



A Profile of New York City Head Start & Early Head Start Delegate Agencies

An Analysis of the 2017-2018 Program Information Report

MARCH 2019





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A PROFILE OF NEW YORK CITY CHILDREN'S SERVICES HEAD START AND EARLY HEAD START AGENCIES:

AN ANALYSIS OF THE 2017-2018 PROGRAM INFORMATION REPORT

INTRODUCTION

The Program Information Report is an annual federal report that collects program level data describing children and families enrolled in Head Start and the services provided. The Program Information Report (PIR) deals with a variety of program services, including information on staff, characteristics of enrolled children and families, health services (medical, dental, mental health), services to children with disabilities, and family services.

The PIR is an important source of program performance data. While not providing information that can be defined as outcomes in the strictest sense (defined as benefits or changes for participants during or after program activities), the PIR is a rich source of information about program resources, activities, and outputs (the direct products of program activities). As such, the PIR is a source of process-oriented data which measure aspects of program performance. Examples of such indicators are:

- The number and percent of staff with appropriate degrees and credentials;
- The number of children with health insurance, and receiving needed medical services, dental services, mental health services and immunizations; and
- The number of families receiving various types of services, such as parenting and health education, and benefits, such as SNAP.

Seventy (70) delegate agencies completed Program Information Reports by September 2018. Reports were submitted electronically using the national Head Start Enterprise System (HSES). The grantee reviewed the completed surveys and gave final approval after consultation and corrections, as needed.

This report presents the findings in essentially the same sequence as the items appear in the survey instrument. (For a copy of the PIR questionnaire, go to <http://eclkc.ohs.acf.hhs.gov/pir>.) In instances where survey questions were retained from prior reports, the analysis may include information on trends for key indicators. The analysis also includes consideration of the *EarlyLearn* model operated, when that factor likely impacts the findings. A summary of key findings directly follows this introduction.

This report also includes a section devoted to the Early Head Start programs and services provided by the eight (8) delegates which began offering services to this population in the summer of 2017.

SUMMARY OF FINDINGS FROM THE 2017-2018 PIR

The following are among the more significant findings of the 2017-2018 Program Information Report.

HEAD START ENROLLMENT

- During this operating period, 15,529 children were served in ACS Head Start delegate agencies. All received full day services, and 57.9% of the capacity was funded to receive services for at least 10 hours per day.
- Three-year olds accounted for nearly half of the grantee's Head Start enrollment (49.9%), while four-year olds made up 48.5%.
- 68.5% of children were enrolled based on income eligibility and 14.3% of the children were enrolled based on receipt of public assistance. There were 6% of children enrolled based on their status as homeless, and another 1.4% were in foster care. The remaining 9.9% of enrolled children were from families with incomes above 100% of the federal poverty level.
- 14% of children enrolled during the year dropped out.
- A total of 6,351 children, enrolled at the end of the 2017-2018 enrollment year were projected to enter kindergarten in September 2018.
- 48.9% of enrolled children were Hispanic or Latino; 41% were Black or African American. Moreover, English is the dominant language of fewer than half the enrolled children (44.9%), with 37.5% speaking predominantly Spanish.

HEAD START FAMILY CHARACTERISTICS & SERVICES

- A total of 14,495 families were served, of which 58.2% were single parent families, and 41.8% were two-parent families. Single mothers headed 93% of the single parent families.
- 93% of the two-parent families had at least one parent working. 73.7% of the single parents were employed. 12.8% of families were receiving TANF benefits.
- Three quarters of families are headed by a parent with no more than a high school education (75.3%), and one-quarter by someone with at least some college (24.7%).

- Parenting education and health education were the most prevalent services families received.
- All agencies reported that fathers or father figures were engaged in Head Start activities.
- Homeless families were served by 59 delegate agencies. A total of 976 such families, with 1,026 children, were served during the enrollment year. The number of homeless children served exceeds the number enrolled based on that eligibility category.

HEAD START CHILD HEALTH & DEVELOPMENT

- At the time of enrollment, 99.1% of enrolled children had health insurance coverage and 98.9% of children had an on-going source of continuous, accessible medical care; by the end of the enrollment period, 99.7% of enrolled had insurance coverage and 99.2% of children had a medical home.
- 98% of enrolled children completed a well-child exam during 2017-2018. By the end of the enrollment period, 98.9% of children were at least current with their schedule of immunizations.
- Asthma was the most prevalent health condition for which enrolled children were receiving treatment, followed by vision problems and anemia.
- 75.1% of children were of healthy weight. 19.7% of children were reported as overweight or obese.
- By the end of the enrollment period, 97.2% of children had an on-going source of continuous, accessible dental care. 90% of enrolled children received a professional dental exam during 2017-2018. 85.7% received preventive care.
- 68 agencies had available to them the services of a mental health professional, who spent an average of approximately 39 hours per month on site. They consulted with staff about the behavior/mental health of 3,078 children.
- 86% of the newly enrolled children completed a screening for developmental, sensory and behavioral concerns within 45 days of enrollment.
- The most prevalent instruments for developmental screening were versions of Brigance (employed by 42 agencies) and Ages and Stages (employed by 25 agencies).
- The most prevalent curriculum models used by programs were Creative Curriculum (63 agencies) and High/Scope (6 agencies).

SERVICES FOR HEAD START CHILDREN WITH DISABILITIES

- A total of 2,136 children enrolled in Head Start were determined to have a disability (defined as “children ... who have an individualized Education Program indicating that they have been deemed eligible by the LEA to receive special education and related services.”). This number represents 13.8% of the cumulative enrollment.
- 63.3% of the disabled children were diagnosed with a “non-categorical developmental delay”, while 29.6% had speech/language impairments.
- 94.3% of the disabled children were receiving special education or related services.

HEAD START STAFFING

- Parents accounted for 16% of the total number of Head Start employees.
- 6,038 people volunteered in Head Start programs; 60.6% were parents.
- 97.9% of the teachers in our Head Start classrooms have a degree or credential in Early Childhood Education or a related field; 91.9% have at least a Baccalaureate.
- 72% of the assistant teachers have a relevant degree or credential.
- All child development supervisory staff have at least a Baccalaureate degree.
- Hispanics make up 45.8% of the non-supervisory child development staff, while Blacks represent 42.9%.
- 56.2% of the non-supervisory child development staff is proficient in a language other than English.
- 75% of Family and Community Partnership supervisors, and 56% of family workers, have at least an Associate degree in a field related to their work.
- Average caseload for family workers is 44.5 families; when supervisors who carry a caseload are factored in, the average caseload is 38.7 families.

EARLY HEAD START ENROLLMENT

- 84% of the children were 2 years old. Children younger than that were served only in the Home-Based model; that model also served 15 pregnant women
- Nearly three-quarters (74.1%) of participants were enrolled based on income eligibility (below 100% of FPL)
- 53% of participants were Hispanic; 39.4% were Black
- English is the primary home language for just over half of the participants (50.6%); 41.8% speak Spanish in the home

EARLY HEAD START FAMILY CHARACTERISTICS & SERVICES

- Two-parent families accounted for 45.2% of the total; single parent families made up the other 54.8%. 95.3% of single parent families were headed by the mother.
- Over 95% of two-parent families had a least one working parent. About 65% of the single parents were employed
- 15 families were TANF recipients; 97 received SNAP and 107 received WIC services
- About 77% of families had a parent/guardian with no more than a high school diploma or GED

EARLY HEAD START CHILD HEALTH & DEVELOPMENT

- All children had health insurance
- All children were up-to-date on a schedule of age appropriate preventive and primary health care by the end of the program year; all pregnant women received prenatal health care
- All non-exempt children were up-to-date on all immunizations appropriate for their age by the end of the program year
- 15 children had an IFSP indicating eligibility for Early Intervention Services. All of them received the approved services.

EARLY HEAD START STAFFING

- Nearly half of the 80 volunteers (48.2%) were parents
- Parents account for over a quarter of the 109 staff (26.6%) that provided services and support for the Early Head Start programs
- Nearly 80% of EHS classroom staff have at least a CDA; over half have at least an Associate degree
- All the Child Development Supervisors had at least a Baccalaureate degree in ECE, as did the Home-Based Supervisor employed by the delegate with the Home-Based model
- Most Early Head Start programs shared family services staff with the Head Start program(s) operated by the agency. Three-quarters of the family workers working with Early Head Start families had a relevant degree or credential, as did all of the supervisors.

PART 1: HEAD START

A. ENROLLMENT AND PROGRAM INFORMATION

Funded Enrollment

The total funded enrollment reported by the seventy (70) delegate agencies on the 2017-2018 PIR was 14,533 children. Of these, 12,144 were ACF funded (83.6%) and 2,389 were non-ACF funded (16.4%). The non-ACF funded slots represent the “child care only eligible” portion of the enrollment at sites operating the *EarlyLearn* dual model¹.

Funded Enrollment by Program Option

Table 1 provides the distribution of the funded enrollment by program option.

Table 1

Head Start Enrollment by Program Option

Type of Program	Funded Enrollment	% Of Total
Center Based Full Day	14,533	100.00
Full Working Day (10+ hrs.)	8,416	57.91
Full Working Day, Full Year	8,367	57.57
Total	14,689	100.00

Ninety-seven percent (99.4%) of the full working day slots are available for the full year. While the proportion of full day slots that were available as full working day enrollment (defined as not less than 10 hours per day) declined by just over one percent (-1.25%), the proportion of full working day slots that were available for all the days of the year other than weekends and legal holidays increased by more than two percent (+2.1%), when compared with the number operating for extended hours in 2016-2017.

Cumulative Enrollment

The total cumulative enrollment reported by the delegate agencies on the 2017-2018 PIR was 15,529. This figure includes dropouts and late enrollees, provided they attended class for at least one day during this operating period.

¹ For ACF funded enrollment, Dual model programs reported that portion of their preschool capacity consisting of children eligible for either Head Start or both Head Start and Child Care; non-ACF funded slots consisted of the portion of the pre-school budgeted capacity that is child care only. Slots from sites with no Head Start funding are not included in this PIR. The percentage varies by agency; system wide 78% of slots at Dual programs were ACF funded.

Classes

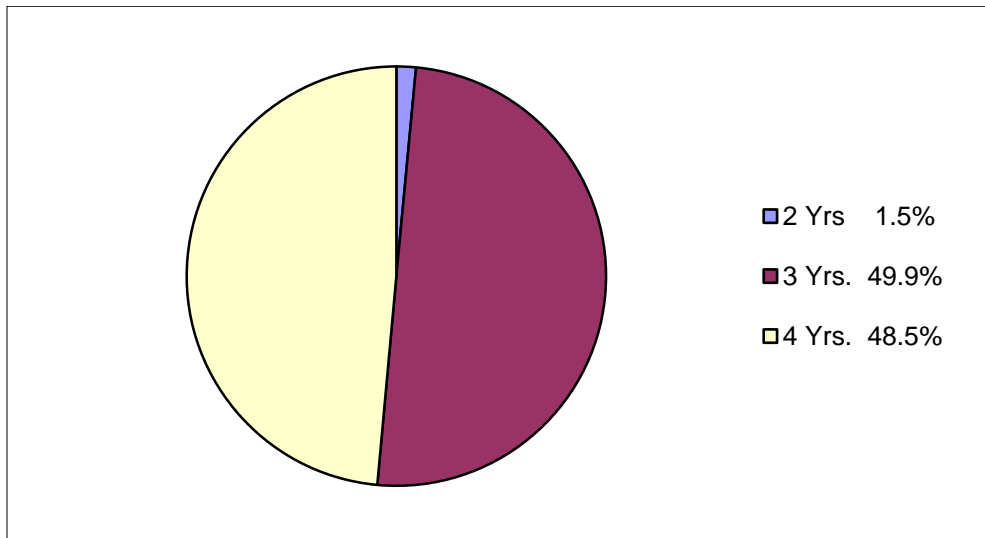
The 70 delegate agencies operated 839 classes. The average class size was seventeen.

Enrollment by Age

Figure 1 depicts the distribution of the total cumulative enrollment by age. Of the 15,529 children enrolled during 2017-2018, 7,751 were three years old, 7,532 were four years old and 13 were five years old. There were also 233 two-year olds served, all in twelve (12) of the forty-eight (48) dual model programs. As stated in the footnote on the previous page the *EarlyLearn* dual model includes children who are eligible for child care. Age eligibility for these non-ACF funded preschool slots includes children younger than three, if the center's license so stipulates.

Figure 1

Enrollment by Age



Three-year olds account for just about half of the children enrolled (49.9%) and four-year olds account for 48.5 percent for a combined total of 98.4 percent of the total. Despite the increase in available alternatives for three-year olds, with the expansion of 3-K, the proportion of three-year olds was virtually unchanged (-0.1%). The proportion of four-year olds increased by one percent. The proportion of two-year olds decreased by one percent, when compared with 2016-2017. The percent of five-year olds served remains negligible, increasing from 0.01 percent last year to 0.08 percent this year.

Enrollment by Type of Eligibility

Table 2 presents the actual Head Start enrollment by the type of eligibility.

Table 2

Enrollment by Type of Eligibility

Eligibility Category	Number	% Of Total
Income Eligible	10,633	68.5
Public Assistance	2,216	14.3
Foster Children	215	1.4
Homeless Children	934	6.0
Over Income	879	5.7
Income between 100% and 130% of FPL ²	652	4.2
Total	15,529	

When compared with 2016-2017, the only change that was of at least one percent was in the proportion of children from families that received public assistance, which decreased by 1.2%. All other changes were negligible: the percentage of children from families below 100% of the Federal Poverty Level (Income Eligible) increased slightly (0.4%); as did the proportion of children enrolled based homelessness (by 0.9%) and the percentage of foster children (by 0.2%). The percentage of families that were enrolled, even though over-income, decreased by less than one percent when compared with 2016-2017 (from 10.1% to 9.9%). The proportion in the subcategory of income between 100% and 130% of FPL increased by 0.1 percent, while the percentage of over-income not specifically in that sub-group decreased by 0.3 percent.²

² The sub-category was reported only when programs enrolled more than ten percent over-income; otherwise all over-income children were reported as “over-income”, without indicating the percentage of the Federal Poverty Level (FPL).

