



New Mexico Head Start State Collaboration Office Needs Assessment 2022



NEW MEXICO

Early Childhood

Education & Care Department

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Prepared by

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the New Mexico Early Childhood Education and Care Department



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Introduction

Head Start and Early Head Start are a vital part of New Mexico's early childhood education and care system, providing free, federally-funded programs to improve school readiness for children from low-income families. Congress and President Lyndon Johnson established Head Start (HS) in 1965 as part of the War on Poverty to provide early learning opportunities for children ages 3 to 5 living in poverty. The federal government added the Early Head Start (EHS) program in 1995 to provide supports to infants and toddlers, pregnant mothers, and families with children in poverty from birth to age three. The programs provide a wide range of services, including EHS home visiting, physical and social emotional health screenings, early childhood education, nutrition assistance, family engagement, and fatherhood initiatives. In 2021, HS and EHS funded 8,793 slots for New Mexico children and families across 34 of these programs.



The New Mexico Head Start State Collaboration Office (HSSCO) operates as part of a larger national system of state collaboration offices funded by the federal Office of Head Start. The federal government created the system of state Head Start Collaboration Offices to facilitate partnerships between HS programs and other state and Tribal early childhood education, child care, and family support services. These offices are particularly important for state administration because Head Start funding is provided from the federal government directly to local Head Start programs and agencies. New Mexico's HSSCO is administered by the recently created state Early Childhood Education and Care Department (ECECD), a cabinet-level agency that took effect in 2020 pursuant to legislation signed by Governor Michelle Lujan Grisham in 2019. ECECD's priority is to create a more cohesive, equitable, and effective early childhood system in New Mexico.

The HSSCO serves an important role in the coordination of programs, facilitating communication, service collaboration, and efficient use of funding sources to meet the needs of young children and families. The federal Head Start Act under USC Sec. 642B (4)(A)(i), requires the HSSCO to conduct an annual needs assessment for HS and EHS to identify and report on the programs' needs for coordination, collaboration, and alignment of services, curricula and assessments throughout the state. The HSSCO uses the results of this needs assessment to develop goals outlining how it will assist and support HS and EHS agencies building collaborations with state, local, and Tribal organizations to better meet the needs of low-income children from birth to school entry, and their families.

The 2022 New Mexico Head Start State Collaboration Office Needs Assessment focuses on federal priorities for collaboration, while also recognizing program responses to the strains that the COVID-19 pandemic continues to place on low-income families with young children. The survey used in this needs assessment also asked about ECECD's progress toward the creation of a more cohesive and equitable early childhood system.

ECECD and HSSCO are grateful to the HS and EHS programs that completed the survey and provided their valuable input, as well as for the resilience and dedication of the educators in HS and EHS programs who serve and support New Mexico's families with young children.

Strategic Plan and 2021 Accomplishments

Head Start Strategic Plan

The findings from this year's HS needs assessment will guide New Mexico in implementing the 2018–2023 Head Start Strategic Plan by prioritizing the highest needs, areas of concern, and opportunities for improvement. The Strategic Plan was developed to guide the strengthening of early childhood systems and access to comprehensive services for all children, through the effective involvement of HS partners.

The Head Start Strategic Plan outlines the following priorities for the HSSCO:

- Strengthen and continue collaboration with the New Mexico Head Start Association
- Partner with New Mexico's Early Head Start–Child Care Partnership grantees
- Support New Mexico'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 (TQRIS)
- Engage local educational agencies to promote collaboration with Head Start
- Coordinate with Region VI, Region XI (American Indian/Alaska Native) and Region XII (Migrant and Seasonal) Head Start Collaboration Directors

New Mexico Early Childhood Strategic Plan

Governor Lujan Grisham officially launched the statewide Early Childhood Strategic Plan with the Children's Cabinet Director, five cabinet secretaries and 500 New Mexicans at a statewide virtual event in January 2021. The Plan has six goals with corresponding objectives, actions, and measures:

1. Recognize all **families** in New Mexico as key decision-makers and ensure they have access to the resources they need to thrive.
2. Create a cohesive **governance** system that supports an aligned, efficient, and responsive system of high-quality early childhood programs and services.
3. Ensure that New Mexico's early childhood **workforce** is supported to meet the needs of all families and young children through an aligned professional development system and through compensation that reflects the level of experience and training.
4. Provide sustainable and secure **funding** to support New Mexico's youngest children and their families.
5. Develop a statewide, **integrated data** system to better inform planning and decision-making for all stakeholders.
6. Strengthen ongoing **government-to-government relationships** with tribal communities in order to foster mutual trust, understanding, and partnerships that respect tribal sovereignty.

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.



2021 Accomplishments

Recent HSSCO highlights include:

- The HSSCO strengthened collaboration with Tribal grantees this year.
- ECECD granted nearly 210 early childhood scholarships to HS staff to assist them in earning associate's, bachelor's, and master's degrees.
- ECECD provided Head Start staff with Quorum, a free online professional development platform. Quorum provides HS staff with learning modules and courses related to early childhood education. To date, 786 HS staff have enrolled and completed 4,756 Quorum online courses.
- The HSSCO Director supported the NM Head Start Association (NMHSA) in preparing for the annual conference, "Head Start: The Shining Rainbow During the Storm," which included 88 attendees from across the state.
- In collaboration with ECECD, the HSSCO Director convened HS grantees to discuss topics such as workforce and professional development needs, social and emotional well-being, and effective data sharing. The gathering of 29 grantees and 9 ECECD staff members provided opportunities for ECECD leaders and HS programs to connect and learn from each other.
- The Governor appointed the HSSCO Director to the ECECD Family Infant Toddler (FIT) Interagency Coordinating Council (ICC), which addresses the needs of families of infants and toddlers with disabilities or at-risk of a developmental delay.
- The HSSCO joined the Equity Core Guiding Team (ECGT) to identify barriers to access for families and children in order to improve equity, one of the Department's priorities.



Head Start in the New Mexico Context

HS and EHS services are available to families of young children at or below 100 percent of the Federal Poverty Level (FPL), with additional eligibility categories for families experiencing homelessness, children in foster care, children with special needs, and families receiving other forms of public assistance. As required by federal standards, these federal-to-local programs include infant mental health, family and community engagement, parent councils, cultural and linguistic responsiveness, and health screenings. This comprehensive approach supports these programs' vital contribution to young children's health, education, and family well-being

According to 2020 U.S. Census data, New Mexico's population was just under 2.1 million people, with a median age of 38.1 years. The population of New Mexico is racially and culturally diverse, consisting of residents who are 49.2 percent Hispanic or Latino, 36.7 percent White non-Hispanic, and 10.9 percent American Indian and Alaskan Native. New Mexico is home to 23 Pueblos, Tribes, and Nations. 33.5 percent of New Mexicans speak a language other than English and 94.7 percent are U.S. citizens, through either birth or naturalization.

New Mexico's 2020 median household annual income of \$51,243 was more than \$16,000 below the national median. About 16.8 percent of New Mexicans lived below the FPL in 2020, compared with the national average rate of 11.4 percent.

There were 21,903 total number of births in New Mexico in 2020 and data indicate that 71 percent were funded by Medicaid. Most births were Hispanic (56.1 percent); 27.8 percent were White, 11.4 percent were Native American, 2 percent Asian, and 2 percent Black. In 2020, 122,993 New Mexico children were age five or younger. Of these, 29.9 percent were living at or below the FPL, which was an annual income of \$21,960 for a family of three.

According to the U.S. Department of Education, New Mexico had 11,574 homeless public school students in 2020. Of that total, 1,244 students were unsheltered, 1,150 were in shelters, 604 were in hotels and motels, and 8,555 were doubled-up, meaning they were sharing housing with others due to loss of housing, economic hardship, or a similar reason.

