2025-2026



ANNUAL REPORT

HEAD START AND EARLY HEAD START

THE NEW YORK FOUNDLING en Puerto Rico

Message from the Vice President in Puerto Rico

As the Early Head Start and Head Start Program Leader for The New York Foundling, I am proud of the release of the 2025-2026 Annual Report. Our program operates in compliance with the Head Start Performance Standards, updated in October 2024, which reinforce our unwavering commitment to quality and excellence in service delivery.

Guided by these federal mandates, our mission is focused on providing a high-quality, comprehensive approach that fosters each child's school, cognitive, social, and emotional development. We recognize families as their children's lifelong teachers, and we prioritize building strong, respectful partnerships with them, based on each household's trust and unique culture.

During the year 2025-2026 we continue to strengthen our work to:

· Promote Equitable Outcomes: Ensure that all children, regardless of background, receive the support they need to enter school ready to learn and succeed.
· Implement child-centered teaching practices: Through intentional learning experiences that respond to their individual interests and needs.
· Provide state-of-the-art health and nutrition services: including mental and behavioral health, to ensure the holistic well-being of the family.
· Encourage the active participation of families and the community: Empower parents in the defense of their children's rights and in their own development.

At New York Foundling, we don't just prepare children for kindergarten; we build the foundation for a lifetime of learning and success.

Janet Betancourt Cruz

Vice President of Head Start and Early Head Start Puerto Rico

INTRODUCTION

The New York Foundling (NYF) is a non-profit organization founded in 1869 by the Sisters of Charity. Headquartered in New York and with a 157 years history, the organization grounds all its charitable work and programs in a vision and mission of service. In 1973, The New York Foundling established an office in Puerto Rico as a social services organization, with the goal of managing programs focused on the well-being of children and their families. The New York Foundling supports families in greatest need by providing services and resources that promote holistic development, school readiness for children, and the overall well-being of families and the community.

In 1984, The New York Foundling began offering services to families with preschool-aged children through the Head Start (HS) program in Puerto Rico with a commitment, that has spanned 42 years of impact on this population. In 1991, the organization expanded its reach through Parent and Child Centers (PCC), and subsequently, in 1995, through Early Head Start (EHS). This initiative serves families with children from birth to three, including expectant parents, the organization has been a pioneer in providing such services for 35 years. Currently, it manages funds for Head Start (HS), Early Head Start (EHS), the Child and Adult Care Food Program (CACFP), and Child Care (CC). The latter is administered through a delegation of funds from ACUDEN to serve 127 children from families that require childcare and child development services during non-traditional hours (extended hours). During the 2025–2026 period, Head Start and Early Head Start served an enrollment of 1,422 children, from birth to four years of age, as well as pregnant or families expecting a baby, through 25 Head Start centers and 16 Early Head Start centers located in the municipalities of San Juan, Coamo, Cataño, Vega Alta, and Toa Baja.

MISSION

Strengthen the lives of families by offering preventive support services and training to stimulate their development.

VISION

New York Foundling, a community service organization that strengthens the lives of families to an optimal degree by promoting their integral development.

STRATEGIC PRIORITIES ADDRESSED DURING THE 2025–2026 PROGRAM YEAR

Throughout the 2025–2026 program year, program leadership advanced a strategic agenda focused on strengthening organizational capacity, optimizing staff support systems, and ensuring the delivery of comprehensive, high-quality services to the children and families participating in the Head Start and Early Head Start programs.

Strengthening Organizational Structure and Leadership Development.

The program's organizational structure was reviewed and updated to ensure a clear distribution of roles, responsibilities, and lines of supervision. This process included validating leadership positions, incorporating key personnel into official program documentation, and bolstering the administrative capacity required to effectively address the needs of the centers, families, and the community.

Improving Communication and Staff Support Systems.

As part of efforts to strengthen organizational culture and ensure a timely response to employee needs, the program promoted the integration of institutional support mechanisms—including raising awareness of and providing access to specialized Human Resources communication channels. This initiative aimed to improve internal communication, facilitate access to guidance and services, and foster a work environment that supports staff well-being and retention.

Collaborative Planning and Strengthening Interdisciplinary Work.

The program continued to promote the active participation of interdisciplinary teams in the planning and organization of services. Centers engaged in structured processes to define roles, assignments, and responsibilities, fostering greater coordination across the areas of education, disabilities, health, mental health, family services, and administration. This approach strengthened collaborative decision-making and the ability to respond to the individual needs of children and families.

Program Quality and Continuous Improvement.

Systematic reviews of programmatic documentation were conducted to ensure accuracy, consistency, and alignment with federal Head Start requirements. These efforts included updating and validating organizational, operational, and administrative information, as well as developing materials in both Spanish and English to ensure effective communication with the program's diverse audiences and stakeholders.

Strengthening interdepartmental coordination.

Throughout the program year, close collaboration was fostered among the Program, Finance, Human Resources, and Executive Leadership departments to ensure efficient resource management and the coherent implementation of institutional priorities. This effort helped strengthen the program's operational capacity, support regulatory compliance, and advance the strategic goals established for Head Start and Early Head Start services in Puerto Rico.

Commitment to excellence in service delivery.

All initiatives developed during the program year were aimed at enhancing the quality of services provided to children and families, promoting staff professional development, and ensuring a robust organizational infrastructure that supports the fulfillment of the program's mission and adherence to Head Start performance standards.

GOVERNANCE OF THE PROGRAM

GOVERNING BOARD



Daniel Oneglia (President)



Mr. Donna Dodge, S.C. (Vice President)

David M. Mullane (Tesorero)		
Andrew S. Roffe	Frank Brunckhorst	Patricia A. Mulvaney
Antonio Pérez – Marquez	Ilana Mazlin	Robert E. King Jr.
Christine Stokes	James B. Brune	Sarah Kim
David Taub	James Hasso	Sr. Sheila Brosnan, S.C.
Dennis Sheehan	Kathleen L. Werner	Stephanie Davis
Donald Matheson	Kathleen Padian	Tina King
Erik Beck	Nadia Owens	Yesenia Matos

POLICY COUNCIL



Permanent and alternate delegates

Javiliz Acosta	Glenys Torres	Walenda Ortíz	Sheismary Hernández	Luriem Rojas
Yashaizmarie Galarza	Yadira D. Miranda	Nahomi Colón	Naomi Ojeda	Iris Bosh
Mónica Robles	Alexandra J. Collado	Nashaly N. Ortega C	Adelis Núñez	Nacha Santiago
Juliana Marie	Gloribert Oliveras	Nayelis D. O'neill	Leyda Apellaniz	Yesenia Matos
Dynoshka Custodio	Yamilka Colón	Nashary Parra	Maribel Soto	Gisel Navas

Jadnielys Hernandez	Widalis Mercado	Daniela Román	Carla Di Luca	Leishla Otero
Yaminelly Román	Stephany Arroyo			

Community Representatives

Mariangely Calderón	Jeannette Cartagena	Rodín Ocasio	Maritza Villalobos

Agency Representatives

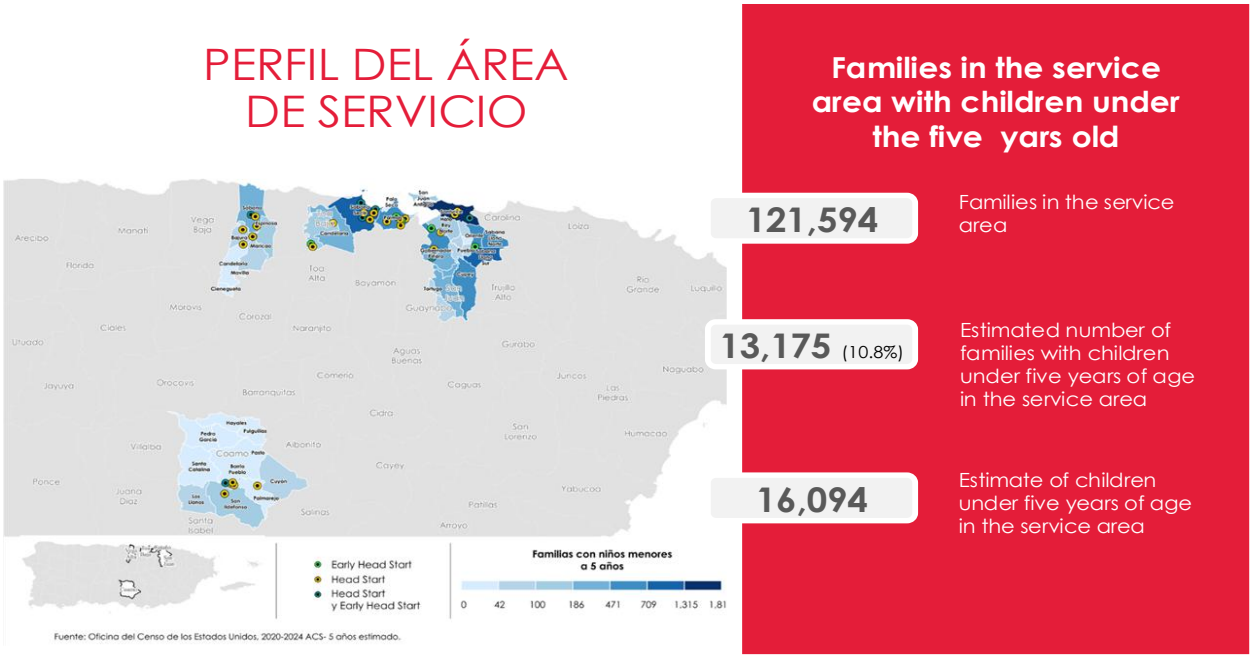
Alba R. Santiago	Caryvette Collazo	Kiara A. Rodriguez

COMMUNITY ASSESSMENT / COMMUNITY CHARACTERISTICS

EXECUTIVE SUMMARY

The New York Foundling conducted its annual community assessment and used the results to identify priorities for the upcoming program year. The most significant findings from the community study are presented here.

SERVICE AREA PROFILE

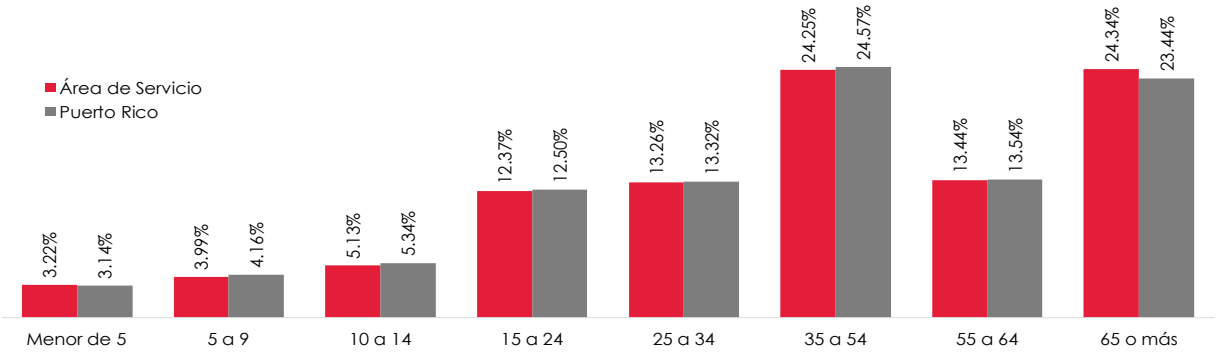


The New York Foundling's service area, the northern and southern regions of Puerto Rico. According to 2024 population estimates from the U.S. Census Bureau's American Community Survey, the NYF service area includes a total of 121,594 families; of these, 13,175—or 10.8%—have at least one related child under the age of 5, representing a total population of 16,094 children as of 2024.

SERVICE AREA

AGE COMPOSITION

- The proportion of children under 5 years of age is very similar between the service area (3.22%) and Puerto Rico (3.14%). Likewise, the population of reproductive age shows virtually equivalent levels in both cases, with minimal differences in the 15–34 age groups, indicating a fairly comparable population structure during these life stages.
- In the group aged 65 or older, the service area has a slightly higher proportion (24.34%) compared to Puerto Rico (23.44%), suggesting a somewhat more pronounced aging trend in the service area.



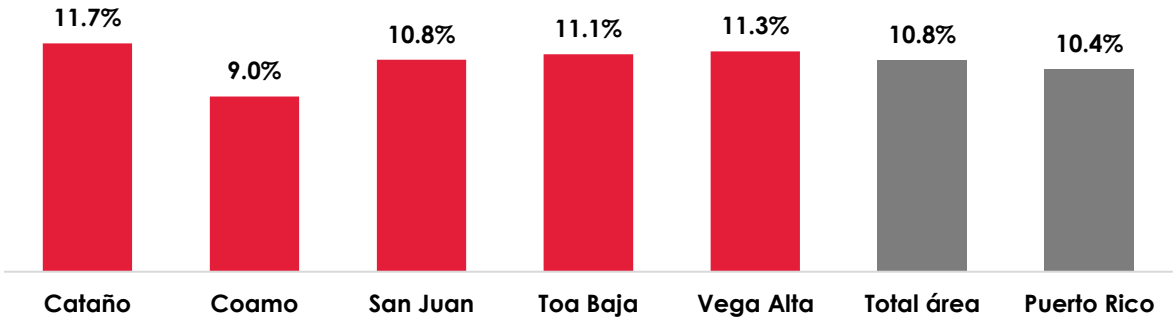
Fuente: U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates.

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Evidence of the Service Area as an area of great need

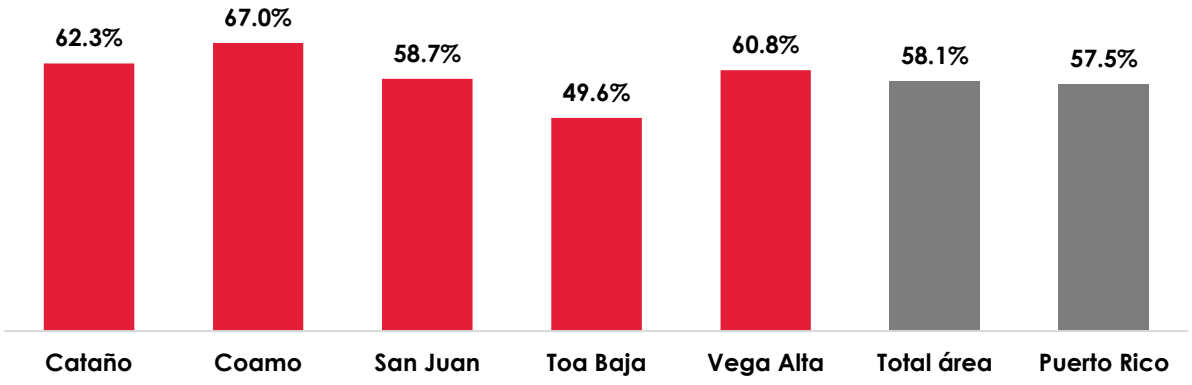
Information provided by the U.S. Census Bureau's American Community Survey shows that the service area is characterized by significant levels of economic vulnerability. According to the most recent data available for 2024, 58.1% of families with children under the age of five in the service area live on incomes below the federal poverty level, a proportion very similar to the average for Puerto Rico (57.5%), but substantially higher than that observed in the United States, where around 13% of children live in households below the poverty level. This situation reflects the magnitude of the socioeconomic challenges faced by families with young children on the island. Within the service area, there are variations between municipalities; for example, Coamo has the highest proportion, with 67.0% of families with children under five living below the poverty line, followed by Cataño (62.3%), Vega Alta (60.8%), and San Juan (58.7%), while Toa Baja has a lower, but still significant, proportion of 49.6%.