Among individual delegate agencies, the percentage of public assistance recipients enrolled ranged from zero to 61.5 percent, with forty (40) agencies reporting percentages below the mean of 14.27 percent and thirty (30) reporting percentages above the mean. The high end of the range was lower than last year by nearly ten percent (61.54% compared to 71.4%). The agency with the highest percentage enrollees based on receipt of public assistance, located in the Hunt's Point/Mott Haven section of Bronx, was the only agency which enrolled a majority of families based on receipt of public assistance. Three agencies enrolled no families receiving public assistance (the same count as in 2016-2017).

Thirteen programs exceeded ten percent over income (above 130% FPL). All of them operate the *EarlyLearn* dual model, and the families meet eligibility criteria for subsidized Child Care, which has a higher income threshold than Head Start. Fifteen (15) additional programs, all but three of which also operate a dual model, reported enrolling children from families with incomes between 100% and 130% of the Federal Poverty Level (FPL) in sufficient numbers to bring the total of children above 100% of poverty to more than ten percent of the total cumulative enrollment. There are two instances in which the proportion of enrollees in the 100-130% of FPL category exceeded 35 percent, and in one of these agencies, when the two over income categories are combined, the total exceeded 45 percent of enrollees (which is the maximum allowed per regulation).

Prior Enrollment

The PIR asks agencies to report the number of children who were enrolled in Head Start for two or more years. This prior enrollment may include enrollment in Early Head Start as well as in their current Head Start program. For 5,201 children, or 33.5 percent of the total cumulative enrollment, 2017-2018 represented their second year in Head Start. An additional 250 children (1.6%) were enrolled for three years or more. The overall percentage of multi-year enrollment, 35.1 percent, is one percent lower than in 2016-2017 (-1%).

Turnover in Enrollment

A total of 2,173 children, or 14 percent of all enrollees, dropped out at some point after classes began and did not re-enroll. This dropout rate is higher than the previous year by more than three percent (+3.1%). There were 666 children who were in class for less than 45 days during the 2017-2018 enrollment period. This number represents 4.3 percent of all children served, an increase of more than one percent (+1.4%), when compared with the previous year.

For individual agencies, the dropout rate ranged from a low of zero (four agencies had no dropouts) to a high of 47.3 percent. The agency with the highest dropout rate serves a significant number of transient homeless families. Forty-seven (47) agencies had dropout rates below the mean (13.99%), and twenty-three (23) had rates above the mean.

Preschool Kindergarten Transition

A total of 6,351 children, enrolled at the end of the 2017-2018 enrollment year, were projected to enter kindergarten in the 2018-2019 school year.

Child Care Subsidy

A total of 3,561 children, enrolled in forty-eight (48) delegate agencies, were receiving a Child Care subsidy. These agencies are all those that operate the *EarlyLearn* dual model. They serve Child Care subsidy families as well as Head Start families.

Enrollment by Ethnicity and Race

Table 3 provides information on the ethnic and racial composition of the 2016-2017 Children's Services Head Start enrollees.

Table 3

Enrollment by Ethnicity and Race

Racial Category	Number Hispanic	% Hispanic	Number Non-Hispanic	% Non-Hispanic	Total	% of Enrollees
American Indian	581	98.31%	10	1.69%	591	3.81%
Asian	24	1.96%	1,198	98.04%	1,222	7.87%
Black or African American	1,080	16.97%	5,283	83.03%	6,363	40.97%
Pacific Islander	25	27.47%	66	72.53%	91	0.59%
White	1,475	70.98%	603	29.02%	2,078	13.38%
Biracial/Multi-Racial	347	50.95%	334	49.05%	681	4.39%
Other	337	97.12%	10	2.88%	347	2.23%
Unspecified	4,082	98.22%	74	1.78%	4,156	26.76%
Total	7,591	48.88%	7,938	51.12%	15,529	100%

Compared with 2016-2017, there are fewer children who are of Hispanic origin (regardless of race), a decrease of 1.33 percent. The population served in ACS *EarlyLearn* Head Start programs remains basically evenly divided between Hispanics and non-Hispanics, though this year non-Hispanics make up the majority (51.12%).

It is interesting to note that the distribution of the Hispanic population among the various racial groups has shifted, when compared to the previous year. Both the number and proportion of enrollees identified as American Indian increased more than two-fold, from less than 200 (1.3%) to almost 600 (3.8%). Over 98 percent of these children were of Hispanic race. At the same time the proportion of children categorized as of “unspecified” race decreased by over five percent (with Hispanics making up over 98%, up from 96%); and the proportion of Hispanics among the White children also declined, by almost 2 percent, outpacing the overall decrease in the proportion of White enrollees (-1.6%). There was also an increase in the proportion of Hispanics among the Black enrollees, from just over 13 percent to almost 17 percent. Though the numbers remain small, the most statistically significant change was a decline of nearly ten percent in the proportion of bi-racial children classified as Hispanic, down from over 60 percent to just under 51 percent.

Overall the proportion of Blacks, Asians, and Pacific Islanders remain essentially unchanged, when 2017-2018 is compared with 2016-2017. As mentioned in the previous paragraph, the proportion of whites and those of unspecified race decreased, while the percentage of American Indians, as well as those of more than one race and those who listed their race as “other” increased.

The ethnicity of the Head Start enrollment is representative of the communities in which the programs are located. Forty-eight (48) delegate agencies served at least one Asian child. The programs with the greatest proportion of Asian children are found in traditional enclaves such as Manhattan’s Lower East Side, as well as in Sunset Park, Brooklyn; Flushing, Queens; and Southeastern Queens. Asians were also found, to a lesser extent, in programs in the Bronx (Highbridge/Morrisania) and other Brooklyn communities, including East New York, Coney Island and Flatbush/East Flatbush. The White population was also served in forty-eight (48) delegates; 38 of these programs served non-Hispanic White children, and 19 served only non-Hispanics. Programs with the highest percentages, including two where non-Hispanic Whites make up 100% of the population served, are found in the Brooklyn communities with large populations of Orthodox Jewish families and/or other immigrants from the former Soviet Union. The “Black” racial category includes African immigrants, West Indian immigrants, as well as African-Americans; they were enrolled in all but three of the Children’s Services Head Start programs. The three programs without any Black enrollees are found in heavily Asian and White neighborhoods. Hispanics (regardless of race) were enrolled in all but the same three programs, two of which also serve no Black children (the third served a population consisting almost entirely of Asian children). Among the programs serving Black or African-American children, the percentages ranged from 0.4 percent to 100 percent. Hispanics ranged from 2.8 percent to 99 percent in the programs serving that population.

Enrollment by Primary Language

Table 4 presents information on the primary language spoken at home for the enrolled children.

Table 4

Enrollment by Primary Language at Home

Language	Number	% Of Total
English	6,972	44.90
Spanish	5,827	37.52
Native South/Central American	92	0.59
Caribbean Languages	207	1.33
Middle Eastern & South Asian Languages	439	2.83
Far Eastern Asian Languages	837	5.39
Pacific Island Languages	1	0.01
European & Slavic Languages	248	1.60
African Languages	755	4.86
Other	2	0.01
Unspecified	149	0.96
Total	15,529	100.00

When compared with the previous year, the changes in the distribution of primary languages in 2017-2018 are negligible. Of the four most prevalent languages/language groups, the percentage of enrollees whose primary language is English decreased by about two percent (-2.06%), and the percentage speaking primarily Spanish increased by just over one percent (+1.18%). There was a minimal decrease in the percentage of enrollees who speak a Far East Asian language (-0.33%); and a minimal increase in the percentage of enrollees whose primary language was an African language (+0.78%). Middle Eastern and South Asian languages rank fifth for the second consecutive year. The percentage speaking a Middle Eastern or South Asian language increased by 0.38%, while the percent speaking a Caribbean language (the sixth most prevalent) decreased by 0.27%. The percentage of enrollees whose primary language was a European or Slavic language (the seventh most prevalent) increased marginally, by 0.29 percent. The remaining categories each account for less than one percent of the enrollees.

Every delegate agency had at least one English language learner. The totals ranged from a low of 4.7 percent (at a program located in Brownsville, Brooklyn) to a high of 99.7 percent (in a program in Brooklyn where all but one child is Asian).

Transportation Services

Three of the 70 delegate agencies reported that they transport some or all their enrolled children. A total of 177 children were transported. Two agencies reported owning a total of three buses purchased with grant funds (though not within the last year). Though these agencies transported children previously, neither is presently transporting children. None of the three agencies which transport children reported that it leases buses. An additional three agencies included a comment that indicated that special needs service providers made arrangements through the Department of Education to transport their children with special needs and that the program received the children from the bus.

Record-Keeping

All 70 agencies indicated that they use a management information system to track enrollees, program services, characteristics of families, and/or information on program staff; 58 of them indicated more than one system was used. All programs use the ACS locally designed Web-based Enrollment System (WES) to track eligibility, enrollment and attendance. By far the most frequently mentioned software package was Child Plus/Child Plus.net (37 agencies). Among the other software packages used by multiple programs were: COPA (Child Outcome Planning & Assessment) (4); CAP 60 (2); and PROMIS (Program Resources and Outcomes Management Information System) (2). Other programs used other packaged software or their own spreadsheets/databases, many created with Microsoft Office products.

B. PROGRAM STAFF AND QUALIFICATIONS

Total Staff

A total of 4,348 people were employed by the 70 delegate agencies during the 2017-2018 operating period. The total staff figure includes 4,047 regular staff and 301 contracted staff. Contracted staff includes long-term consultants, such as mental health professionals. Staff does not include short-term consultants, volunteers, student interns, or trainees. It includes long-term substitutes but not per-diem or short-term substitutes. Agencies reported that since the end of the 2016-2017 operating period, a total of 577 staff left (558 regular staff and 19 contracted staff) and 339 of them were replaced (334 regular staff and 5 contracted staff). The percentage of staff who left increased by more than two percent (+2.1%), when compared with 2016-2017.

Current or former Head Start parents represent 16 percent of the staff (a total of 694). The percentage of staff who are parents is essentially higher by less than one percent, when compared with 2016-2017 (+0.9%). Parents account for 15.9 percent of the regular staff (683) and 3.7 percent of the contracted staff (11).

Fifty-seven (57) agencies reported that they had at least one current or former Head Start parent on staff (including contracted staff), which is three more than in the previous year. Focusing only on regular staff, four (4) agencies reported that parents accounted for at least half of the staff. Thirty-two (32) agencies had percentages of parents on staff at or above the mean (for regular staff) of 16.9 percent.

Volunteer Information

During the 2017-2018 operating period, a total of 6,038 people volunteered in ACS/Head Start programs in New York City. This is 447 fewer volunteers than in the previous year.

Of this number, 3,660 volunteers, or 60.6 percent, were parents. The percentage of parents among program volunteers was essentially unchanged, when compared with 2016-2017 (-0.1%). All but one of the 70 agencies had parent volunteers. Sixteen (16) agencies reported that all their volunteers were current or former Head Start parents. Looked at a different way, parent volunteers represent 24.5 percent of the total families served, and 17.3 percent of the parents in those families. Each of these figures is lower than the comparable proportion in 2016-2017, by 2.4 percent and 1.4 percent, respectively. There is a significant difference in the percent of parent volunteers in programs serving only Head Start eligible families and in those that serve a mix of both Head Start families and those eligible for a Child Care subsidy. Parents account for 70.8 percent of the volunteers in Head Start programs (3.5% more than in 2016-2017); they represent 53.2 percent of the volunteers in dual programs (3.3% less than in 2016-2017). There is also a significant difference between the two modalities in the percent of families and parents who participate as volunteers. The 1,795 parents volunteering in Head Start only programs

represent 40.7 percent of families and 27.4 percent of parents. Dual model programs accounted for 1,865 parent volunteers, which represents 17.7 percent of families and 12.7 percent of parents.

Management Staff

The next series of questions elicited information about the salaries of the management staff of the Head Start programs.

Executive Directors

Forty-six (46) Head Start delegate agencies reported that they had an Executive Director. Their average salary was \$120,769. The average Executive Director salary is \$1,340 higher than was paid in 2016-2017.

In fifteen agencies, the Executive Director served as the Head Start Program Director, because those programs reported having no Head Start Director. In these fifteen agencies the average salary was \$100,066. In the other thirty-one programs, the Executive Director position was in addition to a Head Start Program Director. The average salary in these instances was \$140,463. (Four salaries of \$200,000 or more impact the average. Those four agencies are large multi-purpose social service agencies, and the salaries paid are comparable to similar positions in the New York City job market).

On average the Head Start grant paid for 45.8 percent of the Executive Director's salary, an increase of three and a half percent in the share of these salaries paid by Head Start (+3.5%). In ten of the thirty-one cases where the Executive Director position was in addition to a Head Start director, none of the salary was paid for with Head Start grant funds. In the other twenty-one agencies, the percentage paid by Head Start funds ranged from 5 percent to 100 percent (in two instances). The overall average percentage of the Executive Director salary paid by Head Start when an agency also has a Head Start Director was 31.5 percent. When the Executive Director position was in lieu of a Head Start director, the percentage paid by the Head Start grant ranged from 9 to 100 percent, with an average of 75.3 percent. The Head Start grant paid for the entire salary in six of these fifteen agencies.

Head Start Directors

Fifty-four (54) agencies reported having a Head Start Director, including the thirty-one which also had an Executive Director. When the fifteen (15) agencies with the Executive Director in lieu of the Head Start director are added to the 54, there are sixty-nine (69) agencies with someone in this position. One agency did not have the Director position filled at the time of the PIR completion. It is a small dual model program funded to serve fewer than 40 children; they reported that the Child Development Manager was filling the Director role.³ The average annual salary of the New York City Head Start Directors was \$80,556. The average salary for Directors is \$3,997 more than the average salary for this position in the previous year. The proportion of the Director's salary that is paid for by the Head Start grant ranges from zero (in four programs) to 100 percent, with an average of 59.3 percent. The average is less than the proportion paid by Head Start in 2016-2017, by more than seven percent (-7.4%). The Head Start grant funds the entire Director's salary in twelve (12) of the 54 agencies who have someone in that position.

If we include the fifteen Executive Directors who function as Head Start Program Directors, the average salary for all 69 is \$84,798. This combined average is less than the comparable salary for Directors and Executive Directors fulfilling that role in 2016-2017, (a difference of \$2,064).

