



# New Mexico Head Start State Collaboration Office Needs Assessment 2022



NEW MEXICO

**Early Childhood**

Education & 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.

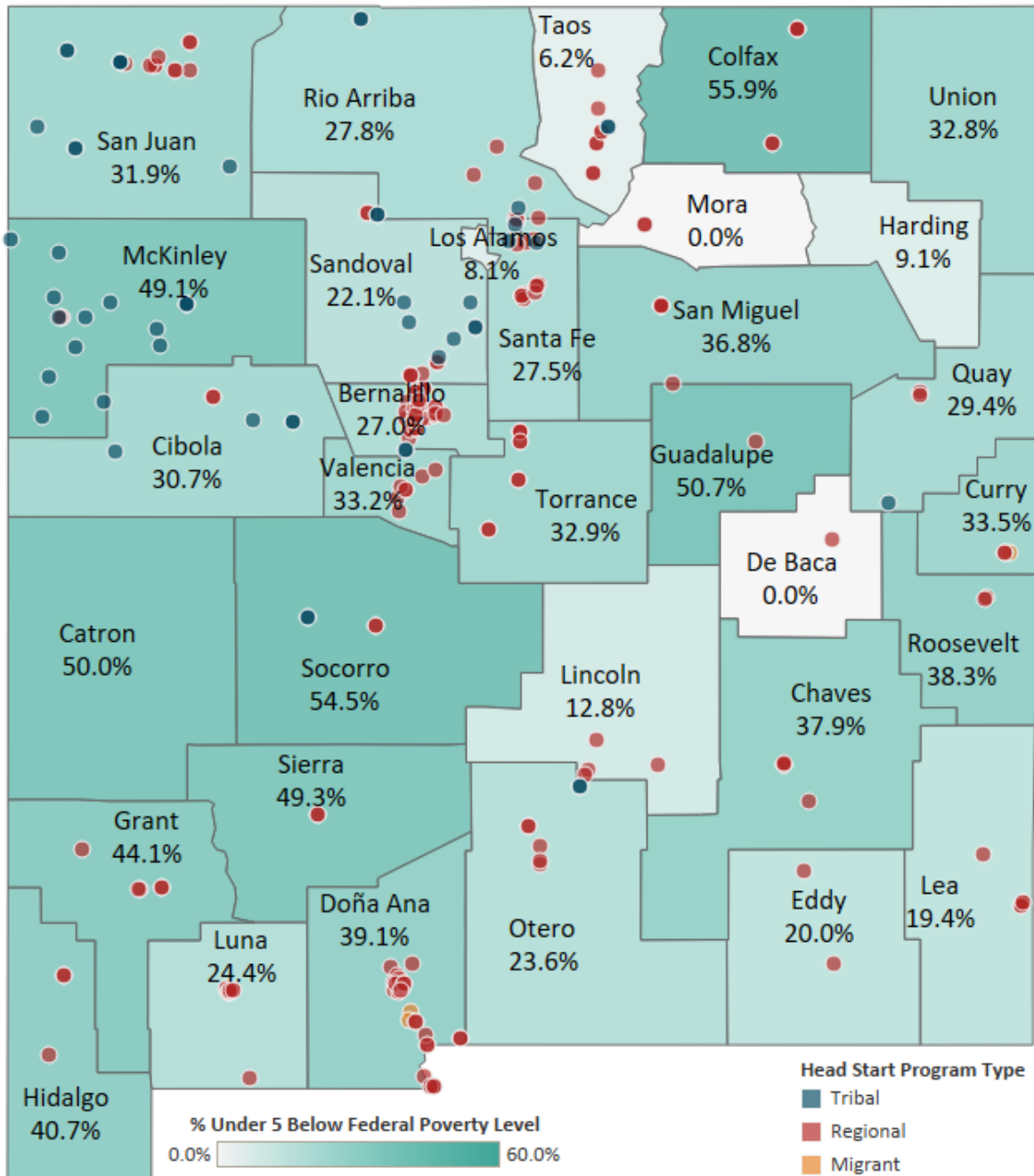
There were 21,903 total number of births in New Mexico in 2020 and data indicate that 71 percent were funded by Medicaid. Most births were Hispanic (56.1 percent); 27.8 percent were White, 11.4 percent were Native American, 2 percent Asian, and 2 percent Black. In 2020, 122,993 New Mexico children were 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
<b>Total Funded Enrollment</b>		<b>2362</b>	<b>6431</b>

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.