Feeding America estimates that one in seven people (298,030) and one in five children (104,080) in New Mexico currently face food insecurity. According to Feeding America's projections, the food insecurity rate for New Mexico children will increase from 22 percent in 2020 to 23.7 percent in 2021. During the 2020–21 school year, HS and EHS programs in New Mexico provided 951,392 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 from 2015 to 2019, at 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 30 years. Since 1990, New Mexico’s death rate for alcohol-related injury alone has been 1.4 to 1.8 times the national rate.

In addition to alcohol-related morbidity, New Mexico faces high rates of illicit and prescription drug misuse and overdose deaths. The state had the 12th highest drug overdose rate in the country in 2019 at a rate of 30.4 per 100,000, according to the New Mexico Department of Health. In 2019, two out of three drug overdose deaths in the state involved an opioid. The rate of deaths related to fentanyl increased seven times between 2015 and 2019, and the rate of deaths involving methamphetamines increased 2.4 times during that span.

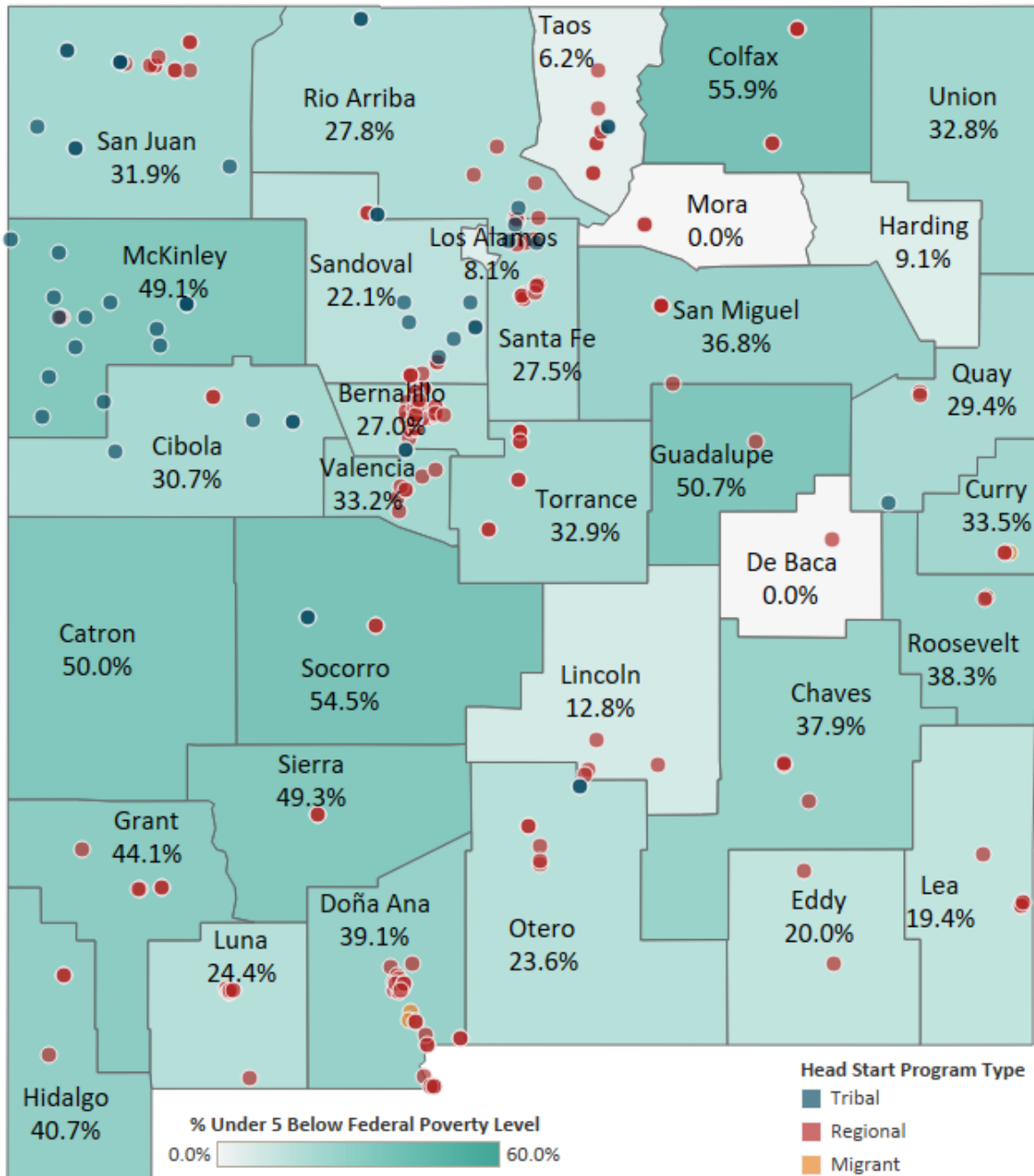


Figure 1: Map of New Mexico Head Start and Early Head Start Programs, 2021

*Please note that four of the above locations are Early Head Start - Child Care Partnerships
 La Clinica de Familia: Brilliant Bees Learning Center, Chaparral
 La Clinica de Familia: New Mexico Children First Learning Center, Sunland Park
 YDI: First Fruits Christian Academy, Albuquerque
 YDI: St. Marks in the Valley Day School, Albuquerque

New Mexico Head Start Providers and Funded Enrollment

HS and EHS programs in New Mexico reflect key characteristics of the state—rural and urban, and culturally and linguistically diverse. New Mexico is served by three regions in partnership with the HSSCO. Region VI directs programs within the state. Region XI serves Tribal areas and Region XII oversees the Migrant and Seasonal programs across the country. As seen in table 1, 34 HS and EHS programs operated in New Mexico in 2021. The 34 grantees also included 16 Tribal grantees and the Navajo Nation. Figure 1 maps all program sites.

These programs provided 8,793 funded slots across New Mexico in 2021; 2,362 in EHS and 6,431 in HS, including 99 slots in Migrant and Seasonal HS programs administered jointly with the Texas HSSCO.

2021 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 Head Start/Multi-State Migrant and Seasonal	Migrant		99
Eastern Plains Community Action Agency, Inc.	Regional	110	253
Eight Northern Indian Pueblos Council, Inc.	AIAN		36
El Grito, Inc. Head Start	Regional	24	110
Five Sandoval Indian Pueblos, Inc.	AIAN		53
Haak'u Learning Center	AIAN		90
HELP - New Mexico, Inc.	Regional	168	319
Jicarilla Apache Nation	AIAN	65	102
La Clinica de Familia	Regional	231	
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.	AIAN	72	
The Navajo Nation Tribal Government	AIAN	17	483
New Mexico State University	Regional	32	228
Ohkay Owingeh Tribal Council	AIAN		81
Presbyterian Medical Services, Inc.	Regional	552	625
Pueblo of Isleta	AIAN	48	87
Pueblo of Laguna Department of Education	AIAN	52	115
Pueblo of San Felipe	AIAN		96
Pueblo of Zuni	AIAN		153
Ramah Navajo School Board	AIAN		60
Region IX Education Cooperative	Regional	44	115
Santa Clara Pueblo	AIAN		38
Santo Domingo Pueblo Tribe – Kewa Health Outreach Program	AIAN	94	120
Southeast NM Community Action Corporation	Regional		659
Taos Pueblo	AIAN	14	36
Walatowa Head Start Language Immersion Program	AIAN		68
West Las Vegas Schools	Regional	36	140
Youth Development, Inc.	Regional	456	693
Total Funded Enrollment		2362	6431

Table 1: Funded Enrollment by Program, 2021

In 2021, Region VI, Migrant and Seasonal (Region XII), and Tribal (Region XI) HS and EHS awards in New Mexico totaled \$98,100,902. This amount does not include HS funding for the Navajo Nation.