Child Development and Education Managers

Fifty-six (56) delegate agencies reported employing a Child Development or Education Manager. Their average salary was \$64,767, an increase of \$462 in the average salary for this position, when compared with that paid in 2016-2017. The Head Start grant paid an average of 72.3 percent of the salary of Child Development and Education Managers, with a range from none (in 2 agencies) to 100 percent (in 21 agencies). Of the fourteen programs which reported no Child Development and Education Manager during this operating period, all had a Head Start director qualified to be responsible for the content area. Eleven of the fourteen agencies were new to Head Start with the implementation of *EarlyLearn*, and previously operated Child Care programs where having the program director responsible for the education content area is the norm.

³ The program relinquished its Head Start contract with New York City in May 2018.

Health Services Managers

Fifteen (15) agencies reported that they had a staff person with lead responsibility for the Health Services content area. Additional agencies noted that another manager was responsible for health services (usually the Family and Community Partnership person), though it did not take up most of their time; or that they utilized consultants with expertise in health. As noted in the section on coordination of services which follows, thirty-five (35) agencies reported that there was a manager who spent some time on average each week coordinating health related services.

There is a wide range in salaries for the health service content lead, from a low, for full time positions of \$23,218 to a high of \$60,416, with an overall average salary of \$44,866. Consistent with the other managers, the average reported salary for Health Managers increased, when compared to the previous year, in this case by \$286. The Head Start grant paid an average of 57.6 percent of the salary, with a range from zero (in one case) to 100 percent. The Head Start grant paid the entire salary for this position in four of the cases. The share of the Health Services Manager salaries being paid by Head Start funds increased by two percent, when compared with 2016-2017 (+2%). Though there is no information in the PIR about education and experience for the content area managers, it is probable that differences in credentials and, to a lesser extent, longevity, account for the salary variation.

Family and Community Partnerships Managers

Forty-nine (49) agencies identified someone on staff as having lead responsibility for the Family and Community Partnerships content area. The coordination of services question reports that fifty-two (52) agencies had a manager spending at least part of their time on this content area.

The salaries for the Family and Community Partnership managers ranged from \$32,078 to \$125,000, with an overall average of \$53,857. Head Start paid an average of 73.5 percent of the salary, with a range from zero (in four cases) to 100 percent. The Head Start grant paid the entire salary in 24 cases. Overall the Head Start grant is paying less of the amount (by 3.5%), when compared with 2016-2017. The average salary was higher, when compared with the previous year, by \$2,766. The higher average is driven in large part by the fact that the salary at the top of the pay range for this position is nearly \$34,000 higher than the top salary in the previous year.

Here too it is likely that differences in qualifications and experience account for the salary differences. Data is presented elsewhere in the PIR on the qualifications of supervisors in the Family and Community Partnership content area, at least some of whom also function as the manager for the content area.

Disability Services Managers

Twenty-seven (27) agencies indicated that they had a manager with lead responsibility for coordinating Disabilities Services. This is two fewer agencies than reported someone in the position in 2016-2017. Numerous agencies included comments indicating that another manager had this responsibility. These included education, health and family and community partnership managers. When the response to the question on coordination of services is considered, a total of forty-seven (47) agencies indicated that there was someone on the management team with responsibility for coordinating services for children with disabilities (four fewer than in the previous year). It should also be noted that sixteen (16) of the agencies with Disabilities Services managers did not have a Health Services manager, which could suggest a shared responsibility, with Disabilities Services accounting for most of that manager's time.

For the twenty-seven (27) managers with disabilities services as their primary responsibility, the salaries ranged from \$12,589 to \$93,547, with an average of \$52,559. The agency paying \$12,589 explicitly stated that the position was part-time, as did the agency paying the next lowest amount (\$15,000). Head Start paid an average of 70 percent of the salary (a decrease of 1.6%); with a range from zero (in two cases) to 100 percent (in 13 cases).

Fiscal Officers

Fifty-six (56) agencies reported having a fiscal officer, which is four more than reported someone in the position in the previous PIR. The salaries for these staff ranged from \$23,000 to \$218,845, with an average salary of \$80,677. The average fiscal officer salary was higher than in 2016-2017 by \$1,352. The Head Start grant paid an average of 49.6 percent of the salary, a decrease of 5.8 percent, when compared with the previous year. In eight cases none of the salary was charged to the grant, including five of the thirteen salaries at or above \$100,000 (two of which are the only salaries above \$200,000). The entire salary was paid by the Head Start grant in ten cases; the highest such salary was \$79,280. The agencies reporting salaries at the low end of the scale are primarily small programs which employ bookkeepers, rather than fiscal officers; but chose to include them in this question, since they have lead responsibility for fiscal matters at the agency.

Coordination of Services

The PIR includes a question which asks agencies to report, on average, how many hours per week services managers spent coordinating services. "Coordinating services" was further defined as: "time services managers...spend working with community partners/service providers to plan and implement coordinated services for Head Start children and families." Examples provided include hours a disabilities services manager spends with LEA officials coordinating how children's IEPs will be integrated into and supported by the Head Start

program; or time the health manager spends developing and maintaining partnerships with local health care providers to assure children have access to services for which they are referred. The average number of hours for each of the designated service area managers is as follows:

- Child Development and Education: 12.9
- Health Services: 8.4
- Family & Community Partnerships: 12.3
- Disability Services: 11.2

The number of hours managers spent on coordination of services increased, when compared with 2016-2017, except for Health Managers (who spent 0.3 hours less on average than in 2016-2017). The largest increase was among Child Development and Education Managers (+2.6 hours), followed by Family and Community Partnership Managers (+1.2 hours) and Disability Services Managers (+0.6 hours).

As mentioned previously, some programs reported coordination hours even when no individual was identified as the content area lead. Conversely, agencies sometimes reported no time spent on this function, even when there was a designated manager. The number of agencies reporting that at least one manager spent time coordinating services for each of the designated service areas is as follows:

- Child Development and Education: 62
- Health Services: 35
- Family & Community Partnerships: 52
- Disability Services: 47

Child Development Staff Qualifications

Non-supervisory child development staff (teachers, assistant teachers, and teachers' aides) account for 2,138, or 52.8 percent of the staff (not including contracted staff). If contracted staff is included in the total, then the non-supervisory child development staff accounts for 49.2 percent. These percentages are higher than in 2016-2017 by 1.8 and 1.7 percent respectively. The total of child development staff includes 844 teachers and 1,294 assistant teachers and aides.

Center-Based Child Development Staff

Table 5 presents information on the qualifications of the non-supervisory child development staff in center-based models.

Table 5

Center-Based Child Development Staff Qualifications

Qualifications	Teachers #	Teachers %	Teacher Assts. #	Teacher Assts. %
Graduate Degree in ECE or Related Field	418	49.53	22	1.77
Baccalaureate in ECE or Related Field	358	42.42	253	19.55
Associate in ECE or Related Field	50	5.92	292	22.57
CDA	4	0.47	364	28.13
No Relevant Degree or Credential	14	1.66	363	28.05
Total	844		1,294	

Teachers

Of all the group teachers in our Head Start classrooms (including those at centers operating the *EarlyLearn* dual model), 97.9 percent have at least a two-year degree in early childhood education or a related field, and 91.9 percent of them have at least a Baccalaureate degree. Both these figures are lower than the comparable percentages in 2016-2017, by 0.2 percent and 1.6 percent, respectively. When compared with 2016-2017, just over four percent fewer teachers had a graduate degree (-4.1%), while the percentage with a Baccalaureate degree was higher by 2.6 percent and the percentage with an Associate degree was higher by 1.3 percent. Sixty-six (66) of the 70 agencies reported that a least one teacher had a Masters' degree.

Seventy-eight (78) of the teachers with their Baccalaureate degree were enrolled in graduate courses (21.8%, an increase of 10.3%). Of the fifty (50) teachers with an Associate degree, twenty, or 40 percent, were enrolled in a Baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education. This represents a decrease of one percent in the percentage of teachers with an associate degree who were working toward their Bachelors' degree, when compared with 2016-2017. Three of the four teachers with a CDA was enrolled in a Baccalaureate degree program. Of the fourteen teachers with no relevant degree or credential, seven are enrolled in Baccalaureate degree courses. At least one of the seven included in the count of teachers with no degree or credential, and not in training, has a four year or advanced degree in a subject outside the scope of the PIR categories, and is taking Masters' level Early Childhood Education courses, according to a comment provided by the agency.

Agencies reported that 823 center-based classes (out of a total of 839) had a least one teacher with at least an Associate degree in early childhood education. This figure represents 98.1 percent of all center-based classrooms, a marginal increase, when compared with 2016-2017 (+0.4%). Sixty-two (62) of the 70 agencies had qualified teachers in all their classes.

Assistant Teachers

Over seventy-two percent of the assistant teachers (72%) also have a relevant degree or credential (including the 364 with a CDA). The percentage of assistant teachers with a relevant degree or credential is higher than in 2016-2017 by less than one percent (+0.4%). Twenty-one (21) of the 253 assistant teachers with four-year degrees (8.3%) were enrolled in advanced degree programs. The percentage of assistant teachers with four-year degrees working toward a higher degree is significantly higher, when compared with the percentage in the prior year, by 5.9 percent. Of the 292 with an Associate degree, 20, or 6.9 percent, were enrolled in a Baccalaureate degree program; a percentage which was lower than that in 2016-2017, by 4.8 percent.

Of the 364 assistant teachers who have a CDA as their highest credential, thirty-two (32) were enrolled in ECE degree programs (8.8%); fourteen (14) in a Baccalaureate degree program and 18 in an Associate degree program. The percentage of assistant teachers with a CDA who were enrolled in degree programs is lower by 0.4 percent, when compared with 2016-2017. Of the 363 non-credentialed assistant teachers (those with neither a degree nor a CDA), 96 (26.5%) were engaged in some relevant training, leading to either a two- or four-year degree (46 or 12.7%) or a CDA (50, or 13.8%). This is a decrease of over six percent (-6.2%) in the percentage of non-credentialed assistant teachers working toward a degree or credential when compared with the previous year.

It is worth noting that the information on assistant teachers also includes teacher aides, the (usually) part-time paid third person in some classrooms, as required to maintain adult-child ratios, depending on the number of children or the number of hours of operation.

Child Development Supervisory Staff Qualifications

In addition to these staff, there were 215 child development supervisors working in the programs. In some cases, especially in smaller programs, the child development supervisor may be the same person who was reported as the child development or education manager. The supervisors included in this item have direct responsibility for supervising the teaching staff, whereas that may not necessarily be true of the content area manager. Of the 215 child development supervisors, 207 (96.3%) have graduate degrees in Early Childhood Education or a related field, and 8 (3.7%) have Baccalaureate degrees. Unlike the previous year, there were no child development supervisors without a degree in ECE or a related field.

Child Development Staff Salaries

The average teacher salary in the delegate agencies in 2017-2018 was \$42,978. This is an increase of \$256, when compared with 2016-2017. The average for each of the designated levels of education was as follows:

- Graduate degree \$48,326
- Baccalaureate degree \$38,513
- Associate degree \$31,087
- Child Development Associate (CDA) \$30,567
- None of the above \$34,605

Assistant teachers earned an average of \$28,729.

The PIR also asked for an average hourly rate of pay for child development staff. The figures were as follows:

- Teachers \$23.19
- Assistant teachers \$15.50

Race/Ethnicity and Language of Child Development Staff

Table 6 presents information about the race/ethnicity of the non-supervisory child development staff. As is the case with the race and ethnicity information for children, described in the previous section, the PIR combines these items into one question.

Table 6

Race and Ethnicity of Non-Supervisory Child Development Staff

Racial Category	# Hispanic	% Hispanic	# Non-Hispanic	% Non-Hispanic	Total for Racial Category	% Of Total Teaching Staff
American Indian	42	95.5	2	4.5	44	2.1
Asian	13	7.3	166	92.7	179	8.4
Black or African American	156	17.0	762	83.0	918	42.9
Pacific Islander	0	0.0	9	100.0	9	0.4
White	173	50.9	167	49.1	340	15.9
Biracial/Multi-Racial	34	44.2	43	55.8	77	3.6
Other	57	98.3	1	1.7	58	2.7
Unspecified	505	98.4	8	1.6	513	24.0
Total	980	45.8%	1,158	54.2%	2,138	100.0%

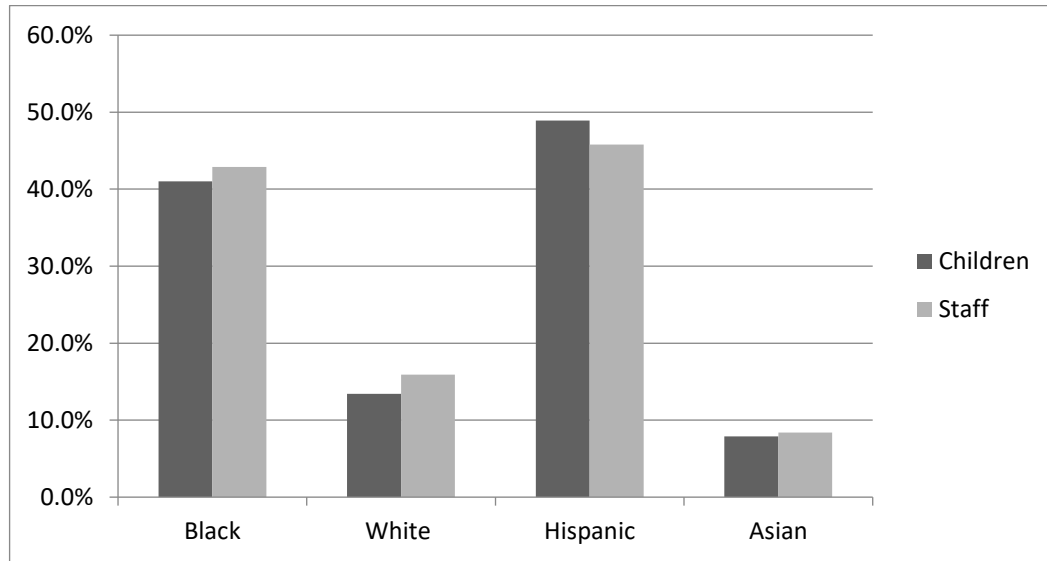
When compared with 2016-2017 the percentage of Hispanic child development staff increased by 3.1 percent, the percentage of Black staff decreased by 1.3 percent, and the percentage of Whites decreased by 2.4 percent. There were significantly more staff identifying as American Indian (+1.7%) or of an “other” race (+2.5%). Both these groups were overwhelmingly Hispanic, as were those who did not identify a race, though the proportion of staff not specifying a race decreased by 2.3 percent. The percentage of staff identifying as Asian was virtually unchanged (+0.1%).