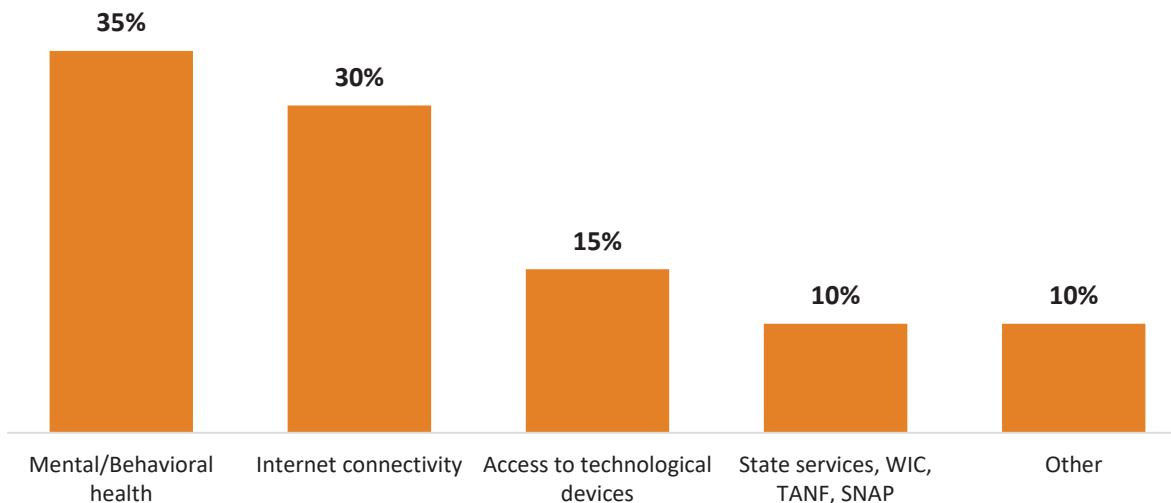


Figure 2. Reported Needs of Families during 2021

## 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.



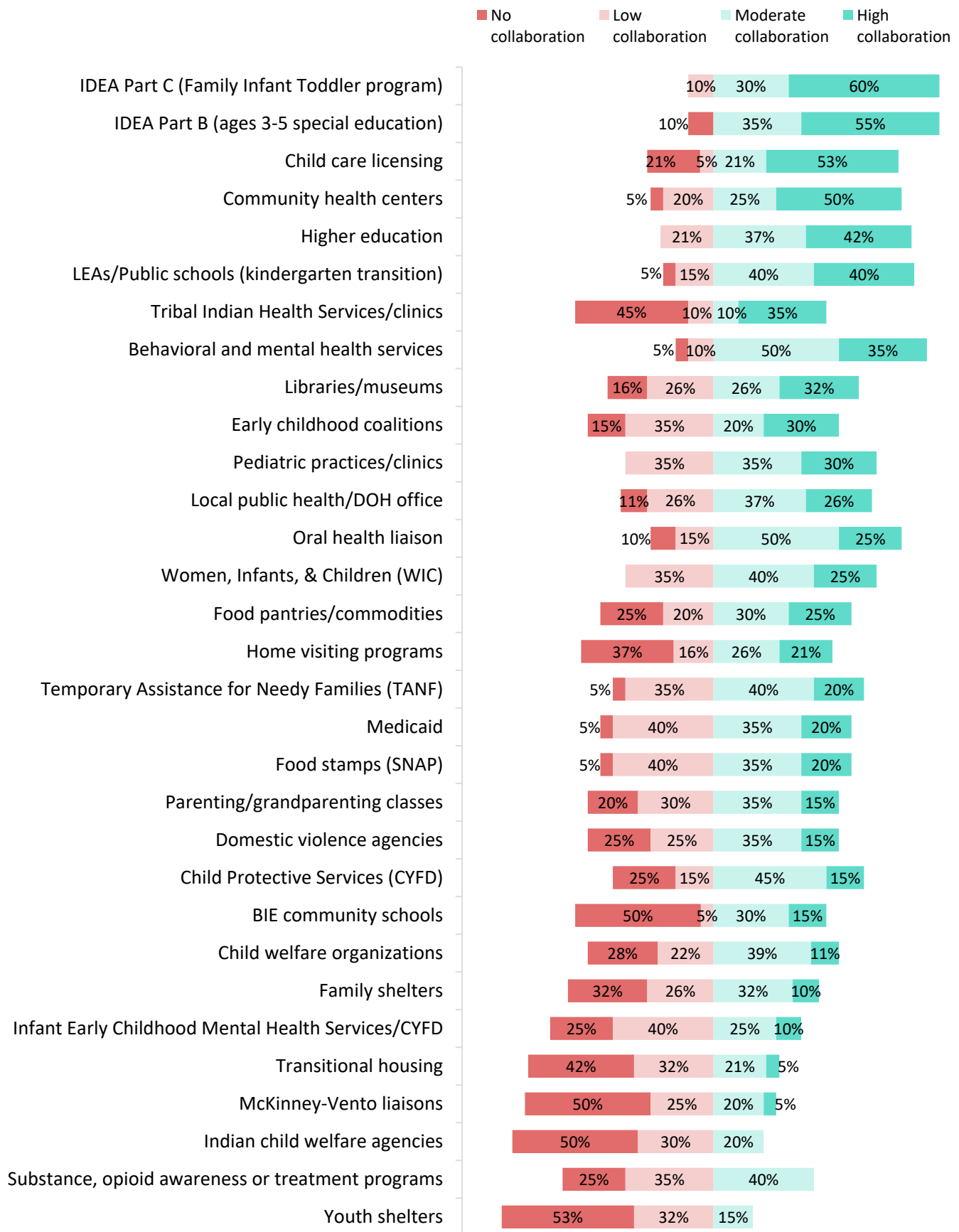


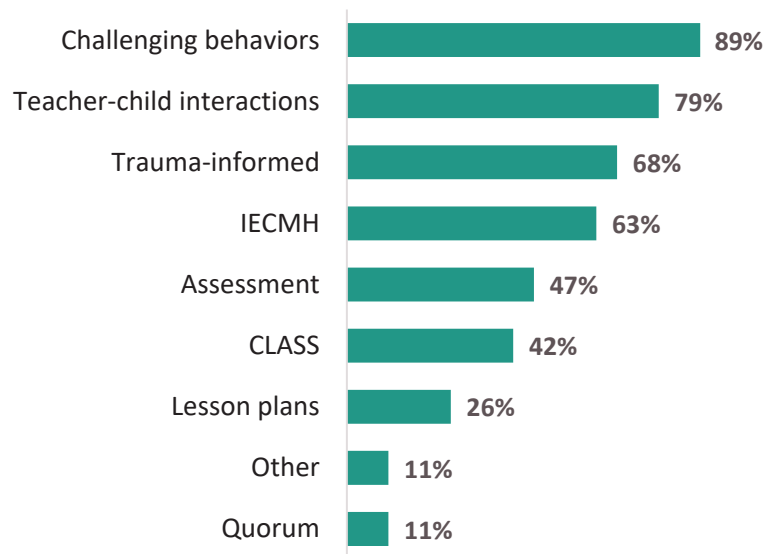
Figure 3. Partnership Collaboration Levels, 2021

