stigma from partaking of these services
- Finding a consistent Mental Health Consultant to work with our families.

40. Is your program currently participating in FOCUS? Yes/No

If no, is your program using a different quality rating system? Please specify.

- no
- Creative Curriculum and CLASS; Head Start performance standards, nothing specific to anything like FOCUS
- CLASS only
- No.
- Teaching strategies gold Creative curriculum
- NAEYC accreditation
- Our tribal programs receive services through IHS.
- CLASS
- We use the CLASS system
- We are working with NAEYC for accreditation
- N/A
- No
- We are NAEYC accredited

If yes, what challenges have you encountered participating in FOCUS? (open-ended)

- Aligning what to what we already do in EHS. There is some duplication as EHS has many components of high quality and standards.
- a couple of years ago the staff did not understand EHS but now we have a consultant that is very knowledgeable

If yes, what have been your program's successes related to FOCUS? (open-ended)

- We are currently in the initial stage do have support.
- We have continued coaching from our consultant and this has given our staff another view.
- Going the verification process and trainings for staff

41. What curriculum is being used in your program?

Other (specify)

- Center Based Self-Developed Culture and Language curriculum
- Teaching Strategies Gold, Ready Rosie
- WE CAN
- Parents as Teachers
- DLM Express, Doors to Discovery, Born to Learn
- Frog Street, We Can, Partners for a Healthy Baby

42. What has been the greatest success in transitioning students from IDEA Part C to Part B (from Early Intervention into public school special education services)? (open-ended)

- Reaching milestones
- We continue to work with Our LEA and our community programs to set up transition meetings in a timely manner.
- We have a great collaboration.
- Transition visits and transition of documents.
- Services are available upon transition to Part B in a classroom ready to serve.
- The programs are located together within the same building.
- At this time, Head Start does not having a Disabilities/Transition Specialist. Contact with Part C agencies has been limited due to COVID. Prior to COVID, our Disabilities/Transition Specialist would attend IEP meetings, Transition meetings, and Part C Regional Meetings.
- We work closely with our FIT provider and school district
- Our program has established very positive relationships with EI providers and public school special education services. We have programs within public schools which allows for strong transitions and collaboration. We are an EI provider in one county.
- Collaboration and participation by LEA and Early Intervention providers.
- IDK about successes, but it occurs regularly here.
- We utilize our own funds for Part C to B but we work closely with Las cumbers community services
- Children have a seamless transition
- LEA's partnership
- Being invited to the meetings for the family/child
- We have a strong partnership with Part C because they are under Region IX Education Cooperative like we are. We are housed in the same building so we have service providers on site. They include us in all the transition conferences for children that will be transitioning to Part B and/or Head Start

- Staff are very helpful with the transitions

43. What has been the greatest challenge in making these Part C to Part B transitions? (open-ended)

- | | |
|---|--|
| <ul style="list-style-type: none"> • Communication, turn over of management staff. • Dates of scheduling can cause conflict but for the most part we work together on what works best to meet the needs of the parent. • The only challenge due to COVID is that all is virtually • LEA does not provided documents when needed. • Some parents not keeping their scheduled appointments, or not hearing and vision screening conducted as part of transition effort. • Family participation in transition conferences, especially during the pandemic. • Limited communication with Part C agencies due to COVID and not having a Disabilities/Transition Specialist. | <ul style="list-style-type: none"> • parents registering in both settings • During COVID, referrals to part B and C have been difficult and progress slow. Collaboration with partners has been effected by closures and remote work. • Lack of advocacy to Head Start. • Different entities don't always come together and work together efficiently • see above • None • N/A • Receiving the invitation, notice of being informed. • None • none |
|---|--|

44. Is there clear instruction to families about the transition of an Individual Family Service Plan (IFSP) to an Individual Education Plan (IEP)?

- | | |
|--|---|
| <ul style="list-style-type: none"> • yes • Yes, we provide as much guidance to the families • Yes we have a team that supports them. • Yes • Yes, during the conference meeting EI, LEA, and Head Start Rep meet with a family to share how each collaborates and assists the family. • Yes. • Yes • They are stepped through the process in a advance and the team helps with the transitions | <ul style="list-style-type: none"> • Yes. • Yes • We do provide information to families about this • Yes • Yes • Yes • yes • Yes • yes |
|--|---|

46. Please share the top three things a Kindergarten teacher can do to support a smooth transition? (open-ended)

- Communication, mediations, sharing ideas/suggestions/curriculum
- Share information on what is needed for entry Transition visits Kinder and Head Start staff meetings are taken place for children transitioning.
- Warm hand-offs Review documentation to see where child is at Build relationships with parents
- Meet with Head Start teachers to talk about transitions. Provide clear expectations of Kindergarten in their classrooms. Be open to meetings with families.
- Be willing to accept the child first, then disabilities learn from families be resourceful to all families
- Be available to answer questions Meet the family Participate in transition activities
- Attend the IEP meetings, meet with Head Start teacher, contact the family
- Provide concise communication to programs to share with families and staff regarding expectations of the receiving school. Assist in coordinating visits (when possible) to the receiving school. Meet with parents/guardians and children at Head Start center.
- Understand the Head Start Classroom environment and learning supports. 2. Review child TSG and screening data 3. Knowledge of the Head Start curriculum.