Figure 2 presents a visual representation of the comparison of the ethnicity and racial composition of children and staff. The ethnic composition of education staff closely resembles that of the children. Hispanics make up 48.9 percent of the enrolled children, and 45.8 percent of the child development staff. There is greater alignment when comparing the race of children and staff. The proportion of Black child development staff (42.9%) is slightly higher than the percentage of Blacks among enrolled children (41%). Whites are also over-represented among staff, by two and a half percent (15.9% of staff, 13.4% of children). Asians represent 8.4 percent of staff and 7.9 percent of children. Those of unspecified race account for 24 percent of the child

development staff (and 98.4% of them identify as Hispanic); among children there are 26.8 percent of unspecified race (of which 98.2% are Hispanic).

Figure 2

Ethnicity and Race of Enrolled Children and Non-Supervisory Child Development Staff



Note: Categories are not mutually exclusive (Hispanics may also be included as Black or White)

Language

Of the 2,138 non-supervisory child development staff, 1,202, or 56.2 percent are proficient in a language other than English. This represents a decrease of nearly five percent (-4.8%) in the proportion of bi-lingual child development staff, when compared with 2016-2017. Sixty-seven (67) of these staff were reported to be proficient in more than one language other than English. Table 7 presents information on the languages, other than English, in which the non-supervisory child development staff are proficient. By far the most prevalent non-English language was Spanish, spoken by nearly three-quarters of the multi-lingual staff (42.7% of all child development staff).

Table 7

Non-Supervisory Child Development Staff Languages

Language	Number	% of multilingual (N=1,202)	% of Total (N=2,138)
Spanish	899	74.8%	42.7%
Native South/Central American	9	0.7%	0.4%
Caribbean Languages	78	6.5%	3.7%
Middle Eastern & South Asian Languages	82	6.8%	3.9%
Far Eastern Asian Languages	75	6.2%	3.6%
Native American Languages	0	--	--
Pacific Island Languages	4	0.3%	0.2%
European & Slavic Languages	78	6.5%	3.7%
African Languages	30	2.5%	1.4%
Other	2	0.2%	0.1%
Total	1,257		

The percentage of multi-lingual staff whose “other” language is Spanish increased by 3.4 percent, when 2017-2018 is compared with the previous year. Most other language categories saw small percentage decreases year to year or were unchanged. The percentage of educators speaking a Far East Asian language declined by 2.4%, the percentage speaking a Native South or Central American language decreased by 1.8%, and the percentage speaking a Middle Eastern or South Asian language or an African language each declined by 0.5%

Teacher Turnover

Two hundred and eighty-seven (287) teachers left their programs during 2017-2018 (including the summer months prior to the start of classes, which usually occurs in September). Of those:

- 189 (65.8%) left for higher compensation/benefits in the same field,
- 39 (13.6%) changed job fields, and
- 59 (20.6%) left for other reasons.

Among the other reasons cited were personal reasons, relocation, returning to school full time; retirement; layoffs and termination. When compared with the previous year, the percentage of departures for higher compensation/benefits increased by nearly two percent (+1.9%). This increase continues a trend since 2013-2014; which provides evidence of the impact the expansion of Pre-Kindergarten services in the Department of Education system, where the salaries are higher than paid by ACS contracted programs, continues to have on the *EarlyLearn* system. More teachers left for other job fields (+3.7%), and fewer for other reasons (-5.6%), when compared to 2016-2017.

A lower percentage of teacher vacancies were filled this year than last, and it is more often taking longer than three months to hire replacements. Fewer than seven out of ten vacancies were filled during the year (68.6%), a decrease of six percent (-6%) from the percentage of teacher vacancies that were filled in 2016-2017. One hundred and three (103) teacher vacancies, or 35.9 percent of the total, remained unfilled for a period of three months or longer, an increase year to year of nearly seven percent (+6.9%). Sixty-three (63) of the 70 delegate agencies reported at least one teacher vacancy. One hundred and ninety-seven (197) teachers were hired during the year due to turnover.

Family and Community Partnership Staff Qualifications and Caseloads

Table 8 presents the education level of both the line staff and their supervisors in the Family and Community Partnerships content area. Sixty-seven (67) agencies reported employing family workers. Eleven agencies identified no one as a Family and Community Partnership supervisor. In these agencies the family workers are likely supervised by either the director or education director. There was one agency, funded to serve thirty-two children, which reported no family and community partnership staff during this enrollment year. They indicated that the services are provided primarily by social work interns. (This is the same agency without a Head Start Director, which relinquished its *EarlyLearn NYC* contract in May 2018.)

There were 336 family workers and 96 family and community partnership supervisors employed at the delegate agencies. Fifty (50) of the Family and Community Partnerships supervisors, or 52.1 percent, carry a caseload, in addition to their supervisory responsibilities. The percentage of supervisors who carry a caseload is higher than in 2016-2017 by nearly four percent (+3.7%). The supervisors who carry a caseload were employed at forty (40) agencies out of the 59 with at least one FCP supervisor. Two fewer agencies reported having Family and Community Partnership supervisors this year than last, but there were ten more at which these staff carried a caseload in addition to their supervisory responsibilities. Given that the number of family workers declined by twenty-one (21), the fact that more supervisors had to carry a caseload is understandable.

The average caseload for family workers was 44.5 families, and when the supervisors who carry a caseload are factored in, the average caseload is 38.7 families. Both caseloads are larger than in 2016-2017; the family worker caseload increased by 3.5 families per worker and the caseload when supervisors who carry a caseload are included increased by 2.4 families per staff person. The caseload in both scenarios ranged from 11 to 133. In thirty (30) of the agencies, the family worker caseload was below the mean of 44.5; in the other thirty-seven (37) agencies workers carried a bigger caseload. The caseload, including applicable supervisors, was less than or equal to the mean of 38.7 in thirty-seven (37) instances, and above the mean in the other thirty-one (31). One agency reported that their only Family and Community Partnership, a supervisor, did not carry a caseload.

Table 8

Qualifications of Family and Community Partnerships Staff

Qualifications	Family Workers #	Family Worker %	FCP Supervisors #	FCP Supervisors %
Related Graduate Degree	18	5.36%	34	35.42%
Related Baccalaureate Degree	118	35.12%	29	30.21%
Related Associate Degree	52	15.48%	9	9.37%
Family Development Credential	62	18.45%	14	14.58%
None of the Above	86	25.59%	10	10.42%
Total	336		96	

More than half of the family workers have at least a two-year degree in a field related to their work (56%). This is a decrease of nearly five percent (-4.8%) when compared with the proportion of family workers with a degree in 2016-2017. Of the 148 family workers who do not have one of the degrees listed, 62 had a Family Development Credential (FDC). When combined with those with a degree, nearly three-quarters of the Family and Community Partnership line staff have one of the listed qualifications. There were twelve family workers enrolled in training leading to a related associate, baccalaureate or advanced degree; and seven were enrolled in studies leading to a non-degree credential, certificate, or license that is family development related.

Overall, three-quarters of the Family and Community Partnership supervisors have at least a two-year degree in a field related to their work (75%). This percentage is down from the previous year by 5 percent. The percentage of supervisors with a graduate degree decreased by nearly six percent (-5.6%), and the percentage with a baccalaureate degree increased by five percent (+5%), when compared with 2016-2017. Of the remaining twenty-four (24) supervisors, fourteen had a Family Development Credential and ten did not. One supervisor was in training leading to a relevant degree, and four were enrolled in studies leading to a non-degree credential, certificate, or license that is family development related.

Including those that went on to obtain a degree or credential in addition to their FDC a total of 88 family workers (26.2%) and 25 supervisors (26%) have an FDC.

C. CHILD AND FAMILY SERVICES

HEALTH SERVICES

For selected items in the section on Health Services, the PIR required information to be reported for two points in time during the operating period: at the time of the child’s enrollment, and at the end of the year (or at the point at which the child left the program). This provides an opportunity to measure the immediate impact of Head Start on the lives of the enrolled children and families.

Health Insurance

Of the total 15,529 children enrolled, 15,357, or 99.1 percent, had health insurance at the time of enrollment, and 15,486, or 99.7 percent, had it at the end of the year. Both of these percentages are essentially unchanged, when compared with 2016-2017. Table 9 provides information on insurance coverage for these children.

Table 9

Health Insurance Coverage of Enrolled Children

Category	# At Enrollment	% At Enrollment	# At End of Enrollment Year	% At End of Enrollment Year
Enrolled in Medicaid and/or CHIP	13,617	88.50	13,573	87.65
With Private Insurance	1,759	11.43	1,902	12.28
Other	11	0.07	11	0.07
Total	15,357		15,486	

There was no significant change in the insurance coverage at enrollment when 2017-2018 is compared with the previous year. However, whereas in 2016-2017 there was negligible change of status between the time of enrollment and the end of the enrollment period in all categories, that was not the case this year. At the end of the year there were nearly one percent fewer children enrolled in Medicaid or CHIP (-0.67%) and an equal percentage increase in the percent with private insurance (+0.68%).

At the time of their enrollment in Head Start, 142 of the 15,529 enrolled children, or less than one percent, lacked health insurance coverage. The uninsured children were enrolled in eighteen (18) delegate agencies. By the time children left the program, or the end of the enrollment period, only 43 children, in ten agencies, still lacked health insurance. At one agency the uninsured rate at the beginning of the year was as high as 15.2 percent; the other seventeen agencies had rates ranging from 0.2 percent to 4.5 percent. One agency saw an

increase in the percentage of uninsured children by the end of the enrollment period, when it was 6.6 percent (up from 3.9%). No other agency had an uninsured rate of greater than 3.2 percent by the end of the year.

Medical Home

Of the 15,529 children enrolled during 2017-2018, 15,352, or 98.9 percent, had an on-going source of continuous, accessible medical care when they enrolled in the Head Start program. The percentage of children with a medical home at the start of the enrollment period decreased by less than one percent (-0.6%) when compared with last year. By the end of the enrollment year (or at the time they left, if they dropped), the number of children with a “medical home” rose to 15,400 (99.2%). The percentage with a medical home at the end of the enrollment period also decreased by nearly one percent (-0.8%), when compared to 2016-2017. The 129 children who ended the year, or left the program, without a medical home, were enrolled in just six of the seventy delegate agencies; and over one hundred of them were in one agency.

Medical Services

Of the total actual enrollment of 15,529, 15,220 children, or 98 percent, were up-to-date on a schedule of age-appropriate preventive and primary health care, including all appropriate tests and physical examinations, during the 2017-2018 operating period or within the previous twelve months. When compared with the comparable figure for 2016-2017, the percentage of children who completed all appropriate tests and physical examinations decreased by one and a half percent (-1.5%). The 15,220 children represent more than the total of 14,863 who were enrolled for at least 45 days. Fifty-nine (59) agencies reported that all their enrolled children were up-to-date on a schedule of age-appropriate preventive and primary health care. Of the eleven that did not, three reported that at least all the children enrolled for 45 days or more completed well child exams. The PIR also asked for the number of children up-to-date at the point of enrollment. That total was 14,920 children, or 96.1 percent of all enrollees, a decrease of nearly two percent (-1.6%), when compared with the prior year.

Of the 15,220 children with completed tests and physical examinations, 1,104, or 7.3 percent, were newly diagnosed as needing treatment. The proportion of children needing treatment is essentially unchanged when compared to 2016-2017 (-0.5%). Forty-seven (47) of the 70 agencies had at least one child diagnosed as needing treatment. Of the 1,104 children diagnosed as needing treatment, 1,046, or 94.7 percent, had received or were receiving treatment at the time the PIR was submitted. The percent of children diagnosed as needing treatment that were receiving also decreased when compared with 2016-2017, and by a larger percentage (-1.5%). Thirty-four (34) of the 47 agencies reported that all children diagnosed as needing treatment had received (or were receiving) it.

The PIR asked for the primary reason children diagnosed as needing treatment were not receiving it. Six programs indicated that the parents did not make or keep the appointment; four

indicated the appointment was scheduled for a future date; two stated the child left Head Start before the appointment date; and one indicated that the parent did not have insurance.

Table 10 presents information on the number of children who received treatment for selected conditions. Since the intent of this question is to understand the incidence of the specified conditions among Head Start children, programs could include children here even if they were not diagnosed as needing treatment during the operating period or within the previous twelve months. Children could also be included in multiple categories if they received medical treatment for more than one of the conditions listed. Asthma was the most prevalent of the conditions for which children were receiving treatment, followed by vision problems and anemia. The rank order of all six conditions is the same as it was in 2016-2017. There were fewer children being treated for each of the conditions than was the case in the previous year, even though the cumulative enrollment increased by nearly 300. The two most prevalent conditions exhibited the smallest proportional decreases.

Table 10

Number of Children Receiving Treatment for Selected Conditions

Condition	Number
Anemia	285
Asthma	1,230
Hearing Difficulties	72
Vision Problems	582
High Lead Levels	41
Diabetes	5

Children being treated for asthma were enrolled in all but three of the 70 delegate agencies (96% of all agencies), including twenty-one (21) of the twenty-three (23) that reported no children newly diagnosed as needing treatment. There were fifty-one (51) agencies (72.9%) serving children who were receiving treatment for vision problems. Thirty-eight (38) agencies (54.3%) were serving children with anemia. These counts indicate that the most prevalent health conditions are widespread in the Children’s Services delegate agency population, rather than being concentrated in only some communities or groups. Children receiving treatment for hearing issues were enrolled at twenty-three (23) programs, for lead poisoning at twenty-two (22) programs, and for diabetes at four programs.