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

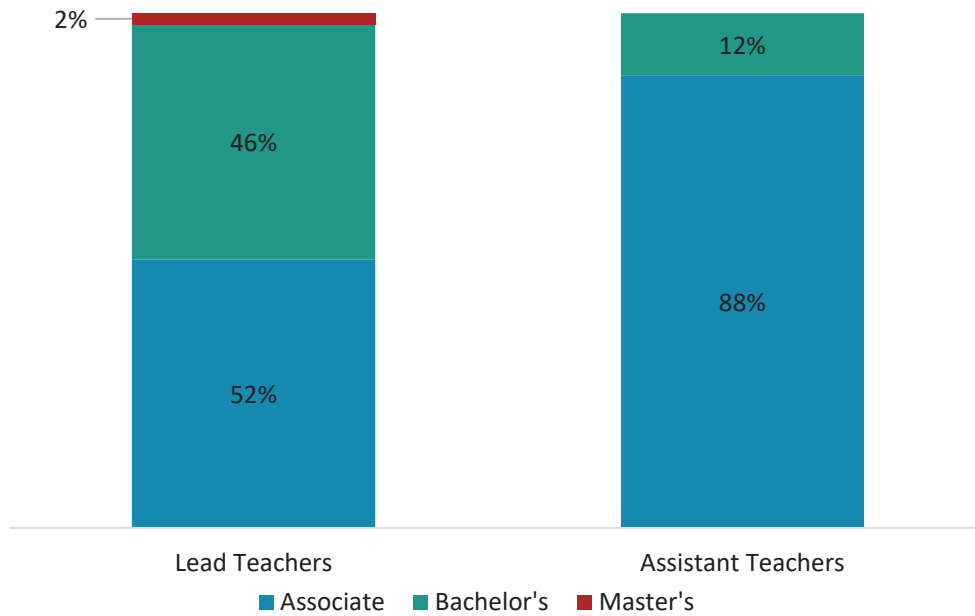
Figure 4 shows areas identified by program directors as professional development needs for their staff. 89 percent cited the need for additional staff training to address challenging behaviors in the classroom. Survey responses also noted high needs for professional development related to positive teacher-child 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.



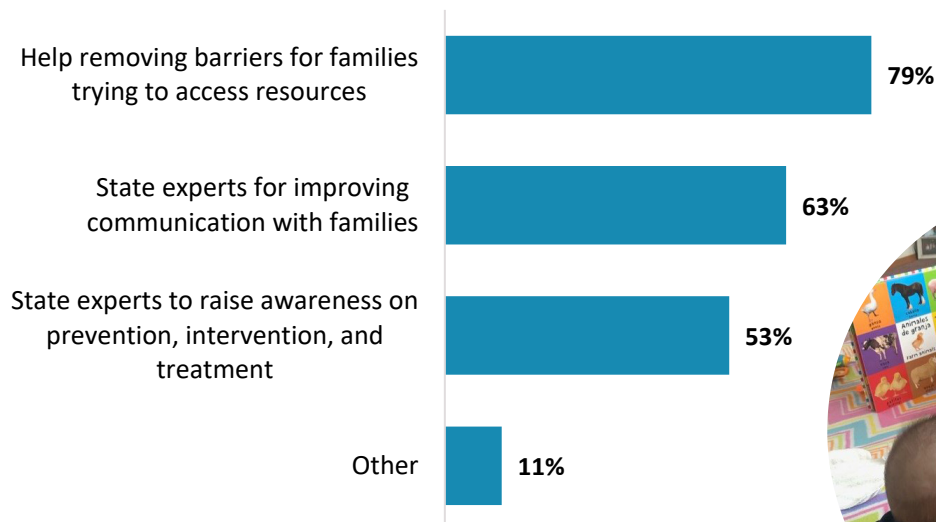


Figure 6. Requested State Supports for Substance Misuse, 2021

## 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)

# Appendix B

## Write-in Comments

**Q4** Please rate the quality of your relationship with your local FIT providers. Please explain your answer

- The CEO of our local FIT provider is a member of the Board of Directors.
- Still awaiting their response as to the family that moved into our area with FIT services from their previous provider.
- We work with several different FIT providers as well as serving as a FIT provider in one community. We have worked for years to develop and maintain positive relationships and participate on the transition teams in each of our services areas.
- We have a wonderful working relationship with our FIT partners.
- Some FIT providers do not advocate for services within our program, thereby limiting what we can provide to families.
- During the pandemic it has been difficult to connect with providers.
- We work collaboratively in the best interest of the families we both serve.
- Very supportive, good communication.
- Our FIT program is also under Region IX Education Cooperative like our Head Start and Early Head Start programs. We are also in the same building, so we collaborate often and have a wonderful relationship. They serve our EHS children in the building and we collaborate with Child Find as well.
- FIT providers are very inclusive and provide really good strategies to use between their visits/services to reinforce and support goals for the children.

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

- N/A
- During COVID, we have seen a delay in evaluation times and determinations. This was to be expected but did have an impact on our children and the program's compliance. So, more timely evaluations on our referrals would be helpful.
- Nothing at this time. They provide wonderful services to our children and families.
- Be a better advocate and encourage parents to enroll with us.
- Have more consistent communication.
- Stop co-treating children.
- Hire more staff that can provide services more frequently.
- Our FIT program is very supportive, and I don't think they need to do anything better.
- Nothing. They are amazing.

**Q6** How would you describe the quality of your relationship with your local LEA provider?

- Very positive and productive.
- Very good.
- We have varying relationships with the LEAs as we are in multiple communities. Relationships are very strong in some communities and need work in other.
- Getting better.
- We have established MOUs.
- Currently fair to good. Past has been up and down.
- Supportive and adequate.
- Being new to the position, I have developed a good working relationship with our Early Childhood Specialist for LEA services.
- Good.

- Positive.
- It has been good in the past, but there was a turnover in staff, so getting used to how new staff are implementing services.
- We have a MOU with our LEA that we negotiate annually, it is usually a good relationship but a lot of work to ensure that services are delivered and maintaining partnership when there is turn over.
- Excellent communication, collaboration, partnership with school board support.
- Good.
- We have 3 local LEA providers because we have 3 Head Start sites located in the local school districts (Hondo, Capitan, and Ruidoso). Some relationships are better than others.
- Good. Our Education & Disabilities manager has an ongoing relationship with our LEA provider.
- Adequate.

