



A Profile of New York City Head Start Delegate Agencies

An Analysis of the 2016-2017

Program Information Report



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Administration for
Children's Services

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A PROFILE OF NEW YORK CITY HEAD START AGENCIES:

AN ANALYSIS OF THE 2016-2017 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.

Sixty-nine (69) delegate agencies completed Program Information Reports by September 2017. 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. One fewer delegate agency was operating by the end of the 2016-2017 reporting period than in the previous year.

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.

SUMMARY OF FINDINGS FROM THE 2016-2017 PIR

The following are among the more significant findings of the 2016-2017 Program Information Report.

ENROLLMENT

- During this operating period, 15,237 children were served in ACS Head Start delegate agencies. All received full day services, and 59.2% of the capacity was funded to receive services for at least 10 hours per day.
- Three year olds accounted for half of the grantee's enrollment, while four year olds made up 47.5%.
- Just over 68% of children were enrolled based on income eligibility and another 15.5% of the children were enrolled based on receipt of public assistance. Approximately 5% of children were enrolled based on their status as homeless, and another 1.2% were in foster care. The remaining 10% of enrolled children were from families with incomes above 100% of the federal poverty level.
- Approximately 11% of children enrolled during the year dropped out.
- A total of 6,582 children, enrolled at the end of the 2016-2017 enrollment year were projected to enter kindergarten in September 2017.
- 50.2% of enrolled children were Hispanic or Latino; 40.5% were Black or African American. Moreover, English is the dominant language of fewer than half the enrolled children (47%), with 36.3% speaking predominantly Spanish.

FAMILY CHARACTERISTICS & SERVICES

- A total of 14,237 families were served, of which 58% were single parent families, and 42% were two-parent families. Single mothers headed 93% of the single parent families.
- 91.5% of the two-parent families had at least one parent working. 71.1% of the single parents were employed. 13.2% of families were receiving TANF benefits.
- Three quarters of families are headed by a parent with no more than a high school education, and one-quarter by someone with at least some college.

- Parenting education and health education were the most prevalent services families received.
- All 69 agencies reported that fathers or father figures were engaged in Head Start activities.
- Homeless families were served by 57 delegate agencies. A total of 947 such families, with 990 children, were served during the enrollment year. The number of homeless children served exceeds the number enrolled based on that eligibility category.

CHILD HEALTH & DEVELOPMENT

- At the time of enrollment, 99.5% of enrolled children had health insurance coverage and 99.5% of children had an on-going source of continuous, accessible medical care; by the end of the enrollment period, 99.9% of enrolled had insurance coverage and all but four children had a medical home.
- 99.5% of enrolled children completed a well-child exam during 2016-2017. By the end of the enrollment period, 99.7% 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.
- 77.5% of children were of healthy weight. 17.1% of children were reported as overweight or obese.
- By the end of the enrollment period, 97.4% of children had an on-going source of continuous, accessible dental care. 93.8% of enrolled children received a professional dental exam during 2016-2017. 84.6% received preventive care.
- All agencies had available to them the services of a mental health professional, who spent an average of approximately 31 hours per month on site. They consulted with staff about the behavior/mental health of 3,227 children.
- 92.8% 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 43 agencies) and Ages and Stages (employed by 24 agencies).
- The most prevalent curriculum models used by programs were Creative Curriculum (60 agencies) and High/Scope (8 agencies).

SERVICES FOR CHILDREN WITH DISABILITIES

- A total of 2,078 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 13.6% of the cumulative enrollment.
- 67.9% of the disabled children were diagnosed with a “non-categorical developmental delay”, while 23.9% had speech/language impairments.
- 95.5% of the disabled children were receiving special education or related services.

STAFFING

- Parents accounted for 15.1% of the total number of Head Start employees.
- 6,485 people volunteered in Head Start programs; 60.7% were parents.
- 98.1% of the teachers in our Head Start classrooms have a degree or credential in Early Childhood Education or a related field; 93.5% have at least a Baccalaureate.
- 71.6% of the assistant teachers have a relevant degree or credential.
- All child development supervisory staff have at least a Baccalaureate degree.
- Hispanics make up 42.7% of the non-supervisory child development staff, while Blacks represent 44.1%.
- 61% of the non-supervisory child development staff is proficient in a language other than English.
- 80% of Family and Community Partnership supervisors, and 60.8% of family workers, have at least an Associate degree in a field related to their work.
- Average caseload for family workers is 41 families; when supervisors who carry a caseload are factored in, the average caseload is 36.3 families.

A. ENROLLMENT AND PROGRAM INFORMATION

Funded Enrollment

The total funded enrollment reported by the sixty-nine (69) delegate agencies on the 2016-2017 PIR was 14,689 children. Of these, 12,423 were ACF funded (84.6%) and 2,266 were non-ACF funded (15.4%). 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	14,689	100.00
Full Working Day (10+ hrs.)	8,690	59.16
Full Working Day, Full Year	8,455	57.56
Total	14,689	100.00

Ninety-seven percent (97.3%) of the full working day slots are available for the full year. Both the proportion of full day slots that were available as full working day enrollment (defined as not less than 10 hours per day) and the proportion of full working day slots that were available for all the days of the year other than weekends and legal holidays were virtually unchanged when compared with the number operating for extended hours in 2015-2016.

Cumulative Enrollment

The total cumulative enrollment reported by the delegate agencies on the 2016-2017 PIR was 15,237. 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

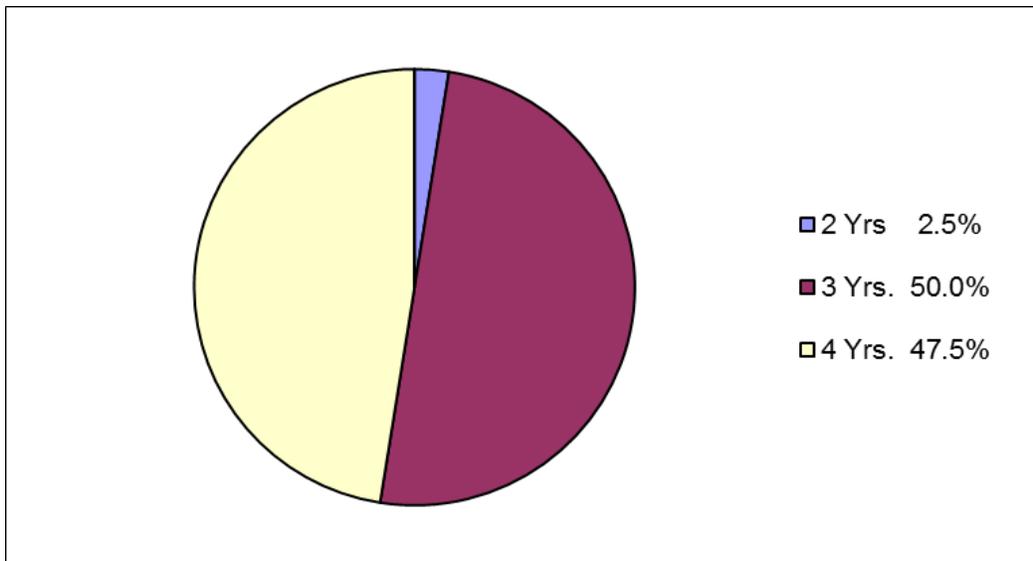
The 69 delegate agencies operated 840 classes. The average class size was seventeen.

Enrollment by Age

Figure 1 depicts the distribution of the total cumulative enrollment by age. Of the 15,237 children enrolled during 2016-2017, 7,613 were three years old, 7,244 were four years old and 2 were five years old. There were also 378 two year olds served, all in fourteen (14) of the forty-six (46) 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



Four year olds no longer make up the majority of enrolled children. While last year the number of three and four year olds served was virtually the same, and together accounted for 97.6 percent of enrolled children, this year three year olds account for half of the children enrolled and four year olds account for 47.5 percent for a total of 97.5 percent of the total. The expansion of Pre-K for All significantly increased the available options of free programs for four year olds throughout New York City, which continues to manifest itself in a reduced population of four year olds in *EarlyLearn* Head Start programs. The percentage of four year olds decreased by 1.3 percent on top of the nearly two percent reduction in the previous year. The percent of five year olds served, which was 0.4 percent last year, decreased to 0.01 percent. There were increases in the percentage of 3 year olds (1.2%) and 2 year olds (0.6%) served.