Table 1 provides a detailed breakdown of the HS and EHS grantees and programs in New Mexico in 2021. Slightly more than half (55 percent) of New Mexico HS grantees and 33 percent of EHS grantees are Tribal. Region VI grantees accounted for 42 percent of HS and 67 percent of EHS grantees, and the Migrant and Seasonal grantee received 3 percent of HS programming. In total, Region VI HS and EHS programs accounted for 70 percent of total funded enrollments, Tribal HS and EHS programs offered 28 percent of funded enrollments in the state, and Migrant and Seasonal HS programs offered 2 percent of enrollments.

Methodology

In collaboration with ECECD and the New Mexico HSSCO, the Cradle to Career Policy Institute at the University of New Mexico distributed the needs assessment survey to the 34 HS and EHS directors throughout the state in February 2022. Twenty-one directors of the 34 Region VI, Tribal, and Migrant and Seasonal HS and EHS programs in the state responded, for a 61 percent survey response rate. Appendix A includes the survey and Appendix B contains write in comments.

The 2022 Head Start Needs Assessment survey included a total of 62 questions under the following 11 sections:

- Program Type
- COVID-19 Pandemic
- Demographics
- Partnership Collaboration
- Workforce
- Substance Misuse
- Infant Early Childhood Mental Health
- FOCUS Tiered Quality Rating and Improvement System (TQRIS)
- Transitions into Public Schools
- State-Local Collaborations
- Equity



Findings

Selected Key Findings

PROGRAM TYPE AND SERVICES

Approximately half of the 21 survey respondents offer both HS and EHS services. The directors who participated represent 23 of 33 counties, 10 Tribal programs, and one Migrant and Seasonal program, making the survey response reasonably representative of programs in New Mexico.

DUAL LANGUAGE LEARNING SUPPORTS

The survey asked directors specifically about the approaches their programs used to support dual language learners. Many reported employment of bilingual staff, labeling items in their classrooms in multiple languages, and providing dual language communication, home visits, and conferences with families in their home language. Some directors mentioned incorporating a dual language plan into the curriculum.

SPECIAL EDUCATION SERVICE COORDINATION

More than 80 percent of HS and EHS programs reported enrolling children in FIT early intervention. Respondents reported high-quality relationships with FIT providers (90 percent positive), with several write-in comments noting that these relationships have been fostered over the course of several years. Some noted, however, that constraints caused by COVID-19 worsened or delayed access FIT services over this past year.

In general, directors reported that their relationships with FIT providers at local programs were excellent and several directors said that they had been actively working to improve these relationships. More than 70 percent of directors reported that local programs had provided in-person instruction to the young children with special education needs in their programs, while 82 percent also reported that instruction was provided remotely. 25 percent of directors reported that local programs distributed technological devices to support learning. When asked how school special education programs could better support the children in their programs, many directors cited the need for more therapists, more time in the classroom, more integration with HS classrooms, more flexibility with services, and more support for challenging cases. The responses show that HS and EHS centers rely substantially on school-based special education providers and see an overall need for increased services.

Directors noted specific challenges because of the COVID-19 pandemic in serving the children in their programs who qualify for special education services. These included overall enrollment reductions during the pandemic and difficulties in timely screening and effective delivery of services in the virtual formats necessitated by social distancing requirements. Several participants reported their collaborations with LEA and FIT providers were strained due to staffing shortages and COVID-19 safety mandates.

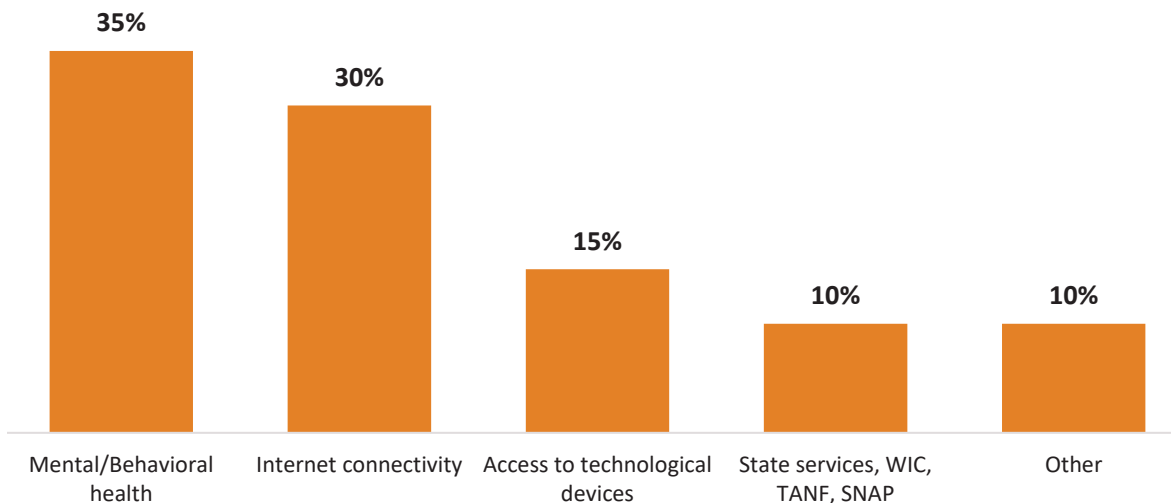


Figure 2. Reported Needs of Families during 2021

COVID-19 PANDEMIC

The survey asked directors to report on the critical needs of their families and individual program changes affected by the pandemic. As shown in figure 2, the highest identified family needs were mental/behavioral health (mentioned by 35 percent of respondents) and internet connectivity (30 percent).

The survey also asked directors to identify one positive outcome for their program over the last year of the pandemic. Most responses celebrated the return of in-person instruction and increasing enrollment as pandemic restrictions have eased. Many noted that an influx of state and federal funding has supported substantial program improvements in technology and equipment, and allowed for educator pay raises. A few shared that the pandemic permanently changed aspects of their programs for the better. These respondents said they have learned to accomplish more with fewer resources and to improve technological competencies. One participant said that families have also changed, becoming “more involved in their child’s learning experiences and [they] now understand the role of the teacher.” One director, however, struggled to find a positive side to the last year, noting that “families have suffered, children have lost two years of education. The state and federal government have placed emphasis on internet and technology [over] the basic needs of running water, health, food, and adequate housing.”



PARTNERSHIP COLLABORATION

As shown in figure 3, participants reported moderate to high levels of collaboration with a wide variety of local providers of services and supports to families, similar to the findings in the 2021 New Mexico HSSCO Needs Assessment. Directors reported particularly high levels of collaboration with IDEA Parts B and C, child care licensing, community health centers, and LEAs/public schools. Collaboration with higher education institutions was new to this year’s survey and 42 percent of participants also reported high rates in this category.

In last year’s survey, respondents reported high rates of collaboration with Medicaid, SNAP, WIC, the New Mexico Department of Health, and mental and behavioral health services. In comparison, the results from this year’s survey indicated a lower level of collaboration with these partners. Collaborations with Medicaid and SNAP saw a decline from 20 to 15 percent, and collaborations with WIC decreased from 50 to 25 percent. Collaborations with the state Department of Health/ local public health departments declined from 42 to 26 percent and mental and behavioral health service collaborations declined from 42 to 35 percent. These reported declines in collaboration may be attributed to a variety of reasons. Some possible reasons include: the challenges of interagency and cross-services collaboration during a public health crisis, different family needs because of the COVID-19 pandemic, changes in family needs or collaboration partnerships from year to year, or a difference in the pool of respondents compared to last year’s survey.