FAMILIES WITH CHILDREN UNDER THE AGE OF 5, 2024



Source: U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates.

FAMILIES WITH CHILDREN UNDER THE AGE OF 5 LIVING BELOW THE POVERTY GUIDELINE, 2024



Source: U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates.

Sociodemographic Characteristics of the Population in the Service Area

When examining the profile and characteristics of the Service Area, differences are observed compared to data for Puerto Rico, with higher levels of vulnerability in some cases.

The 2024 Community Survey from the U.S. Census Bureau shows a median income for the Service Area population of approximately $27,917, which is higher than the median for Puerto Rico of $26,297. Likewise, median income varies across municipalities. For example, in the Municipality of Coamo, the median income is $22,045, lower than in the rest of the municipalities in the service area, while the highest median income is in the Municipality of Toa Baja at $32,017.

On the other hand, regarding access to health insurance, the number of people without medical coverage in the Service Area is 37,922, representing 7.6% of the population. When examining the data by municipality, it is observed that in municipalities such as San Juan, the percentage without health insurance is higher, at 8.7%, even exceeding the percentage for Puerto Rico overall.

In terms of employment status, Census data show that the labor force participation rate, that is, the percentage of people between ages 16 and 65 who are working or actively seeking work, is 48.4% for the Service Area, compared to 46.4% for Puerto Rico.

EDUCATION, EMPLOYMENT, AND HEALTH IN THE SERVICE AREA

Characteristics		Cataño	Coamo	San Juan	Toa Baja	Vega Alta	Puerto Rico
Población 2024		22,467	33,998	336,160	73,039	34,921	3,234,309
Education	Educational level attained by population aged 25 and over (2024)	High school diploma	High school diploma	Associate degree	University studies, without diploma	University studies, without diploma	University studies, without diploma
Employment	Labor Participation Rate (2024)	44.8	42.5	52.4	54.5	47.7	46.4
	Fiscal Employment 2024	7,553	11,767	136,806	30,864	11,890	1,153,022
	Fiscal unemployment (rate) 2024	3.9	6.9	3.9	3.6	4.4	5.6
	Median commute time and mode of transportation (2024)	20 a 24 minutes	20 a 24 minutes	20 a 24 minutes	30 a 34 minutes	30 a 34 minutes	20 a 24 minutes
		83.8% o	89.7% own vehicle	73.4% own vehicle	72.2% own vehicle	82.9% own vehicle	82.6% own vehicle
Income	Median household income (2024)	$25,508	$22,045	$27,992	$32,017	$25,538	$26,297
	Households receiving nutritional assistance (food stamps) 2024	49.6%	56.5%	35.9%	38.0%	49.7%	47.4%
Health	Percentage of individuals without health coverage (2024)	6.1%	3.9%	8.7%	6.4%	4.1%	5.7%
	Percentage of people with disabilities (2024)	17.2%	30.5%	21.1%	30.5%	22.4%	22.9%

Sources: US Census Bureau, 2024 American Community Survey 5-year Estimates. US Bureau of Labor Statistics, Local Area Unemployment Statistics 2024.

Education

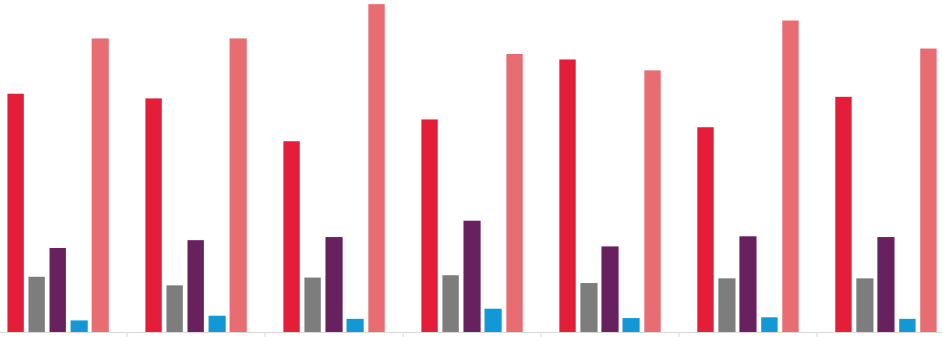
According to the 2024 Community Survey, the percentage of the population aged 25 and older with a high school diploma is 24.4% for the service area, while for Puerto Rico this figure is 27.6%. The median educational attainment for people aged 25 and older in the service area is some college without a degree, as is the case for Puerto Rico.

Civil Status

As for other indicators of the sociodemographic profile of families, data from the U.S. Census Bureau's American Community Survey (ACS) show that, in the service area, 30.0% of people aged 15 and over are married. On the other hand, 12.2% of households in the service area are single-parent households, that is, households headed by a single mother or father residing with children under 18 years of age. These data provide context on the composition of households and family dynamics present in the communities served.

DEMOGRAPHIC PROFILE

Marital status, 2024



	Cataño	Coamo	San Juan	Toa Baja	Vega Alta	Total area	Puerto Rico
Married	34.90%	34.20%	28.00%	31.20%	39.90%	30.00%	34.50%
Widowers	8.10%	6.90%	8.00%	8.30%	7.20%	7.90%	7.90%
Divorced	12.30%	13.50%	13.90%	16.30%	12.60%	14.10%	13.90%
Separated	1.70%	2.40%	2.00%	3.40%	2.10%	2.20%	2.00%
Never married	43.00%	43.00%	48.00%	40.70%	38.30%	45.70%	41.60%

Fuente: US Census Bureau, 2020-2024 American Community Survey 5-Year Estimates

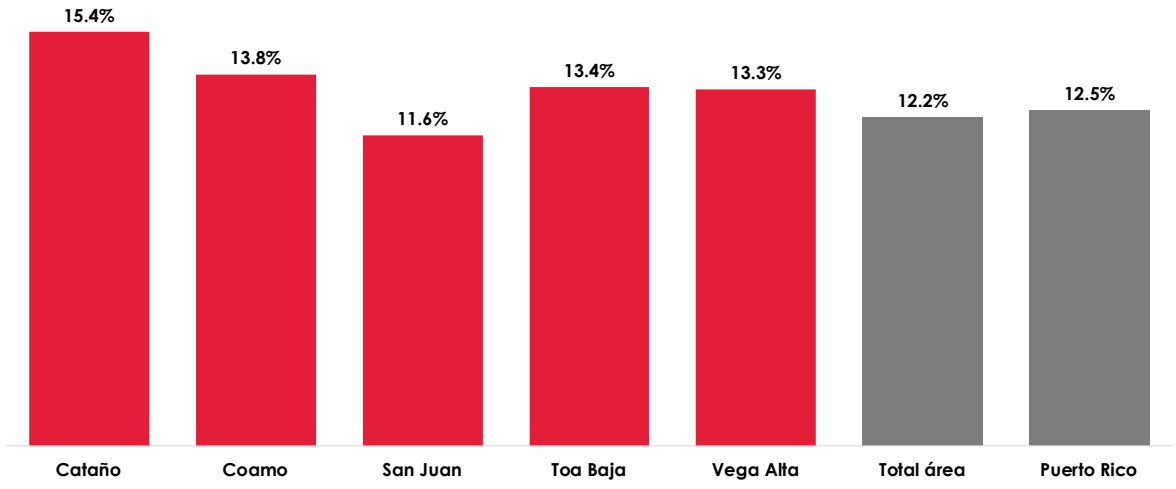
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DEMOGRAPHIC PROFILE

Head of household with no spouse present, with children under 18 years of age, 2024 (single mothers and fathers)

PERFIL DEMOGRÁFICO

Jefe o jefa del hogar sin esposa o esposo presente con hijos menores de 18 años, 2024 (madres y padres solteros)



Fuente: U.S. Census Bureau, 2020-2024 American Community Survey 5-Year Estimates.

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Household Profile

According to data from the 2024 Community Survey, there are 220,681 households in the service area, of which 57.8% are owner-occupied and 42.2% are rented. On average, households have 2 people living in the home, and 97.9% have 1 or fewer people per room, while 2.1% have more than 1 person per room, which is considered by the Census to be overcrowding.

Household Income Sources

According to data from the 2024 Census Community Survey, 60.9% of households in the service area receive income from employment, a higher figure than the 57.3% recorded for Puerto Rico as a whole. This is followed by income from Social Security (40.5%) and the Nutrition Assistance Program (PAN), commonly known as food stamps, which is received by 38.9% of households in the service area; for Puerto Rico overall, this figure is slightly higher, at 47.4%.

Education, health, nutrition, social services, care, and other service needs

the main needs in education, health, nutrition, social services, care, and other support services for children. The analysis is based, in part, on the findings of a study on child poverty and social inequality in Puerto Rico conducted in 2024 for the Commission to Combat Child Poverty and Social Inequality, in compliance with Law 84-2021, which included a survey of 1,280 families with children aged 0 to 17 living below the poverty line throughout the island. The results of this study provide context for the conditions and challenges faced by families with young children in situations of economic vulnerability, as well as identifying gaps in access to essential services during the early years of life. Similarly, the findings provide a basis for better understanding the support needs of the families served by the program and for guiding the planning of services that promote the comprehensive development of young children.

According to the aforementioned study, families identify economic and structural factors as the main problems affecting their communities. Unemployment (22.9%) stands out as the most frequently mentioned problem, followed by lack of childcare (14.9%), deficiencies in the education system (12.7%), and concerns related to security (11.1%), access to food (10.4%), and health services (10.0%). Likewise, the data indicate that lack of childcare is one of the main barriers limiting families' economic mobility, cited by 23.4% of households, followed by unemployment (22.2%) and high living costs (11.5%).

In terms of caregiving responsibilities within the home, nearly three in ten households (30.5%) report caring for at least one child under the age of five, while one in ten households with children under the age of five care for another child between the ages of 6 and 17 with a disability or impairment, and 3% care for an older adult.

According to this same source, among households with young children, the most common form of care is provided by family members (63.6%). Meanwhile, 29.8% of children under five attend Head Start or Early Head Start programs, highlighting the importance of these programs as an

alternative form of early education and support for low-income families. In comparison, participation in private or public preschools or formal childcare centers is significantly lower.
Among the reasons why some children do not receive formal childcare services, the most common is that parents consider the child to be too young to attend a childcare center (62.4%). Other reasons include the perception that the service is not necessary (9.8%) and the lack of available spaces in nearby or convenient childcare centers (6.5%), suggesting the existence of barriers related to the availability and accessibility of these services.

In the area of health, the data show that the vast majority of minors have some type of health insurance (97.0%), mainly through government programs such as Government Insurance or Plan Vital. Meanwhile, as mentioned above, among minors with a diagnosed health condition or disability, the most commonly reported conditions include asthma (29.3%), speech and language problems or disorders (24.2%), and autism spectrum disorder (23.2%), underscoring the importance of strengthening early detection, intervention, and specialized support services during early childhood.

Taken together, these findings highlight the importance of strengthening access to comprehensive early education, childcare, health, nutrition, and family support services to meet the needs of young children living in poverty. They also demonstrate the fundamental role that programs such as Head Start and Early Head Start play in supporting families, promoting children's comprehensive development, and helping to mitigate the effects of poverty in the early years of life.

Conclusions

- There is an estimated population of 14,694 children under the age of five, 5,134 (34.9%) of whom have unmet service needs, a proportion that is higher among children under three years old.
- More than half of families with young children live below the poverty line; these rates are comparable to or higher than those in Puerto Rico and significantly higher than those in the United States.
- This vulnerability is compounded by factors such as a high reliance on nutritional assistance, low labor force participation, a high prevalence of single-parent households, limited internet access, and more precarious housing conditions.
- Although the child population is trending downward due to demographic shifts, the need for services persists and requires more targeted planning.
- A significant number of children have special needs or health conditions, including speech and language disorders, autism, and asthma, underscoring the importance of early intervention.

- Despite the existence of community resources, families face significant barriers to access, including issues related to availability, costs, transportation, and information.
- In this context, Head Start and Early Head Start play a key role, serving not only as providers of educational services but also as a vital link to broader resources and comprehensive support for families.

FISCAL MANAGEMENT

The New York Foundling has demonstrated that it possesses a solid administrative and fiscal structure, as well as the capacity to successfully manage and operate an EHS/HS (Early Head Start/Head Start) program, a role it has held since 1984.

The budget was developed and designed in accordance with the Head Start Act, the Performance Standards, and the OMB (Office of Management and Budget) rules and regulations that govern program funding. This budget is aligned with the program's goals and objectives and reflects the funding requirements necessary to support the delivery of program services.

The non-federal share recorded for the fiscal year ending June 30, 2025, totaled $2,805,184.00. This consisted of professional and non-professional volunteer services, donated space, and goods and services provided by the municipalities and communities where the centers are located, all in support of the Head Start and Early Head Start program in Puerto Rico. Regarding the 20% non-federal share requirement, a waiver was requested for all three proposals, as follows:

Grant I: $1,702,469.00 out of a total of $3,404,939.00—meeting the $1,702,470.00 threshold (50% of the proposed amount), which represents a total non-federal share of 10%.

Grant II: $935,702.00 out of a total of $1,871,405.00—meeting the $935,703.00 threshold (50% of the proposed amount), which represents a total non-federal share of 10%.

Grant III – $167,010.00 out of a total of $334,021.00, meeting the $167,011.00 threshold—which represents 50% of the proposed amount—and constituting a total non-federal contribution of 10%.