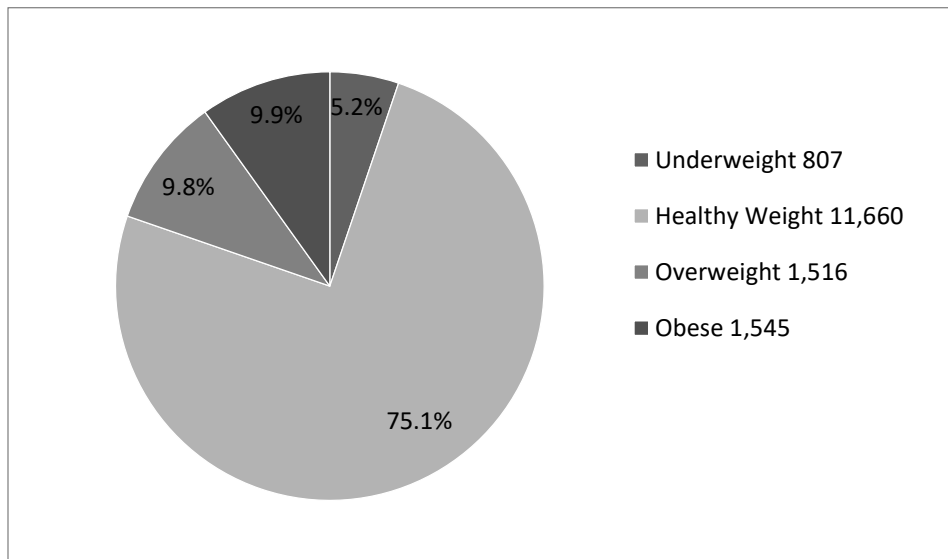
Body Mass Index (BMI)

The PIR includes a question which uses the 2000 Centers for Disease Control (CDC) BMI-for-age growth chart to classify children as either underweight, healthy weight, overweight or obese at time of enrollment. The results are presented in Figure 3. The percentages are based on a total of 15,528 children for whom BMI information was available. (One agency commented that did not have this information for one child who dropped within the program's first 45 days and did not have a BMI.)

Three-quarters of enrolled children (11,660) were at a healthy weight. There were virtually the same number of obese children (1,545) as there were overweight children (1,516); with obese surpassing overweight as the second most prevalent weight category. The obese children were enrolled in sixty-one (61) agencies, while the overweight children were served in sixty-eight (68) agencies. Underweight children were the smallest segment, with 807 children at sixty-one (61) agencies. When taken together, overweight and obese children accounted for nearly 20 percent of all enrolled children (19.7%). When compared with 2016-2017 BMI data, a lower percentage of children are at healthy weight (75.1% vs. 77.5%). There were small increases in the percentage of children in each of the other weight categories; the percentages of obese and overweight children each increased by over one percent (1.4% and 1.2%, respectively); the percentage of underweight children decreased by less than one percent (-0.2%).

Figure 3

Body Mass Index (at enrollment)



Immunization Services

The total number of children at least current with their immunizations was 15,307 at the time of enrollment and 15,362 at the end of the enrollment year. These figures represent 98.6 percent and 98.9 percent of the actual enrollment, respectively. At the time of enrollment, 14,356 children had been determined by a health care professional to be up-to-date on all immunizations appropriate for their age; and another 951 children had been determined to have received all immunizations possible at that time, but who had not received all immunizations appropriate for their age (“at least current”). These figures represent 92.4 percent and 6.1 percent of the total actual enrollment, respectively. The percentage of children up-to-date on their immunizations at the time of enrollment is 2 percent lower than in 2016-2017, and the percentage at least current is 2 percent higher. By the end of the year, the comparable figures were 14,616 (94.1%) who completed all immunizations, and 746 (4.8%) who had received all possible immunizations. The year to year changes are comparable to those at the time of enrollment, though to a lesser degree. The percentage of children up-to-date on their immunizations at the end of the year is lower than in 2016-2017 by 1.5 percent; the percentage of children “at least current” is lower than the previous year by 0.7 percent. An additional twenty-two children were exempt from immunizations according to state guidelines (for religious or other reasons). If the percentage at least current were calculated based only on the 15,507 children eligible to be immunized (15,529 minus the 22 exempt), the percent at least current would be 99.1%.

By the end of the year, forty-eight (48) agencies had all their children current with their immunizations. If children exempt from immunizations are excluded from an agency’s enrollment, then eleven additional agencies would be counted as having all children current with their immunizations at year’s end, or a total of fifty-nine (59) agencies. Thus, there are eleven agencies in which all children eligible to be immunized were not at least current.

Dental Home

At the time of enrollment, 14,758 children, or 95 percent of the total actual enrollment, had an on-going source of continuous, accessible dental care. This number rose by the end of the operating period, to 15,094 or 97.2 percent of the total. When compared with 2016-2017, the percentage with a dental home at the start of the operating period increased by over two percent (+2.4%), while the percent with dental access at the end of the period was essentially unchanged (-0.2%). There were fifty-one (51) agencies in which all children had a so-called “dental home” by the end of the year.

Dental Services

Of the total actual enrollment of 15,529 children, 13,970, or 90 percent, completed a professional dental examination either during the 2017-2018 operating period or within the previous twelve months. The percent of children completing a dental exam is lower than that in 2016-2017 by nearly four percent (-3.8%). Thirty-nine (39) agencies reported that all their

enrolled children completed a dental examination. In many cases there is a correlation between access to on-going dental care and completion of a timely exam (in that those agencies reporting a lower percentage of children in the former also had lower percentages in the latter). However, in other cases fewer children had completed a dental exam than had access to a dentist, or all (or most) children completed the exam without having an on-going dental home. The latter scenario is indicative of collaborative partnerships programs may have with dental practitioners, such as the New York University School of Dentistry, who provide the exams, often on-site.

There were 1,267 children diagnosed as needing treatment, including restoration, pulp therapy, or extraction. This represents 9.1 percent of the children who completed a dental exam. Children were diagnosed as needing treatment at sixty-three (63) delegate agencies. Of the children diagnosed as needing treatment, 1,082 or 85.4 percent, had received or were receiving treatment as of the time the PIR was submitted. The percentage of enrolled children diagnosed as needing dental treatment decreased slightly (-1%); while the percentage receiving such treatment increased by four percent (+4%), when compared with the previous year. Children were receiving treatment at fifty-six (56) of the agencies where they were diagnosed as needing it (88.9%). However, at only thirty-one (31) of those agencies (55.4%) had all children diagnosed as needing treatment received it, and in seven instances none of the children received the required dental treatment. The most frequently cited reason for the children not receiving the needed treatment was that parents did not make or keep the appointment. Listed below are the reasons given by the thirty-two (32) agencies for failure of children to receive dental treatment, and the number of agencies which gave each response.

- Parents did not make/keep appointment 17
- Appointments scheduled for a future date 8
- Child left program before appointment date 5
- Lack of insurance 1
- Local dentists don't treat 3-5 year olds 1

A total of 13,310 children received preventive care since last year's PIR was reported. Preventive care includes fluoride application, cleaning, etc. This figure represents 85.7 percent of all enrolled children. This is an increase of more than one percent (+1.1%) from the percent of enrolled children who received preventive care in 2016-2017.

MENTAL HEALTH SERVICES

Mental Health Professional

Sixty-eight (68) of the New York City Children's Services Head Start delegate agencies had available to them the services of a mental health professional during the 2017-2018 operating period. On average, the mental health professionals spent 39.1 hours per operating month on-site at the Head Start program, eight hours more per month than the amount of time spent on-site the previous year. This includes time spent with children, parents and families, within or outside of the classroom, and in training or consultation with the staff.

Mental Health Services

Mental health professionals consulted with program staff for 3,078 children (19.8% of the total actual enrollment), about the child's behavior/mental health. Of those, they provided three or more consultations for 1,288 children (41.9%). The mental health professional consulted with the parent(s)/guardian(s) for 1,500 children (9.7%), about their child's behavior/mental health. For 787 of these (52.5%), they provided three or more consultations. The percentage of children for whom there were consultations with staff is lower than in 2016-2017 by over one percent (-1.4%), and for parent consultations the percentage is also lower than in the previous year, by less than one percent (-0.7%). In each case the proportion of the multiple (3 or more) consultations is significantly higher than was the case in the prior year (+7.7% for staff consultations; +9.7% for parent consultations).

The mental health professionals provided individual mental health assessments for 1,272 children (8.2% of the total enrollment). This is an increase of almost two percent (+1.7%) when compared to 2016-2017. They facilitated a referral for mental health services for 532 children (3.4% of the total enrollment), which is a marginal decrease when compared with last year (-0.3%).

Consultations with staff and parents were more widespread than were assessments and referrals for services. Mental health professionals consulted with staff about children's behavior/mental health at all sixty-eight (68) agencies that reported having access to a mental health professional, and they consulted with parents at sixty-six (66) agencies. They provided individual mental health assessments at fifty-four (54) agencies, and they made referrals for services at fifty-six (56) agencies.

Mental Health Referrals

The preceding section included a question as to the number of children for whom the mental health professional facilitated a referral for mental health services. In that instance, the services could be provided at either the Head Start program, or from an outside source. A separate question asks how many children were referred for mental health services specifically outside the Head Start program. These referrals could be made by the mental health professional

or by other staff. A total of 361 children (2.3% of the total actual enrollment), were referred for mental health services outside the Head Start program during 2017-2018. Of these, 262, or 72.6 percent received mental health services during the operating period. The percentage of children referred is marginally lower when compared with 2016-2017 (-0.5%); however, the percentage of those children that received services increased by over three percent (+3.2%). The children referred for outside services were enrolled at fifty-four (54) agencies.

DISABILITIES SERVICES

Disability Services

Children's Services delegate agencies reported enrolling 2,136 children who have an Individualized Education Plan (IEP) indicating that have been determined by the Local Education Agency (LEA) to be eligible to receive special education and related services, which is the definition used to determine that a child has a disability. This number represents 13.8 percent of the total cumulative enrollment, and 14.7 percent of the funded enrollment. Both these percentages are essentially unchanged from the percentages in 2016-2017 (+0.2% and +0.6%, respectively).

All delegate agencies enrolled children with disabilities during the 2017-2018 operating period. Forty-seven (47) agencies had an enrollment that equaled or exceeded 10 percent of their total cumulative enrollment and twenty-three (23) did not. Forty-eight (40) agencies served disabled children in numbers that equaled at least 10 percent of their funded enrollment.

For 1,155, or 54.1 percent of these children, the determination that they have a disability was made prior to enrollment into Head Start for this year, including those diagnosed during a prior year's enrollment. The remaining 981 children, or 45.9 percent, were diagnosed between the time of enrollment and the end of the enrollment year. The percentage of children diagnosed prior to enrollment for 2017-2018 decreased by more than four percent (-4.3%), when compared with 2016-2017, with a corresponding increase in the proportion of disabled children diagnosed after enrollment.

Of the children determined eligible to receive special education and related services, 121, or 5.7 percent, had not received special education and related services, as of the time the PIR was submitted. The percentage of children not receiving the services they were deemed eligible to receive was higher than in the previous year by nearly one and a half percent (+1.3%). All the children determined to be eligible for special education and related services were receiving them in forty-three (43) of the agencies; in the remaining twenty-seven (27) agencies at least one child in need of services was not receiving them. Two of the agencies combined to account for one-fifth of the children who were not receiving services, with the remaining 80 percent dispersed among the other twenty-five agencies.

Primary Disabilities

Table 11 provides the number and percent of professionally diagnosed disabled children in Head Start, by primary diagnosed disability, and the number and percent of children in each category who received special education and related services.

In accordance with IDEA, New York State does not establish specific categories of disability for children aged three to five, defining a pre-school child with a disability as any eligible child who receives pre-school programs and services. New York City follows state regulations. The Department of Education Committee on Preschool Special Education (CPSE) is responsible for coordinating the special education process for preschool children. Therefore, the CPSE, which is the entity most Head Start programs use for diagnosis and referral of children with disabilities, does not categorize children by a specific diagnosis. This accounts for the fact that “non-categorical developmental delay” is the most prevalent condition among Head Start children.

Table 11

Distribution of Children with Disabilities, and Receiving Special Education Services, by Primary Disability

Diagnosed Disability	Total Diagnosed with Condition	% of all children Diagnosed with Disability	# Receiving Service	% Receiving Services, of total diagnosed with Disability	% Receiving Service, of those with Condition
Health Impairment	9	0.42	9	0.42	100
Emotional/Behavioral Disorder	19	0.89	16	0.75	84.2
Speech or Language Impairments	632	29.59	576	26.97	91.1
Intellectual Disabilities	17	0.80	17	0.80	100
Hearing Impairments	0	--	--	--	--
Orthopedic Impairments	20	0.94	16	0.75	100
Visual Impairments (including blindness)	8	0.37	8	0.37	100
Specific Learning Disabilities	52	2.43	52	2.43	100
Autism	19	0.89	19	0.89	100
Brain Injury	1	0.04	1	0.04	100
Non-categorical Developmental Delay	1,353	63.34	1,295	60.63	95.7
Multiple Disabilities	6	0.28	6	0.28	100
Total	2,136	99.99	2,015	94.34	

Children with Non-categorical Developmental Delays account for nearly two-thirds (63.3%) of all children with disabilities enrolled in ACS Head Start delegate agencies. That proportion represents a decrease of more than four percent (-4.6%) when compared with 2016-2017. The second most prevalent condition continues to be Speech or Language Impairments; children with these conditions account for nearly three-tenths of the total (29.6%), which is an increase of nearly six percent (+5.7%) when compared with 2016-2017. The only other condition accounting for more than one percent of the total is Specific Learning Disabilities, at 2.4 percent, a decrease of more than two percent (-2.3%) when compared with the previous year. Compared to last year there were marginal increases in the proportion of children with Health Impairments, Intellectual Disabilities; Orthopedic Impairments; and Autism. There were marginal decreases in the proportion with Emotional/Behavioral Disorders and Multiple Disabilities. The proportion with Visual Impairments was unchanged. There was one child with a Traumatic Brain Injury, while there was none last year; and there were not children with Hearing Impairments when there was one last year. There continue to be no children diagnosed as Deaf/Blind enrolled in an ACS delegate agency.

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

A total of 10,088 children were newly enrolled during the period covered by the 2017-2018 PIR. Of that number, 8,679, or 86 percent, completed required developmental, sensory and behavioral screenings within 45 days of enrollment. The percentage of children whose screenings were completed on time decreased by more than five percent (-5.2%), when compared to the previous year. Forty-one (41) agencies reported that all newly enrolled children completed the required screenings within 45 days. Seven agencies completed screenings for fewer than half their newly enrolled children, and a total of twenty had percentages below the mean of 86 percent.