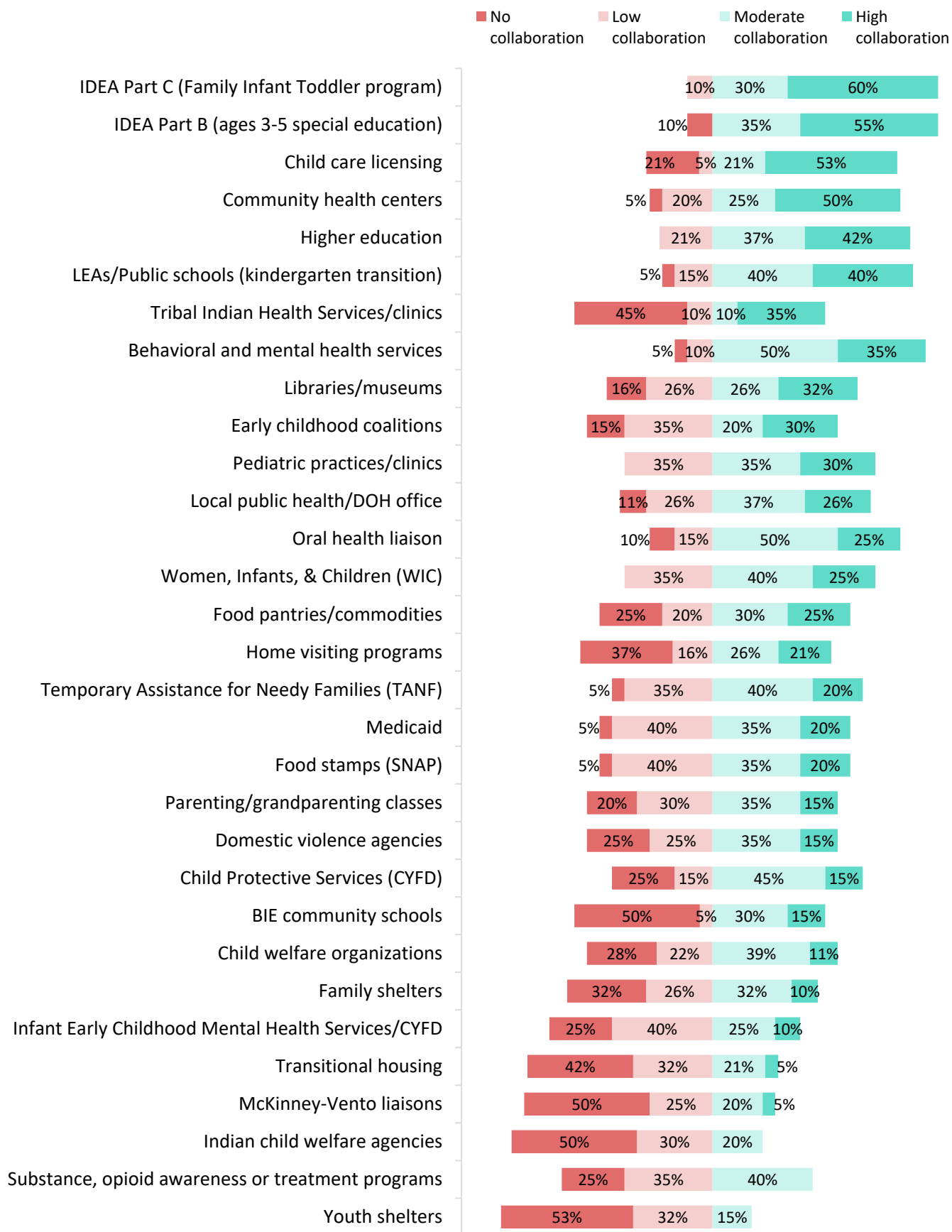


Figure 3. Partnership Collaboration Levels, 2021

The services with the lowest levels of collaboration reported by participants included housing and shelter services, McKinney-Vento liaisons, and Indian Child Welfare agencies. Some directors reported long waitlists, and housing agency staff shortages that compounded the housing crisis. One director expressed the need for a homeless center and counseling for youth.

When asked what services families in their communities need but do not have available, multiple respondents noted the gaps in early childhood programs for infants and toddlers, housing assistance, mental health services, and substance abuse outreach. Other observed gaps include GED classes, job training, exercise and nutrition education, and increased law enforcement involvement or presence.

WORKFORCE

Figure 4 shows areas identified by program directors as professional development needs for their staff. 89 percent cited the need for additional staff training to address challenging behaviors in the classroom. Survey responses also noted high needs for professional development related to positive teacher-child interactions (79 percent), trauma-informed practices (68 percent), and infant early childhood mental health (63 percent).

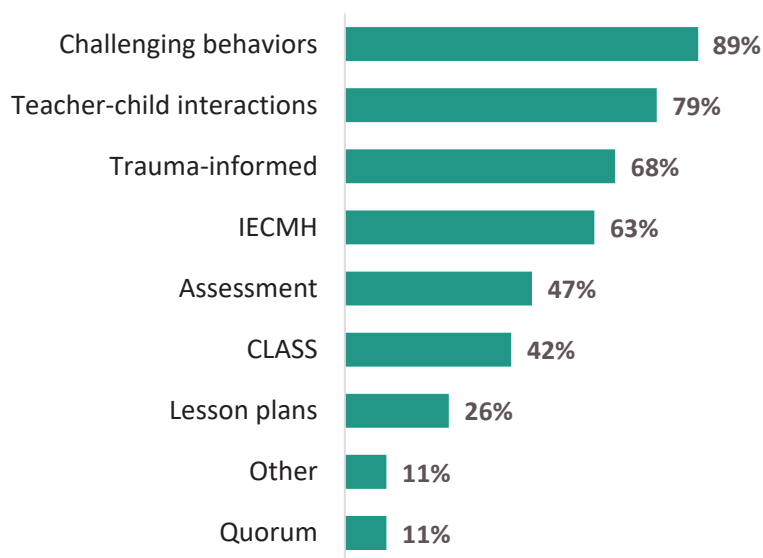


Figure 4. Professional Development Needs Among Staff of Head Start and Early Head Start Programs in New Mexico, 2021

One director explained that educators have seen significant behavioral changes in children since returning to in-person instruction, requiring educators and caregivers to develop new skills. The technological changes in program delivery necessitated by the pandemic added needs for advanced technical skills among HS staff, as reflected in the open-ended answers of directors who noted needs for training in data development and analysis, and record-keeping.

Figure 5 illustrates the levels of education among HS and EHS staff of the programs that participated in this year's survey. Among lead teachers, 52 percent have associate's degrees, 46 percent have bachelor's degrees, and two percent have master's degrees. 88 percent of assistant teachers were reported as having an associate's degree and 12 percent had a bachelor's degree. For comparison, the education levels of HS staff, cited in the New Mexico Head Start and Early Head Start 2021 At-A-Glance report, shows 37.5 percent of lead teachers