FUNDS RECEIVED AND BUDGET

Budget and Assigned Enrollment 2025-2026
Original Grant I - 02CH012165

Enrollment for Program Option Head Start

Head Start	Center-based	Combination of programs	Home-based	Subsidized Enrollment Total
Assigned Enrollment	532	0	0	532

Enrollment for Program Option Early Head Start

Early Head Start	Center- based	Home-based	Pregnants	Subsidized Enrollment Total
Assigned Enrollment	266	36	15	317

Approved budget

Program	Assigned Enrollment	Federal			Non Federal Contribution	Non Federal Percentage	Total Budget
		Program Operations	Training and Technical Assistance	Total			
Head Start	532	$7,635,005	$74,719	$7,709,724	$1,927,432	20%	$9,637,156
Early Head Start	317	$5,794,910	$115,116	$5,910,026	$1,477,507	20%	$7,387,533
Total	849	$13,429,915	$189,835	$13,619,750	$3,404,939	20%	$17,024,689

Assigned Budget Breakdown

Categories	Program Activity				Total
	(1) Head Start: Program Operation	(2) Head Start: Training and Technical Assistance	(3) Early Head Start: Program Operation	(4) Early Head Start: Training and Technical Assistance	
a. Personal	$4,130,090	$0	$3,626,714	$0	$7,756,804
b. Fringe Benefits	$1,114,479	$0	$978,419	$0	$2,092,898
c. Travel	$5,000	$0	$4,000	$0	$9,000
d. Equipments	$0	$0	$0	$0	$0
e. Supplies	$206,960	$0	$98,123	$0	$305,083
f. Contractual	$288,133	$0	$137,307	$0	$425,440
g. Construction	$0	$0	$0	$0	$0
h. Others	$950,308	$74,719	$229,746	$115,116	$1,369,889
i. Total Direct Charges	$6,694,970	$74,719	$5,074,309	$115,116	$11,959,114
j. Indirect Charges	$940,035	$0	$720,601	$0	$1,660,636
k. TOTAL	$7,635,005	$74,719	$5,794,910	$115,116	$13,619,750

Budget and Assigned Enrollment 2025-2026

Grant II-02CH012181 Enrollment for Program Option Head Start

Head Start	Center-based	Combination Program	Home-based	Subsidized Enrollment Total
Assigned Enrollment	419	0	0	419

Enrollment for Program Option Early Head Start

Early Head Start	Center-based	Home-based	Pregnants	Subsidized Enrollment Total
Assigned Enrollment	88	0	0	88

Approved Budget

Program	Assigned Enrollment	Federal			Non Federal Contribution	Non Federal Percentage	Total Budget
		Program Operation	Training and Technical Assistance	Total			
Head Start	419	$5,810,865	$70,186	$5,881,051	$1,470,263	20%	$7,351,314
Early Head Start	88	$1,570,467	$34,100	$1,604,567	$401,142	20%	$2,005,709
Total	507	$7,381,332	$104,286	$7,485,618	$1,871,405	20%	$9,357,023

Budget Breakdown

Categories	Program Activity				Total
	(1) Head Start: Program Operation	(2) Head Start: Training and Technical Assistance	(3) Early Head Start: Program Operation	(4) Early Head Start: Training and Technical Assistance	
a. Personal	$3,432,037	$0	$59,720	$0	$4,293,701
b. Fringe Benefits	$938,211	$0	$0	$0	$1,170,645
c. Travel	$4,000	$0	$153,651	$0	$7,000

Categories	Program Activity				Total
	(1) Head Start: Program Operation	(2) Head Start: Training and Technical Assistance	(3) Early Head Start: Program Operation	(4) Early Head Start: Training and Technical Assistance	
d. Equipments	$0	$0	$1,374,824	$0	$0
e. Supplies	$45,979	$0	$195,643	$0	$110,334
f. Contractual	$206,872	$70,186	$1,570,467	$34,100	$266,592
g. Construction	$0	$0	$59,720	$0	$0
h. Others	$466,698	$0	$0	$0	$724,635
i. Total Direct Charges	$5,093,797	$70,186	$153,651	$34,100	$6,572,907
j. Indirect Charges	$717,068	$0	$1,374,824	$0	$912,711
k. TOTALES	$5,810,865	$70,186	$195,643	$34,100	$7,485,618

Budget and Assigned Enrollment 2025-2026
Grant III: 02CH013133 - Early Head Start Toa Baja

Enrollment for Program Option Early Head Start

Early Head Start	Center-based	Home-based	Pregnants	Subsidized Enrollment Total
Assigned Enrollment	60	0	6	66

Approved Budget Early Head Start Toa Baja

Program	Assigned Enrollment	Federal			Non Federal Contribution	Non Federal Percentage	Total Budget
		Program Operation	Training and Technical Assistance	Total			
Early Head Start	66	$1,310,825	$25,261	$1,336,086	$334,021	20%	$1,670,107

Assigned Budget Breakdown

Categories	Program Activity		Total
	(1) Early Head Start: Program Operation	(2) Early Head Start: Training and Technical Assistance	
a. Personal	$800,921	$0	$800,921
b. Fringe Benefits	$216,068	$0	$216,068
c. Travel	$4,000	$0	$4,000
d. Equipments	$0	$0	$0
e. Supplies	$31,000	$0	$31,000
f. Contractual	$25,100	$25,261	$25,100
g. Construction	$0	$0	$0
h. Others	$70,828	$0	$96,089
i. Total Direct Charges	$1,147,917	$25,261	$1,173,178
j. Indirect Charges	$162,908	$0	$162,908
k. TOTALES	$1,310,825	$25,261	$1,336,086

Child and Adult Care Food Program (CACFP)

The Child and Adult Care Food Program (CACFP) provides support to child and adult care institutions and family day care homes by supplying nutritious meals that contribute to the well-being, healthy growth, and development of young children, as well as the health and well-being of older adults and individuals with disabilities. The 2025-2026 fiscal year for the CACFP begins in October and ends in September. It has an estimated federal funding budget of $1,981,000.00.

This budget is derived from reimbursements for meals served to children and adults; therefore, daily attendance determines the amount received each month.

CACFP Budget

Food	Personal		Suplies	Administrative Cost	Total
	Operation	Administrative			
$1,343,784.58	$346,430.62	$162,341.80	$83,375.00	$45,068.00	$1,981,000.00

Administration for the Care and Integral Development of Children (ACUDEN) – Child Care

The Administration for the Care and Integral Development of Children (ACUDEN) provides funding to subsidize extended-hours care services for 127 children whose families are working or pursuing studies and lack the family support or resources to address their need for childcare during non-traditional hours in Puerto Rico. ACUDEN's 2025–2026 fiscal year begins in October and ends in September. It has an estimated federal funding budget of $975,230.76. For this year, 25% of this budget has been allocated toward quality improvement.

Child Care Budget

Extended hours	Personal		Quality 15%	Quality 10% Infant & Toddler 17,750.00	Total
	Operation	Administrative			
Total	$541,362.73	$ 11,510.00	$397,427.46	17,750.00	$975,230.76

Private grant Allene Reuss Memorial Trust

Total	Vision exams	Eyeglasses purchased	Paid	Pending activities
22,500.00	(102 realizados) 6,579.00	(45 para niños) 7,801.00	14,380.00	8,120.00

Hurricane Maria Recovery Grants

Construction of the Rosendo Matienzo Cintrón school, designated as the "Mundo de Colores" HS and EHS Center, has been completed. The center is now operational, providing services to children and families in the communities of the Municipality of Cataño. The total cost for the **Rosendo Matienzo project** was $8,280,167.00.

Rosendo Matienzo Cintrón- Cataño, Puerto Rico











FINANCIAL AND ADMINISTRATIVE REQUIREMENTS

AUDITS/ MONITORING/ EVALUATIONS

Annual Audit – "Single Audit"

The program underwent an annual audit or "single audit" conducted by an independent auditor. The report indicated no adverse findings and no questionable costs in the fiscal area.

CACFP Audit

Audits of the Child and Adult Care Food Program (CACFP) yielded no findings, confirming compliance with the Civil Righ, ts Act (as it pertains to food services) and 7 CFR Part 226.

Annual Self-Assessment

The annual self-assessment is a tool used to monitor progress toward program goals, compliance with Head Start regulations, and effectiveness in promoting school readiness. The data provides the program with an opportunity to identify and implement appropriate course corrections. The self-assessment team included parents as well as staff members from the Head Start and Early Head Start programs. The annual self-assessment was completed in May 2025. A corrective action plan was developed, outlining specific steps to address findings or areas of concern identified within systems or services including fiscal operations, education, health, nutrition, human resources, safety, and child attendance. All involved parties demonstrated accountability by addressing these corrective actions effectively and promptly.

ENROLLMENT – CHILDREN AND FAMILIES SERVED – ATTENDANCE

One of the major challenges for the 2025–2026 year was maintaining enrollment; consequently, intensive efforts were directed toward admissions, retention, and the management of waitlists. New strategies were developed to promote the program and facilitate the continuous enrollment of children, yielding favorable results in two of the three areas, despite the challenges encountered. The following data outlines the assigned enrollment versus the actual enrollment served:

EARLY HEAD START ENROLLMENT

	Grant I	Grant II	Grant III	Total
Assigned Enrollment	317	88	66	471
Enrollment served	344	91	71	506

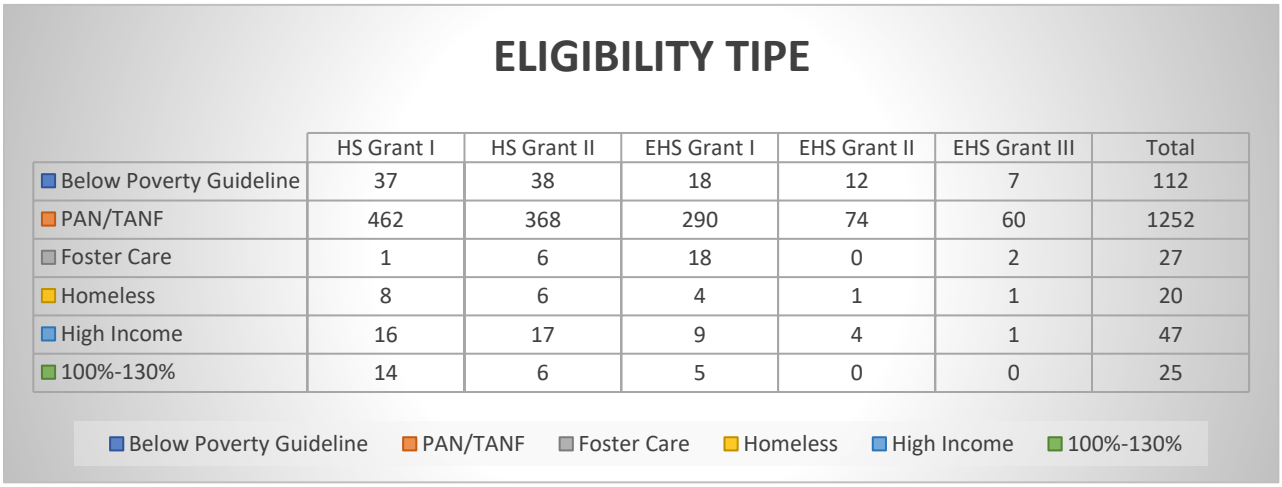
HEAD START ENROLLMENT

	Grant I	Grant II	Total
Assigned Enrollment	532	419	951
Enrollment served	538	441	979

FAMILIES SERVED EARLY HEAD START AND HEAD START

	Grant I	Grant II	Grant III	Total
Families served include families expecting a baby (EHS)	307	85	66	458
Families expecting a baby, Pregnant / EHS	15	8	6	29
Families served (HS)	513	414	N/A	927

ELIGIBILITY TYPE

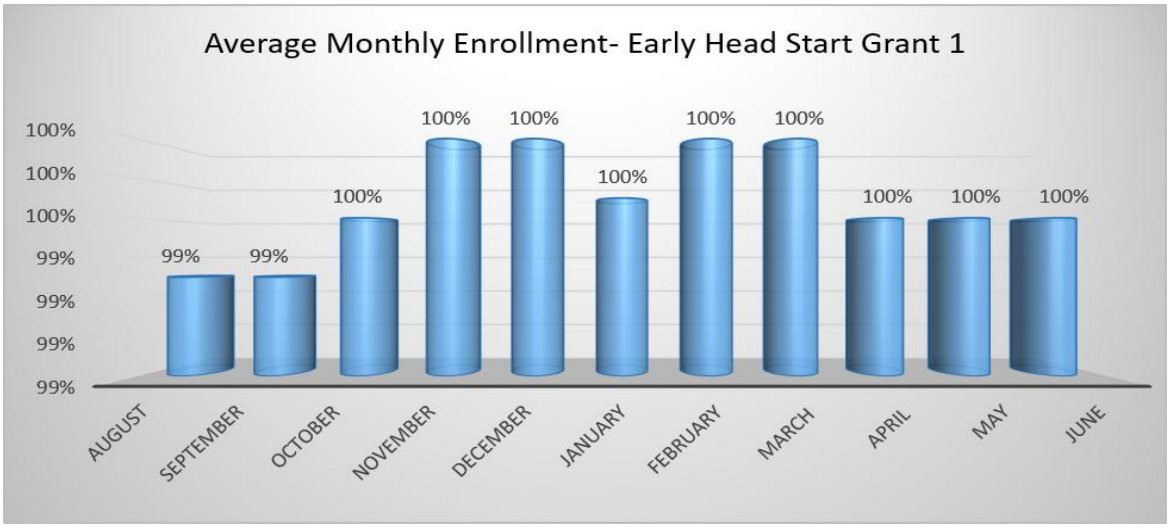


Across the entire population served by all the proposals, 7.5% of those enrolled fall below the poverty guideline, 84.4% receive assistance through PAN/TANF, 1.82% come from foster care, 1.3% are considered homeless, 3.1% are from high-income households, and 1.7% fall into the 100%–130% category.

MONTHLY ENROLLMENT – HEAD START AND EARLY HEAD START

Months	HS Grant 1	EHS Grant 1	HS Grant 2	EHS Grant 2	EHS Grant 3
August	499	315	400	87	65
September	497	315	410	88	66
October	505	316	412	87	66
November	507	317	414	88	66
December	508	317	417	88	66
January	513	317	416	88	66
February	508	317	416	88	66
March	507	317	411	88	66
April	507	316	414	88	66
May	506	316	414	88	66
June	-	316	-	88	66

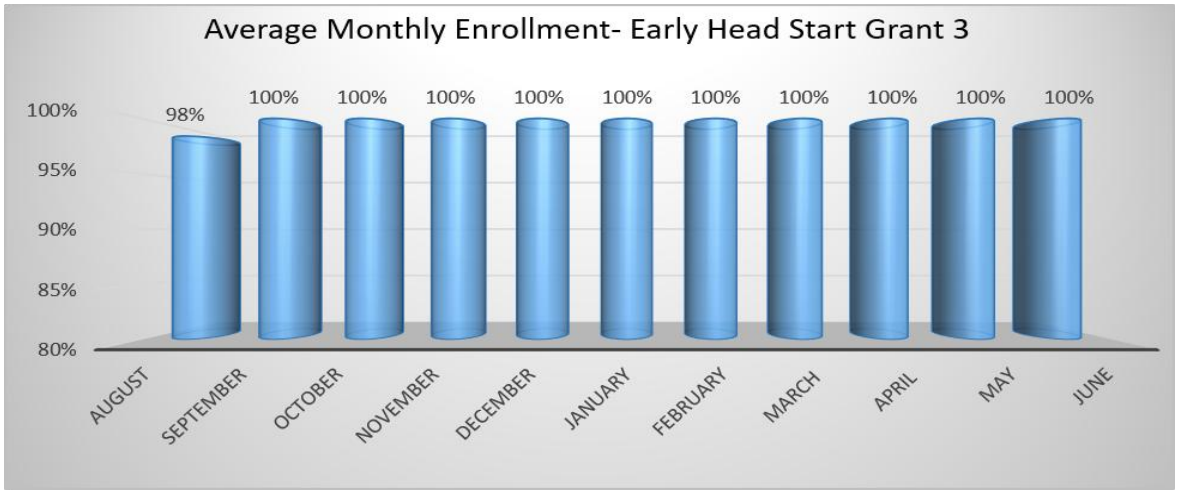
AVERAGE MONTHLY ENROLLMENT - GRANT 1, 2 Y 3



The average monthly enrollment rate was 99.81%; August and September had the lowest percentages, at 99%, while the subsequent months reached 100%.