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	10,376	68.1
Public Assistance	2,356	15.5
Foster Children	189	1.2
Homeless Children	776	5.1
Over Income	920	6.0
Income between 100% and 130% of FPL	620	4.1
Total	15,237	100.0

When compared with 2015-2016, the percentage of children from families below 100% of the Federal Poverty Level (Income Eligible) decreased by less than two percent (1.4%). The proportion of children enrolled based on receipt of public assistance or homelessness increased slightly (by 0.5% and 0.2%, respectively) when compared to the previous year. The percentage of foster children decreased, also by less than one percent (-0.3%). The percentage of families that were enrolled, even though over-income, increased by one percent when compared with 2015-2016 (from 9.1% to 10.1%). The proportion in the subcategory of income between 100% and 130% of FPL increased by 0.7 percent, while the percentage of over-income not specifically in that sub-group increased 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 71.4 percent, with thirty-eight (38) agencies reporting percentages below the mean of 15.46 percent and thirty-one (31) reporting percentages above the mean. When compared with 2015-2016, the proportion of agencies having levels below the mean decreased from 66 percent to 55 percent. The high end of the range was lower than last year by nearly five percent (71.4% compared to 76.2%). The agency with the highest percentage enrollees based on receipt of public assistance, located in Washington Heights, was the only agency which enrolled a majority of families based on receipt of public assistance. Three agencies enrolled no families receiving public assistance (compared with five in 2015-2016).

Twelve 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 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, however when the two over income categories are combined there were no instances when 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 5,265 children, or 34.6 percent of the total cumulative enrollment, 2016-2017 represented their second year in Head Start. An additional 233 children (1.5%) were enrolled for three years or more. The overall percentage of multi-year enrollment, 36.1 percent, is two percent higher than in 2015-2016 (+2%).

Turnover in Enrollment

A total of 1,662 children, or 10.9 percent of all enrollees, dropped out at some point after classes began and did not re-enroll. This dropout rate is marginally lower than the previous year by less than one percent (-0.6%). There were 440 children who were in class for less than 45 days during the 2016-2017 enrollment period. This number represents 2.9 percent of all children served.

For individual agencies, the dropout rate ranged from a low of zero (two agencies had no dropouts) to a high of 42.3 percent. The agency with the highest dropout rate serves a significant number of transient homeless families. The next highest rate is more than ten

percent lower, at 31.6 percent. Forty (40) agencies had dropout rates below the mean (10.91%), and twenty-nine (29) had rates above the mean.

Preschool Kindergarten Transition

A total of 6,582 children, enrolled at the end of the 2016-2017 enrollment year, were projected to enter kindergarten in the 2017-2018 school year.

Child Care Subsidy

A total of 3,736 children, enrolled in forty-seven (47) delegate agencies, were receiving a Child Care subsidy. These agencies are all those that operate the *EarlyLearn* dual model, and are serving 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	182	94.79%	10	5.21%	192	1.26%
Asian	4	0.34%	1,181	99.66%	1,185	7.78%
Black or African American	827	13.39%	5,350	86.61%	6,177	40.54%
Pacific Islander	0	--	20	100.00%	20	0.13%
White	1,664	72.79%	622	27.21%	2,286	15.00%
Biracial/Multi-Racial	310	60.55%	202	39.45%	512	3.36%
Other	0	--	0	--	0	--
Unspecified	4,664	95.87%	201	4.13%	4,865	31.93%
Total	7,651	50.21%	7,586	49.79%	15,237	100%

Compared with 2015-2016, there are marginally fewer children who are of Hispanic origin (regardless of race), a decrease of 0.67 percent. The population served in ACS *EarlyLearn* Head Start programs remains basically evenly divided between Hispanics and non-Hispanics.

The racial distribution of the enrolled population changed more significantly, when compared with the previous year. There were increases among Whites (+4.7%) and American Indians (+0.9%), both of which appear driven by an increase in the Hispanics in that racial category. The share of the White population that identified as Hispanic increased by almost seven percent (+6.7); and the share of the small but increased American Indian population increased by more than 25 percent (+26.8%). There was also an increase in the proportion of Asian enrollees (+0.9%). There were fewer enrollees of unspecified race (-4%), also as a result of fewer Hispanics designating their race as unspecified. While still accounting for the vast majority of those of unspecified race, the percentage of Hispanics in the category decreased by 2 percent (-2%). Those designated as Biracial (-1%) and Black (-0.6%) decreased as well, when compared with 2015-2016.

The ethnicity of the Head Start enrollment is representative of the communities in which the programs are located. Forty-seven (47) delegate agencies served at least one Asian child. The programs with the greatest proportion of Asian children are located 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 served in fifty-four (54) delegates; 41 of these programs served non-Hispanic White children. 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 located in heavily Asian and White neighborhoods. Hispanics (regardless of race) were enrolled in all but 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 2 percent to 100 percent. Hispanics ranged from 1.2 percent to 98.5 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	7,155	46.96
Spanish	5,537	36.34
Native South/Central American	193	1.27
Caribbean Languages	244	1.60
Middle Eastern & South Asian Languages	373	2.45
Far Eastern Asian Languages	872	5.72
Pacific Island Languages	2	0.01
European & Slavic Languages	200	1.31
African Languages	621	4.08
Other	34	0.22
Unspecified	6	0.04
Total	15,237	100.00

When compared with the previous year, the changes in the distribution of primary languages in 2016-2017 are negligible. Of the four most prevalent languages/language groups, the percentage of enrollees whose primary language is English increased by less than one percent (+0.86%), and the percentage speaking primarily Spanish decreased by less than one percent (-0.74%). There was a minimal increase in the percentage of enrollees speaking a Far East Asian language (0.41%); and a minimal decrease in the percentage of enrollees whose primary language was an African language (-0.20%). Middle Eastern and South Asian languages moved past Caribbean languages into fifth place. The percentage speaking a Middle Eastern or South Asian language increased by 0.51%, while the percent speaking a Caribbean language decreased by 0.58%. The percentage of enrollees whose primary language was a European or Slavic language (now the seventh most prevalent) also decreased marginally, by 0.67 percent. That percentage now barely surpasses the percentage speaking a native South or Central American language, which more than doubled (from 0.48% last year), and now accounts for more than one percent of the total.

Every delegate agency had at least one English language learner. The totals ranged from a low of 5.1 percent (at a program located in Brownsville, Brooklyn) to a high, in two agencies, of 100 percent. In one of the two the children all speak either a Far East Asian language or a

Middle Eastern or South Asian language; in the other all the children have a European language as the primary language spoken.

Transportation Services

Six of the 69 delegate agencies reported that they transport some or all of their enrolled children. A total of 294 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 six agencies which transport children reported that it leases buses. Another four agencies, included a comment that indicated that special needs service providers or parents 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 69 agencies indicated that they use a management information system to track enrollees, program services, characteristics of families, and/or information on program staff; 57 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. Among the other most frequently mentioned software packages were: Child Plus/Child Plus.net (38 agencies); COPA (Child Outcome Planning & Assessment) (5); CAP 60 (3); 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 4,432 people were employed by the 69 delegate agencies during the 2016-2017 operating period. The total staff figure includes 4,132 regular staff and 300 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 2015-2016 operating period, a total of 497 staff left (490 regular staff and 7 contracted staff) and 371 of them were replaced (368 regular staff and 3 contracted staff).

Current or former Head Start parents represent 15.1 percent of the staff (a total of 668). The percentage of staff who are parents is essentially unchanged, when compared with 2015-2016 (+0.1%). Parents account for 15.8 percent of the regular staff (653) and 5 percent of the contracted staff (15).

Fifty-four (54) agencies reported that they had at least one current or former Head Start parent on staff (including contracted staff), which is seven more than in the previous year. Focusing only on regular staff, five (5) agencies reported that parents accounted for at least half of the staff. Twenty-eight (28) agencies had percentages of parents on staff at or above the mean (for regular staff) of 15.8 percent.

Volunteer Information

During the 2016-2017 operating period, a total of 6,485 people volunteered in ACS/Head Start programs in New York City. This is 615 fewer volunteers than in the previous year.