Of the children who completed the screenings on-time, 1,178, or 13.6 percent, were identified as needing follow-up assessment or formal evaluation to determine if the child has a disability. The percentage referred for follow-up increased by more than one and a half percent (+1.6%), when compared with 2016-2017.

Programs used a variety of instruments for developmental screening, which are listed below, with the number of agencies which use each tool. The total exceeds 70 because some agencies reported using multiple screening instruments.

- Brigance Pre-school Screen or another Brigance tool (42)
- Ages & Stages (25), including 10 who specified using only the Social Emotional Questionnaire
- Early Screening Inventory – Revised (19)
- Other – 3 (PKBS (1), Battelle Developmental Inventory (1), DECA (1))

Assessment

Similarly, programs used various approaches or tools to support on-going child assessment. There were two main assessment tools in use during the 2017-2018 operating period. Teaching Strategies GOLD Online was used either as the primary or supplemental assessment tool by sixty-three (63) agencies. The next most prevalent tool was the Child Observation Record (COR) High Scope, which was used by six agencies. The remaining agency used Work Sampling as their assessment approach.

Curriculum

Since the assessment tools are most often aligned with the curriculum, the fact that Creative Curriculum and High Scope are the most prevalent curricula in use is to be expected. Such is the case, with sixty-three (63) agencies using Creative Curriculum, either the Early Childhood (23) or Preschool (41) versions, as their primary center-based curriculum (one used both); and six agencies primarily implementing the High Scope curriculum. One other curriculum, Tools of the Mind, was reported as used by one program. Two agencies, which used Creative Curriculum (Early Childhood) as the primary curriculum mentioned the New York City Pre-K for All Unit of Studies or Pre-K Common Core Standard as a secondary curriculum.

Staff-child interaction observation tools

All 70 agencies reported that they use staff-child interaction observation tools to assess quality. Forty-three (43) agencies reported using the Classroom Assessment Scoring System (CLASS). Two agencies reported using the Early Childhood Environmental Rating System (ECERS), which has a sub-scale to assess interaction. The remaining twenty-five (25) agencies reported using both CLASS and ECERS.

FAMILY AND COMMUNITY PARTNERSHIPS

Number of Families

There were 14,945 families enrolled in ACS delegate agency Head Start programs during 2017-2018. The distribution by family type is presented in Table 12.

Table 12
Family Composition

Family Type	Number of Families	Percent of Families
Two Parent Families	6,240	41.8%
Parents	6,090	97.60%
Grandparents	85	1.36%
Other Relatives	22	0.35%
Foster Parents	41	0.66%
Other (Domestic Partners)	2	0.03%
Single Parent Families	8,705	58.2%
Mother	8,026	92.20%
Father	414	4.76%
Grandparent	122	1.40%
Other Relative	31	0.36%
Foster Parent	104	1.19%
Other	8	0.09%
Total	14,945	100.0%

When compared with 2016-2017, the percentage of two-parent families decreased marginally, by less than one percent (-0.5%), with a corresponding increase in the proportion of single parent families. Some of the changes in the family composition were more significant. Among two-parent families there was an increase of more than one percent in the proportion of parent headed families (+1.3%) and smaller decreases in each of the other categories: the percentage of grandparent headed families (-0.4%); the percent of families headed by other relatives (-0.7%); and foster families (-0.2%). Among single parent families there was a lower percentage of children living with their mother (-0.8%) and a higher percentage living with their father (+1.4%). The proportion of single parent families headed by a grandparent also was lower (-0.6%), as was the percentage headed by another relative (0.3%), when compared with 2016-2017. There was a slightly higher percentage of single parent foster families, when compared to the previous year (0.2%).

Looking separately at those programs serving only Head Start families and those that serve families eligible for both Head Start and Child Care, there is a greater disparity in the number of two-parent and single parent families, as noted in Table 13.

Table 13

Family Composition by Program Model

	One Parent		Two Parents		Total
	Number	Percent	Number	Percent	
Dual Model	6,450	61.2	4,090	38.8	10,540
Head Start Only	2,255	51.2	2,150	48.8	4,405
All Programs	8,705	58.2	6,240	41.7	14,945

Head Start only programs, which served 30.4 percent of all families, had 10 percent fewer single parent families than did the dual model programs. The gap is larger than it was last year, by 3.5 percent. More than six of ten families in dual model programs had only one parent, while less than half of the families in Head Start only programs were single parent households. This likely is attributable to the more stringent eligibility requirements for a child care subsidy (dual model programs serve both Head Start and Child Care eligible families), which require both parents to be working or in training to qualify a two-parent family to receive care. Data reported in the next section support this hypothesis.

Employment

Table 14 presents the employment of families based on their status at the time of enrollment.

Table 14

Number of Families by Employment Status

Category	Number of Families	% of Families
Two-Parent Families (N=6,240)		
Both Parents/Guardians Employed	2,075	33.3
One Parent/Guardian Employed	3,728	59.7
Both Parents/Guardians Not Working	437	7.0
Single-Parent Families (N=8,705)		
Parent/Guardian Employed	6,413	73.7
Parent/Guardian Not Working	2,292	26.3
Parent/Guardian is active duty member of U.S. Military	38	0.25
Parent is military veteran	18	0.12

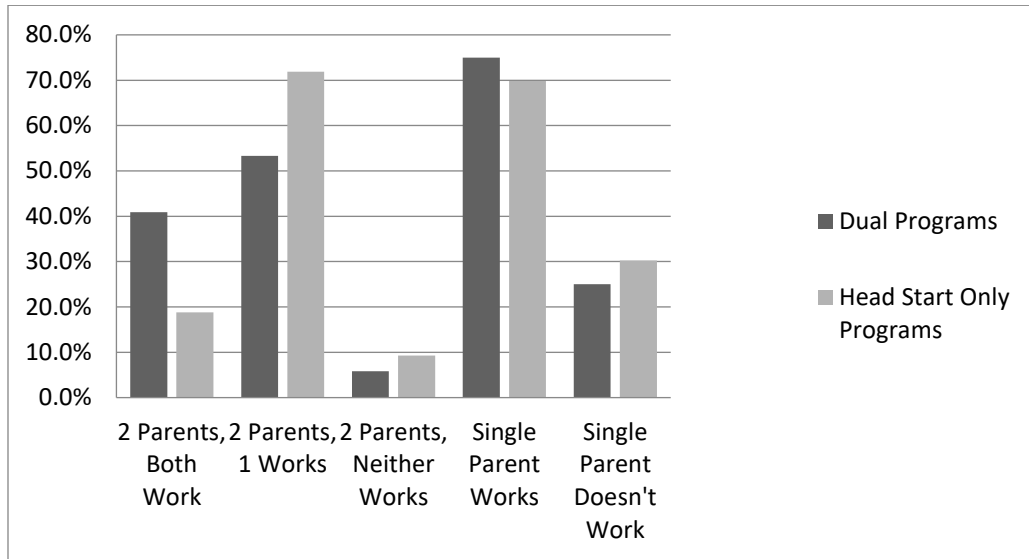
More than 90 percent of the two-parent families have at least one parent working (93%), an increase of one and a half percent (+1.5%), when compared with 2016-2017. There was a two percent increase in the proportion of families in which both parents worked (+2.0%); while the percentage with one working parent decreased by a half percent (-0.5%). The percentage of two parent families with neither parent employed decreased by 1.4 percent. The percent of employed single parents increased by almost three percent (+2.6%), when compared with 2016-2017, with a comparable decrease in the proportion of unemployed single parents.

When both single and two parent families are combined, nearly 82 percent of families have a working parent(s). This figure is two percent higher than in 2016-2017 (+2.0%).

Figure 4 presents the employment status of families by both family type and program model.

Figure 4

Comparison of Parent Employment Status, by Program Type



Over 40 percent (40.9%) of the two parent families in the dual programs have both parents working, compared with 18.8 percent in programs serving only Head Start families. Almost 72 percent (71.9%) of the two parent families in the Head Start only model had one working parent compared with 53.3 percent in the Dual model. (Child Care eligibility rules require both parents to be working in a two-parent family, unless one is working and the other is in an approved training program or school.) In dual model programs three-quarters of the single parents are employed (75%), and in programs operating the Head Start only model the percentage of employed single parents is 69.8 percent. Therefore, 94.2 percent of dual two parent families have at least one parent employed, compared with 90.7 percent of Head Start only two parent families. When both two parent and single parent families are combined, 82.5 percent of families in Dual programs have a working parent(s) and the percent of families with a working parent in Head Start only programs is 80 percent. When compared with 2016-2017, there were more families in dual programs with both parents working (+3.5%), and with single working parents (+2.1%). Year to year there were also more families in Head Start only programs where both parents worked (+2.0%) and with single working parents (+3.2%) in 2017-2018 than in 2016-2017.

Federal and Other Assistance

Of the total of 14,945 families, 1,912 families were reported to be receiving any cash benefits or other services under the federal Temporary Assistance to Needy Families (TANF) program at the time of enrollment. That figure dropped to 1,866 as of the end of the program year (or when the family left the program). The figures represent 12.8 and 12.5 percent of all families, respectively, each of which is a decrease of one less than a half percent when compared with 2016-2017 (-0.4%). The percentage of TANF recipients at enrollment was 16.3 percent in Head Start only programs, and 11.3 percent in Dual model programs. At the end of the year, the corresponding figures were 16.0 percent and 11.0 percent.

There were four programs which had no children with families receiving TANF benefits among their enrollees both at the time of enrollment and at the end of the enrollment period. Including those four, there were forty (40) delegates, where the percentage of families receiving TANF benefits at the end of the year was below the mean of 12.5 percent, while it was above the mean in thirty (30) delegates.

At enrollment, 727 families were receiving Supplemental Security Income (SSI); at the end of the enrollment period, the number was 736. This represents nearly five percent of enrolled families (4.9% at both times), unchanged from last year.

A total of 7,009 families, or 46.9 percent of all families enrolled during 2017-2018, were receiving benefits under the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) when they enrolled. At the end of the year, that figure was 6,616 (44.3%). The percentages of families receiving WIC benefits decreased when compared with the percentages in 2016-2017 (by 1.0% at enrollment and 2.6% at the end of the year). Families in all but two delegate agencies were receiving WIC benefits.

The agencies reported that 6,752 families were receiving Supplemental Nutritional Assistance Program (SNAP) benefits at enrollment, and 6,574 families were receiving the benefits at the end of the enrollment period. These figures represent 45.2 and 44.0 percent of all families, respectively. The percentage of families receiving this benefit in 2017-2018 is 2.7 percent less than the comparable figure in 2016-2017, at both time periods. All delegate agencies served at least some families that received SNAP benefits, ranging from a low of 8.8 percent of enrolled families to a high of 93.6 percent. There were forty-one (41) agencies with percentages above 44 percent (the mean at the end of the period), and twenty-nine (29) agencies where the percentage of SNAP recipients was below the mean.

Job Training/School

Table 15 presents the job training status of parents, at the time of enrollment.

Table 15

Number of Families by Job Training Status

Category	# of Families	% of Families
Two-Parent Families (N=6,240)		
Both Parents/Guardians in Job Training or School	220	3.53%
One Parent/Guardian in Job Training or School	841	13.48%
Neither Parent/Guardian in Job Training or School	5,179	83.00%
Single-Parent Families (N=8,705)		
Parent/Guardian in Job Training or School	1,105	12.69%
Parent/Guardian Not in Job Training or School	7,600	87.31%

The vast majority of parents (more than 8 in 10), in both single and two parent families, were not enrolled in either job training programs or school when they and their child(ren) entered the program. In single parent families, the proportion of parents who were in job training or school decreased by three percent (+3%), when compared with 2016-2017. In two parent families the percent with both parents in job training or school increased marginally (+0.3%), while the percent with one parent in job training or school increased by one and a half percent (+1.5%), when compared with last year. Overall, the total number of families with at least one parent in job training or school when their child enrolled (or at the start of the year), was 2166, or 14.5% of all families. This percentage is lower than it was in 2016-2017 by one percent (-1%)

Table 16 presents information on the level of education or training parents completed during the year.

Table 16

Families Completing Selected Education/Training during 2017-2018

Level of Education Achieved	Number	% of families in school or training (N=2166)	% of all families
Completed Grade prior to High School Graduation	170	7.8	1.1
Completed High School or Awarded GED	289	13.3	1.9
Completed Associate Degree	123	5.7	0.8
Completed Baccalaureate or Advanced Degree	72	3.3	0.5
Completed a Job Training Program, Professional Certificate or License	273	12.6	1.8

When compared with 2016-2017, a higher percentage of the parents engaged in an educational activity at the start of the 2017-2018 enrollment year completed high school or were awarded their GED (+0.4%). Each other category saw a smaller percentage of the parents who were engaged in job training or school attain completion, with the largest decrease among those completing a job training program or professional certification (-2.4%). The remaining three categories saw decreases of between one and two percent.

Education

Table 17 presents information on the highest level of education obtained by the Head Start child’s parent(s)/guardian(s). Each family was reported only once, and, for two-parent families, the family is listed under the higher of the two parent’s education level.

Table 17

Number of Families, by Highest Level of Parents’ Education

Category	Number	Percent
Less than High School Graduate	5,026	33.6
High School Graduate or GED	6,224	41.7
Some College, Vocational School, or Associate Degree	2,343	15.7
Bachelor’s or Advanced Degree	1,352	9.0
Total	14,945	100.0

The distribution of families by highest parent education is essentially the same as in 2016-2017. The largest change was in the percentage of families with a parent holding a Bachelors' or advanced degree, which declined by 0.6 percent.

Family Services

Table 18 provides information on the number of families receiving various types of service, either through Head Start or through referrals. Totals aren't given because families may be included in multiple categories if they requested or received more than one type of service during the operating period.

A total of 6,981 families, or 46.7 percent of the total, were reported as having received services in at least one category. This is an increase of less than one percent from 2016-2017 (-0.6%). There were 6,914 families that needed or requested at least one service (46.3% of all families).