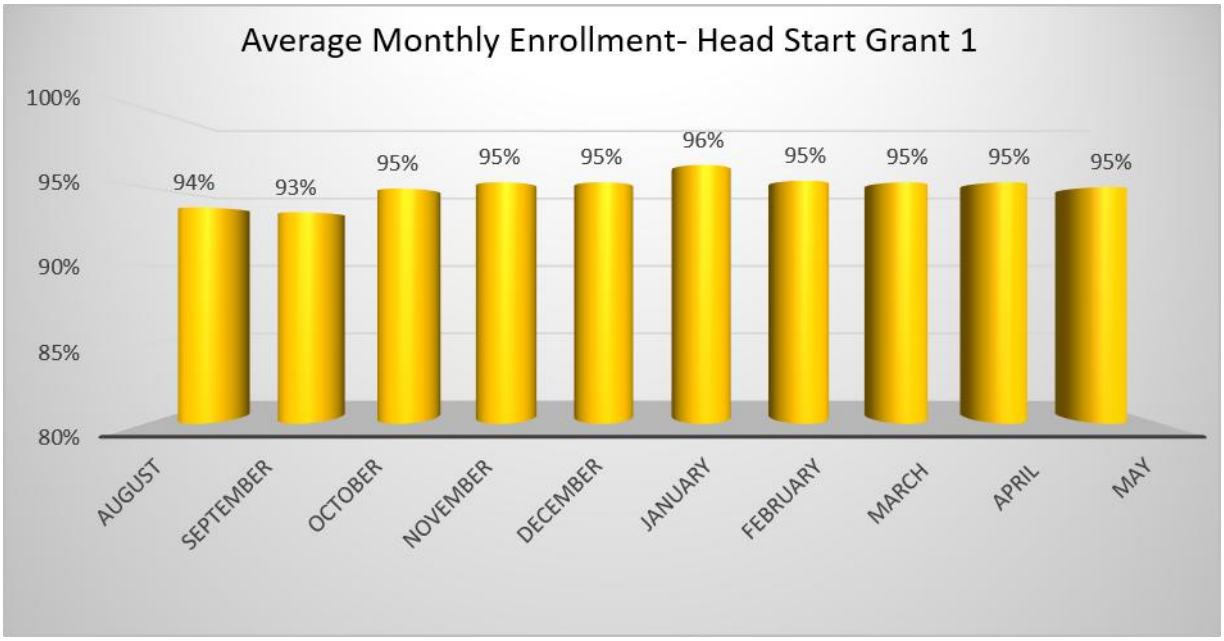


The average monthly enrollment rate was 99.81%, with August and October having the lowest percentages at 99%; the remaining months were at 100%.

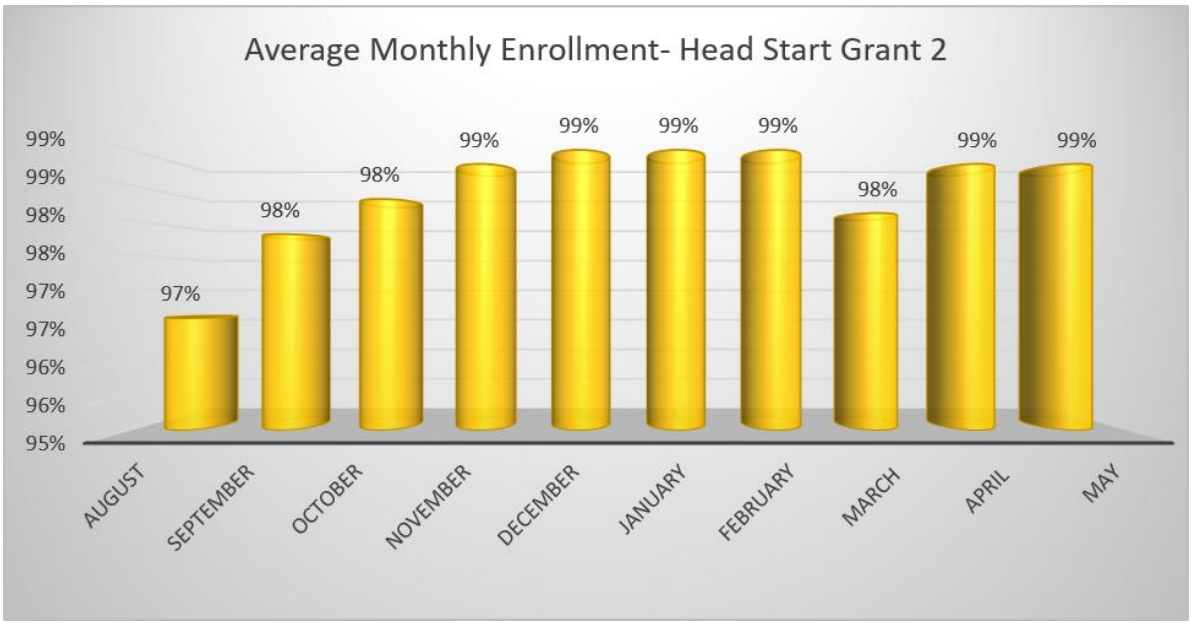


The average monthly enrollment rate was 99.81%, with August having the lowest percentage at 98%; the subsequent months reached 100%.

AVERAGE MONTHLY ENROLLMENT HEAD START GRANT 1 & 2



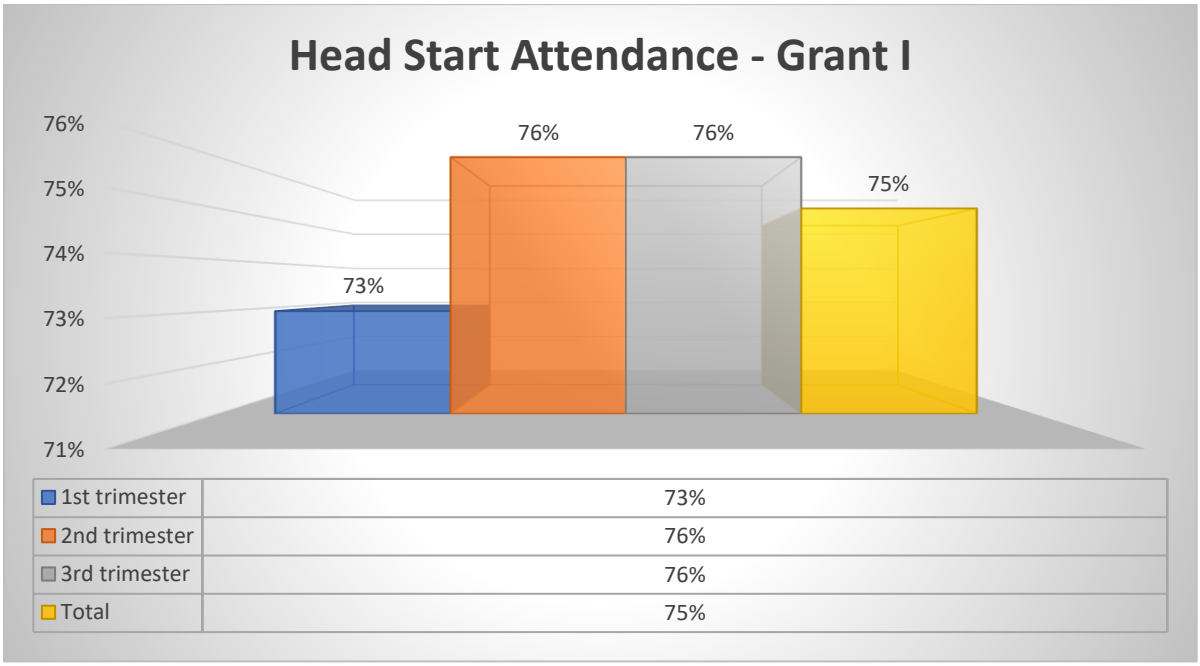
The average monthly enrollment rate was 99.81%, with August having the lowest percentage at 98%; the subsequent months reached 100%.

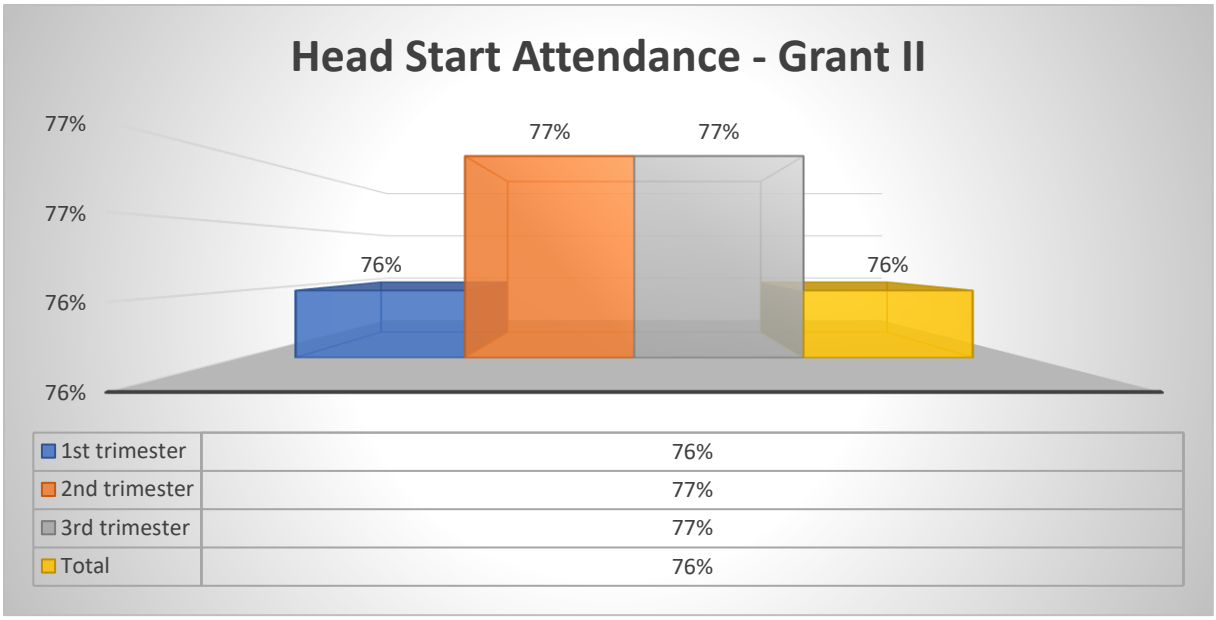


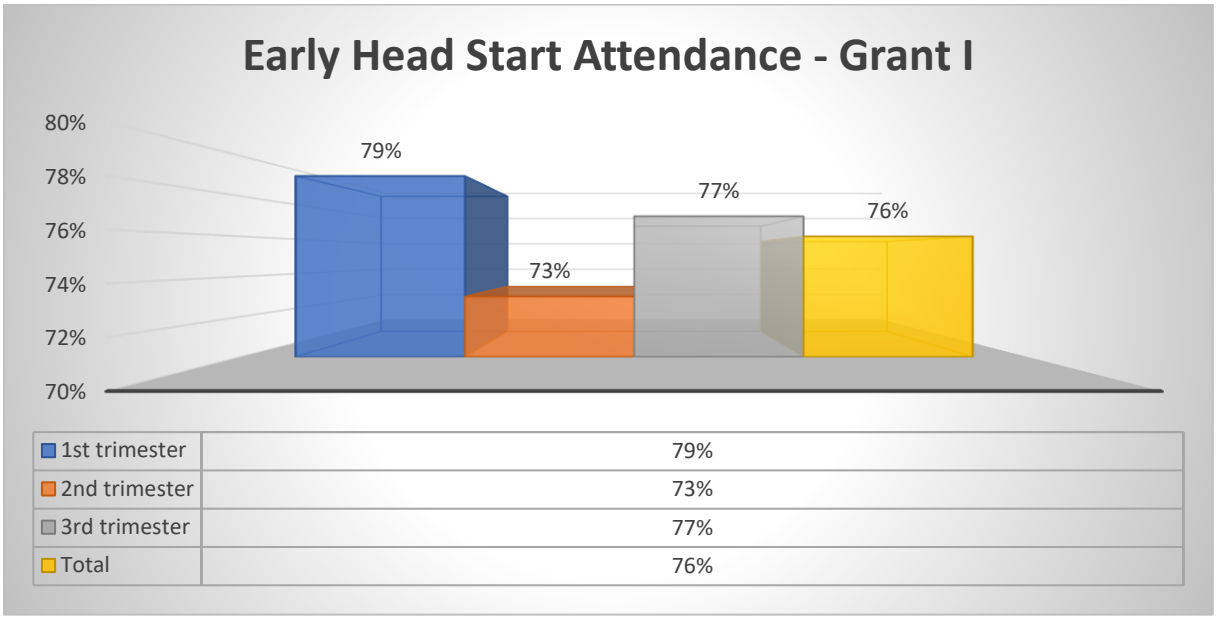
The average monthly enrollment rate was 98.5%, with August having the lowest percentage at 97%.