Of this number, 3,935 volunteers, or 60.7 percent, were parents. The percentage of parents among program volunteers decreased marginally, by less than one percent (-0.3%), when compared with 2015-2016. All of the 69 agencies had parent volunteers. Fifteen (15) agencies reported that all their volunteers were current or former Head Start parents. Looked at a different way, parent volunteers represent 26.9 percent of the total families served, and 18.7 percent of the parents in those families. Each of these figures is lower than the comparable proportion in 2015-2016, by 2.2 percent and 1.8 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 67.3 percent of the volunteers in Head Start programs; they represent 56.5 percent of the volunteers in dual programs. There is also a significant

difference between the two modalities in the percent of families and parents who participate as volunteers. The 2,515 parents volunteering in Head Start only programs represent 37.3 percent of families and 25.4 percent of parents. Dual model programs accounted for 3,970 parent volunteers, which represents 22.2 percent of families and 15.8 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-three (43) Head Start delegate agencies reported that they had an Executive Director. Their average salary was \$119,429. The average Executive Director salary is essentially the same as was paid in 2015-2016.

In seventeen agencies, the Executive Director served as the Head Start Program Director, because those programs reported having no Head Start Director. In these seventeen agencies the average salary was \$101,772. In the other twenty-six programs, the Executive Director position was in addition to a Head Start Program Director. The average salary in these instances was \$130,975. (Two salaries of \$200,000 or more impact the average.) For the most part, these latter 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 42.3 percent of the Executive Director's salary. In eight of the twenty-six 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 eighteen agencies, the percentage paid by Head Start funds ranged from 5 percent to 100 percent. The overall average percentage of the Executive Director salary paid by Head Start when an agency also has a Head Start Director was 33.5 percent. When the Executive Director position was in lieu of a Head Start director, the percentage paid by the Head Start grant ranged from 0 to 100 percent, with an average of 58.5 percent. The Head Start grant paid for the entire salary in four of these seventeen agencies.

Head Start Directors

Fifty-one (51) agencies reported having a Head Start Director, including the twenty-six which also had an Executive Director. When the seventeen (17) agencies with the Executive Director in lieu of the Head Start director are added to the 51, there are sixty-eight (68) 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 programs serving fewer than 60 children; they reported that the Child Development Manager was filling the Director role. The

average annual salary of the New York City Head Start Directors was \$76,559. The average salary for Directors is \$1,053 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 two programs) to 100 percent, with an average of 66.7 percent. The Head Start grant funds the entire Director's salary in thirteen (13) of the 51 agencies who have someone in that position.

If we include the seventeen Executive Directors who function as Head Start Program Directors, the average salary for all 68 is \$86,862. This combined average is also more than the comparable salary for Directors and Executive Directors fulfilling that role in 2015-2016, (a difference of \$3,285).

Child Development and Education Managers

Fifty-seven (57) delegate agencies reported employing a Child Development or Education Manager. Their average salary was \$64,305, an increase of \$1,067 in the average salary for this position, when compared with that paid in 2015-2016. The Head Start grant paid an average of 73.8 percent of the salary of Child Development and Education Managers, with a range from none (in 2 agencies) to 100 percent (in 22 agencies). Of the twelve programs which reported no Child Development and Education Manager during this operating period, all had a Head Start director and/or Executive Director qualified to be responsible for the content area. Ten of the twelve 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.

Health Services Managers

Nineteen (19) 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 the majority of their time; or that they utilized consultants with expertise in health. As noted in the section on coordination of services which follows, forty (40) 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 \$20,940 to a high of \$80,000, with an overall average salary of \$44,580. (One part-time Health Services Manager earned \$10,000). Consistent with the other managers, the average reported salary for Health Managers increased, when compared to the previous year, in this case by \$485. The Head Start grant paid an average of 55.6 percent of the salary, with a range from zero (in two cases) to 100 percent. The Head Start grant paid the entire salary for this position in seven of the cases. The share of the Health Services Manager salaries being paid

by Head Start funds decreased by over eight percent, when compared with 2015-2016 (-8.3%). 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-eight (48) 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-five (55) 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 \$31,287 to \$91,252, with an overall average of \$51,091. Head Start paid an average of 77 percent of the salary, with a range from zero (in two cases) to 100 percent. The Head Start grant paid the entire salary in 23 cases. Overall the Head Start grant is paying more of the amount (by 5.7%), and paying for the entire salary in four more programs, when compared with 2015-2016. The average salary was higher, when compared with the previous year, by \$1,978 .

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-nine (29) agencies indicated that they had a manager with lead responsibility for coordinating Disabilities Services. This is four more agencies than reported someone in the position in 2015-2016. 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 fifty-one (51) agencies indicated that there was someone on the management team with responsibility for coordinating services for children with disabilities (the same as in the previous year). It should also be noted that eighteen (18) of the agencies with Disabilities Services managers did not have a Health Services manager, which could suggest a shared responsibility with Disabilities Services taking up the majority of that manager's time.

For the twenty-nine (29) managers with disabilities services as their primary responsibility, the salaries ranged from \$12,000 to \$87,131, with an average of \$51,219. The agency paying \$12,000 explicitly stated that the position was part-time, as did the agency paying the next lowest amount (\$12,514). Head Start paid an average of 71.6 percent of the salary (an increase of 12.4%); with a range from zero (in two cases) to 100 percent. The Head

Start grant paid the full salary in fourteen cases, which is double the number of such cases in 2015-2016.

Fiscal Officers

Fifty-two (52) agencies reported having a fiscal officer, which is four fewer than reported someone in the position in the previous PIR. The salaries for these staff ranged from \$24,110 to \$212,180, with an average salary of \$79,325. The average fiscal officer salary was higher than in 2015-2016 by \$5,784. The Head Start grant paid an average of 55.4 percent of the salary, an increase of 1.4 percent, when compared with the previous year. In five cases none of the salary was charged to the grant, including four of the twelve salaries above \$100,000 (one of which is the only salary above \$200,000). The entire salary was paid by the Head Start grant in eight cases; the highest such salary was \$76,024. 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:	10.3
Health Services:	8.7
Family & Community Partnerships:	11.1
Disability Services:	10.6

Each of these amounts varies from the number of hours reported in 2015-2016, by less than an hour. The only increase was for Health Services Managers (+0.1), while each of the other managers spent less time on average on service coordination. The reductions range from 0.3 hours for Family and Community Partnership and Disabilities Managers to 0.6 hours for Child Development and Education Managers.

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: 63
- ❖ Health Services: 40
- ❖ Family & Community Partnerships: 55
- ❖ Disability Services: 51

Child Development Staff Qualifications

Non-supervisory child development staff (teachers, assistant teachers, and teachers’ aides) account for 2,107, or 51 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 47.5 percent. These percentages are lower than in 2015-2016 by 3.1 and 2.9 percent respectively. The total of child development staff includes 848 teachers and 1,259 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	455	53.66	24	1.90
Baccalaureate in ECE or Related Field	338	39.86	245	19.46
Associate in ECE or Related Field	39	4.60	283	22.48
CDA	4	0.47	349	27.72
No Relevant Degree or Credential	12	1.41	358	28.44
Total	848		1,259	

Teachers

Of all the group teachers in our Head Start classrooms (including those at centers operating the *EarlyLearn* dual model), 98.1 percent have at least a two year degree in early childhood education or a related field, and 93.5 percent of them have at least a Baccalaureate degree. Both of these figures represent marginal increases from the comparable percentages in 2015-2016, of 0.9 percent, and 0.5 percent, respectively. When compared with 2015-2016, four percent fewer teachers had a graduate degree, while the percentage with a Baccalaureate degree was higher by 4.5 percent and the percentage with an Associate degree was higher by 0.4 percent. Sixty-seven (67) of the 69 agencies reported that a least one teacher had a Master's degree.

Thirty-nine (39) of the teachers with their Baccalaureate degree were enrolled in graduate courses (11.5%, a decrease of 15.7%). Of the thirty-nine (39) teachers with an Associate degree, sixteen, or 41 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 an increase of 16.7 percent in the percentage of teachers with an associate degree who were working toward their Bachelor's degree, when compared with 2015-2016. Two of the four teachers with a CDA was enrolled in a Baccalaureate degree program. Of the twelve teachers with no relevant degree or credential, six are enrolled in Baccalaureate degree courses. Some of those included in the count of teachers with no degree or credential, and not in training, are staff with four year or advanced degrees in subjects outside the scope of the PIR categories, who are taking Early Childhood Education courses, according to comments provided by the agencies.

Agencies reported that 821 center-based classes (out of a total of 840) had a least one teacher with at least an Associate degree in early childhood education. This figure represents 97.7 percent of all center-based classrooms, an increase of one percent, when compared with 2015-2016. Sixty-one (61) of the 69 agencies had qualified teachers in all their classes.