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

- N/A
- They do a great job.
- Continue to work closely with Head Start. It would be helpful to have consistent messages from the PED Special Education offices to LEAs in support and requiring strong coordination.
- There is just a need for more therapists.
- Joint training to meet needs of children.
- Have SE teacher here HT-FT depending on FTE.
- Provide more time to our center.
- This year's services have been a lot of videos. I think utilizing other techniques or preparing staff who will sit in with children for materials needed for hands on activities.
- More understanding as we are short staffed.
- Work with Head Start staff since we know the families.
- Better communication and more flexibility with services to meet the unique needs of our students. Also, more parent supports and training.
- None. The district recruits therapists yearly & is successful.
- Provide more direct services to children.
- The Ruidoso LEA only provides "consult" services to our Head Start kids when they turn 4 because they don't have a 4Y DD program that supports both Head Start and NM Pre-k. When our kids need more than consult services it's hard on our Head Start teachers because they may not have the skills or resources to help children who need more services than just consult.
- Due to the shortage of COVID the lack of support is limited. However, before COVID we did have the challenge to get our LEA to our center to evaluate our children.
- Provide more support.

**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.

- I don't believe in the past year it had had an impact. We have come back to almost pre-Covid status other than masking.
- Space to provide the needed services. Cost associated with the additional requirements and space needed to accomplish the needed services.
- COVID-19 has negatively impacted our enrollment in all programs, including enrollment of children with disabilities. Screening of children has been difficult, sometimes done virtually with parents. Evaluations of referred children have been slower than usual and it seems more families have declined referrals. The



programmatic disruptions have had an impact on continuity of care and quality of services, despite our best efforts. Recruitment of staff has also been negatively affected by the pandemic.

- The public health order in the tribe has resulted in fewer enrollment numbers especially for children with disabilities.
- The main challenge that we saw was when the services were being provided via Zoom. But now that services are being provided face to face, we are not currently seeing any challenges.
- There was a delay in the evaluation process and in providing direct in-person services to the children who need the support.
- Many children were dropped from the FIT programs because of lack of contact/visits from parents.
- Transitions were not done with FIT/LEA.
- Annual IFSP/IEP delayed or did not happen.
- Hard to get screenings done within time limits, parents afraid to engage in evaluation process.
- Lack of in person services has been a challenge during COVID-19 as well as mandates relating to masking and vaccines which has resulted in short staff.
- A challenge our center has experienced is families who have experienced trauma due to the loss of family members from Covid. The reluctance to have their child log on to virtual class has been difficult. Parent have experienced internet problems, lack of knowledge about computers.
- Virtual services for young children are not as great as in-person services. Currently, there are not any therapist available for in-person services causing our program to shift to virtual services. Mask wearing for our children with speech concerns is preventing them from visually seeing how one's mouth moves for form words.
- We have continued to support their development with their plans and goals, but families are not participating as much.
- Limited access, difficulty adapting to virtual format.
- Services would have been more effective if the special education LEAs worked with the Head Start staff. LEAs tried to set up virtual services when most of the families had a difficult time using their virtual platforms. Then the LEAs would report the families were not participating.
- Services were out for a few weeks, but a location was created at the administration building for our students to receive services. We didn't feel it was appropriate, so we asked that they continue services here at the school.
- District special education services never really stopped, however when Head Start closed children did not receive the services they needed. Children with autism were most impacted and parents struggled with new onset behaviors at home. Tablet issued did not work. When children returned it was more work for all teachers to restart!
- There was a lag of time before they started providing services.
- It was very difficult for our children to receive speech therapy and other services virtually last year. We have more 3-year-olds than 4-year-olds and they have a difficult time sitting in front of a computer to receive services. I think our SPED children fell further behind because of the pandemic and it's been difficult to get them closer to where they need to be to go to kindergarten and be "school ready."
- Finding the resources to meet the needs to receive services. To find the resources for laptops, mobile devices to have our families log in. We mainly have speech therapy. Providing virtual services that best fits the family.
- The in-person services we interrupted and resulted in virtual learning or cancelation of some classes when student/staff tested positive.
- Challenges have really escalated during the pandemic. We are seeing significant behavioral impairments and regression in child's growth and development.

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

- Funding to supply needs and build outdoor settings.
- There has been nothing positive about this past year. Families have suffered, children have lost two years of education. The state and federal government have placed emphasis on internet and technology then on the basic needs of running water, health food and adequate housing. The internet and technology do not feed a family! How is it that we can find the funding to run internet to each household in this country, but we cannot find the funding to get running water to each household.
- We have made improvements to our own technology and accessibility to better connect with families and partners. Communication overall has improved with greater use of digital platforms.
- Been able to provide services for children who have been committed to the program.
- It has assisted us in being more tech savvy and thinking out of the box.
- We have utilized technology to actively engage with our families.
- Lots of time for training.
- Going back to offering face to face services with modifications.
- Enrollment numbers are slowly rising.
- Because of virtual learning, and with the generous funding from OHS, we were able to purchase technology devices for both teachers and students.
- Staff have received raises, children are now back in session
- We were the only early childhood service program to stay operable through the pandemic.
- Families became more involved in their child's learning experiences and now understand the role of the teacher.
- Additional funding was received which helped us to purchase additional outdoor equipment for our students. We also were able to get devices for each child which we used to deliver remote learning materials and to do live sessions with students.
- Abundance of resources.
- New ways of conducting meetings and providing services.
- We realized how important it is to have our kids attend in person. Our little ones need the one-on-one attention and a safe place to be. We realized that we can do so much more than we were before.
- Families became closer.
- Provided in-person services the entire pandemic

**Q19** What coordinated approaches are you using to support dual language learners? Please specify for EHS and HS separately

- Most of our staff is Bilingual in English and Spanish
- All staff are bilingual and adjust the curriculum as needed.
- We hire bilingual staff members whenever possible. We use labeling in multiple languages in the classrooms. Materials are available to families in multiple languages. I feel we are in need of a more intentional approach to supporting our dual language learners and would welcome more support.
- We provide language modeling in the child's home language as well as provide opportunities to learn the native language of SCP.
- We provide materials, forms and resources in the home language that is spoken in addition we provide translators.
- We developed a dual language plan.
- Staff speaks native language.
- Staff receives different training and resources