ATTENDANCE DATA

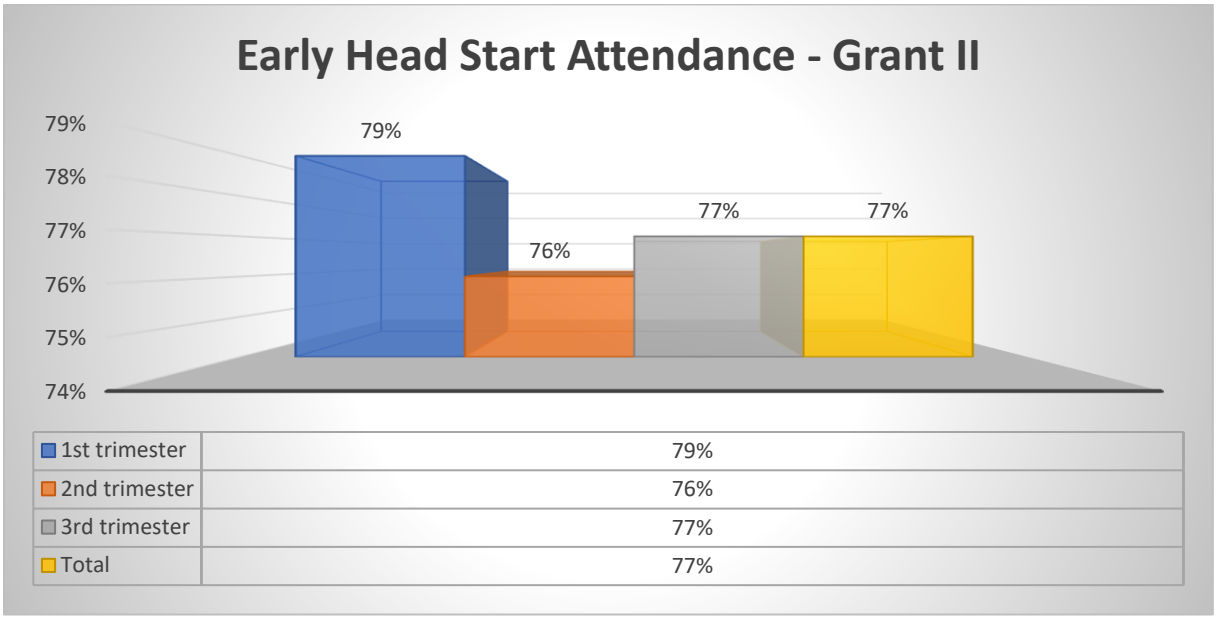
Attendance data for both Head Start and Early Head Start were affected by absences excused by families. For Head Start, the primary reasons were: personal/family matters (15.68%), transportation issues (12.86%), and medical appointments (11.12%). For Early Head Start, the main reasons for absences were: medical appointments (12.37%), personal/family matters (12.34%), and medical treatment (11.98%).



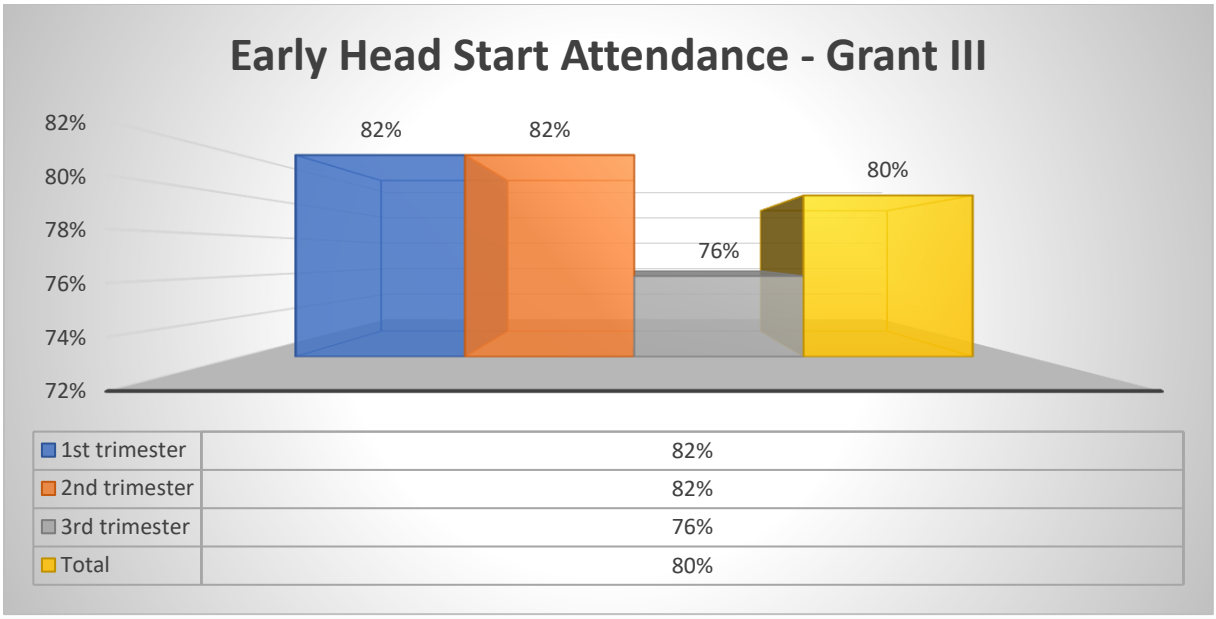




1st trimester	79%
2nd trimester	73%
3rd trimester	77%
Total	76%



1st trimester	79%
2nd trimester	76%
3rd trimester	77%
Total	77%



FAMILY ENGAGEMENT, HEALTH, MENTAL HEALTH, AND NUTRITION

The overall well-being of children and their families is a cornerstone of The New York Foundling's mission. During the 2025–2026 program year, the organization implemented a suite of services designed to ensure timely, preventive care for the social, medical, dental, nutritional, and mental health needs of enrolled children. Collectively, these efforts reflect the preventive, family-centered approach that defines the services provided to families in the Head Start program, ultimately supporting the well-being of children and their families and leading to better school readiness.

FAMILY AND COMMUNITY – FAMILY ENGAGEMENT

In our program, we recognize that families are key partners in preparing their children for school and a life of achievement; therefore, Head Start and Early Head Start serve as allies in this process. During the 2025–2026 year, the Family and Community area focused its efforts on strengthening family well-being and promoting the holistic development of both parents and children. We continued recent initiatives that benefit families, such as offering virtual workshops and distributing informational materials in digital format. These strategies enabled parents to gain new knowledge and strengthen their ability to support their children at every stage of their educational development. Given that many participating families have experienced significant social, economic, and emotional changes, the program remained attentive to identifying their emerging needs in order to respond with relevant services. To guide this process, we utilized the Head Start Parent, Family, and Community Engagement Framework, with the goal of fostering positive and sustainable transformations for children and their families. We implemented the Shine on Families, parent curriculum (developed by Shine Early Learning) which encourages the creation of healthy routines and activities at home. Furthermore, we provided ongoing support

to families, ensuring they could participate in meetings with various program professionals as well as in parent gatherings. These efforts facilitated the establishment of home routines and equipped parents with additional tools to support their children's development.

Families choose their goals after creating a roadmap for family success. Below, we will look at the level of achievement reached by the families, broken down by proposal and program:

Family Goals Grant I

Goals	# Parents who chose this goal		Goal Currently at 100%		Goal currently at 75%		Goal currently at 50%	
	HS	EHS	HS	EHS	HS	EHS	HS	EHS
Family Life Practices	322	240	54% (171)	50% (121)	40% (132)	44% (104)	6% (19)	6% (15)
Support for children	110	17	72% (79)	70% (12)	26% (29)	24% (4)	2% (2)	6% (1)
Self-sufficiency		53	73% (35)	74% (39)	27% (13)	19% (10)	0% (0)	8% (4)
Family Health & Wellness		48	24% (5)	82% (9)	76% (16)	18% (2)	0 (0)	0% (0)
Socializations	11	21	82% (9)	75% (3)	18% (2)	25% (1)	0 % (0)	0% (0)

Under Grant I, 94% of the families who selected goals related to family life practices achieved more than 75% of their goal. Among families who chose goals related to supporting their children, 94% in the EHS (Early Head Start) program and 98% in the HS (Head Start) program achieved more than 75% of their goals. Furthermore, 92% of EHS families and 100% of HS families who selected goals related to self-sufficiency achieved their goals. Additionally, 100% of the families achieved more than 75% of their goals concerning family health and well-being, as well as those related to socialization.

Family Goals Grant II

Goals	# Parents who chose this goal		Goal Currently at 100%		Goal currently at 75%		Goal currently at 50%	
	HS	EHS	HS	EHS	HS	EHS	HS	EHS
Family Life Practices	285	198	55% (157)	56% (111)	35% (99)	39% (77)	10% (29)	5% (10)
Support for children	174	24	66% (114)	71% (17)	27% (47)	29% (7)	7% (13)	0 (0)
Self-sufficiency	88	58	62% (54)	74% (43)	36% (32)	24% (14)	2% (2)	2% (1)
Family Health & Wellness	21	11	76 % (16)	73% (8)	24% (5)	27% (3)	0 (0)	0 (0)
Socializations	4	0	100% (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Under Grant II, 90% of the families who selected goals related to family life practices achieved more than 75% of their goal. Among families who chose goals related to supporting their children, 94% in the EHS (Early Head Start) program and 98% in the HS (Head Start) program achieved more than 75% of their goals. Furthermore, 92% of EHS families and 100% of HS families who selected goals related to self-sufficiency achieved their goals. Additionally, 100% of the families achieved more than 75% of their goals concerning family health and well-being, as well as those related to socialization activities.

Family Goals Grant III

Goals	# Parents who chose this goal	Goal Currently at 100%	Goal currently at 75%	Goal currently at 50%
	EHS	EHS	EHS	EHS
Family Life Practices	50	58% (29)	32% (16)	10% (5)
Support for children	15	80% (12)	20% (3)	0% (0)
Self-sufficiency	29	83% (24)	14% (4)	3% (1)
Family Health & Wellness	0	0% (0)	0% (0)	0% (0)
Socializations	0	0% (0)	0% (0)	0% (0)

In Grant III, 90% of the families who chose goals related to family life practices achieved more than 75% of their goal. 100% of the families who chose goals related to supporting their children achieved more than 75% of their goals. 97% of the families who chose goals related to self-sufficiency achieved more than half of their goal.

Parental Involvement in the Curriculum - *Shine on Families* of Shine Early Learning

	Families meeting	Families parties
Head Start	510 families	480 families
Early Head Start	251 families	249 families

Topics offered to impacted families and parents or guardians

Topics	Impacted	Topics	Impacted
Prevention of child abuse	754	First Aid Guide for Child Care	1226
Achievement gap	1250	Influenza, Mycoplasma, COVID-19, Dengue	1043
Positive discipline	823	Pediculosis (Lice Infestation)	876
Benefits of school attendance	1389	Handwashing	1345
Parent as a lifelong educator	680	Asthma	1360
Law 54	592	Child Care Food Program	1250
Successful transition	942	Nutrition for Infants and Preschoolers	754
Financial literacy	440	Family Budget	440
Drug and alcohol misuse	187	Healthy and Nutritious Snacks	690
Common illnesses: impetigo, conjunctivitis, Coxsackie virus, molluscum, and other conditions	1345	Safety at Beaches and Other Bodies of Water, Heatwaves, Sun Exposure	1020
Vaccination (Law #25), summary of the preventive pediatric guide	1360	Importance of Physical Activity	825
Oral health	1362	Selecting, Purchasing, and Preparing Food	739
Home safety practices	698	Nutritional Anemia	767

Participation in the Curriculum and Families Parties













Participation in the Policy Council

Members

Parents or Guardians (HS and EHS)
Participating agencies: Municipality of Coamo, 2Gen (2 Generations- Toa Baja and San Juan). Community representatives: Río Jueyes (Coamo) and Cantera (San Juan).

Meetings and training

Ten meetings of the Policy Council were held.

- History, philosophy, mission, and vision of The New York Foundling
- Policy Council Regulations
- Parliamentary procedures and voting processes for the governing body
- Enrollment selection criteria for 2025–2026
- Outcomes for children in the HS (Head Start) and EHS (Early Head Start) programs
- Work plans for: Human Resources, IT (Information Technology), ERSEA, Social Work, Nutrition and Health, Education, Outcomes, NNE , Mental Health, and Administrative Plan including Fiscal/Finance
- Program planning, monitoring, and self-assessment processes
- Presentation on Albizu University – Dr. Nitza M. Rodríguez: Successful Transition
- Research orientation

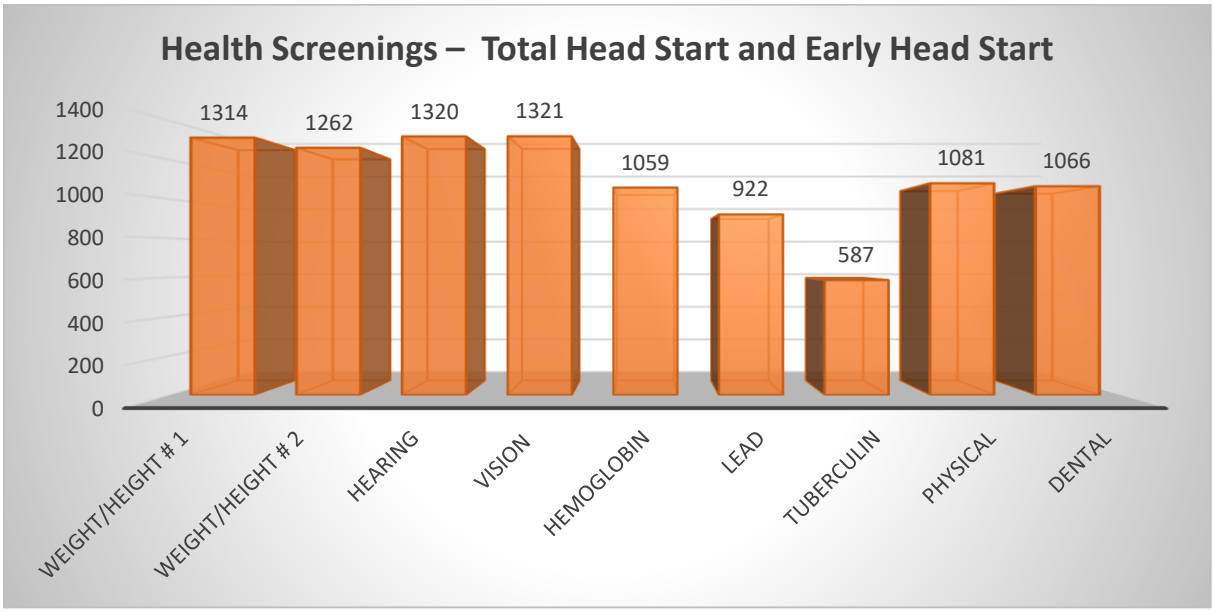




HEALTH

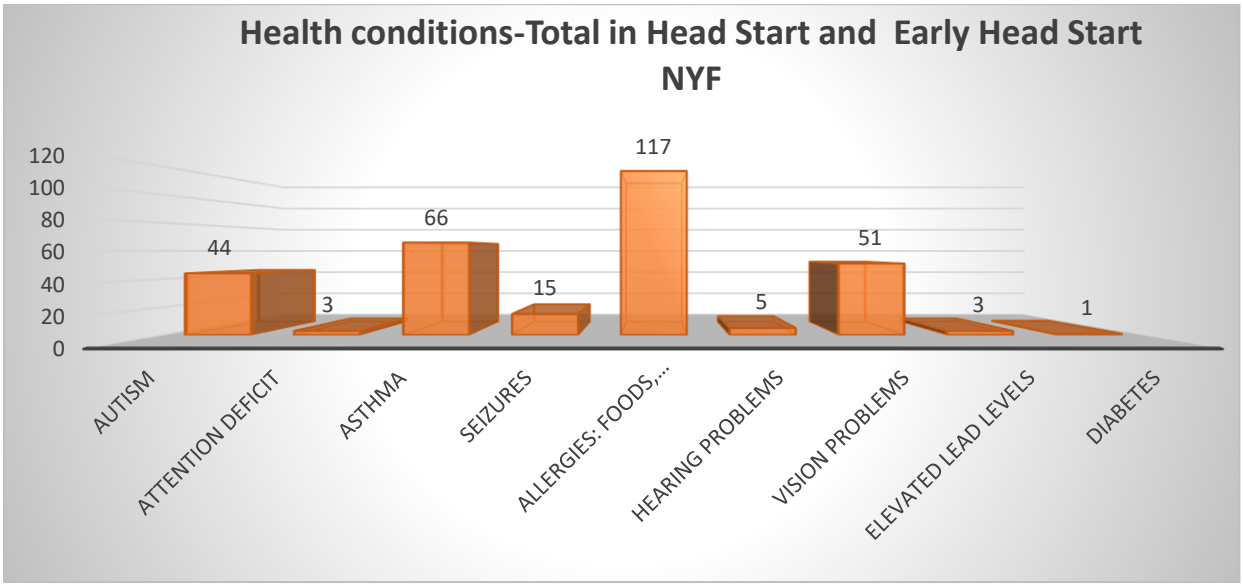
New York Foundling recognizes that holistic health is an essential component of optimal early childhood development. Consequently, the organization is committed to providing accessible, comprehensive, and culturally appropriate health services to all children and families participating in the program. During the reporting period, coordinated strategies were implemented to ensure the timely detection, prevention, and follow-up of the medical, dental, nutritional, and mental health needs of enrolled children. This comprehensive care contributes significantly to preparing children for academic and social success.