Assistant Teachers

Over seventy-one percent of the assistant teachers (71.6%) also have a relevant degree or credential (including the 349 with a CDA). The percentage of assistant teachers with a relevant degree or credential is lower than in 2015-2016 by almost two percent (-1.6%). Only six of the 245 assistant teachers with four year degrees (2.4%) were enrolled in advanced degree programs. Of the 283 with an Associate degree, 33, or 11.7 percent, were enrolled in a Baccalaureate degree program. The percentage of assistant teachers with both four and two year degrees working toward a higher degree is significantly lower, when compared with the percentage in the prior year, by 7.8 percent and 7.2 percent, respectively.

Of the 349 assistant teachers who have a CDA as their highest credential, thirty-two (32) were enrolled in ECE degree programs (9.2%); eleven (11) in a Baccalaureate degree program and 21 in an Associate degree program. The percentage of assistant teachers with a CDA who

were enrolled in degree programs is lower by 4 percent, when compared with 2015-2016. Of the 358 non-credentialed assistant teachers (those with neither a degree nor a CDA), 117 (32.7%) were engaged in some relevant training, leading to either a two or four year degree (58, or 16.2%) or a CDA (59, or 16.5%). This is a decrease of nearly two percent (-1.7%) in the percentage of non-credentialed assistant teachers working toward a degree or credential when compared with the previous year, though the proportion working toward an ECE degree increased by over two percent (+2.6%).

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 203 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 203 child development supervisors, 195 (96.1%) have graduate degrees in Early Childhood Education or a related field, and 7 (3.4%) have Baccalaureate degrees. The remaining supervisor has a master's in Social Work. The percentage with a graduate degree in ECE is marginally higher (+0.3%), when compared with 2015-2016.

Child Development Staff Salaries

The average teacher salary in the delegate agencies in 2015-2016 was \$42,722. This is an increase of \$75, when compared with 2015-2016. The average for each of the designated levels of education was as follows:

- | | |
|-------------------------------------|----------|
| • Graduate degree | \$48,476 |
| • Baccalaureate degree | \$37,871 |
| • Associate degree | \$30,571 |
| • Child Development Associate (CDA) | \$29,495 |
| • None of the above | \$28,845 |

Assistant teachers earned an average of \$27,822.

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

- Teachers \$23.02
- Assistant teachers \$14.99

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

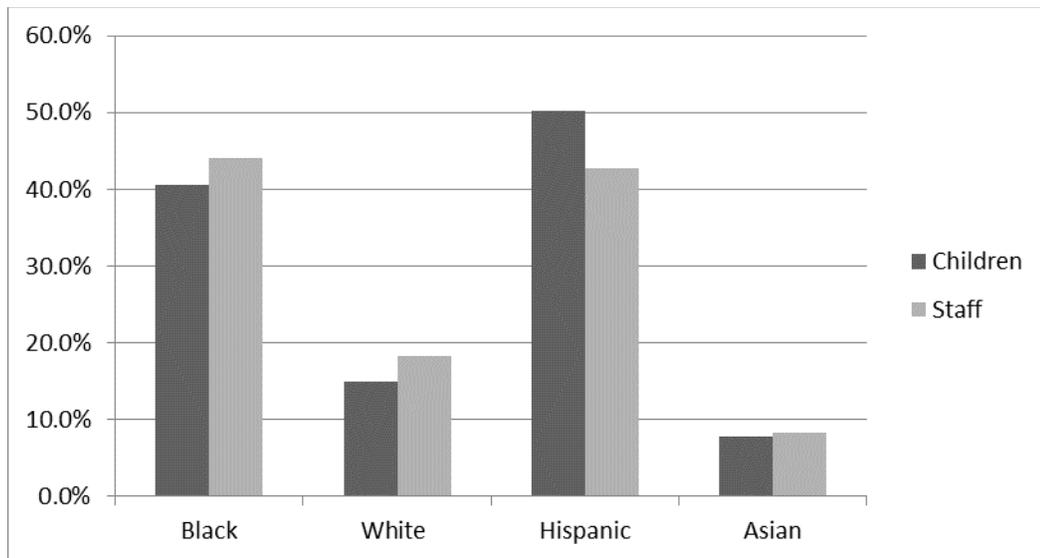
Racial Category	# Hispanic	% Hispanic	# Non-Hispanic	% Non-Hispanic	Total for Racial Category	% Of Total Teaching Staff
American Indian	6	75.0	2	25.0	8	0.38
Asian	7	4.0	168	96.0	175	8.31
Black or African American	120	12.9	810	87.1	930	44.14
Pacific Islander	0	0.0	7	100.0	7	0.33
White	208	53.9	178	46.1	386	18.32
Biracial/Multi-Racial	18	42.9	24	57.1	42	1.99
Other	0	0.0	4	100.0	4	0.19
Unspecified	541	97.5	14	2.5	555	26.34
Total	900	42.7%	1,207	57.3%	2,107	100.00%

When compared with 2015-2016 the percentage of Hispanic child development staff declined by 1.2 percent, the percentage of Black staff increased by 3 percent, and the percentage of Whites increased by nearly 4 percent (+3.7%) largely due to an increase in the percentage of White staff identifying as Hispanic, from 34.6 percent to 53.9 percent (the actual number of non-Hispanic White teaching staff decreased). The proportion of staff not specifying a race decreased by 7 percent.

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 50.2 percent of the enrolled children, and 42.7 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 (44.1%) is slightly higher than the percentage of Blacks among enrolled children (40.5%). Whites are also over-represented among staff, by just over three percent (18.3% of staff, 15% of children). Asians represent 8.3 percent of staff and 7.8 percent of children. Those of unspecified race account for 26.3 percent of the child development staff (and 97.5% of them identify as Hispanic); among children there are 31.9 percent of unspecified race (of which 95.9% 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 2,107 non-supervisory child development staff, 1,286, or 61 percent are proficient in a language other than English. This is an increase of nearly two percent (+1.9%) in the proportion of bi-lingual child development staff, when compared with 2015-2016. One hundred twenty-six (126) 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 over 71 percent of the multi-lingual staff (43.6% of all child development staff).

Table 7

Non-Supervisory Child Development Staff Languages

Language	Number	% of multilingual (N=1,286)	% of Total (N=2,107)
Spanish	918	71.4%	43.6%
Native South/Central American	32	2.5%	1.5%
Caribbean Languages	83	6.5%	3.9%
Middle Eastern & South Asian Languages	94	7.3%	4.5%
Far Eastern Asian Languages	111	8.6%	5.3%
Native American Languages	1	0.1%	--
Pacific Island Languages	2	0.2%	0.1%
European & Slavic Languages	88	6.8%	4.2%
African Languages	38	3.0%	1.8%
Other	3	0.2%	0.1%
Unspecified	6	0.5%	0.3%
Total	1,375		

The percentage of multi-lingual staff whose “other” language Spanish decreased by 1.6 percent, when 2016-2017 is compared with the previous year. There were also small decreases in the percentage of multi-lingual staff whose other language was a European or Slavic language other than Spanish (-1.3%) or an African language (-0.4%). There were small increases in the percentage of multi-lingual staff speaking a Middle Eastern or South Asian language (+2.3%), a Native South or Central American language (+2%), a Caribbean language (+1%), or a Far East Asian language (+0.2%).

Teacher Turnover

Two hundred and fifty-two (252) teachers left their programs during 2016-2017 (including the summer months prior to the start of classes, which usually occurs in September). Of those:

- 161 (63.9%) left for higher compensation/benefits in the same field,
- 25 (9.9%) changed job fields, and
- 66 (26.2%) 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 less than one percent (+0.8%). Though much smaller than in the last two years, this increase continues a trend (last year's increase was 4.3 % over 2014-2015, and that year's increase over the 2013-2014 was 14.5%) which provides evidence of the impact the expansion of Universal Pre-Kindergarten in the Department of Education system, where the salaries are higher than paid by ACS contracted programs, is having on the *EarlyLearn* system. Fewer teachers left for other job fields (-3.6%), and more for other reasons (+2.8%), when compared to 2015-2016.