- Our head start program has native language speakers who teach lessons in their native language
- No EHS.
- For HS we do have a Keres Language program.
- Labeling in the home language, speaking on the home language, providing activities in the home language.
- No dual language students at this time.
- Bilingual teachers in each classroom. Lesson plans implemented to support dual language learners.
- We don't have very many dual language learners come through our program but we do this year, so we are using strategies and supports through the ECKLC website.
- All Head Start staff speak the local native language to converse and nurture children.
- EHS-Hiring bi-lingual staff, translating materials.
- HS-Hiring bi-lingual staff, translating materials.
- Head Start - we have 1 dual language classroom in Ruidoso. We try and hire teachers that speak English and Spanish because we do have other children in the other classrooms/sites that need Spanish. If they need help, we have office staff that can translate. We send flyers and other documents home in both English and Spanish, we conduct home visits and parent teacher conferences in their home language.
- EHS - We do the same with EHS where we conduct meetings and communicate with parents in their home language and send flyers home in their home language. We do not have a specified dual language classroom at EHS, but we do have some staff who speak both English and Spanish.
- It is built into our curriculum
- Chile plus curriculum

**Q21** What services do your families need that aren't available in your community?

- MORE CHILD Care for infant to 3 years.
- All services are needed. COVID-19 has created a void in services with everyone working from home and basically many agencies not responding.
- not at this time.
- Exercise and nutrition education.
- CIB, Housing Authority, Shelters, Law Enforcement.
- Transportation is limited.
- N/A
- Better opportunities for health care mental health care and jobs or job training.
- More MH services.
- GED services, parenting classes, financial planning, additional mental health services.
- Early childhood mental health services.
- We have most services somewhat available but for many there are long waiting lists, or the services aren't very good. Housing a major issue in Taos, as well as homelessness assistance and providers to teach parenting classes consistently. .
- Our community has good resources, but certain families do not take advantage of services.
- We have limited options for families who need help with drugs or substance abuse. We don't have a specified pediatrician in our area - only family service providers and they are completely full of patients.
- Counseling for family and youth. More youth/outreach programs. Homeless center. An information center to help families struggling with suicide and drug youth.
- An Early Head Start or a Face program to help the gap of 0-3-year-olds in our community.
- Rehab agencies.

**Q24** Please list specific types of training needed in your program for staff professional development.

- Supporting Dual Language Learners, assessment, working with challenging behaviors, Infant Mental Health.
- Family Engagement.
- Flexibility with constant changes during pandemic.
- Colleges are not teaching staff how to generalize or transfer information and how to use assessments to increase child competency and/or engagement.
- Infant child development and behaviors.
- Record-keeping, tracking.
- CLASS Training, Behavior Management, and Assessment.
- Coming back from COVID we have seen a number of challenging behaviors and teachers are having a hard time coming back and dealing with these behaviors. Also, understanding them and why these behaviors are coming out by being trained in infant mental health and trauma responses would be beneficial. The essence of why we do what we do, ensuring that our teacher child interactions are meaningful and up to standard. We were closed from March 2020 to January 2022, so teachers are having a hard time.
- Basic of Head Start systems, data analysis, family engagement.
- Challenging Behaviors.
- Analyzing and Aggregating data.

**Q27** Please explain why you rated your satisfaction with the state's scholarship system the way you did.

- It is easy to access and give everyone an opportunity.
- The beginning of the year is difficult when funding doesn't go through on time.
- This has been a gift to the employees who are utilizing the scholarship program. Employees who would have not had the means to go back to school are able to obtain their degrees.
- The support our state is offering to enhance education in the early childhood education field.
- Communication difficulties with state per teacher report.
- Good support.
- They have really improved on their communication with teachers and there is a pretty short turn around on applications and approvals.
- our teachers utilize the ECECD scholarship program, and we have heard no complaints.
- Fantastic opportunity.

**Q31** Please explain why you chose to rate your satisfaction with Quorum online learning program the way you did.

- It is not utilized in our program very well.
- I have not received a lot of feedback on the system.
- Great program and a wonderful resource.
- The Quorum has been beneficial in providing training needs for staff.
- Other source has better topics than Quorum Online Learning.
- Very convenient and helpful, great training material.

**Q36** How does your program make families aware of your IECMH services?

- We let them know through our support group, orientation, and word of mouth.
- Coordinating Staff.
- During family engagement activities such as family nights, family team meetings, generally and as needed.
- Fliers and outreach.

- Yes.
- We have not done so at this time.
- IDK
- Provide training.
- We inform and invite via Zoom meeting.
- Through handouts and newsletters, or through direct referrals in requested.
- There are no IECMH services
- It is mostly provided to staff right now, but we are starting up parenting classes again and we will communicate via printed flyers, emails, and texts to parents.
- Notes to families.
- They are informed of the service and sign a release for their child to receive services.
- We do provide families with information on Home Visiting and Developmental Services but we don't have a licensed mental health provider in our area that specializes in Infant mental health.
- N/A

**Q37** What would be most helpful to increase awareness and uptake of IECMH consultation among the families you serve?

- Follow through.
- Perhaps development of some family friendly materials like flyers or social media postings.
- The availability of trained and licensed individuals.
- The parent groups and training that is provided.
- Better communication and understanding of how state systems can affect tribal sovereignty.
- Should be offered to all Early Childhood providers.
- Educating the families on sharing their needs.
- Information dissemination to reduce stigmas, quality and quantity of services, improved communication.
- Anything.
- Having someone to do the trainings, everyone has too much on their plate and can't make time for us. Hard to find providers in our small community.
- Have better outreach and communication methods to share with families.
- N/A
- Have a provider in our area that focuses on Infants and Children. The closest one is CHINS and they are very busy. We do utilize our School Based Health Center and Sierra Blanca Counseling but they don't typically service children under 3-years-old.
- We are a Head Start program.