As part of this commitment, health screenings were conducted within established timeframes, enabling the early identification of potential health conditions that could interfere with children's development and learning. These screenings included assessments of vision, hearing, general development, oral health, and social-emotional behavior. In cases where results fell outside expected parameters, the program's health team facilitated appropriate referrals and provided ongoing follow-up to ensure access to necessary treatment. In addition to these screenings, the program strengthened health education strategies for families, promoting the adoption of healthy habits at home and facilitating access to regular medical care by establishing a "medical home" and a "dental home" for each child.

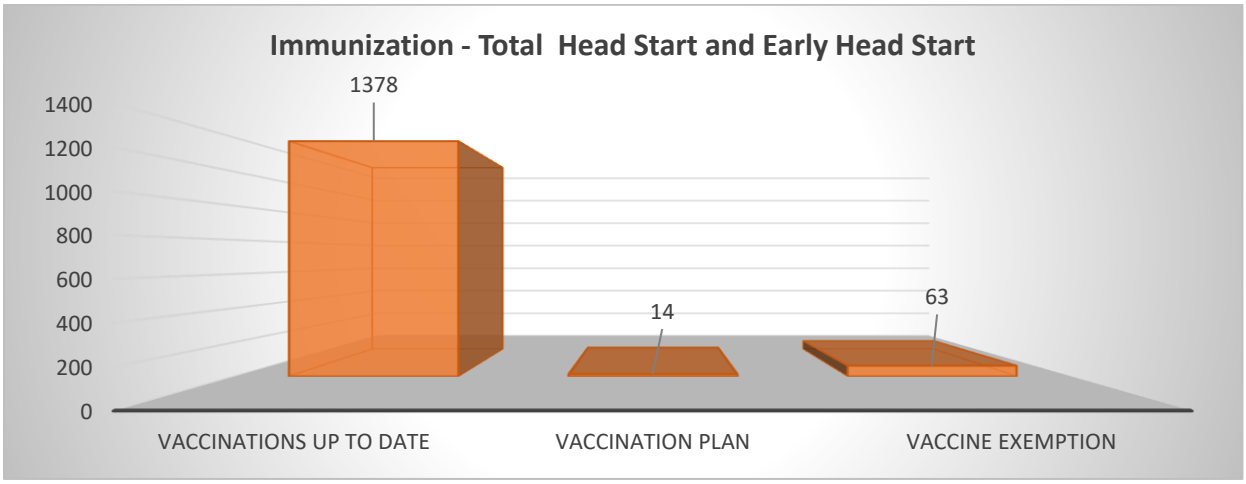


Within the 45-day period, 99% coverage was achieved for weight-to-height measurements, hearing screenings, and vision screenings. Of the total active enrollment, the percentages for screenings completed are as follows: hemoglobin 80%, lead 69%, tuberculin 44%, physical examination 81%, and dental examination, 80%. Our goal for the coming year is to increase the completion rate for each of these screenings.

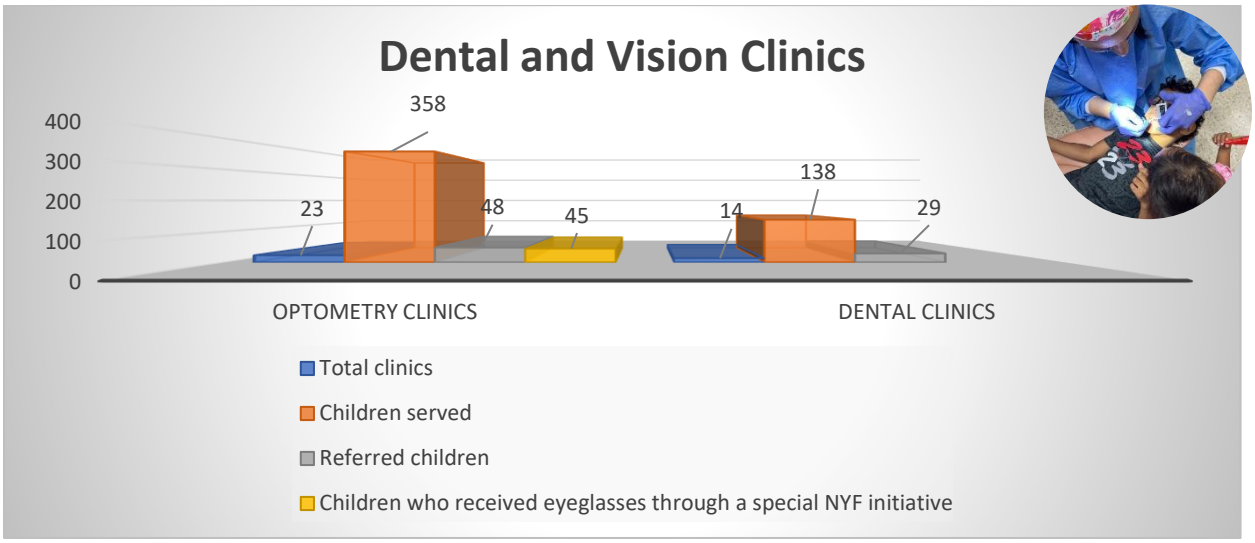
Health conditions identified among the total enrollment in Head Start Grant I and II, and in Early Head Start Grant I, II, and III.



Children with up to date vaccinations, a vaccination plan, or a vaccination exemption, of total enrollment in Head Start Grants I and II and Early Head Start Grants I, II, and III.



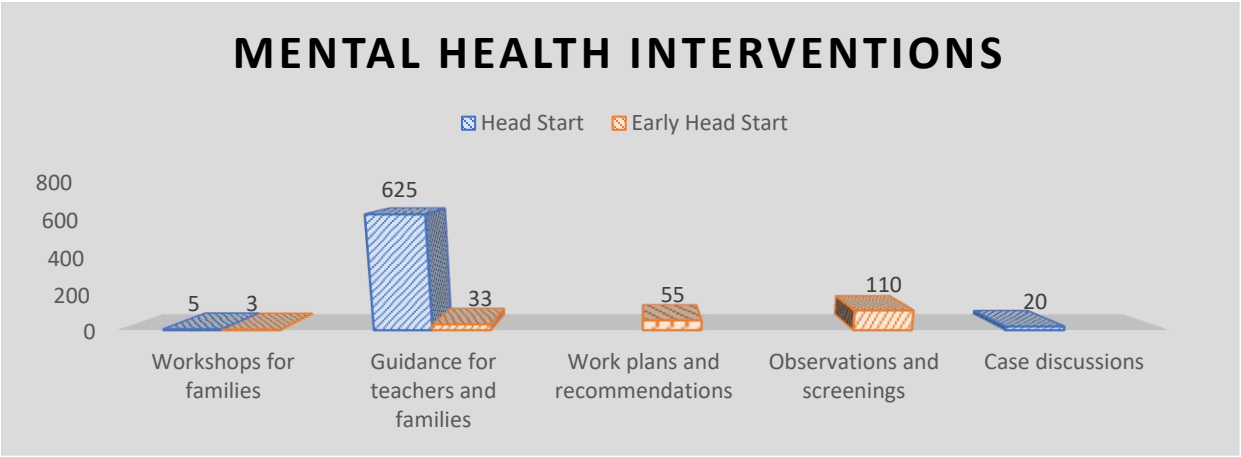
Number of dental and vision clinics, children served, children referred, and children who received vision eyeglasses.



MENTAL HEALTH

At Head Start, 5 workshops were offered to families on the following topics: behavioral management, biting, technology use, and autism. A total of 625 individual consultations and interviews were conducted to provide strategies to educational staff and families. Additionally, 20 case discussions were held with the interdisciplinary team to address situations related to mental health.

At Early Head Start, 3 workshops were offered to families covering behavioral management and strategies for handling biting. There were 110 observations and screenings conducted regarding child development. Furthermore, 55 recommendations and/or action plans were provided, along with 33 interviews, to offer strategies to educational staff and families.



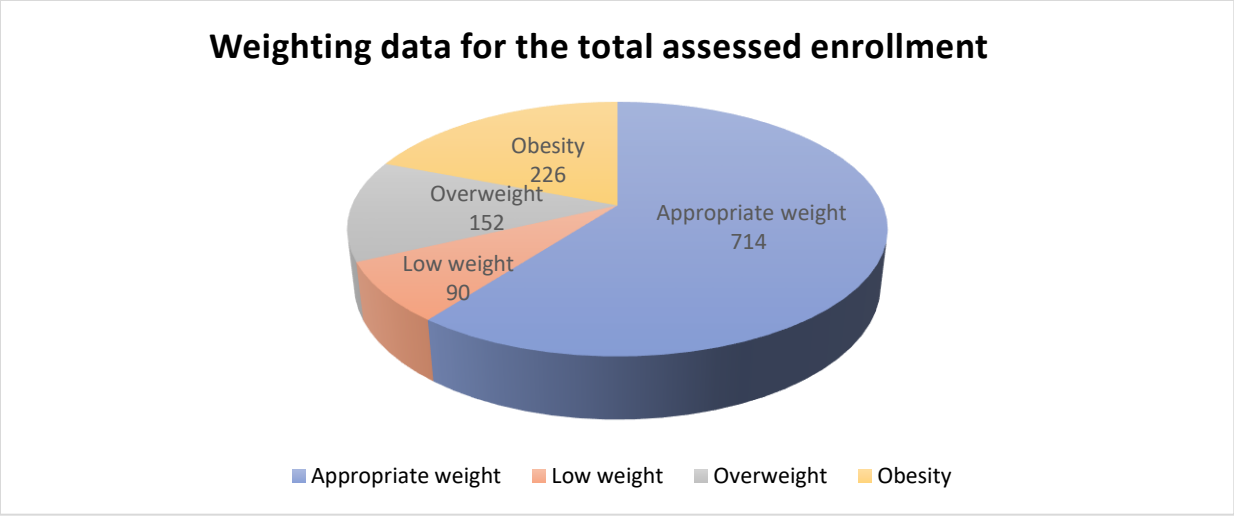
NUTRITION

In the area of nutrition, the program provided nutritious meals aligned with the guidelines of the Child and Adult Care Food Program (CACFP). Additionally, nutritional screenings were conducted, which included anthropometric assessments and interviews with families. Individualized counseling was offered, based on the understanding that good nutrition is an essential component of a healthy lifestyle. Consuming healthy foods helps children obtain the nutrients their bodies need to remain healthy, active, and strong. Nutrition staff conducted 1,321 meal consumption observations, achieving a 97% completion rate. Food service staff and nutritionists explored resources to support healthy eating habits and gathered relevant information to share with families. Special diets and dietary modifications were provided to meet the specific needs of the children. The following special diets were identified:



Nutrition data

	Head Start I	Early Head Start I	Head Start II	Early Head Start II	Early Head Start III	Total	%
Healthy weight	**275**	**187**	**203**	**41**	**26**	**714**	**54.33**
Underweight	**47**	**8**	**17**	**16**	**2**	**90**	**6.85**
Overweight	**59**	**29**	**59**	**4**	**1**	**152**	**11.57**
Obesity	**80**	**49**	**75**	**14**	**8**	**226**	**17.20**
Consumption observations	**503**	**296**	**398**	**72**	**52**	**1321**	**97.00**



Among the children evaluated, 54.33% were found to have an appropriate weight, 6.85% were underweight, 11.57% were overweight, and 17.20% were obese.