Slightly more of the teacher vacancies were filled this year than last, and it is more often taking longer than three months to hire replacements. Over three-quarters of vacancies were filled during the year (76.6%), an increase of less than one percent (+0.8%) from the percentage of teacher vacancies that were filled in 2015-2016. Seventy-three (73) teacher vacancies, or 29 percent of the total, remained unfilled for a period of three months or longer, also an increase year to year of less than one percent (+0.7%). Sixty (60) of the 69 delegate agencies reported at least one teacher vacancy. One hundred and ninety-three (193) 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. Eight 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 twenty 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.

There were a total of 357 family workers and 95 family and community partnership supervisors employed at the delegate agencies. Forty-six (46) of the Family and Community Partnerships supervisors, or 48.4 percent, carry a caseload, in addition to their supervisory responsibilities. The percentage of supervisors who carry a caseload is higher than in 2015-2016 by more than five percent (+5.2%). The supervisors who carry a caseload were employed at thirty (30) agencies out of the 61 with at least one FCP supervisor. Six more agencies reported having Family and Community Partnership supervisors this year than last, but there were fewer at which these staff carried a caseload in addition to their supervisory responsibilities.

The average caseload for family workers was 41 families, and when the supervisors who carry a caseload are factored in, the average caseload is 36.3 families. Both caseloads are essentially unchanged when compared to 2015-2016; the family worker caseload increased by 0.4 families per worker and the caseload when supervisors who carry a caseload are included decreased by 0.5 families per staff person. The caseload in both scenarios ranged from 12.5 to 131. In thirty-four (34) of the agencies, the family worker caseload was below the mean of 41; in the other thirty-three (33) agencies workers carried a bigger caseload. The caseload, including applicable supervisors, was less than or equal to the mean of 36.3 in thirty (30) instances, and above the mean in the other thirty-seven (37).

Table 8

Qualifications of Family and Community Partnerships Staff

Qualifications	Family Workers #	Family Worker %	FCP Supervisors #	FCP Supervisors %
Related Graduate Degree	20	5.60%	39	41.05%
Related Baccalaureate Degree	140	39.22%	24	25.26%
Related Associate Degree	57	15.97%	13	13.68%
Family Development Credential	59	16.53%	10	10.53%
None of the Above	81	22.69%	9	9.47%
Total	357		95	

More than six in ten family workers have at least a two year degree in a field related to their work (60.8%). This is an increase of nearly three percent (+2.9%) when compared with the proportion of family workers with a degree in 2015-2016. Of the 140 family workers who do not have one of the degrees listed, 59 had a Family Development Credential (FDC). There were eight family workers enrolled in training leading to a related associate, baccalaureate or advanced degree; and three were enrolled in studies leading to a non-degree credential, certificate, or license that is family development related.

Overall eight in ten Family and Community Partnership supervisors have at least a two year degree in a field related to their work (80%). This percentage is essentially unchanged from the previous year (-0.7%). The percentage of supervisors with a graduate degree increased by more than two percent (+2.4%), and the percentage with a baccalaureate degree decreased by more than four percent (-4.3%), when compared with 2015-2016. Of the remaining nineteen supervisors, ten had a FDC and nine did not. One supervisor was in training leading to a relevant degree.

Including those that went on to obtain a degree or credential in addition to their FDC a total of 96 family workers (26.9%) and 23 supervisors (24.2%) 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 15,237 children enrolled, 15,163, or 99.5 percent, had health insurance at the time of enrollment, and 15,221, or 99.9 percent, had it at the end of the year. Both of these percentages are essentially unchanged, when compared with 2015-2016. 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	13,390	88.31	13,443	88.32
With Private Insurance	1,760	11.61	1,765	11.60
Other	13	0.09	13	0.09
Total	15,163		15,221	

There was significant change in the insurance coverage when 2016-2017 is compared with the previous year. At both the time of enrollment and at the end of the operating year, there were fewer children with Medicaid or CHIP than was the case in 2015-2016 (by 2.2% and 2.3%, respectively); and a higher percentage of children had private insurance (by 2.4%). In all categories the change of status between the time of enrollment and the end of the enrollment period was negligible.

As mentioned above, at the time of their enrollment in Head Start, 74 of the 15,237 enrolled children lacked health insurance coverage. The uninsured children were enrolled in nineteen (19) delegate agencies. By the time children left the program, or the end of the enrollment period, only 16 children, in eight agencies, still lacked health insurance. At one agency the uninsured rate at the beginning of the year was as high as 5.1 percent; the other

eighteen agencies had rates ranging from 0.3 percent to 2.6 percent. At the end of the enrollment period no agency had an uninsured rate of greater than 1.3 percent.

Medical Home

Of the 15,237 children enrolled during 2016-2017, 15,166, or 99.5 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 increased by four percent (+4%) 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 15,233, or all but four children. The percentage with a medical home at the end of the enrollment period also increased by nearly four percent (+3.8%), when compared to 2015-2016. The number of children completing the year, or leaving their program, without an on-going source of medical services dropped dramatically, from nearly 700 in 2015-2016. The four such children this year were enrolled in three programs.

Medical Services

Of the total actual enrollment of 15,237, 15,162 children, or 99.5 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 2016-2017 operating period or within the previous twelve months. When compared with the comparable figure for 2015-2016, the percentage of children who completed all appropriate tests and physical examinations increased by nearly two percent (+1.8%). The 15,162 children represent more than the total of 14,797 who were enrolled for at least 45 days. Sixty (60) agencies reported that all their enrolled children were up-to-date on a schedule of age-appropriate preventive and primary health care. Of the nine that did not, five reported that at least all of 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 14,886 children, or 97.7 percent of all enrollees, an increase of nearly three percent (+2.9%), when compared with the prior year.

Of the 15,162 children with completed tests and physical examinations, 1,178, or 7.8 percent, were newly diagnosed as needing treatment. The proportion of children needing treatment is essentially unchanged when compared to 2015-2016 (-0.3%). Fifty (50) of the 69 agencies had at least one child diagnosed as needing treatment. Of the 1,178 children diagnosed as needing treatment, 1,133, or 96.2 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 it was also essentially unchanged when compared with 2015-2016 (-0.2%). All but nine (9) of the 50 agencies reported that all children diagnosed as needing treatment had received (or were receiving) it.

The PIR asked for the primary reasons children diagnosed as needing treatment were not receiving it. Five programs indicated that the parents did not make or keep the

appointment; three indicated the appointment was scheduled for a future date; and one stated the child left Head Start before the appointment date

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 2015-2016. There were fewer children being treated for asthma than was the case in the previous year, while more children were reported with anemia and vision problems. The changes for the remaining three conditions were all minimal, with increases (high lead levels) and decreases (hearing difficulties and diabetes) of less than ten in each instance.

Table 10

Number of Children Receiving Treatment for Selected Conditions

Condition	Number
Anemia	380
Asthma	1,279
Hearing Difficulties	125
Vision Problems	598
High Lead Levels	81
Diabetes	24

Children being treated for asthma were enrolled in all but four of the 69 delegate agencies (94.2% of all agencies), including seventeen of the nineteen that reported no children newly diagnosed as needing treatment. There were fifty-three (53) agencies (76.8%) serving children who were receiving treatment for vision problems. Forty-seven (47) agencies (68.1%) 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-nine (29) programs, for lead poisoning at twenty-two (22) programs, and for diabetes at seven programs.

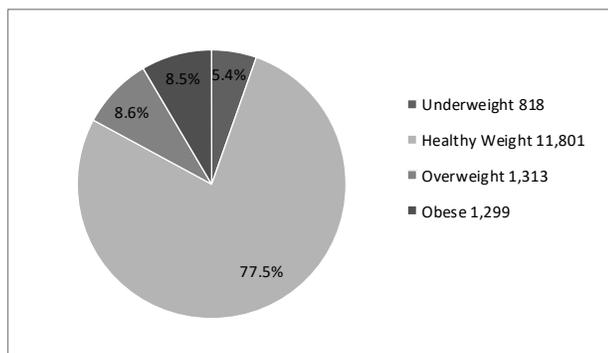
Body Mass Index (BMI)

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 15,231 children for whom BMI information was available. (Three agencies commented that did not have this information for all children because children dropped soon after enrolling, before submitting a complete medical form.)

The vast majority of enrolled children (11,801) were at a healthy weight. Overweight was the second most prevalent weight category, with 1,313 children enrolled in 68 agencies. There were almost as many obese children as were overweight (1,299); they were enrolled in fifty-nine (59) agencies. Underweight children were the smallest segment, with 818 children at fifty-eight (58) agencies. When taken together, overweight and obese children accounted for over 17 percent of all enrolled children (17.1%). When compared with 2015-2016 BMI data, a lower percentage of children are at healthy weight (77.5% vs. 80.3%). There were small increases in the percentage of children in each of the other weight categories; the percentage of obese children increased by one percent (1%); of overweight children by less than one percent (0.3%) and the largest increase occurring in the percentage of underweight children (1.5%).