Parenting Education and Health Education were by far the most common categories of service families requested or for which they had a need, and that they received. These are frequent topics of workshops provided by Head Start programs. Nonetheless, when compared with 2016-2017, there were drops in the percentage of parents receiving both these services: Parenting Education by nearly three percent (-2.9%), and Health Education by four percent (-4%). The percentage of parent requesting Parenting Education was marginally higher than in 2016-2017 (+0.8%), while the percentage requesting or needing Health Education decreased by 1.4 percent. There were small increases in the percent of parents requesting, or having an identified need for the following services, when 2017-2018 is compared with the previous year: Adult Education (+1.1%); Job Training (+1.1%), and Asset Building (+1.1%). There were small decreases for Mental Health Services (-3%), ESL Training (-2.1%) and Marriage Education Services (-1.1%). Other than the Parenting Education and Health Education services previously discussed, the only services for which there was a change in the percentage of families that received the service that was at least one percent either higher or lower were Mental Health Services (-4.1%) and ESL Training (-1.7%). For no service type did the percent of families receiving the service increase by more than 0.7 percent (for Assistance to Families of Incarcerated Individuals).

Table 18

Number of Families Receiving Services, by Service Type

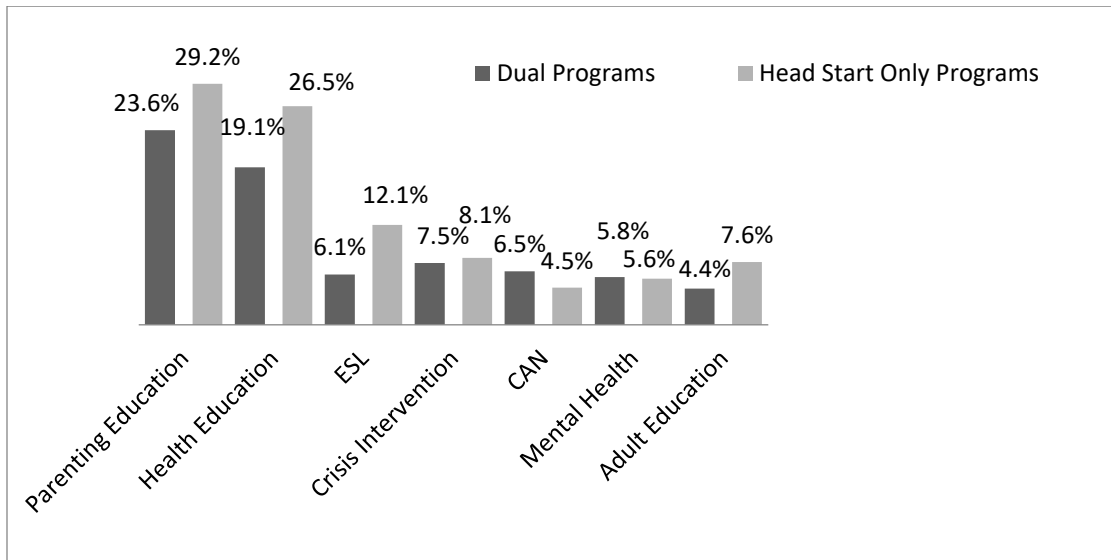
Service Type	# with expressed interest or identified need	% of all families	# Receiving service	% of all families
Emergency/Crisis Intervention	832	5.6%	1,145	7.7%
Housing Assistance	815	5.5%	609	4.1%
Mental Health Services	883	5.9%	860	5.8%
English as a Second Language (ESL) Training	1,675	11.2%	1,185	7.9%
Adult Education (GED programs, college selection)	1,093	7.3%	805	5.4%
Job Training	958	6.4%	643	4.3%
Substance Abuse Prevention	35	0.2%	35	0.2%
Substance Abuse Treatment	34	0.2%	31	0.2%
Child Abuse and Neglect Services	668	4.5%	876	5.9%
Domestic Violence Services	210	1.4%	267	1.8%
Child Support Assistance	206	1.4%	166	1.1%
Health Education	2,780	18.6%	3,196	21.4%
Assistance to Families of Incarcerated Individuals	150	1.0%	147	1.0%
Parenting Education	3,585	24.0%	3,784	25.3%
Marriage Education Services	191	1.3%	311	2.1%
Asset Building	741	5.0%	623	4.2%

Job Training, English as a Second Language and Adult Education were the service categories where the programs were able to assist fewer than three-quarters of the families that requested the service. These are subjects where programs primarily must rely on limited outside resources. Programs more than met the expressed interest or identified need in responding to emergencies/crises, and providing substance abuse prevention and treatment opportunities, child abuse and neglect services, domestic violence services, health education, parenting education, and marriage education services. These are topics where programs more often have resources internally or through on-going collaborations and partnerships.

Overall, parents in Head Start only programs both requested or needed and received services at a higher rate than in Dual model programs. The proportion of parents receiving at least one service was 63.4% in Head Start programs vs. 39.2% in Dual model programs; for the proportion who expressed an interest in or needed a service the figures are 63.7% in Head Start only programs and 38.5% in Dual programs. Some types of services are utilized more frequently at programs serving only Head Start families than at those serving both Head Start and Child Care eligible families, while other services are used more frequently in Dual model programs. Some of these patterns can be attributed to the different characteristics of the population served, as has been discussed in previous sections of this report. Figure 5 compares the percentage of families in programs serving only Head Start families and those serving both Head Start and Child Care subsidy families, availing themselves of the seven most prevalent services.

Figure 5

Utilization of Selected Family Services, by Program Type



Father Involvement

Table 19 presents information about the number of fathers/father figures involved in various program activities. All 70 agencies reported that fathers or father figures were involved in at least one of the activities listed; the count for each activity is noted in the last column.

Table 19

Father Engagement

Activity	Number	Estimated % (N=6504)	Number of Agencies
Family Assessment	2,111	32.5%	67
Family Goal Setting	1,877	28.9%	65
Child's Child Development Experiences	2,552	39.2%	69
Program Governance	302	4.6%	55
Parenting Education Workshops	1,619	24.9%	61

The activity that fathers participated in most often was involvement in their child's Head Start child development experiences, such as home visits or parent-teacher conferences. The percentages in the table are based on the number of fathers (taken from the count of two parent families and the count of single parent, father-headed families). When compared with 2016-2017, there were decreases in the four most prevalent father engagement activities. The percentage of fathers engaged in child development experiences with their child decreased the most, by 16.2 percent; while the percentage engaged in family goal setting decreased by 4.7 percent, in parenting education workshops by 4.2 percent, and in family assessment by less than one percent (-0.6%). The increase in the percentage of fathers engaged in program governance was minimal (+0.2%).

Services to Homeless Families

Fifty-nine (59) agencies served homeless families during the 2017-2018 operating period. A total of 976 such families, with 1,026 children, were served during the enrollment year. These figures represent 6.5 percent of enrolled families and 6.3 percent of enrolled children. When compared with 2016-2017, the percent of homeless families was unchanged, and the percent of homeless children increased by 0.3 percent. Of these families, 256, or 26.2 percent, acquired housing during the year, a decrease from proportion acquiring housing during the previous year of nearly four percent (-3.6%).

Foster care and child welfare

During 2017-2018, there were 227 enrolled children who were in foster care at any point during the program year. These children were served by 55 agencies. Both the number of foster care children and the number of agencies serving them are higher than the comparable figures in 2016-2017. There were 115 children reported as having been referred to Head Start by a child welfare agency (ACS or one of its contracted provider agencies), whether or not they were in foster care, at a total of 33 agencies.

COLLABORATION AGREEMENTS

Child Care Partners

A Child Care Partner is defined for purposes of the PIR as an “individual child care center, umbrella organization operating multiple child care centers, child care resource and referral (CCR & R) network, family child care network, or other entity with whom the Head Start program has formal contractual agreements *to provide child care services to enrolled children that meet the Head Start Program Performance Standards.*” (Emphasis added). Because ACS delegate agencies all offer full-day full-year center-based services, no such agreements were reported.

Local Education Agency

The New York City Department of Education is the local education agency (LEA) for all Head Start programs in New York City. There is a formal written agreement between the grantee and the Department of Education to coordinate services for children with disabilities, which is applicable to all ACS delegate agencies. In practice, there are 32 local Community School Districts in New York City, each of which has a Committee on Pre-School Special Education (CPSE). Individual programs work with their local district office(s) of the central Department of Education on disabilities services. Therefore, all agencies reported having one LEA, and all of them reported having a formal agreement with the local education agency to coordinate services for children with disabilities. Thirty-two (32) delegate agencies reported that they also had formal agreements to coordinate transition services; twelve of them reported multiple agreements.

Public School Pre-kindergarten Programs

All *EarlyLearn* programs receive pre-kindergarten funds as one source of funding to serve the four-year olds in their centers. Therefore, all agencies reported that they had formal collaboration and resource sharing agreements with public school pre-kindergarten programs.

Part C Agencies

Part C of IDEA relates to programs for infants and toddlers with disabilities. The PIR would not allow programs serving only pre-school children to skip this question. Therefore, each delegate agency was directed to report one Part C agency in their service area. (While different entities provide early intervention (Part C) services, coordination and oversight is the purview of the New York City Department of Health and Mental Hygiene). Since services under Part C are intended for a younger population, not all agencies have formal agreements with Part C agencies to coordinate services for children with disabilities (instead they work with the LEA). Nineteen (19) agencies reported having agreements.

Child Welfare Agencies

The PIR asks agencies if they have formal collaboration agreements with child welfare agencies, and, if so, the number of formal agreements in which the program is currently participating. New York City Children's Services (also known as the Administration for Children's Services, or ACS), the Head Start grantee, is also the city's child welfare agency. Programs were directed to respond "no" to this question, even if they received referrals from child welfare agencies (since those agencies also contract with ACS and referrals require approval from ACS staff). Formal collaboration agreements are not needed since the programs are delegates of the same agency that contracts with providers of child welfare services, and coordination is a centralized function.

PART 2: EARLY HEAD START

A. ENROLLMENT AND PROGRAM INFORMATION

Funded Enrollment

Eight (8) delegate agencies provided Early Head Start (EHS) services during the 2017-2018 operating period. The 160 funded slots include 112 full-day center-based slots (of which 48 are offered for a full working day of 10 or more hours); and 48 home-based slots. The latter consists of 25 slots for pregnant women and 23 for children. One hundred forty-eight (148) of the 160 slots are funded by ACF, and the remaining twelve (12) are non-ACF funded, a part of the Early Head Start/Child Care Partnership Model. EHS programs operated 14 classes.

Enrollment by Age

The cumulative enrollment in Early Head Start in 2017-2018 was 170. There were 155 children served in EHS programs during this operating period. The vast majority were two years of age (130, or 83.9%). The next largest age group, one-year olds, accounted for 10.3 percent of the total. Children younger than one accounted for 4.5 percent, and the remaining 1.3 percent were 3 years of age. All the children under two were served in the home-based model. That model also served fifteen (15) pregnant women during 2017-2018.

Enrollment by Type of Eligibility

The table below presents the distribution of Early Head Start participants by eligibility category.

Table 20

Early Head Start Enrollment by Type of Eligibility

Eligibility Type	Number	Percent
Below 100% of FPL	126	74.12
Between 101% and 130% of FPL	2	1.18
Over 130% of FPL	1	0.59
Public Assistance	24	14.12
Homeless	17	10.00
Total	170	100.00

Transition and Turnover

Twenty-two (22) infants and toddlers left the program after enrollment, and six of those were enrolled for less than 45 days. Four of the 22 drops aged out of Early Head Start, and all of them were placed in Head Start. Three pregnant women left the program before their child's birth. All five pregnant women receiving services at the time of their child's birth enrolled the infant in the EHS program.

Enrollment by Ethnicity and Race

Ninety (90) of the 170 Early Head Start participants, or 52.9 percent, were Hispanic. This percentage is four percent higher than in the Head Start population. Given the communities where the Head Start programs are located, this is not unexpected. Blacks accounted for 39.4 percent of the total EHS population. The complete picture of race and ethnicity is presented in the table below.

Table 21

Early Head Start Enrollment by Ethnicity and Race

Racial Category	Number Hispanic	% Hispanic	Number Non-Hispanic	% Non-Hispanic	Total	% of Enrollees
American Indian	4	4.44%	3	3.75%	7	4.12%
Asian	0	--	20	25.00%	20	11.76%
Black or African American	32	35.55%	35	43.75%	67	39.41%
Pacific Islander	0	--	0	--	0	--
White	23	25.55%	21	26.25%	44	25.88%
Biracial/Multi-Racial	12	13.33%	1	1.25%	13	7.65%
Unspecified	19	21.11%	0	--	19	11.18%
Total	90	52.94%	80	47.06%	170	100.00%

Enrollment by Primary Language

Just over half of the Early Head Start participants speak English as the primary home language (50.6%), with Spanish the primary language for 41.8 percent. The complete distribution of Early Head Start participants by primary home language is presented in the table that follows.

Table 22

Early Head Start Enrollment by Primary Language at Home

Primary Language	Number	Percent
English	86	50.59%
Spanish	71	41.76%
Caribbean Languages	2	1.18%
Middle Eastern & South Asian Languages	3	1.76%
Far East Asian Languages	1	0.59%
African	7	4.12%
Total	170	100.00%

B. STAFF INFORMATION

Total Staff

A total of 121 people were employed by the eight Early Head Start programs during the 2017-2018 operating period. This figure includes 109 regular staff and 12 contracted staff. Four staff left during the year and two of the four were replaced. Except as noted later in the discussion of Family and Community partnership staff it is unclear how many of the staff also work in the Head Start program. However, given the comparatively small size of the Early Head Start programs, and the fact that all but one shares a facility with a Head Start center, it is likely that management and support staff are shared. Twenty-nine (29) parents are among the regular EHS employees. That number represents 26.6 percent of the total of 109.

Volunteers

Early Head Start programs reported eighty-three (83) volunteers, of which forty (40), or 48.2 percent, were current or former Head Start or Early Head Start parents. In three of the eight delegates all the volunteers were parents, and in two cases none of them were parents.

Infant and Toddler Classroom Staff

A total of 34 infant and toddler teachers were employed by the Early Head Start programs in 2017-2018. The table below presents the qualifications of these staff. It should be noted that for Early Head Start the PIR makes no distinction between lead teachers and assistant teachers.