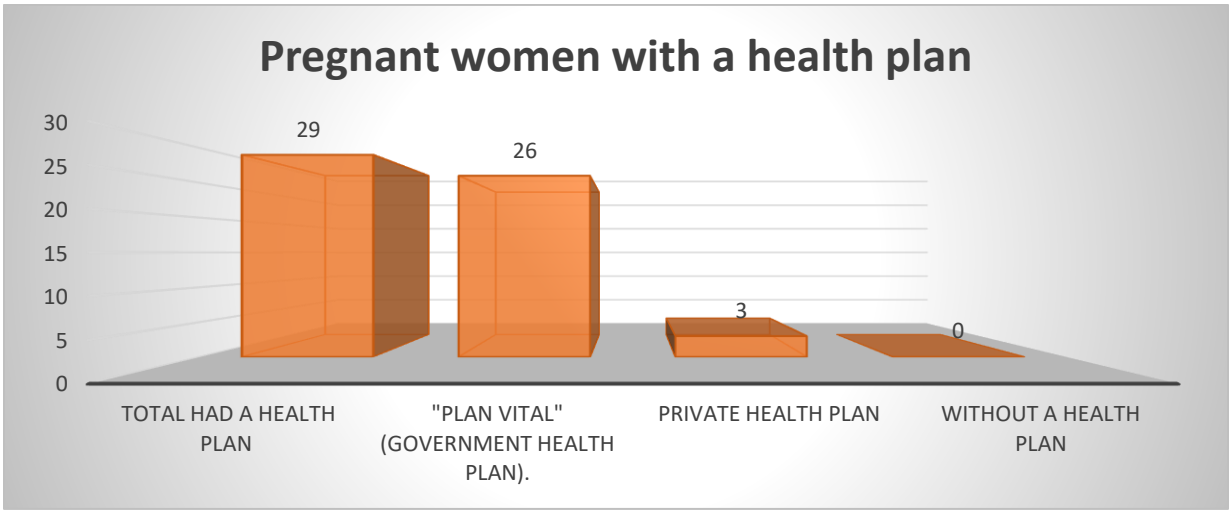
Activity: My family nourishes me for learning



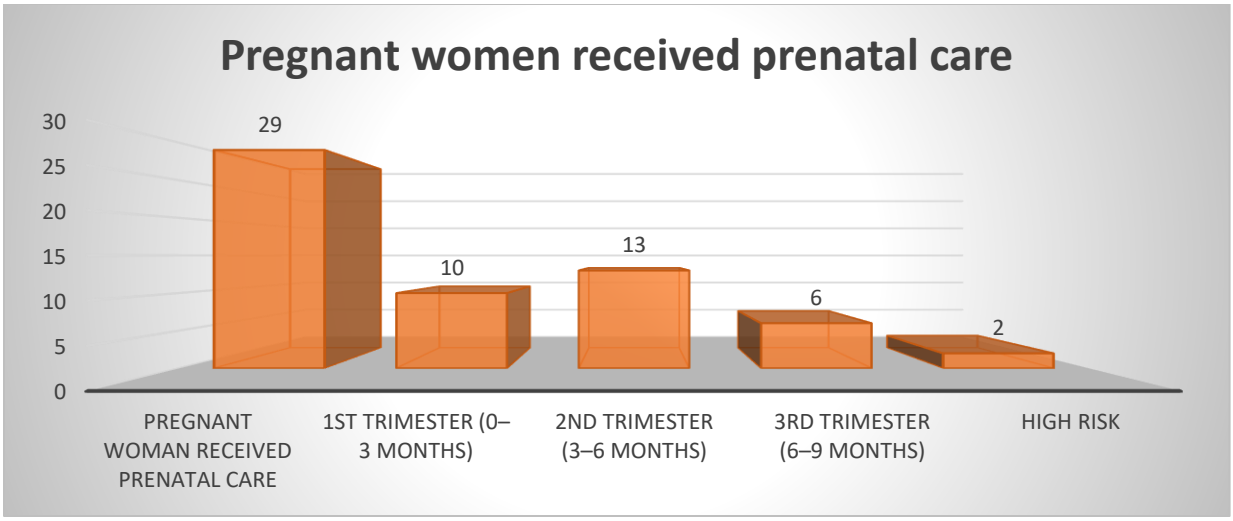
SERVICES FOR EXPECTANT FAMILIES- PREGNANT WOMEN

During the program year, the Early Head Start (EHS) program provided services to 29 pregnant women and their families. Guidance was offered based on the specific interests of the expectant women, and 100% of the required postpartum visits were conducted, ensuring continuous support for mothers throughout their pregnancy and beyond. As part of this process, an Individualized Interdisciplinary Service Plan for Pregnant Individuals (PISI-E, by its Spanish acronym) was completed. The program serves as a guide and facilitator to support healthy, full-term pregnancies. Expectant women were provided with modules from the March of Dimes "Comenzando Bien" (Becoming a Mom) curriculum, tailored to their specific stage of pregnancy. Topics covered included prenatal health, proper nutrition, stress management, the prevention of high-risk behaviors, labor and birth, infant care, and postpartum support. Other areas addressed included the role of the father, domestic violence, breastfeeding, child safety, family planning, and postpartum depression. Following the birth, postpartum visits were conducted within two weeks of delivery. Additionally, a "Family Success Map" was completed for each family to identify their goals and needs, helping guide them through the transition as their infant entered the program. To assist families in achieving their goals, the program facilitated referrals and coordination with external agencies—such as WIC, public housing authorities, and municipal services. These collaborative arrangements strengthen access to essential resources for family well-being.

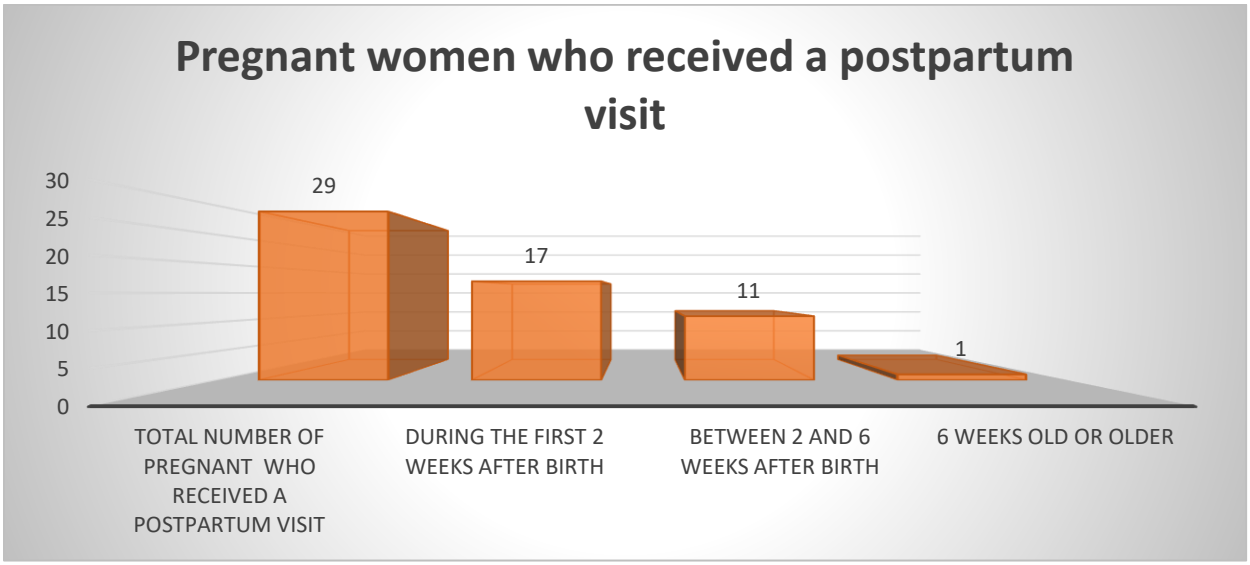
Pregnant Women	EHS Grant I	EHS Grant II	EHS Grant III	Total
Assigned Enrollment	15	8	6	29



The 100% of the pregnant women had a health plan: three had a private plan, and twenty-six had the "Plan Vital" (government health plan).



100% of the pregnant women received prenatal care: 10 in the first trimester, 13 in the second trimester, and 6 in the third trimester; 2 of the pregnancies were classified as high-risk.



100% of pregnant women received a postpartum visit from program staff.



HEALTH AND MENTAL HEALTH ADVISORY COMMITTEE (CASSM)

The program works with the Health and Mental Health Advisory Committee, which includes representation from the University of Puerto Rico Medical Sciences Campus (School of Medicine – Department of Pediatrics and the School of Pediatric Dentistry), SANUS, Carlos Albizu University (focusing on psychology and mental health), the Association of Parents of Children with Disabilities (APNI), “Comienzo Saludable”, and Inter American University.

Among the topics addressed in the 2025–2026 meetings are:

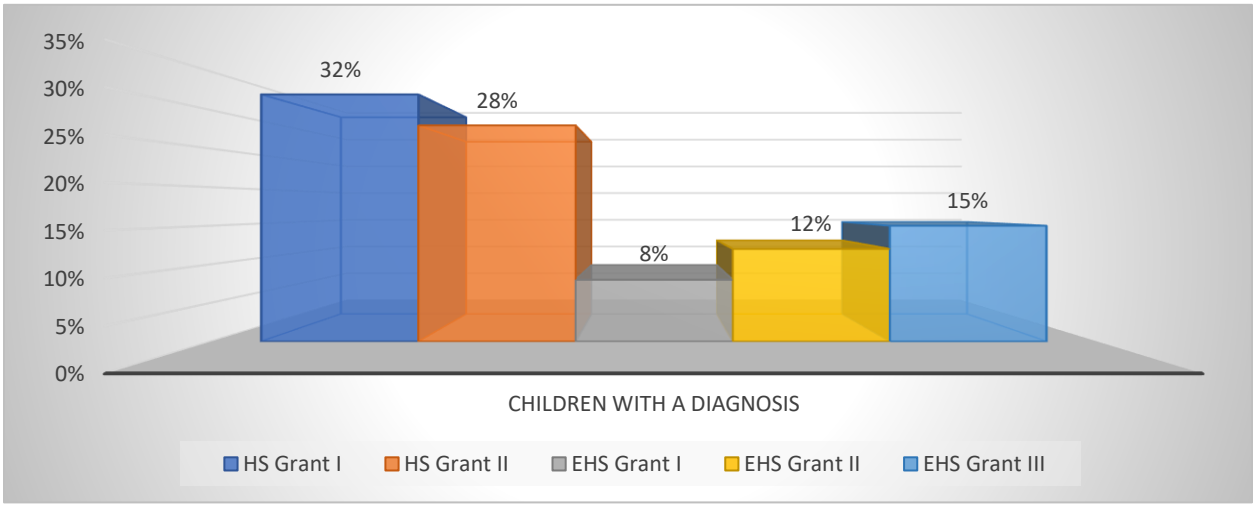
- Overview of NYF health services and the functions of CASSM.
- Participation in a workshop for staff working with children who have hearing loss.
- Research project: How technology affects speech and language.
- "Learn the Learner" project: Educating teaching staff through talks and games to help them teach children about the importance of oral health.
- Talk for parents by Dr. Luis Ruiz (Interamerican University), presenting a research project on children's visual health.
- Presentation: "Navigating Neurodiversity"—strategies for regulation and support across two generations, in collaboration with health services.

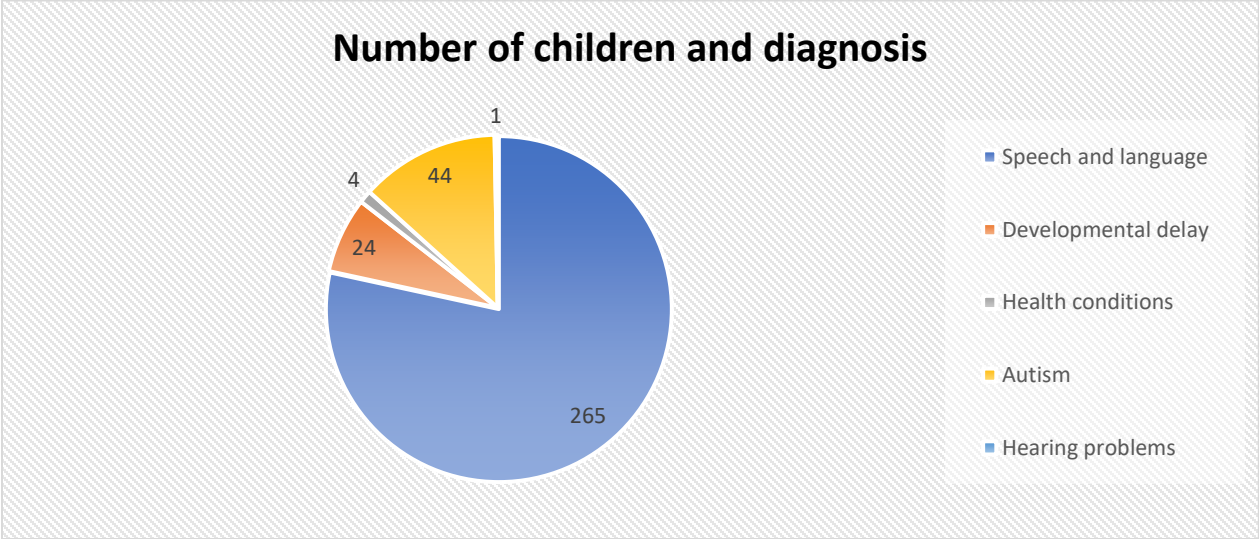


CHILDREN WITH SPECIAL NEEDS

Identified Children

During the 2025-2026 program year, support for families was strengthened throughout the evaluation, eligibility, and transition processes. Educational staff also received enhanced support through individualized recommendations, case discussions, curriculum alignment, and the monitoring of Individualized Education Program (IEP) goals and work plans. Processes for the identification, referral, and follow-up of children with a diagnosis—or a suspected need—for special services were strengthened. The following percentages of children with a diagnosis were documented in Early Head Start (EHS): 8% in Grant I, 12% in Grant II, and 15% in Grant III. Additionally, the report indicates that for Head Start (HS), the figures were 32% for Grant I and 28% for Grant II.





Services Provided

Children and their families received individualized support tailored to their needs. A total of 110 clinical observations, screenings, and developmental assessments were documented, along with 55 individualized work plans or recommendations. Additionally, 197 reviews and amendments to Individualized Education Programs (IEPs) were conducted, and progress was monitored regarding the goals established in these IEPs and work plans. Educational staff received 600 sessions—comprising guidance, interviews, and training on management strategies and intentional planning—while families were provided with 350 guidance sessions covering Special Education, the IDEA Act, and transition processes.

Coordination with Agencies

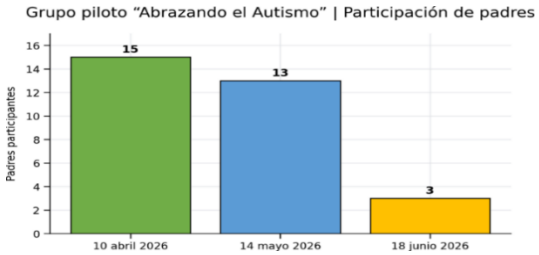
Collaboration was maintained with early intervention programs—including the Department of Health's Early Intervention Program—as well as with pediatricians, specialists, community agencies, and the Department of Education, to support processes related to evaluation, eligibility determination, the provision of specialized services, and school transition. Furthermore, coordination was facilitated for participation in 89 meetings of the Programming and Placement Committee (COMPU)—in conjunction with the Department of Education—as well as for specialized evaluations, reviews and amendments to Individualized Education Programs (IEPs), and external referrals.

Early Intervention Services or Special Education

During this period, 30 referrals were made to early intervention programs, specialists, and other services. Additionally, the report documents 150 referrals and processes related to Special Education and specialized evaluations. Families received guidance and support throughout the evaluation, eligibility, and transition processes to the Department of Education.

Initiative – Support Group

Among the notable achievements is the development of the pilot group "Embracing Autism", which was established to address the needs of families with children who have autism, a clinical suspicion of autism, or who are receiving various therapeutic services in Coamo. During the 2025–2026 program year, three activities were carried out, involving the participation of families, agencies, community resources, and staff.



CHILD EDUCATION AND DEVELOPMENT

Curriculum

New York Foundling implements curricula designed to promote learning experiences that are appropriate for children's developmental levels. In the Head Start (HS) program, *The Creative Curriculum for Preschool, Sixth Edition* fosters learning through play, exploration, inquiry, and hands-on experiences, integrating areas such as literacy, mathematics, science, technology, social studies, and the arts. In the Early Head Start (EHS) program, *The Creative Curriculum for Infants, Toddlers & Twos* emphasizes experiences rooted in play, relationships, and routines, allowing for individualized learning and support for each child's development. For the Early Head Start home-based option, the program uses *Growing Great Kids* (GGK), a curriculum that includes internal documentation demonstrating its alignment with the Head Start Framework, goals, and objectives. Together, these curricula provide a framework for delivering intentional educational experiences tailored to the various stages of child development. In 14 educational settings (5 in HS and 9 in EHS), the Montessori methodology continues to be implemented, supporting continuity and the transition process for children and families as they move on to receiving schools within the community where services are provided.