Figure 3

Body Mass Index (at enrollment)



Immunization Services

The total number of children at least current with their immunizations was 15,161 at the time of enrollment and 15,191 at the end of the enrollment year. These figures represent 99.5 percent and 99.7 percent of the actual enrollment, respectively. At the time of enrollment, 14,381 children had been determined by a health care professional to be up-to-date on all immunizations appropriate for their age; and another 780 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 94.4 percent and 5.1 percent of the total actual enrollment, respectively. These percentages are essentially unchanged from 2015-2016, with increases of 0.1 percent and 0.4 percent, respectively. By the end of the year, the comparable figures were 15,560 (95.6%) who completed all immunizations, and 631 (4.1%) who had received all possible immunizations. The percent of enrollees who were at least current at enrollment is marginally lower than in 2015-2016 (by -0.6%), while the percent at least current at year’s end is marginally higher (by 0.9%). An additional sixteen 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 15,221 children eligible to be immunized (15,237 minus the 16 exempt), the percent at least current would be 99.8%.

By the end of the year, fifty-one (51) agencies had all their children current with their immunizations. If children exempt from immunizations are excluded from an agency’s enrollment, then ten additional agencies would be counted as having all children current with their immunizations at year’s end, or a total of sixty-one (61) agencies. Thus there are eight agencies in which all children eligible to be immunized were not at least current.

Dental Home

At the time of enrollment, 14,113 children, or 92.6 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 14,842 or 97.4 percent of the total. When compared with 2015-2016, the percentage with a dental home at the start of the operating period increased by over two percent (+2.6%), and the percent with dental access at the end of the period also increased, to an even greater extent (+2.9%). There were fifty-two (52) 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 15,237 children, 14,228, or 93.8 percent, completed a professional dental examination either during the 2016-2017 operating period or within the previous twelve months. The percent of children completing a dental exam is higher than that in 2015-2016 by more than one percent (+1.3%). Nevertheless, only 38 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 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 1,439 children diagnosed as needing treatment, including restoration, pulp therapy, or extraction. This represents 10.1 percent of the children who completed a dental exam. Children were diagnosed as needing treatment at fifty-eight (58) delegate agencies. Of the children diagnosed as needing treatment, 1,171 or 81.4 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 increased slightly (+1.3%); while the percentage receiving such treatment decreased by less than one percent (-0.8%), when compared with the previous year. Children were receiving treatment at fifty-seven (57) of the agencies where they were diagnosed as needing it (98.3%). However, at only twenty-seven (27) of those fifty-seven (57) agencies (47.4%) had all children diagnosed as needing treatment received it. 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 for failure of all 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 5
- Child left program before appointment date 5
- Lack of insurance 1

A total of 12,891 children received preventive care since last year's PIR was reported. Preventive care includes fluoride application, cleaning, etc. This figure represents 84.6 percent of all enrolled children. This is a decrease of more than one percent (-1.4%) from the percent of enrolled children who received preventive care in 2015-2016.

MENTAL HEALTH SERVICES

Mental Health Professional

All sixty-nine (69) 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 2016-2017 operating period. On average, the mental health professionals spent 31.1 hours per operating month on-site at the Head Start program, approximately one and a half hours less 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 3,227 children (21.2% of the total actual enrollment), about the child's behavior/mental health. Of those, they provided three or more consultations for 1,105 children (34.2%). The mental health professional consulted with the parent(s)/guardian(s) for 1,588 children (10.4%), about their child's behavior/mental health. For 680 of these (42.8%), they provided three or more consultations. The percentage of children for whom there were consultations with staff is higher than in 2015-2016 by over five percent (+5.4%), and for parent consultations the percentage is also higher than in the previous year, by less than one percent (+0.7%).

The mental health professionals provided individual mental health assessments for 990 children (6.5% of the total enrollment). This is a decrease of almost two percent (-1.8%) when compared to 2015-2016. They facilitated a referral for mental health services for 564 children (3.7% of the total enrollment), which is a marginal increase when compared with 2015-2016 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 sixty-seven (67) agencies, and consulted with parents at sixty-four (64) agencies. They provided individual mental health assessments at only forty-three (43) agencies, and made referrals for services at fifty-nine (59) 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 431 children (2.8% of the total actual enrollment), were referred for mental health services outside the Head Start program during 2016-2017. Of

these, 299, or 69.4 percent received mental health services during the operating period. The percentage of children referred is unchanged when compared with 2015-2016; however the percentage of those children that received services increased by over seven percent (+7.3%). The children referred for outside services were enrolled at fifty-four (54) agencies.

DISABILITIES SERVICES

Disability Services

Children's Services delegate agencies reported enrolling 2,078 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 13.6 percent of the total cumulative enrollment, and 14.1 percent of the funded enrollment. Both these percentages are essentially unchanged from the percentages in 2015-2016 (+0.3% and -0.2%, respectively).

All of the delegate agencies enrolled children with disabilities during the 2016-2017 operating period. Fifty (50) agencies had an enrollment that equaled or exceeded 10 percent of their total cumulative enrollment and nineteen (19) did not. Forty-nine (49) agencies served disabled children in numbers that equaled at least 10 percent of their funded enrollment (and two additional agencies served a number of children with disabilities equal to more than 9.5% of their funded enrollment).

For 1,214, or 58.4 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 864 children, or 41.6 percent, were diagnosed between the time of enrollment and the end of the enrollment year. The percentage of children diagnosed prior to enrollment for 2016-2017 increased by over ten percent (+10.3%), when compared with 2015-2016, with a corresponding decrease in the proportion of disabled children diagnosed after enrollment.

Of the children determined eligible to receive special education and related services, ninety-four (94), or 4.5 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 essentially unchanged when compared with the previous year (+0.1%). 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-six (26) agencies at least one child in need of services was not receiving them. Two of the agencies combined to account for one-quarter of the children who were not receiving services, with the remaining three-quarters dispersed among the other twenty-four 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	6	0.29	5	0.24	83.3
Emotional/Behavioral Disorder	19	0.91	17	0.82	89.5
Speech or Language Impairments	496	23.87	465	22.38	93.8
Intellectual Disabilities	6	0.29	6	0.29	100
Hearing Impairments (including deafness)	1	0.05	1	0.05	100
Orthopedic Impairments	10	0.48	10	0.48	100
Visual Impairments (including blindness)	8	0.38	8	0.38	100
Specific Learning Disabilities	97	4.67	96	4.62	99.0
Autism	14	0.67	14	0.67	100
Non-categorical Developmental Delay	1,411	67.90	1,352	65.06	95.8
Multiple Disabilities	10	0.48	10	0.48	100
Total	2,078	99.99	1,984	95.47	

Children with Non-categorical Developmental Delays account for more than two-thirds (67.9%) of all children with disabilities enrolled in ACS Head Start delegate agencies. That proportion represents an increase of seven percent (+7%) when compared with 2015-2016. The second most prevalent condition continues to be Speech or Language Impairments; children with these conditions account for almost one quarter of the total (23.9%), which is a decrease of six percent (-6%) when compared with 2015-2016. The only other condition accounting for more than one percent of the total is Specific Learning Disabilities, at 4.7 percent, an increase of two and a half percent (+2.5%) when compared with the previous year. There were marginal increases in the proportion of children with Health, Hearing and Visual Impairments; marginal decreases in the proportion with Emotional/Behavioral Disorders, Intellectual Disabilities, Autism and Multiple Disabilities. The proportion with Orthopedic Impairments was unchanged and there continue to be no children enrolled who are Deaf/Blind or diagnosed with Traumatic Brain Injury.

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

A total of 9,767 children were newly enrolled during the period covered by the 2016-2017 PIR. Of that number, 9,065, or 92.8 percent, completed required developmental, sensory and behavioral screenings within 45 days of enrollment. The percentage of children whose screenings were completed on time increased by more than three percent (+3.3%), when compared to the previous year. Forty-three (43) agencies reported that all newly enrolled children completed the required screenings within 45 days.

Of the children who completed the screenings on-time, 1,088, or 12 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 decreased by more than two percent (-2.3%), when compared with 2015-2016.