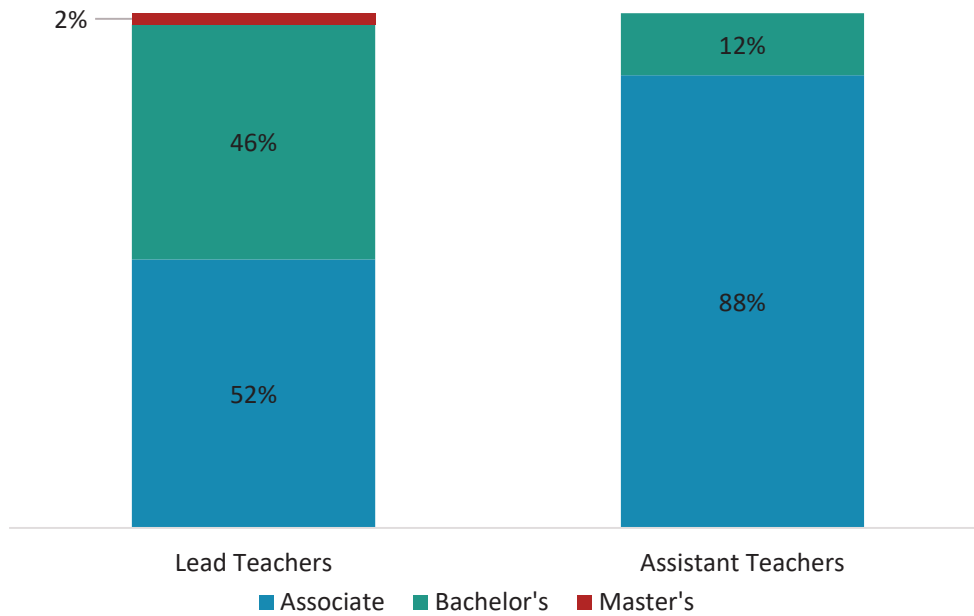


Figure 5. Educational Level of Head Start Lead Teachers and Assistant Teachers, 2021

with a bachelor’s degree, 48.2 percent with an associate degree, and 5.4 percent with a Child Development Associate degree. Only 2.3 percent of assistant teachers have a bachelor’s degree or higher, 14.8 percent have an associate degree, 35.2 percent have a Child Development Associate degree, and 47.7 percent have no education qualifications. The HSSCO, in partnership with ECECD, prioritizes professional development through continued funding for scholarships and Quorum on-demand online training. These resources help staff advance their qualifications at no cost.

63 percent of respondents indicated they have used the state’s scholarship system and 66 percent expressed high satisfaction with the program. 53 percent of respondents reported using the state-sponsored Quorum platform, which offers no-cost online professional development to early childhood professionals, including Head Start staff. 66 percent noted that they were very satisfied with Quorum.

SUBSTANCE MISUSE

The survey asked respondents to specify supports that could help them better assist families with handling substance misuse. As seen in figure 6, directors requested help from the state to remove barriers for families seeking access to such resources. The respondents specified a lack of a community connection to addiction experts who could provide more effective communication with families about substance abuse treatment and recovery.



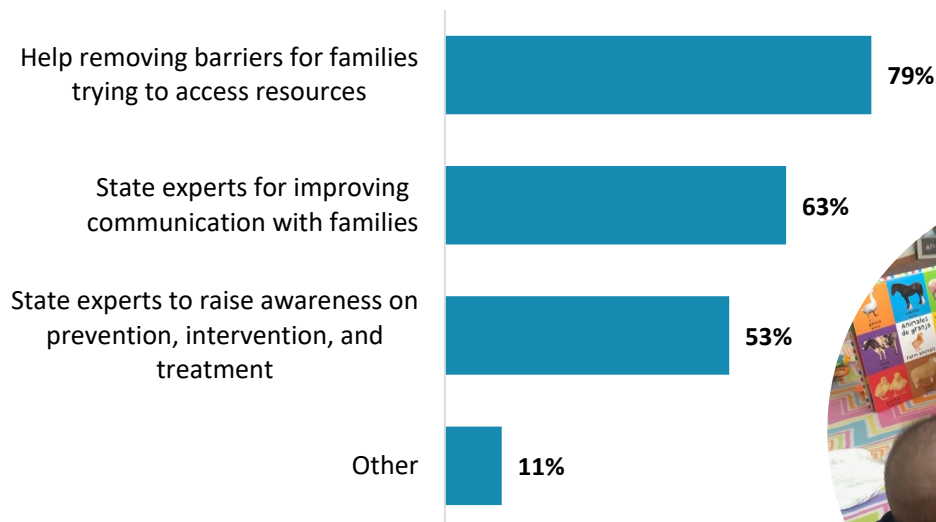


Figure 6. Requested State Supports for Substance Misuse, 2021

INFANT EARLY CHILDHOOD MENTAL HEALTH

Infant Early Childhood Mental Health (IECMH) trained professionals help educators and families promote the social and emotional development of young children in their care. Twelve directors reported hiring a trained IECMH professional contractor, part-time or full-time staff, or a combination of staff and a contractor. When asked how many IECMH service hours their program used per week, six directors reported an overall average of nine hours per week. Other respondents indicated use of services once a month, three times a year, or no participation at all.

In open-ended responses, directors suggested methods to increase families' awareness of IECMH services, including distribution of informative newsletters and fliers, and dissemination of information during family engagement events. Directors suggested that increased family use of IECMH consultation could be facilitated through informed communication on reducing stigma for families, the quality of IECMH services, and quantity of services. One director commented, "We...utilize our School Based Health Center [and local consultant] but they don't typically service children under three years old," to emphasize the lack of IECMH providers in some areas.

ECECD has partnered with Project ECHO to support and improve the quality of IECMH consultation in Head Start programs. This project provides a virtual community for providers to share experiences, overcome challenges, reflect on practices, and share resources with peers and subject matter experts. Six respondents reported participating in the Project ECHO IECMH series and five noted that the program was beneficial and wanted the series to continue with more engagement opportunities. One director noted, "[A]ccess to consultation through this system is efficient and supportive of a community of learning."

FOCUS TIERED QUALITY RATING AND IMPROVEMENT SYSTEM (TQRIS)

Four of 17 participants said their programs participate in FOCUS, the state's TQRIS system, two specified the National Association for the Education of Young Children (NAEYC) QRIS, and two reported using the Office of Head Start Performance Standards. Nine of the directors did not specify an alternative rating system after responding that they do not use FOCUS, but named classroom assessment systems instead. Several Tribal grantees noted that they are not required to participate in a quality rating and improvement system. The four directors who reported participating in FOCUS noted that it has been a positive experience for their program. When describing challenges to participating in FOCUS, one director explained that the COVID-19 pandemic created barriers, and a second felt the alignment of FOCUS to EHS standards was duplicative for staff. Some directors pointed out the benefits of FOCUS participation, including resources, coaching, and overall program support, as well as FOCUS staff on-site visits to classrooms. FOCUS has "given an outside perspective for us to grow," said one participant.

TRANSITIONS INTO PUBLIC SCHOOLS

Sixteen directors highlighted their success in transitioning students from early intervention into public school special education services. Half of the respondents were impressed with the quality of collaboration with their local and/or countywide transition teams, with several others noting the active role played by their own Mental Health/Disability Specialist, Special Services Coordinator, or simply “good staff.” Two directors mentioned the timely attention of the local education partners involved in meeting transition needs, with successes including “constant communication” and quarterly meetings as a transition team. Another respondent said that “assisting parents” was their program’s greatest success. One respondent noted that lower enrollments due to the pandemic had enabled transition of all EHS children to HS this year.



Seventeen programs offered responses to a question about their challenges in making Part C to Part B transitions. About a third reported no challenges. Four said that limited opportunities to collaborate in person due to COVID-19 restrictions created challenges, including problems with virtual platforms and coordinating virtual meeting times, COVID-19–related staff shortages, and the difficulty meeting deadlines during the pandemic. Two others mentioned challenges with communication and staff turnover or vacancies. One respondent noted that the transition when a child turns age three is a challenge when there is nowhere to provide services due to the family being above income guidelines. This situation requires a pause in services until the following year when the family meets the NM Early PreK age cut off. Another mentioned that this transition is difficult when their HS program is full, transition. Finally, one respondent noted the challenge of being involved only when the family desires it.