- Be a part of the ECH environment (come and do activities with us), develop relationships with our families and children. Be willing to work WITH our staff, not to use them to blame them if all children are not up to speed.
- Patience 2. Understanding 3. Provide clear instruction of expectations to families
- Visit the child in their Head Start Classroom Arrange for Head Start children to visit their public school classroom/school Provide information to parents about their curriculum, expectations etc.
- Understand the role of Head Start Open to the transition process Willness to participate
- Visit with the kindergarten schools, invite a Kindergarten teacher to a parent meeting, field trip to the school
- Provide a checklist of what children should know coming into kindergarten, allow us to have a transition day where our kids spend some time in a kindergarten classroom, and be involved in our program
- N/A

47. What are the top three things Head Start does to support a smooth transition? (open-ended)

- School Readiness, Transition to Kinder w/ visits, IDP's
- Communication and collaboration before Head Start and Elementary
- Warm hand-offs Constant communication with family beginning at 30 months with EHS Have trusting relationships with parents
- Transition visits, plan visits with Kindergarten teachers and provide documentation as needed.
- inform and prepare families for transitioning into kindergarten *Introduce Kdg staff to family *Ensure parents and child have adequate school readiness skills
- Provide days and times to visit the Kindergarten classrooms Encourage parents to attend transition activities with their child Provide a day when parents can meet the Kindergarten teacher and ask questions.
- Attend the IEP meetings, assist the parents with kindergarten registration, prepare the transition packet (provide school materials/supplies to the children)
- Educates parents/guardians on processes and expectations of receive school district and schools. Shares information with Kindergarten teachers regarding curriculum and learning outcomes. Accompanies families and children in visiting schools and/or hosts public school staff at center.
- Classroom visits 2. Head Start children attend Kinder summer school 3. Kinder teachers communicate with families to communicate expectations.
- Schedule transition days and events with the school, communicate with families about children's progress and achievement, be the "in between" voice for families to the school.
- 1. Transition Days to local schools 2. Meetings with local principals 3. Educational activities
- Invite teachers to visit their Head Start classrooms Arrange for Head Start children to visit the school they will be attending Have a parent night where they provide information about the kindergarten programs in their public school classrooms at the
- Partnership with LEA's Works on Kindergarten schedule Flexible
- Transition checklists, field trips to the school, and kindergarten teacher visit our school
- We have a kindergarten transition day at all sites where they get to meet a kindergarten teacher, play on the playground, and spend time in the classroom & library. We provide transition packets to families with information on what children should be doing when they get to kindergarten. We share our data and information with the district to help with placements and give them an idea of where the children are before entering their classroom.
- n/a

48. Please mark how you would like to see collaboration strengthened between Head Start and state agencies. Select all that apply:

Other (specify)

- Do not over saturate areas with State funded Prek
- True partnerships and staff that can make decisions.

49. Please explain more how you would like to see collaboration between Head Start and state agencies improved. (open-ended)

- More training

- Share information of what is taking place to collaborate.
- Working collaboratively to support families and increase children readiness for school. If there was one common system across the board it would be a perfect way of identifying progress amongst our children. It will take collaboration to support children and families with one common goal enriching children's education and empowering families.
- Data sharing - would like to see that outcomes of our students as they transition.
- Continue with Zoom meetings. It is the best way to meet others in a convenient structure.
- More visibility and information on how state agencies can provide support.
- One list serve and point of contact; one database representing all state agencies
- Its Great!!
- I think more cooperative training opportunities between Head Start programs and local state supported entities could benefit all involved. Helping to coordinate this could be helpful.
- Share data that supports recruitment to Head Start programs.
- State agencies need to understand that as a tribal HS program, I do not have to engage in QRIS, and that some of what I have seen proposed may inhibit our exercise of being a sovereign nation. We are also limited with things like background checks and food funding because we are not required to be state licensed and have chosen not to become so.
- Better communication between officials
- It has improved this past year where the State is including Head Start at the table.
- A true collaboration and not just word stated on paper.
- To be more aligned with the goals of HS performance standards
- I think we could have a mixed model where we have Head Start and Pre-K children in each classroom to support school readiness and the fiscal side of things.
- shared resources and data

50. Is there anything else important about your program needs that we missed? (open-ended)

- not at this time
- We should all collaborate on having one community assessment this way we would be able to see the areas of need within each community. This will support areas of need.
- NA
- There was so much to answer. Not at this time.
- No
- Recruitment/Enrollment
- No
- not at this time
- None
- N/A
- not at this time