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 69 because some agencies reported using multiple screening instruments.

- Brigance Pre-school Screen or other Brigance tool (43)
- Ages & Stages (24), including 11 who specified using only the Social Emotional Questionnaire
- Early Screening Inventory – Revised (17)
- Other – 2 (PKBS (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 2016-2017 operating period. Teaching Strategies GOLD Online was used either as the primary or supplemental assessment tool by sixty (60) agencies. The next most prevalent tool was the Child Observation Record (COR) High Scope, which was used by eight 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 HighScope are the most prevalent curricula in use is to be expected. Such is the case, with sixty (60) agencies using Creative Curriculum, either the Early Childhood (26) or Preschool (34) versions, as their primary center-based curriculum and eight agencies primarily implementing the HighScope curriculum. One other curriculum, Tools of the Mind, was reported as used by one program. One agency, which used Creative Curriculum (Early Childhood) as the primary curriculum mentioned the New York City Pre-K for All Unit of Studies as a secondary curriculum.

Staff-child interaction observation tools

All 69 agencies reported that they use staff-child interaction observation tools to assess quality. Forty-seven (47) agencies reported using the Classroom Assessment Scoring System (CLASS). One agency reported using the Early Childhood Environmental Rating System (ECERS), which has a sub-scale to assess interaction. The remaining twenty-one (21) agencies reported using both CLASS and ECERS.

FAMILY AND COMMUNITY PARTNERSHIPS

Number of Families

There were a total of 14,647 families enrolled in ACS delegate agency Head Start programs during 2016-2017. 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	6,196	42.3%
Parents	5,965	96.27%
Grandparents	110	1.78%
Other Relatives	68	1.10%
Foster Parents	51	0.82%
Other (Domestic Partners)	2	0.03%
Single Parent Families	8,451	57.7%
Mother	7,863	93.04%
Father	286	3.38%
Grandparent	167	1.98%
Other Relative	57	0.67%
Foster Parent	78	0.92%
Total	14,647	100.0%

When compared with 2015-2016, the percentage of two parent families increased marginally, by less than one percent (+0.4%), with a corresponding decrease in the proportion of single parent families. There were minimal changes in the family composition. Among two parent families there was an increase of less than one percent in the proportion of foster families (+0.4%) and those headed by other relatives (-0.4%) and a reduction of less than one percent in the proportion of grandparent headed households (-0.3%). Among single parent families the proportion headed by a grandparent also was lower, by 0.3 percent.

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	6,039	59.7	4,074	40.3	10,113
Head Start Only	2,412	53.2	2,122	46.8	4,534
All Programs	8,451	57.7	6,196	42.3	14,647

Head Start only programs, which served 31 percent of all families, had 6.5 percent fewer single parent families than did the dual model programs. While still a significant difference, the gap is smaller than it was last year, by 3.5 percent. Nearly six of ten families in dual model programs had only one parent, while just over 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 in order for 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=6,196)		
Both Parents/Guardians Employed	1,940	31.3
One Parent/Guardian Employed	3,733	60.2
Both Parents/Guardians Not Working	523	8.4
Single-Parent Families (N=8,451)		
Parent/Guardian Employed	6,008	71.1
Parent/Guardian Not Working	2,443	28.9
Parent/Guardian is active duty member of U.S. Military	25	0.17
Parent is military veteran	17	0.12

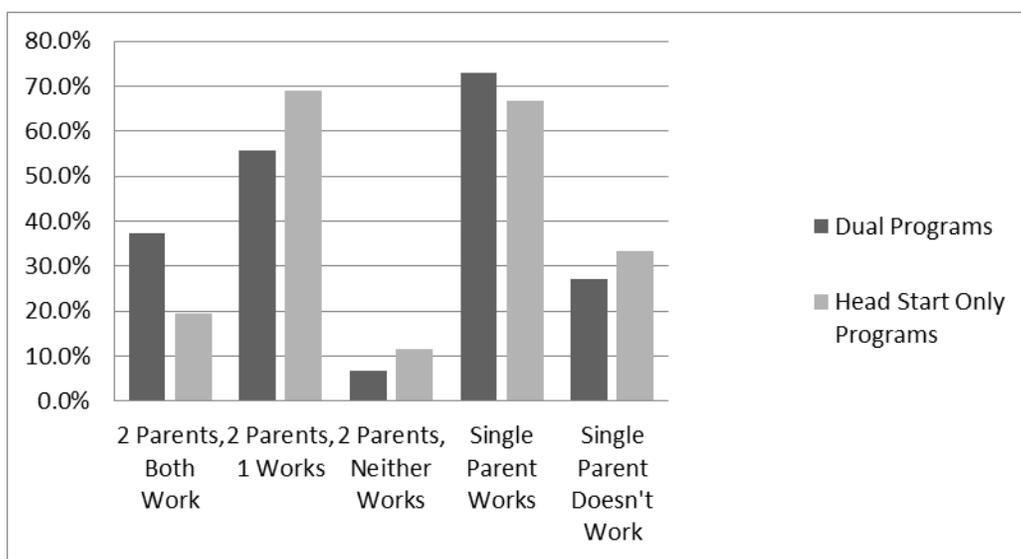
More than 90 percent of the two-parent families have at least one parent working (91.5%), an increase of over two percent (+2.3%), when compared with 2015-2016. There was a marginal decrease in the proportion of families in which both parents worked (-0.9%); while the percentage with one working parent increased by over three percent (+3.2%). The percentage of two parent families with neither parent employed decreased by 2.4 percent. The percent of employed single parents decreased by almost two percent (-2.3%), when compared with 2015-2016, with a comparable increase in the proportion of unemployed single parents.

When both single and two parent families are combined, nearly 80 percent of families have a working parent(s). This figure is essentially unchanged when compared with 2015-2016 (-0.3%).

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 37 percent (37.4%) of the two parent families in the dual programs have both parents working, compared with 19.6 percent in programs serving only Head Start families. Almost 69 percent (68.9%) of the two parent families in the Head Start only model had one working parent compared with 55.8 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 nearly three-quarters of the single parents are employed (72.9%), and in programs operating the Head Start only model the percentage of employed single parents is 66.6 percent. Therefore, 93.2 percent of dual two

parent families have at least one parent employed, compared with 88.5 percent of Head Start only two parent families. When both two parent and single parent families are combined, 81.1 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 76.8 percent.

Federal and Other Assistance

Of the total of 14,647 families, 1,928 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 1,888 as of the end of the program year (or when the family left the program). The figures represent 13.2 and 12.9 percent of all families, respectively, each of which is a decrease of one tenth of one percent (-0.1%) when compared with 2015-2016. The percentage of TANF recipients at enrollment was 16.4 percent in Head Start only programs, and 11.7 percent in Dual model programs. At the end of the year, the corresponding figures were 16.3 percent and 11.4 percent. In Head Start programs the percentage of TANF recipients was 0.4 percent higher at enrollment than last year, and higher by 0.7 percent at the end of the enrollment period. The percent of TANF recipients in Dual model programs was lower at both time intervals than it was for 2015-2016 (by 0.4%).

There were three 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 three, there were forty-five (45) delegates, where the percentage of families receiving TANF benefits at the end of the year was below the mean of 12.9 percent, while it was above the mean in twenty-four (24) delegates.

At enrollment, 718 families were receiving Supplemental Security Income (SSI); at the end of the enrollment period, the number was 710. This represents nearly five percent of enrolled families (4.9% and 4.8%, respectively), a slight increase from last year (+0.5% and +0.4%, respectively).

A total of 7,012 families, or 47.9 percent of all families enrolled during 2016-2017, 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 6,865 (46.9%). The percentages of families receiving WIC benefits decreased marginally when compared with the percentages in 2015-2016 (by 0.2% at enrollment and 0.7% at the end of the year). Families in all but one small delegate agency were receiving WIC benefits.

The agencies reported that 6,896 families were receiving Supplemental Nutritional Assistance Program (SNAP) benefits at enrollment, and 6,838 families were receiving the benefits at the end of the enrollment period. These figures represent 47.9 and 46.7 percent of all families, respectively. The former figure is 2.2 percent higher than the comparable figure in 2015-2016, while the latter is lower by 0.4 percent. All delegate agencies served at least some families that received SNAP benefits.