When asked how the pandemic has impacted Part C to Part B transition protocols, more than a third of the 17 responding directors said that the technical challenges of adapting transition meetings to a fully virtual environment have been difficult. A third also reported that the inability of children and families to visit receiving public schools (and vice versa) has put students at a disadvantage, and a similar number said that losing sight of parents (because parents could not enter the school facility) has been the biggest loss. Several said that students were not in school themselves, making it difficult to accurately measure a child’s real skills and report them to the receiving school. Four said that service delays have negatively impacted Part C to B transitions.

Directors described several ways in which they have adjusted program practices and protocols in response to the COVID-19 pandemic. Most frequently mentioned (75 percent) was the shift to using virtual platforms such as Zoom for all services. Some participating directors noted the creative use of Internet-based technology to enlist family help with assessments, hold virtual Child Find events, and offer virtual tours of kindergarten classrooms to transitioning families. Directors also said revised health and safety practices negatively impact on these transitions. Several noted that they tried to be accommodating to the families most in need of services in order to offer them supportive options.

In 2021, the HSSCO Director and the McKinney-Vento State Coordinator provided resources to familiarize HS programs with the McKinney-Vento Homeless Assistance Act and to identify and recruit children in transition. This act is a part of the federal Every Student Succeeds Act, intended to support families with children that lack a “fixed, regular, and adequate nighttime residence.” When asked about the enrollment of children in transition, 12 of 15 respondents reported that this number remained steady, with only three directors reporting a decline in enrollment of children in transition. When asked about ways to improve the identification and recruitment of these vulnerable children, seven mentioned improved communications with families, effective referrals, additional staff training, stronger relationships with local programs to identify children, and social media or public services announcements to improve awareness. One pointed to several potential ways to improve child identification and recruitment, including “ensuring confidentiality, making the process easy and not cumbersome, and having one person who can be the constant contact for them.”

STATE-LOCAL COLLABORATION

Respondents were asked to select five areas when asked how they would like to see collaboration strengthened between HS and state agencies. Most directors chose professional development (18), followed by family engagement and support (17), data sharing (14), and curriculum and assessment (12). Two respondents suggested an “other” choice, noting that they would like to see HS programs have a voice and to be part of communications, and greater respect for Tribal decisions.

Respondents indicated that they would like to see improved collaboration between HS and state agencies. 18 responding directors shared several observations and suggestions, including increased inclusion of HS with state agencies, while two respondents noted the damaging effects of competition with PreK for students. One of these directors said, “We need to promote Head Start services in the same light that PreK is promoted.” One director suggested that a process be developed to ensure that HS services are offered to income-eligible families before NM PreK, and another suggested a shared HS–PreK resource and referral system. One director noted that collaborations vary depending on access to resources, with fewer resources available to programs in rural locations than those in urban areas.

EQUITY

As a matter of mission and principle, ECECD and the HSSCO aim to promote racial and cultural equity in community services throughout New Mexico. The survey asked respondents to briefly explain some techniques that facilitate difficult discussions about racial and cultural equity. Most directors approached the discussion about equity with self-awareness and self-reflection. Several directors reported using active listening and interviewing methods, mindfulness techniques, and training staff to use these same tools to create a supportive environment for staff and families. One director touched on the importance of cultural education as an effective tool for bridging divides. Another director suggested strengthening the program’s dedication to equitable access with staff training and onboarding that highlights equity principles and how they relate to HS goals and standards.

When asked about programmatic strategies to ensure health and racial equity in support of children, families, and staff, some directors reported conducting trainings on anti-bias and multi-cultural approaches and implementing early childhood best practices. Several directors mentioned instituting policies to prevent discrimination and encouraging equitable participation of all families. Directors also emphasized the importance of sharing resources with families for services outside the HS program and partnering with organizations in the community with similar goals. One director implemented reflective supervision with staff to support their needs and continue to learn practical techniques.

When asked about observed program needs for improving the way they honor diversity, equity, and inclusion for children and their families, several directors shared a belief that they have been successful in delivering equitable access to services. For these respondents, it is important for HSSCO and ECECD to honor the work they have done to this end. Some respondents requested additional resources for programs engaged in equity work. Others mentioned the need for flexible training and resources for diversity, equity, and inclusion, with outside support to achieve these goals. Several directors recommended comprehensive staff training about compassion and acceptance.

Many responses mentioned cultural diversity, dual language needs, and gender expression as specific topics needing supports within their programs. Two directors addressed the overarching concepts of power and economic pressures as the driving forces behind the necessity to address diversity, equity, and inclusion in HS and EHS programs.



The survey also asked directors to specify ways that ECECD and the HSSCO could help promote racial and cultural equity in their program. Most directors mentioned the need for more training, resources, and professional development. Several directors suggested requiring equity, diversity and inclusion training and development statewide for any level of education or professional position. Regarding Tribal equity, one participant would like to see the two offices help “by remaining respectfully conscientious of shared values across cultures and recognizing the validity of tribal sovereignty.” One director suggested assistance with equitable recruitment plans and evaluation.



Conclusion

Strengths

The 2022 Head Start Needs Assessment demonstrates that New Mexico’s HS and EHS programs continue to provide high-quality, essential services to New Mexican families despite the ongoing challenges of the COVID-19 pandemic. Programs continue to show strengths in their collaboration with early intervention programs, public schools, and community health centers.

The directors who responded to the survey demonstrated significant effectiveness in developing equitable processes and fostering dual language learning environments within their programs. They also reported high satisfaction with New Mexico’s scholarship programs and Quorum online learning systems, as well as a significant interest to provide much needed behavioral and mental health, homelessness, and addiction services to families.

Challenges

Since the 2021 survey, respondents reported a decrease in collaboration with CYFD, home visiting programs, services for housing and homelessness, and substance misuse assistance programs. Many respondents observed a heightened need for these services and seek better collaboration between HS and related agencies in order to improve outcomes.

Despite the constraints imposed on their programs by the COVID-19 pandemic, directors have delivered vital services to their communities, but they and their staff expressed a feeling of strain. Directors frequently mentioned the need for additional funding, training, and services for children with disabilities.

The survey results reflect a need for stronger collaboration between HS and partnering state agencies. Several participating directors reported a need for more resources to assist with workforce development and to provide more IECMH services. Respondents also said they would like to see HS and NM PreK promoted equally among families and agencies.

As children have returned to in-person classrooms, directors noted an increased need for teacher training to better handle challenging behaviors, have effective teacher-child interactions, implement trauma-informed practices, and promote IECMH topics and services. Programs continue to seek the support of the HSSCO and ECECD to assist with professional development and effectively engage families during the continued COVID-19 public health emergency. Finally, directors look to HSSCO and ECECD for leadership and training to ensure that their programs advance equity, particularly through support for cultural diversity and dual language learning.

Appendix A

Head Start Needs Assessment 2022

Thank you for completing the Annual Head Start Needs Assessment Survey, which is required by the federal Office of Head Start (OHS). We know your time is valuable and your responses are greatly appreciated.

Your responses will help the Head Start State Collaboration Office (HSSCO) in the New Mexico Early Childhood Education and Care Department (ECECD) better understand the strengths and needs of New Mexico's Head Start programs, Tribal and non-Tribal. ECECD has contracted with the University of New Mexico Cradle to Career Policy Institute to conduct this survey.

The survey covers the following topics:

- A. Program Types
- B. COVID-19 Public Health Emergency
- C. Demographics
- D. Partnership Collaboration
- E. Workforce
- F. Substance Misuse
- G. Infant Early Childhood Mental Health
- H. FOCUS Tiered Quality Rating and Improvement System (TQRIS)
- I. Transitions into Public Schools
- J. State-Local Collaborations
- K. Equity

The survey will take no more than 30 minutes to complete and it can be completed in stages. You can save your work at any time by closing the tab/window. To re-open your survey and resume, click on your unique link in your email inbox.