Table 23

Qualifications of Early Head Start Classroom Teachers

Degree/Credential	Number	Percent
Advanced Degree in ECE	4	11.76%
Advanced Degree in Any Related Field	1	2.94%
Baccalaureate Degree in ECE	7	20.59%
Baccalaureate Degree in Any Related Field	1	2.94%
Associate Degree in ECE	1	2.94%
Associate Degree in Any Related Field	4	11.76%
Child Development Associate (CDA)	9	26.47%
No ECE Credential	7	20.59%
Total	34	

Of the eight teachers with a Baccalaureate degree, one is enrolled in a Masters' degree program. Of the five teachers with an Associate degree as their highest credential, one is enrolled in a program to obtain their Baccalaureate degree in ECE. None of the nine staff with the CDA as their highest credential are currently enrolled in classes working toward a two-year or four-year degree. Of the seven staff without a relevant degree or credential one is enrolled in a Baccalaureate program and four are enrolled in CDA training.

Home-Based Visitors

The home-based program employed three (3) home visitors during 2017-2018. One of them has an Associate degree in ECE. The other two had no relevant degree or credential. The home-based program also had a Home-Based Visitor Supervisor, who has a Baccalaureate degree in Early Childhood Education.

Child Development Staff Salaries

The average Early Head Start teacher earned \$33,018. The hourly rate, on average, was \$18. The average salary, by degree or credential held, is as follows:

- Advanced Degree \$44,466
- Baccalaureate Degree \$37,201
- Associate Degree \$30,195
- CDA \$26,861
- No Relevant Degree \$27,095

Home visitors earned an average of \$31,865, with an hourly rate of \$17.51.

Race, Ethnicity and Language of EHS Child Development Staff

Nineteen (19) of the 37 EHS child development staff, or 51.4 percent, were Hispanic. Ten of them were identified as of unspecified race and the other nine were identified as bi-racial. Eleven were Black non-Hispanic (29.7%), four were White non-Hispanic (10.8%), and three were Asian (8.1%).

Twenty-three (23) of the EHS child development staff indicated that they spoke a language other than English. For eighteen (18) that language is Spanish (78.3%). Four speak a European language other than Spanish, and one speaks a Far East Asian language.

Child Development Staff Turnover

Four teachers left during the year. All four of the vacancies lasted for more than three months; two of the four staff were replaced during the year. Three of the teachers left for higher compensations/benefits and one left due to a change in job field. There was no turnover of home-based visitors.

Child Development Supervisors

The programs reported a total of ten education/child development managers, eight of whom shared the responsibility for Early Head Start staff supervision with a similar role in the Head Start program. Nine of the ten supervisors held an advanced degree in Early Childhood Education (ECE), the other had a Baccalaureate in ECE. The Home-based program employed one Home-Based Supervisor, with a Baccalaureate in ECE.

Family and Community Partnership Staff

The EHS programs did report dedicated staff in the Family and Community Partnership content area. Five of the eight had family workers, and seven of the eight had FCP supervisors. The five reported having sixteen (16) family workers and there were eight supervisors among the seven delegates. Three of the eight supervisors carried a caseload. Six of the eight agencies indicated that the Family and Community partnership staff was shared by the EHS and HS programs (one of them said only the supervisor was shared); one specifically stated they did not share staff; and one did not indicate whether the staff worked with both Early Head Start and Head Start families. The credentials of the family services staff are presented in the table below.

Table 24

Qualifications of Early Head Start Family and Community Partnership Staff

Highest Degree or Credential	# Family Workers	% Family Workers	# FCP Supervisors	% FCP Supervisors
Related Advanced Degree	1	6.25%	4	50%
Related Baccalaureate Degree	5	31.25%	2	25%
Related Associate Degree	1	6.25%	1	12.5%
Family Development Credential	1	6.25%	1	12.5%
None of the Above	4	25%	0	--
Total	16	100%	8	100%

C. CHILD AND FAMILY SERVICES

HEALTH SERVICES

Health Insurance

All 155 children had health insurance, as did the fifteen pregnant women. There was no change in status between the beginning and end of the enrollment year. The table below provides information on the type of insurance coverage.

Table 25

Health Insurance Coverage of Early Head Start Participants

Category	# Children	Percent	# Pregnant Women	Percent
Medicaid and/or CHIP	149	96.13%	15	100%
Private Health Insurance	6	3.87%	0	--
Total	155	100%	15	100%

Children’s Medical Home and Services

All children had an on-going source of continuous, accessible health care, both at the time of enrollment and at the end of the year, or when they left the program.

One-hundred and fifty-three (153) of the 155 children were up-to-date on a schedule of age-appropriate preventive and primary health care when they enrolled in the program. All

155 were up to date by the end of the year (or when they left, if they dropped prior to the end of the year). Three children were newly diagnosed with a chronic condition needing medical treatment, all of whom received the necessary treatment. During 2017-2018 two children were treated for asthma and three children received treatment for vision problems.

Pregnant Women's Health Services

All fifteen pregnant women received prenatal health care while enrolled in EHS, and nine (60%) received postpartum health care. All new mothers also received prenatal education on fetal development and information on the benefits of breastfeeding. Three of the pregnancies, or 20 percent, were identified as medically high risk by a physician or health care provider. The pregnant women who were served enrolled during the following trimester of pregnancy:

- 1st trimester 4
- 2nd trimester 4
- 3rd trimester 7

Immunizations

Of the 155 children, 149 were determined to be up-to-date on all immunizations appropriate for their age at the time of enrollment, and five (5) had received all immunizations possible at the time but had not received all immunizations appropriate for their age. By the end of the year 154 were up-to-date, and none were current. The other child was exempt from immunizations.

Dental Home and Services

All children had an on-going source of continuous, accessible dental care provided by a dentist, both at the time of enrollment and at the end of the year, or when they left the program.

One-hundred fifty-three (153) children were up-to-date on a schedule of age-appropriate preventive and primary oral health care by the end of the enrollment period. None of the pregnant women received a professional dental exam and/or treatment.

Mental Health Services

Six of the eight Early Head Start delegate agencies reported that they had the services of a mental health professional during 2017-2018. The average per operating month was nine hours, with a range of from four to sixteen. The mental health professionals consulted with program staff at five agencies, regarding a total of 23 children. One agency (Bloomingdale Family Program) accounted for sixteen of the 23 children. For nine children there were three or

more consultations, eight of whom were at that same program. There were consultations with parents about their child’s behavior/mental health at four agencies. The consultations dealt with a total of twelve children, of whom two-thirds were enrolled at Bloomingdale. There were three or more consultations for eight children, all of whom were enrolled at that program. The mental health professionals conducted mental health assessments for eleven children at three programs; and facilitated a referral for four children at two programs. Four children were referred for mental health services outside of the Early Head Start, and three of those four children received the services.

Early Intervention Services

A total of fifteen children had an Individualized Family Services Plan (IFSP) indicating they had been determined eligible to receive early intervention services. The children were served in five of the eight agencies. Eight of the children (53.33%) were determined eligible prior to enrollment in the program and the other seven were determined eligible during the year, after enrolling in EHS. All children had received the services for which they were eligible.

Education and Development Tools/Approaches

One hundred and forty-nine (149) of the 155 children (96.1%) completed required screenings within 45 days for developmental, sensory and behavioral concerns. Fourteen (14) children, at four agencies, were identified as needing follow-up assessment or formal evaluation to determine if the child has a disability.

Screening Tools

All eight programs identified screening tools, though not all of them were specifically designed for use with infants and toddlers. Since all but one program enrolled exclusively two-year old children, some of the agencies opted for the same tools used in their Head Start programs. Below is the list of tools identified and the number of programs that reported using each. The total comes to more than eight because several programs reported using more than one screening tool.

- ASQ 3 (Ages & Stages Questionnaire) 3
- ASQ SE (Ages & Stages Questionnaire Social Emotional) 3
- Brigance Infant Toddler Screen 3
- Brigance Early Childhood Screen III 1
- ESI-R (Early Screening Inventory-Revised Preschool) 2

Curriculum and Assessment

Seven of the eight agencies used a version of Creative Curriculum as the curriculum in their Early Head Start center-based program. Three used Creative Curriculum for Infants, Toddlers and Twos; two used Creative Curriculum (Infant and Toddler); and one each used the Preschool and Early Childhood versions. The other program used High Scope (Infant and Toddler). The home-based program reported using Creative Curriculum Learning Games and Active Learning as the curricula for home-based services for children, and Partners for a Healthy Baby (Florida State University) for pregnant women services.

Four programs reported using Teaching Strategies GOLD Online as the assessment tool; the other users of Creative Curriculum reported using the Creative Curriculum Developmental Continuum for Infants, Toddlers, and Twos (2) or the general Creative Curriculum Assessment Tool (1). The program with the High Scope curriculum used the Child Observation Record (COR) High Scope.

Seven of the eight programs reported routinely using staff-child interaction observation tools to assess quality. Below is the list of tools identified and the number of programs that reported using each.

- | | |
|---|---|
| • CLASS (Classroom Assessment Scoring System) | 3 |
| • ITERS (Infant Toddler Environmental Rating Scale) | 2 |
| • Arnet Caregiver Interaction Tool | 1 |
| • HOVRS (Home Observation Visitors Rating Scale) | 1 |
| • 10 | 1 |

Number of Families

A total of 155 families were served in the ACS Early Head Start programs in 2017-2018. Seventy (70), or 45.2 percent were two parent families, and eighty-five (85), or 54.8 percent were single parent families. The table below presents the distribution by family type.

Table 26

Family Composition

Family Type	Number of Families	Percent of Families
Two Parent Families	70	45.2%
Parents	70	100.00%
Single Parent Families	85	54.8%
Mother	81	95.29%
Father	2	2.35%
Grandparent	1	1.18%
Other Relative	1	1.18%
Total	155	100%

Employment

The table below presents the distribution of the EHS families by the employment of the parents/guardians at the time of enrollment.

Table 27

Number of Families by Employment Status

Category	Number of Families	Percent of Families
Two-Parent Families (N=70)		
Both Parents Employed	31	44.3%
One Parent Employed	36	51.4%
Both Parents Not Working	3	4.3%
Single-Parent Families (N=85)		
Parent/Guardian Employed	55	64.7%
Parent/Guardian Not Working	30	35.3%

Over 95 percent of the two-parent EHS families have at least one parent working (95.7%); whereas fewer than two-thirds of the single parents/guardians are working.

Federal or Other Assistance

Fifteen families were receiving any cash benefits or other assistance under the federal Temporary Assistance for Needy families (TANF) program, both at enrollment and at the end of the enrollment period. This is 9.7 percent of all families served. The TANF recipients were enrolled at four of the eight programs. There were nine families receiving Supplemental

Security Income (SSI) (5.8% of the total) at both points in time. These families were enrolled at three of the eight EHS programs.

A more significant proportion of families received services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP). At enrollment:

- 107 families (69.7%), enrolled at 7 programs, received WIC benefits
- 97 families (62.6%), enrolled at 7 programs, received SNAP benefits

By the end of the year the number of families receiving WIC services rose to 108, while the number receiving SNAP services remained at 97.

Job Training/School

The majority of EHS parents were not engaged in job training or attending school at the time of enrollment in the program. In 67 of the 70 two parent families (95.7%), neither parent was in school or job training; in the other three families, one parent was enrolled in school or a job training program. Among the 85 single parents, 70 (82.4%) were not in school or job training and 15 were (17.6%) engaged in such an activity. Of the eighteen parents who were enrolled in school or job training, one was reported to have completed a job training program. No one was reported to have completed a grade level in school prior to high school graduation, to have completed high school or obtained their GED, or to have completed a two-year, four-year or advanced degree during the 2017-2018 program year.

Parent/Guardian Education

The table below presents the distribution of EHS families, by the highest level of education obtained by the child’s parent(s)/guardian at the time of enrollment.

Table 28

Number of Families, by Highest Level of Parents’ Education

Category	Number	Percent
Less than High School Graduate	60	38.7%
High School Graduate or GED	59	38.1%
Some College, Vocational School, or Associate Degree	27	17.4%
Bachelor’s or Advanced Degree	9	5.8%
Total	155	100.0%

Family Services

Of the 155 families, 111 (71.6%) were reported to have expressed an interest in or had an identified need for at least one service during the 2017-2018 program year. There were 118 families that received at least one service during the year (76.1%), either directly or through a referral.

As is the case among the larger Head Start population, Health and Parenting Education were by far the most common services provided to Early Head Start families. The table on the following page provides information on the number of EHS families with an interest in or need for various types of services, as well as the number receiving each type of service.

Table 29

Number of EHS Families Receiving Services, by Service Type

Service Type	# with expressed interest or identified need	% of all families	# Receiving service	% of all families
Emergency/Crisis Intervention	11	7.1%	21	13.5%
Housing Assistance	4	2.6%	4	2.6%
Mental Health Services	14	9.0%	19	12.3%
English as a Second Language (ESL) Training	16	10.3%	11	7.1%
Adult Education (GED programs, college selection)	1	0.6%	1	0.6%
Job Training	0	--	0	--
Substance Abuse Prevention	0	--	0	--
Substance Abuse Treatment	0	--	0	--
Child Abuse and Neglect Services	0	--	0	--
Domestic Violence Services	11	7.1%	11	7.1%
Child Support Assistance	0	--	0	--
Health Education	45	29.0%	51	32.9%
Assistance to Families of Incarcerated Individuals	0	--	0	--
Parenting Education	44	28.4%	47	30.3%
Marriage Education Services	0	--	0	--
Asset Building	6	3.9%	6	3.9%

Father Involvement

Fathers or father figures were involved in various program activities at all eight Early Head Start programs. This is true even for the agency where all families were single-parent families headed by the child's mother. The list below shows how many fathers/father figures were engaged in each type of activity:

- Family Assessment 32
- Family Goal Setting 17
- Child's EHS Child Development Experiences 30
- EHS Program Governance 2
- Parenting Education Workshops 17

Homelessness Services

Four of the eight agencies reported serving homeless families. The total was fifteen families and seventeen children. Eighty percent of the families experiencing homelessness were served by one agency (Sheltering Arms Children & Family Services).

Foster Care and Child Welfare

None of the Early Head Start children served by ACS delegate agencies was in foster care at any point during the 2017-2018 program year. No enrolled children were referred to Early Head Start by ACS (the New York City child welfare agency) or any of its contracted providers.