**Q39** Please describe any benefits you have observed from your participation in Project ECHO IEMHC series.

- Good information is all they have communicated.
- Our staff have reported that Project ECHO is a great opportunity to receive support and validation. Access to consultation through this system is efficient and supportive of a community of learning. Programs can share their own learning and expertise with others, as well as gain new insight.
- It is just starting, but the presentations have been good.
- The support and information.
- Helping us create a foundation for our mental health consultant.

**Q40** Please describe any ways participation in Project ECHO IEMHC series can be improved.

- We hope that it will continue past the scheduled sessions. Perhaps offering a lunch time session and an afternoon session would allow for greater participation.
- Providing additional information to program staff.
- N/A
- Gaining new perspectives and knowledge.

**Q43** What is your program using as a quality rating system? Please specify.

- Program Performance Standards.
- NAEYC accreditation.
- ECKERS/CLASS for Head Start.
- Customer Service Survey.
- Office of Head Start Performance standards, CLASS.
- N/A
- Not sure.
- Our in house ITERS/ECERS.
- None-Tribal program.
- None.
- Tribal Head Starts are not required to participate in QRIS.
- Our program only uses CLASS rating. Would like more info on FOCUS.
- We are NAEYC accredited.
- CLASS.

**Q45** What challenges have you encountered while participating in FOCUS?

- Just the pandemic issues.
- None at the time, it has been such a benefit to our program
- The alignment of FOCUS to Early Head Start (duplication for staff).
- None.

**Q46** Please describe how FOCUS has helped improve the quality of your program.

- It has given an outside perspective for us to grow.
- Providing resources, coaching and overall support.
- Early Head Start has high standards.
- FOCUS staff visiting classrooms and our collaboration.

**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)?

- We all work together for the benefit of the child!!
- Quality Partnerships.
- Participation with the local transition teams. Our MH/Disability Specialists are active in the communities we serve and engage in transition activities.
- N/A
- It has been a very smooth transition.
- Inviting a representative from either agency to transition meeting with staff and parents.
- Good staff.
- Constant communication and collaboration.

- Assisting parents.
- Transition meetings with family, Interventionists, teachers, and admin staff involved.
- Participating in county-wide transition team.
- Close collaboration with Part C and Part B LEAs.
- We have a Special Services coordinator on staff who oversees both age groups at our school and ensures a seamless transition.
- Transition Team meets quarterly as part of transitioning families to Part B and conduct evaluations on timely manner.
- Good Communication with staff and IDEA Part C & Part B Staff.
- We have been able to transition all EHS children to Head Start this year because of lower enrollment. We meet monthly with FIT to see who will be transitioning and we are invited to all transition meetings.
- We participate in the meeting of Part C to B. We have an MOU and a transition team with Los Niños.

**Q48** What has been your program's greatest challenge in making the Part C to Part B transitions?

- The transition when they turn three and we have nowhere to provide services because they are above out income guidelines. This causes them to go without service until the following year when they meet the NM Early PreK age cut off.
- N/A
- COVID has made all activity challenging. Opportunities for in person collaboration have been limited.
- N/A
- None at this time.
- Meeting time and date for virtual meet that has participation from all required parties including parents.
- Changing providers, communication.
- Due to COVID 19 it has been challenging to communicate as well as short staff.
- No challenges.
- Disabilities Manager position vacant. I am new to the position so learning as I go.
- Meeting deadlines during pandemic.
- Current virtual platforms used by LEAs.
- We haven't had any challenges because we are in one location and staff oversee both age groups so it's an easy transition for us.
- Scheduling transition meeting as early as possible after child turns 2-1/2 years old. Visit Head Start to become familiar with surroundings. Staff commitment to support and assist families.
- None.
- We haven't had very many issues this year, but we do have difficulty when we are fully enrolled at Head Start. We aren't able to enroll more than 115 children and if there are children transitioning and we don't have an opening then they have to find another program.
- Being aware of who they are. Only being involved if the family wants them to be involved.

**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?

- We have operated as usual inside our doors. The greeting parents and making that daily connection is what we have missed most of all.
- Students not in school. Families scared to send their children to school.
- Limited opportunities for children/families to visit receiving public schools. Limitations on Kindergarten teachers visiting centers.
- Moving everything to a virtual setting, digital signatures, etc.
- Timelines are impacted.

- Utilizing technology for virtual meetings.
- Timelines and activities have been delayed, disrupted, or not completed at all.
- Not having face to face as everything is mostly virtual or by phone.
- Changes in conducting meetings, everything is virtual.
- We normally schedule a school visit or site visit for the children to make it a great experience. These past few years this has been unavailable.
- Tracking down parents to meet deadlines, suspending of site visits, unreliable virtual technology/internet for communication purposes.
- Staff turnover in Part B LEAs and remote work of the LEAs until just a month ago (January).
- Not being able to visit Kindergartens with students is definitely a disadvantage for students. There were a lot of virtual events, but the kids really lost out on that essential experience.
- Losing sight of families has been the hardest and not having good measurements of a child's real skills to pass on the receiving end.
- Not done in a timely manner.
- The FIT providers are only able to do 1 follow up visit after they transition. We don't allow parents in our school buildings now, so it's been hard for kids to transition into a classroom.
- unable to attend and meet in person.

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

- We have done what is required and best for the safety of our students and staff. These things were done with as little disruption to a child's daily routines.
- Virtual platforms.
- One of our centers did a virtual tour of the kindergarten classroom with their transitioning families.
- Accommodating to families who are in most need of services and offering them options.
- visits and meeting offered to families via zoom, cleaning and health practices and providing additional PPE.
- Allowed additional time for families to submit documents, offered virtual services.
- Tried to have more face-to-face transitions.
- we make more phone calls write emails, text messages and have virtual meetings.
- Everything is held virtual, no real in person experiences.
- Increased communication between providers, offered virtual alternatives when possible.
- Funds and grants were available to provide and access internet connectivity and the equipment.
- We had to help spread the word for virtual events that parents could attend to see Kindergartens, but that was it. Hopefully this year we can go back to visiting, it is essential.
- Zoom meetings with families to help with assessments and get child's present levels. create electronic assessment forms through Google forms (only good to document but missing full scale of skills). We had a couple of virtual Child Finds.
- Revised some practices and policies.
- We can't allow parents into the building for our Head Start programs, so we have to do drop off outside. We have increased our sanitization and disinfecting protocols. We've adjusted the number of children on the bus.
- Adapting to Zoom meeting and teleconferences.