Thank you, again, for participating in this process. Your completion of this survey is greatly appreciated. Your responses will allow us to improve HSSCO's activities to support Head Start and Early Head Start grantees, staff, families, and children. Please complete the survey no later than February 28, 2022, or at your earliest convenience.

Program Types

Q1 What type(s) of program do you direct? (Please select all that apply)

- Tribal EHS
- Tribal HS
- Migrant/seasonal HS
- Regional EHS
- Regional HS

(Skip Logic) Display Question 2:

If What type(s) of program do you direct? (Please select all that apply) = Tribal EHS

Or What type(s) of program do you direct? (Please select all that apply) = Regional EHS

Q2 Do any of the children enrolled in your Early Head Start Program receive Family Infant Toddler (FIT) services?

- Yes
- No
- Don't know

(Skip Logic) Display Question 3:

If Do any of the children enrolled in your Early Head Start Program receive Family Infant Toddler services = Yes

- Good
- Fair
- Poor
- Very poor
- Don't know

(Skip Logic) Display Question 4:

If Do any of the children enrolled in your Early Head Start Program receive Family Infant Toddler services = Yes

Q4 Please explain your answer (open-ended)

(Skip Logic) Display Question 5:

If Please rate the quality of your relationship with your local FIT providers? = Excellent

Or Please rate the quality of your relationship with your local FIT providers? = Good

Or Please rate the quality of your relationship with your local FIT providers? = Fair

Or Please rate the quality of your relationship with your local FIT providers? = Poor

Or Please rate the quality of your relationship with your local FIT providers? = Very poor

Or Please rate the quality of your relationship with your local FIT providers? = Don't know

Q5 What can the FIT program do to better support the children in your program(s)? (open-ended)

Q6 Based on your community needs, has your program considered any of the following?

- Expanding Home-Based Early Head Start. If so, how many slots? (text box)
- Expanding Center-Based Early Head Start. If so, how many slots? (text box)
- Neither. Please explain any reasons (e.g. barriers to access, information, funding). (text box)

Q7 Is your program providing any of the following services? If yes, provide the number of funded enrollments for all that apply.

- Early Head Start (text box)
- Head Start (text box)
- Child care (text box)
- Early PreK (text box)
- PreK (text box)
- Early Head Start Home Visiting (text box)
- State MIECHV Home Visiting (text box)
- Early Head Start-Child Care Partnership (text box)

Q8 Do any of the children enrolled in your Head Start program receive special education services from any local education agencies (LEA)?

- Yes
- No
- Don't know

(Skip Logic) Display Question 9:

If Do any of the children enrolled in your Head Start program receive special education services from any local education agencies (LEA)? = Yes

Q9 Over the past year, how have LEAs met the needs of young children with special education needs in your community? (Please select all that apply)

- Provided in-person instruction
- Provided remote instruction
- Provided a hybrid form of instruction
- Distributed technological devices to support learning (phones, tablets, computers)
- Provided meals
- Other (please specify) (open-ended)

(Skip Logic) Display Question 10:

If Do any of the children enrolled in your Head Start program receive special education services from any local education agencies (LEA)? = Yes

Q10 How would you describe the quality of your relationship with your local LEA provider? (open-ended)

(Skip Logic) Display Question 11:

If Do any of the children enrolled in your Head Start program receive special education services from any local education agencies (LEA)? = Yes

Q11 What can the LEA special education program do to better to support the children in your program(s)? (open-ended)

Q12 Please briefly describe how the COVID-19 public health emergency has resulted in additional challenges for the children in your program who qualify for special education services. (open-ended)

COVID-19 Public Health Emergency

Q13 What have been the most critical needs of your families during this past year of the pandemic? Please click and drag each category to rank the following, with 1 as the greatest need.

- _____ Mental/Behavioral Health supports
- _____ Internet connectivity
- _____ Access to communication devices (phones, tablets, or computers)
- _____ Help with use of technology
- _____ States services such as WIC, TANF, unemployment, or Medicaid
- _____ Other high needs (please specify) (text box)

Q14 Please describe at least one positive thing that has happened for your program during this past year of the public health emergency. (open-ended)

Q15 With the new COVID-19 vaccination Office of Head Start rule, how is your program accommodating service providers who may not be compliant with COVID-19 vaccination requirements?

- Programs are compliant
- Non-compliant programs are given additional PPE to keep families safe
- Other (please explain) (open-ended)

Demographics

Q16 What counties does your program serve? Select all that apply.

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

Q17 What curriculum is your program using to support the learning and development of Head Start children?

(Select all that apply)

- Connect4Learning
- The Creative Curriculum
- Frog Street
- High Scope
- Three Cheers for PreK
- Tools of the Mind
- Other (text box)

Q18 What curriculum is your program using to support the learning and development of Early Head Start children? (Select all that apply)

- Beautiful Beginnings: A Developmental Curriculum for Infants and Toddlers
- The Creative Curriculum for Infants, Toddlers, and Twos
- Frog Street
- High Scope Infant Toddler Curriculum
- Innovations: The Comprehensive Infant and Toddler Curriculum
- Other (text box)

Q19 What coordinated approaches are you using to support dual language learners? Please specify for EHS and HS separately (open-ended)

Partnership Collaboration

Q20 Strong collaboration is critical to the success of Head Start programs. Please identify your level of collaboration with each community partner (high, moderate, low, none, not available). Choose not available only if the service is not present in your community.

Education

	High	Moderate	Low	No collaboration	Not available
BIE community schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care licensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Higher education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home visiting programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IDEA Part B (ages 3-5 special education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IDEA Part C (ages 0-3 early intervention - Family Infant Toddler program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Education Agencies/Public Schools (Kindergarten transitions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Income Local Income Support Division

	High	Moderate	Low	No collaboration	Not available
Food distribution programs on Indian Reservations (FDPIR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food pantries/commodities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Stamps (SNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women, Infants, & Children (WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Homelessness Services

	High	Moderate	Low	No collaboration	Not available
Family Shelters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
McKinney-Vento liaisons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth shelters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health/Mental Health

	High	Moderate	Low	No collaboration	Not available
Behavioral and Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Early Childhood Mental Health Services/CYFD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local public health/DOH office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Health liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric practices/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance/opioid awareness and/or treatment programs/HSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal Indian Health Services/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other	High	Moderate	Low	No collaboration	Not available
Child Protective Services (CYFD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child welfare organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Coalitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian child welfare agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Libraries/museums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting/grandparenting classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other partnership (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Please provide any additional information about partnerships that you think is important for us to know. (open-ended)

Workforce

Q22 Across sites, how many of your program staff have the following highest levels of education? (Please enter a numeric total where applicable)

	Lead Teachers	Assistant Teachers
Total number of staff with master's degree in early childhood or a related field		
Total number of staff with bachelor's degree in early childhood or a related field		
Total number of staff with associate degree in early childhood or a related field		

Q23 Please list the areas of greatest need for staff professional development in your program. (Select all that apply)

- Assessment
- Challenging behaviors
- CLASS
- Infant Early Childhood Mental Health (IECMH)
- Lesson plans
- Quorum
- Teacher-child interactions
- Trauma-informed classrooms
- Other (please specify) (text box)

Q24 Please list specific types of training needed in your program for staff professional development. (open-ended)

Q25 Does your program utilize the state scholarship system for early childhood educators?

- Yes
- No
- Don't know

(Skip Logic) Display Question 26:

If Does your program utilize the state scholarship system for early childhood educators? = Yes

Q26 Please rate your satisfaction with the state scholarship system.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Don't know

(Skip Logic) Display Question 27:

If Does your program utilize the state scholarship system for early childhood educators? = Yes

Q27 Please explain why you rated your satisfaction with the state's scholarship system the way you did. (open-ended)

(Skip Logic) Display Question 28:

If Does your program utilize the state scholarship system for early childhood educators? = No

Or Does your program utilize the state scholarship system for early childhood educators? = Don't know

Q28 Please share reasons that your program has not accessed state scholarships. Select all that apply.