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=6,196)		
Both Parents/Guardians In Job Training or School	202	3.26%
One Parent/Guardian In Job Training or School	742	11.98%
Neither Parent/Guardian In Job Training or School	5,252	84.76%
Single-Parent Families (N=8,451)		
Parent/Guardian In Job Training or School	1,328	15.71%
Parent/Guardian Not In Job Training or School	7,123	84.29%

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 increased by more than four percent (+4.3%), when compared with 2015-2016. In two parent families the percent with both parents in job training or school increased by nearly one percent (+0.7%), while the percent with one parent in job training or school increased by an even smaller margin (+0.3%), when compared with last year.

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

Table 16

Families Completing Selected Education/Training during 2016-2017

Level of Education Achieved	Number	% of families in school or training (N=2272)	% of all families
Completed Grade prior to High School Graduation	221	9.7	1.5
Completed High School or Awarded GED	294	12.9	2.0
Completed Associate Degree	164	7.2	1.1
Completed Baccalaureate or Advanced Degree	114	5.0	0.8
Completed a Job Training Program, Professional Certificate or License	341	15.0	2.3

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	4,878	33.5
High School Graduate or GED	6,014	41.3
Some College, Vocational School, or Associate Degree	2,277	15.6
Bachelor's or Advanced Degree	1,398	9.6
Total	14,567	100.0

Note: One program was unable to provide this information for their total of 80 families. Percentages based on 14,567 families for which information was provided.

When compared with 2015-2016, there were increases in the percentage of families with the two higher levels of education, and decreases in the two categories with lower levels of educational achievement. The percentage of families where a parent had a Bachelor's or advanced degree increased by one percent (+1.0%) and the percentage with some post high school education increased by 0.6 percent. There were 1.2 percent fewer families where the highest level of education was less than a high school graduate; and 0.4 percent fewer where the highest level was high school graduation or GED.

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 6,753 families, or 46.1 percent of the total, were reported as having received services in at least one category. This is a decrease of just over one percent from 2015-2016 (-1.1%). There were 6,712 families that needed or requested at least one service (45.8% of all families). Unlike last year the number of families receiving at least one service exceeded the number who expressed a need or made a request.

Parenting Education and Health Education were by far the most common categories of service families requested or had a need for, and received. These are frequent topics of workshops provided by Head Start programs. When compared with 2015-2016, there was a more than seven percent increase in the percentage of parents receiving Parenting Education (+7.3%), while the percent receiving Health Education increased by more than six percent (+6.4%). There were lesser increases in the percentage requesting or needing these two services. With few exceptions a higher percentage of families received each service than was the case in 2015-2016; the only services with decreases, all of which were of less than one percent, were domestic violence services, child support assistance, and assistance to families of incarcerated individuals. The decreases are most likely associated with less need, since all of those categories also saw a decrease in the percentage of families with an expressed interest or identified need. Other services where there was less need or interest expressed were adult education (not unexpected, given the higher levels of education, as reported in the previous section), substance abuse prevention and treatment, and emergency/crisis intervention. Increased need or interest was identified for mental health services (+2.7%), child abuse and neglect services (+2.0%), housing assistance (+1.8%), English as a Second Language (+1.3%), marriage education (+0.9%) and job training (+0.6%).

Table 18

Number of Families Receiving Services, by Service Type

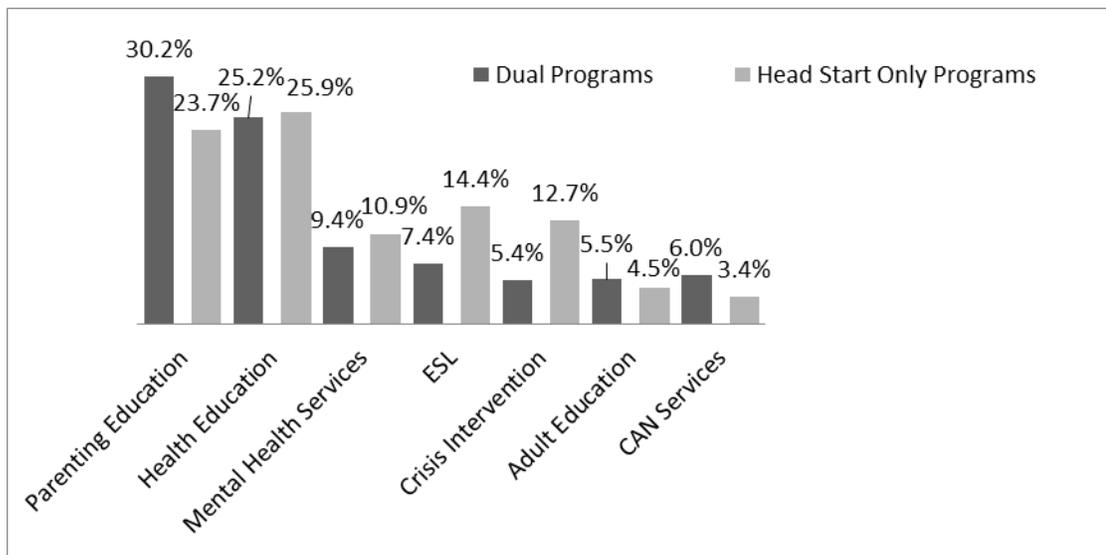
Service Type	# with expressed interest or identified need	% of all families	# Receiving service	% of all families
Emergency/Crisis Intervention	757	5.2%	1,126	7.7%
Housing Assistance	864	5.9%	683	4.7%
Mental Health Services	1,286	8.9%	1,445	9.9%
English as a Second Language (ESL) Training	1,955	13.3%	1,413	9.6%
Adult Education (GED programs, college selection)	912	6.2%	759	5.2%
Job Training	770	5.3%	655	4.5%
Substance Abuse Prevention	21	0.1%	10	0.1%
Substance Abuse Treatment	13	0.1%	55	0.4%
Child Abuse and Neglect Services	615	4.2%	759	5.2%
Domestic Violence Services	206	1.4%	236	1.6%
Child Support Assistance	138	0.9%	125	0.9%
Health Education	2,924	20.0%	3,727	25.4%
Assistance to Families of Incarcerated Individuals	105	0.3%	51	0.3%
Parenting Education	3,400	23.2%	4,127	28.2%
Marriage Education Services	353	2.4%	435	3.0%
Asset Building	549	3.7%	597	4.1%

Substance abuse prevention, assistance to families of incarcerated individuals and English as a Second Language 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 mental health services, substance abuse treatment opportunities, domestic violence services, health education, parenting education, marriage education services and asset building. 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 slightly higher rate than in Dual model programs, though the difference is smaller than it was in 2015-2016, and the proportions for both groups decreased. The proportion of parents receiving services was 48.6% in Head Start programs vs. 45.0% in Dual model programs; for the proportion who expressed an interest in or needed a service the figures are 48.9% in Head Start only programs and 44.4% 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 of the 69 agencies reported that fathers or father figures were involved in at least one of the activities listed, as noted in the last column.

Table 19

Father Engagement

Activity	Number	Estimated % (N=6272)	Number of Agencies
Family Assessment	2,075	33.1%	66
Family Goal Setting	2,106	33.6%	66
Child's Child Development Experiences	3,473	55.4%	69
Program Governance	278	4.4%	55
Parenting Education Workshops	1,825	29.1%	58

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 2015-2016, there were increases in the three most prevalent father engagement activities, and decreases in the two least prevalent. The percentage of fathers engaged in child development experiences with their child increased by 8.3 percent, while the percentage engaged in family goal setting increased by 5.5 percent, and in family assessment by less than one percent (+0.3%). The decrease in the percentage of fathers who attended parenting education workshops was 3.5 percent, while the percentage engaged in program governance dropped by 1.4 percent.

Services to Homeless Families

Fifty-seven (57) agencies served homeless families during the 2016-2017 operating period. A total of 947 such families, with 990 children, were served during the enrollment year. These figures represent 6.5 percent of enrolled families and 6.0 percent of enrolled children, which are essentially unchanged when compared with the comparable percentages in 2015-2016 (an increase of 0.1% and a decrease of 0.2%, respectively). Of these families, 282, or 29.8 percent, acquired housing during the year, a decrease from proportion acquiring housing during the previous year of over six percent (-6.1%).

Foster care and child welfare

During 2016-2017, there were 190 enrolled children who were in foster care at any point during the program year. These children were served by 47 agencies. Both the number of foster care children and the number of agencies serving them are lower than the comparable figures in 2014-2015. 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 30 agencies. These numbers are also lower than in the previous year.

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; seven 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). Thirty (30) 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.