**Q57** What do you feel should be improved to identify and recruit families in transition?

- Our community is small, and we are involved in communication with the Director of these facilities and do what is needed.
- Return to what once was normalcy.



- Providing additional training to staff.
- Nothing at this time.
- Marketing using social platforms.
- Fewer restrictions by OHS that cause families to not want to enroll or not qualify.
- More face-to-face warm hand offs.
- Stronger relationship with local programs to identify the family.
- Public awareness via public service announcements.
- Ensuring confidentiality, making the process easy and not cumbersome, and having one person who can be the constant contact for them.
- More information distributed.
- To be aware of who is receiving services and better communication.

**Q58** How would you like to see collaboration strengthened between Head Start and state agencies? Select all that apply. - Other (specify)

- Having a voice, being informed and a part of the communications.
- General Communication and respect for tribal decisions

**Q59** Please explain more about how you would like to see collaboration between Head Start and state agencies improved.

- I think it's wonderful!
- Follow through.
- Development of some sort of process to ensure income eligible families are first offered Head Start/Early Head Start services.
- Open communication for all parties so that we are not competing for children in our service areas.
- I would just like to make sure that both agencies are on the same page.
- Shared Resource Directory and referral system.
- I feel like ECECD tries to make us all fit into the "State" model. At times that feels like it is infringing on tribal rights and independence, and actually may create issues between what is a state norm and what is a tribal or community expectation. In addition, we are also given the impression that by adhering to some of the ECECD protocols, we are being "forced" to accept another authority and not able to become sovereign as we wish to do.
- Alignment to Head Start standards.
- Equal access to professional development trainings, such effective communication, record-keeping/tracking techniques.
- Being that I am fairly new, I enjoy the ECECD meetings. They are informative and provide useful information. Being new, I sometimes do not understand all the information provided so a handbook or follow up of material would be nice.
- I feel that HS is finally starting to be more included with the state agencies. I feel that the Pre-K programs really hurt our programs and, in the communities, where there is both HS and Pre K, it's more like competition to get these children. We need to promote HS services in the same light that Pre-K is promoted.
- Continuation of existing communications that have been developed these past few years. The ECECD has made a huge effort to reach out to HS programs, especially tribal ones, and the information has been very helpful. This needs to continue.
- Collaborations vary based on access to resources between programs located in cities/towns vs rural locations.
- More access to trainings and providers who can come to our school to do training with teachers and parents. Sharing resources with each other to better assist families, and contacts and information that

might be helpful for other programs. The knowledge and information are here in our programs, we have teachers and directors who are doing amazing things in their communities, and I think there needs to be more inspiration and motivation for our teachers to get through and carry on. Appreciation and recognition for the profession, it is not just a steppingstone, it needs to be elevated. We are not just babysitters, and we don't just play all day, it is not easy, and we deserve respect too. Campaign for respect of the early childhood careers.

- Bring awareness of various programs in the state collaboration systems. Continue with weekly communication and resource sharing. That's really helpful on the part of ECECD.
- Improve communication.
- I feel like there is a disconnect between state and federal sometimes. It is difficult to follow three different set of rules and regulations when we are located in the local school districts. We have to follow our mandates but when the state doesn't follow suit it's hard for parents and staff to understand why it's so different.
- Be aware of the agencies and getting ourselves more involved.

**Q60** In what ways can ECECD and the Head Start State Collaboration Office help support improved delivery of services in your program?

- I believe this is taking place currently!
- Not sure.
- Assist with or facilitate development of the identification process to ensure income eligible families are first assessed/triaged for Head Start and Early Head Start. Referral of over income families identified in Head Start could be part of the system as well.
- Providing us opportunities that are not always covered federally.
- Nothing at this time.
- I'm not sure at this time.
- IDK.
- Provide more resources for staff and alignment.
- By making the virtual trainings effective and worthwhile by having knowledgeable, organized presenters.
- Not sure at this time.
- Include us as important as public education.
- Keep the communication and information flowing.
- Need additional resources in rural locations, which means travel cost, onsite TA.
- Assistance with staff recruitment. Our services fail or come up short because we are short staffed and are just trying to make it through the day. If we were fully staffed services would be high quality. Tribal head start specialist who visits our programs and maybe shares ideas from other programs, helps us collaborate with other tribes, and helps with curriculum. Finding a good curriculum that is culturally relevant and adjustable for us to add and shape is time consuming and labor intensive for staff to have to add lessons and essentially build their own curriculum alongside.
- As mentioned prior, continue supporting Early childhood programs. Newsletters also serve as good information.
- More contact with Head Start programs and support.
- I think we need to collaborate more with NM Pre-K. We need to be doing the same trainings and collaborate more on family engagement.
- Communication and awareness.

**Q61** 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. Please briefly explain some techniques that help the most when you personally have difficult discussions about racial and cultural equity.

- Make sure all are valued.