- I have not heard of this resource
- I did not know 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 (please specify) (text box)

Q29 Does your program access online Quorum Training available through the state?

- Yes
- No
- Don't know

(Skip Logic) Display Question 30:

If Does your program access online Quorum Training available through the state? = Yes

Q30 Please rate your satisfaction with the Quorum online learning program.

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Don't know

(Skip Logic) Display Question 31:

If Does your program access online Quorum Training available through the state? = Yes

Q31 Please explain why you chose to rate your satisfaction with Quorum online learning program the way you did. (open-ended)

(Skip Logic) Display Question 32:

If Does your program access online Quorum Training available through the state? = No

Or Does your program access online Quorum Training available through the state? = Don't know

Q32 Please share reasons that your program has not utilized Quorum Training. Select all that apply.

- I have not heard of this resource
- I did not know 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 (please specify) (text box)

Substance Misuse

Q33 In your work to offer substance use disorder intervention to families, what state supports would be most helpful? Select all that apply.

- State experts to raise awareness on prevention, intervention, and treatment
- State experts for improving communication with families
- Help removing barriers for families trying to access resources
- Other (please specify) (text box)

Infant Early Childhood Mental Health

Infant Early Childhood Mental Health (IECMH) services are provided by a trained professional whose goal is to help educators and families promote the social and emotional development of the young children in their care.

Q34 Which of the following types of trained professionals provide IECHM services in your program? (Select all that apply)

- Dedicated onsite staff
- Part-time staff
- Full-time staff
- Contractor
- Don't know

Q35 How many hours per week does your program receive IECHM services? (open-ended)

Q36 How does your program make families aware of your IECMH services? (open-ended)

Q37 What would be most helpful to increase awareness and uptake of IECMH consultation among the families you serve? (open-ended)

ECECD is partnering with Project ECHO to support and improve the quality of Infant Early Childhood Mental Health Consultation in Head Start programs. This virtual community offers an opportunity for providers to share experiences, overcome challenges, reflect on practices, and share resources with peers and subject matter experts.

Q38 Are your IECMH consultants participating in the Project ECHO series?

- Yes
- No
- Not at present, but please contact me about participation (please fill in text box with contact information) (text box)

(Skip Logic) Display Question 39:

If Are your IECMH consultants participating in the Project ECHO series? = Yes

Q39 Please describe any benefits you have observed from your participation in Project ECHO IEMHC series. (open-ended)

(Skip Logic) Display Question 40:

If Are your IECMH consultants participating in the Project ECHO series? = Yes

Q40 Please describe any ways participation in Project ECHO IEMHC series can be improved. (open-ended)

(Skip Logic) Display Question 41:

If Are your IECMH consultants participating in the Project ECHO series? = No

Or Are your IECMH consultants participating in the Project ECHO series? = Not at present, but please contact me about participation (please fill in text box with contact information)

Q41 Please share the reasons your program has not utilized the Project ECHO series. Please select all that apply.

- I have not heard of this resource
- I did not know Head Start was eligible for this resource
- My employees are not interested in this resource
- We encountered difficulty signing up for/using this resource
- Other (please specify) (text box)

FOCUS - Tiered Quality Rating and Improvement System (TQRIS)

The state has implemented FOCUS, a Tiered Quality Rating and Improvement System, that provides consultation and monitoring services for licensed early care and education programs. Per Performance Standard 1302.53 (2)(2) Quality Rating and Improvement Systems, Head Start programs are required to participate in a quality rating system.

Q42 Is your program currently participating in FOCUS?

- Yes
- No
- Not at present, but please contact me about participation in FOCUS (please provide contact information in box) (text box)

(Skip Logic) Display Question 43:

If The state has implemented the FOCUS TQRIS program, the Tiered Quality Rating and Improvement System, = No

Or The state has implemented the FOCUS TQRIS program, the Tiered Quality Rating and Improvement System, = Not at present, but please contact me about participation in FOCUS (please provide contact information in box)

Q43 What is your program using as a quality rating system? Please specify (open-ended)

(Skip Logic) Display Question 44:

If The state has implemented the FOCUS TQRIS program, the Tiered Quality Rating and Improvement System, = Yes

Q44 What has been your overall experience with FOCUS?

- Generally positive
- A mixture of positive and negative
- Generally negative
- Don't know

(Skip Logic) Display Question 45:

If The state has implemented the FOCUS TQRIS program, the Tiered Quality Rating and Improvement System, = Yes

Q45 What challenges have you encountered while participating in FOCUS? (open-ended)

(Skip Logic) Display Question 46:

If The state has implemented the FOCUS TQRIS program, the Tiered Quality Rating and Improvement System, = Yes

Q46 Please describe how FOCUS has helped improve the quality of your program. (open-ended)

Transitions into Public Schools

One of the goals of Head Start is to ensure that transition processes are as timely and seamless as possible. We would like to know more about how transitions happen in your community.

Q47 What has been your program's greatest success in transitioning students from IDEA Part C to Part B (from Early Intervention into public school special education services)? (open-ended)

Q48 What has been your program's greatest challenge in making the Part C to Part B transitions? (open-ended)

Q49 The COVID-19 pandemic has in many ways upended traditional transition protocols. What are some specific ways you have seen this in your work? (open-ended)

Q50 What have you done to adjust your practices and protocols as a result of the COVID-19 pandemic? (open-ended)

Q51 In 2022, the Head Start State Collaboration Director and the McKinney-Vento State Coordinator provided resources to familiarize Head Start programs with the Homeless Act in order to facilitate identification and recruitment of children and families in transition. Which of the following best describes the enrollment in your program of families in transition?

- It is increasing
- It is steady
- It is declining
- Don't know

(Skip Logic) Display Question 52:

If Which of the following best describes the enrollment in your program of families in transition? = It is increasing

Q52 What has helped increase enrollment of more families in transition? (open-ended)

Display This Question:

If Which of the following best describes the enrollment in your program of families in transition = It is steady

Or Which of the following best describes the enrollment in your program of families in transition = It is declining

Q53 What do you feel should be improved to identify and recruit families in transition? (open-ended)

State-Local Collaboration

Q54 How would you like to see collaboration strengthened between Head Start and state agencies? Select all that apply.

- Data sharing
- Professional development
- Curriculum and assessment
- Family engagement and support
- Other (specify) (text box)

Q55 Please explain more about how you would like to see collaboration between Head Start and state agencies improved. (open-ended)

Q56 In what ways can ECECD and the Head Start State Collaboration Office help support improved delivery of services in your program? (open-ended)

Equity

ECECD and the HSSCO aim to promote racial and cultural equity in community access to services throughout New Mexico. Your valuable input will help strengthen this initiative.

Q57 Please briefly explain some techniques that help the most when you personally have difficult discussions about racial and cultural equity? (open-ended)

Q58 What strategies and approaches has your program implemented to ensure health and racial equity in support of the wellness of children, families, and staff? (open-ended)

Q59 What have you observed in your program that needs improvement in order to honor diversity, equity, and inclusion for children and their families? (open-ended)

Q60 In what ways can ECECD and the Head Start State Collaboration Office help you promote racial and cultural equity in your program? (open-ended)

Thank you for your time, we have two more questions.

Q61 Is there anything else important about the needs of your program that we missed? (open-ended)

Q62 All survey responses are de-identified and reported in aggregate. However, if you would like to have the Head Start State Collaboration Coordinator contact you to discuss any issues, please provide your contact information (name, phone number, email, and program name). Your survey responses will not be linked to this information. (open-ended)