- Have not had this be an issue at this point.
- We do not deal with a lot of this, but we ensure that all parents are made aware of our policies regarding racial and cultural equity.
- Training. We have provided the Safe Zone training to staff and families
- Self-Reflection.
- Prior knowledge.
- It helps when non-natives have some knowledge of native culture and language.
- Approach these conversations with open-minds, active listening, and thoughtful responses.
- Stay calm.
- Walk away if it resorts to personal attacks, name calling.
- Agree to disagree.
- Look at equity, did they have the same opportunity as others? What was their family like, were they exposed to good role models or someone who went to college or had success?
- Are we giving them the supports they need to do what we are asking? Adults have a hard time asking for help, don't assume they know what to do or how to do it, but also don't assume they don't know - ask them. Create a good relationship and ask them if they want to do this together or what they need to get this done.
- Many difficult situations are made worse when you enter into discussions with assumptions about the family. Assumptions are based on the color of their skin, where they live, or the amount of money they make and if they are employed or not. Just don't do it. Ask them and be direct and open, and don't be afraid to ask or to say the wrong thing. If you are genuine and you care about them as people and as one of your families it won't come off as disrespectful or insensitive.
- Listen to families about their desires for their child and invite them to share. We don't have this yet, but it would be important for all staff during onboarding/orientation to learn about what Head Start stands for and how families should be supported. Equity in education and in the community should be a topic of interest at the time. We are seeing more non-native move into our location, thus, enrolling non-native families. This is a change for us.
- Providing resources.
- We're pretty inclusive.

**Q62** What strategies and approaches has your program implemented to ensure health and racial equity in support of the wellness of children, families, and staff?

- We treated all equal. Making sure materials are in both cultural from our area.
- Early Childhood Best Practices.
- We conduct training for all staff on anti-bias approaches in ECE. We work within our communities to partner with other organizations that have health and racial equity as their mission. We connect families to these partner organizations and educate on resources. We are part of a larger organization which provides health services to underserved populations.
- We have an open-door policy which encourages all families to join and participate in program activities and volunteering.
- Provided training to staff and families.
- Multi-cultural approach.
- Standards of Conduct, confidentiality training, other professional development topics.
- Providing the necessary resources families need and supporting them through the process.
- Our program is in a pueblo community, so we don't experience any these areas.
- Ensuring that all children have access to health care facilities. Providing a list of optional resources available to families.
- Zero tolerance for discrimination, equal access for all students and staff provided

- Provide services to all; everyone needs support.
- Being observant, having conversations, and being aware of changes we see as well as asking questions and strategizing with families and staff on how we can help families, who we can talk to about providing support. This is easier when you get to know the family and they trust the program and teachers. Warm hand offs are very important to us between programs, being able to introduce families to other service providers not just an email intro but having a meeting all together where you essentially tell the family they can trust the provider.
- Trauma informed training and practices that they can implement in the classroom and that we can implement in the school from intakes and application processes to service delivery, parent meetings and trainings, and exiting the program.
- Open communication is a must for the program with all involved, families and staff. Honesty, consistency, and accountability for leadership is important for all, even if they don't agree or want to believe reasonings.
- We have implemented reflective supervision with all staff over the past year and staff are finally coming around to its purpose and seeing it affect.
- none. but having casual conversations is a start to understanding family/child needs. Some families come on strong on what their wants are, and I feel our staff also needs some ground to understand the topic of racial equity to be able to appropriately approach families professionally.
- Provided resources when able.
- We don't have issues with racial inequality in our programs. We support each family the same.
- We treat families with respect.

**Q63** What have you observed in your program that needs improvement in order to honor diversity, equity, and inclusion for children and their families?

- Our diversity problem lies in economic status rather than ethnic. We are from Grant County and the is a culture in itself.
- Nothing.
- I feel all staff can have additional growth in examining their own culture, experiences, and biases.
- None at this time, new to the program and will need to gather additional information.
- more resources need to be provided.
- I have not observed the need for improvement.
- It is more of a community issue in that those with "power" need to stop trying to engineer situations to their own benefit than it is diversity or inclusion.
- More resources.
- The amount of time from service providers to the head start children needs to improve.
- Language classes for all our children. Currently we only offer Keres Language classes.
- More intentional teachings around this as staff are new, training
- In general, our program does well in most areas with the exception of gender expression issues. There could be more strategic development in that area across the board as I feel that that is an issue for many programs, not just ours.
- Do not resort to assumptions. Meet the family and spend time getting to know the family.
- More resources dedicated to all the unique situations involved with diversity, equity, and inclusion. Each of those topics brings up different things that programs can do to address needs but funding isn't always as dynamic and flexible to meet those needs and unique ideas that we have. Other than flexible funding, definitely contractors who can assist with doing assessments on diversity, equity, and inclusion as well as trauma informed practice. Sometimes we aren't always equipped to know where to start with it, or we just need new perspectives and new ideas to get us going and to open our eyes to the possibilities

because we are so used to being in a box with no flexibility that when we do get to open the box we don't always want to think outside of it.

- Professional development for all staff for acceptance and compassion.
- Additional information and training.
- I think we do a great job of including all families and treat them equally.
- Ensure and honor confidentiality. But also learn their culture and tradition and respect and learn the diversity we receive each year.

**Q64** In what ways can ECECD and the Head Start State Collaboration Office help you promote racial and cultural equity in your program?

- Not sure. Have not seen this has a problem ever in our program.
- Include us in training opportunities.
- Provide more trainings and resources.
- Provide statewide training to everyone and resources.
- Share resources.
- I have no idea.
- Provide more trainings.
- None at the moment.
- Providing resources for teachers--toys, books, classroom posters etc.
- By remaining respectfully conscientious of shared values across cultures and recognizing the validity of tribal sovereignty.
- Professional development.
- We know what we want to see and there are a lot of ideas that we have, and there is even funding for most of it, but there is not enough time in the day or staff who can work on those initiatives so the ideas kind of feel like they are falling on deaf ears, and sometimes no one wants to share ideas anymore because nothing was done in the past. So again, recruitment is very much needed - someone to help us create recruitment plans? That way we can carry out all these projects we want to do. Also, assistance with creating assessments on our programs and with parents and staff to see what they think about our programs racial and cultural equity.
- Offer PD and state coach assistance.
- Information and Training.
- I'm not sure.
- More inclusion, resources on best practices and trainings.

**Q65** Is there anything else important about the needs of your program that we missed?

- This survey never addressed the need for infrastructure funds, facility needs. The need to address teacher compensation. How do we compete with the state's new pay increases that will impact HS and EHS over the next 3 years. This survey did nothing to address staff mental health and funding to address staff well-being.
- None at the moment.
- Nothing at this time
- None.
- Funding is always an issue.
- No.
- Thank you.
- None.
- No.