General Goals for School Readiness in Head Start and Early Head Start of NYF

Domain: Approaches to learning

Goals:

-Children will properly manage their emotions, feelings, actions, and behaviors and follow rules and routines, with or without adult assistance, depending on their developmental stage.

-Children will maintain an appropriate attention focus, control their impulses, and show persistence and flexibility in their thoughts and behaviors.

-Children will show initiative, interest, curiosity, creativity, and imagination through interactions, explorations, experiences, games, and the world around them to communicate their ideas and thoughts.

Domain: Social and emotional

Goals

-Children will develop and maintain consistent relationships and positive interactions—grounded in a secure foundation—through experiences, routines,

activities, and play with both familiar and less familiar adults, as well as with their peers. They will learn to turn to adults as a resource.

-Children will develop the capacity to express care and concern for others, and will learn to manage their emotions with increasing independence.

-Children will express confidence in their own abilities and hold positive feelings toward themselves.

-Children will develop a sense of identity and belonging within a family, community, and other groups, demonstrating confidence in themselves, their abilities, and their leadership.

Domain: Language and literacy

Goals

-Children will express themselves using simple words, phrases, and complete sentences, employing an increasingly complex and extensive vocabulary. They will be able to recount experiences, as well as answer and ask questions related to their explorations and interactions, in a manner appropriate for their age and level of functioning. Furthermore, they will use their attention and comprehension skills to communicate with adults and their peers.

- Children will identify letters and the sounds each one produces. At the same time, they will recognize their own names and create scribbles, drawings, and letters—in increasingly sophisticated ways—to communicate a message.

Domain: Cognition

Goals

- Children will develop concepts of numbers, sequencing, and the relationships between numbers and quantities; they will make associations, create sets, identify and construct patterns, take measurements, identify, describe, and compare geometric shapes, and explore spatial positions.

-Children will observe, discover, use scientific language, develop understanding, categorize phenomena, ask questions, gather information, reason, and commit information to memory. Furthermore, they will make predictions, plan, draw conclusions, analyze, evaluate, and report their findings, enabling them to organize their world and solve problems.

Domain: Perceptual, motor, and physical development

Goals

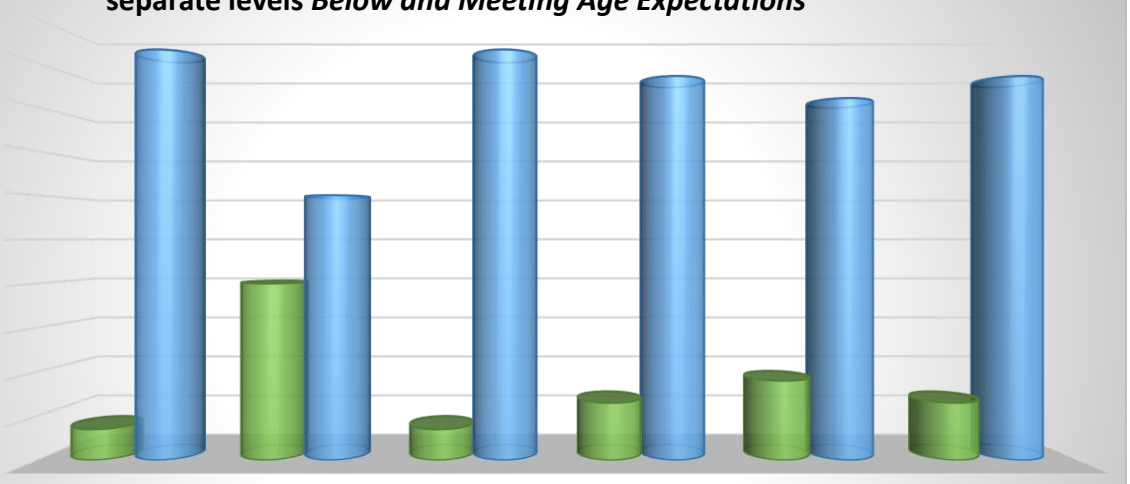
--Children will demonstrate perceptual skills—using their senses—as well as gross and fine motor skills, with increasing control, strength, and coordination appropriate for their age and level of functioning, as they explore and move within their environment and interact with people and objects.

-Children will learn and demonstrate knowledge regarding the care of their own bodies through good health habits, safety practices, proper nutrition, and healthy behaviors.

CHILDREN'S RESULTS AND ACHIEVEMENTS

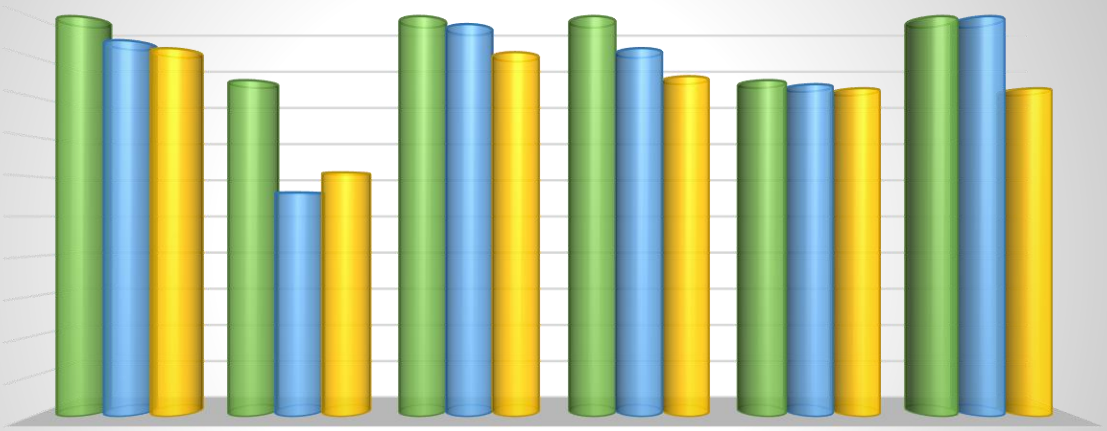
EARLY HEAD START

Percentages of Early Head Start children - *All Children* – attaining the separate levels *Below and Meeting Age Expectations*



	Social-Emotional	Physical	Cognitive	Mathematics	Language-Spanish	Literacy- Spanish
Below	7%	40%	7%	13%	18%	13%
Meeting	93%	60%	93%	87%	82%	87%

Percentages of EHS children - *All Children* - by Age Groups attaining the *Meeting or Exceeding* combined



	Social-Emotional	Physical	Cognitive	Mathematics	Language-Spanish	Literacy-Spanish
Birth- 1 year	100%	84%	100%	100%	84%	100%
1 -2 years	94%	56%	98%	92%	83%	100%
2 -3 years	92%	61%	91%	85%	82%	82%

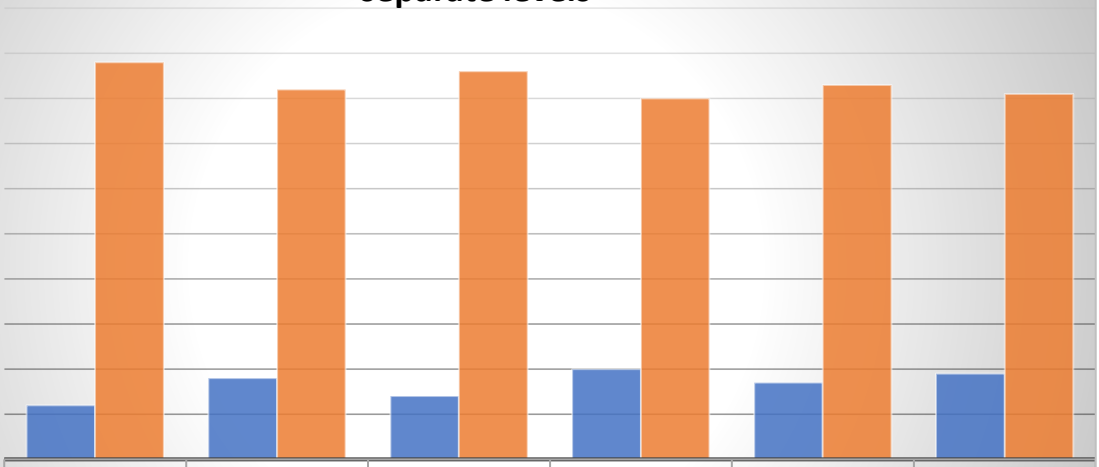
Summary of results for children: Performance of Early Head Start children in the 3rd Developmental Assessment (2025–2026), expressed as a percentage of achievement.

- Children in Proposal I (N=296) reached the 90% achievement range in two developmental areas: Socio-emotional and Cognitive (both at 93%). In three areas, results fell within the 80% range: Literacy (88%), Mathematics (86%), and Language (81%). The area with the lowest achievement percentage was Physical (59%).
- Children in Proposal II (N=78) performed within the 90% achievement range in two developmental areas: Socio-emotional (97%) and Cognitive (95%). Three areas fell within the 80% range: Mathematics and Language (both at 88%) and Literacy (85%). The area with the lowest achievement percentage was Physical (62%).
- Children in Proposal III (N=60) reached the 90% achievement range in two developmental areas: Mathematics (95%) and Cognitive (94%). Three areas fell within the 80% range: Socio-emotional (89%), Literacy (87%), and Language (80%). The area with the lowest percentage of achievement was Physical (62%).

CHILDREN'S RESULTS AND ACHIEVEMENTS

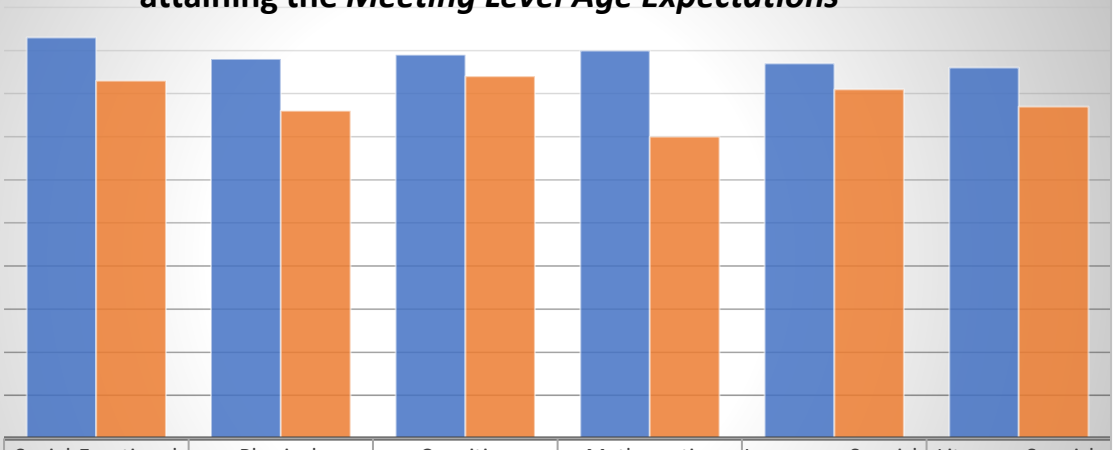
HEAD START

Percentages of Head Start children - *All Children* – attaining the separate levels



	Social-Emotional	Physical	Cognitive	Mathematics	Language- Spanish	Literacy- Spanish
Below	12%	18%	14%	20%	17%	19%
Meeting	88%	82%	86%	80%	83%	81%

Percentages of 3 year-old and 4 year-old Head Start children attaining the *Meeting Level Age Expectations*



	Social-Emotional	Physical	Cognitive	Mathematics	Language- Spanish	Literacy- Spanish
3 years	93%	88%	89%	90%	87%	86%
4 years	83%	76%	84%	70%	81%	77%

Summary of child outcomes: Performance of Head Start children in the 3rd Developmental Assessment (2025–2026), expressed as a percentage of achievement.

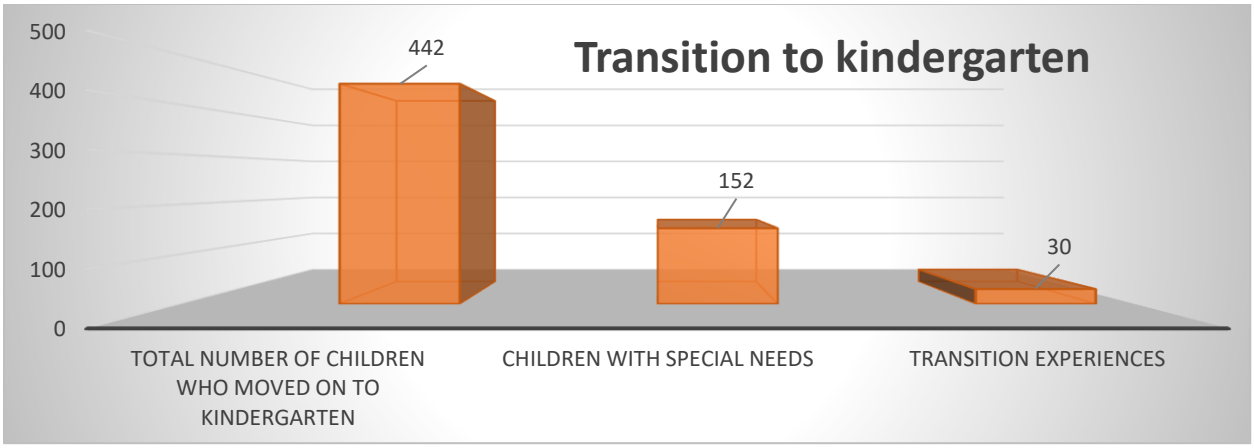
Comparing the results for 3- and 4-year-old children combined ("All children") from Proposal I (N=501 assessed) and Proposal II (N=412 assessed), we find the following:

- Children in Proposal I achieved the following results: In the 80% achievement range: Social-emotional (87%), Cognitive (86%), Language (83%), Physical (82%), and Literacy (80%). The area with the lowest percentage of achievement was Mathematics (79%).
- Children in Proposal II achieved results in the 80% achievement range across all 6 developmental areas: Social-emotional (89%), Cognitive (86%), Language (84%), Literacy (83%), Physical (81%), and Mathematics (80%).

TRANSITION – ACTIONS TO PREPARE CHILDREN AND FAMILIES TO ENTER KINDERGARTEN

New York Foundling in Puerto Rico recognizes the transition from Head Start to kindergarten as a significant milestone in the educational journey of children and their families. As part of this process, NYF develops strategies aimed at fostering a planned and coordinated transition, promoting the continuity of learning experiences, and providing support to children and their families as they prepare to enter a new educational setting.

These transition strategies encompass the holistic preparation of children, family engagement, collaboration with receiving schools, and the coordination of services to address specific needs. Organizational procedures include a Transition Plan that covers, among other elements, guidance for families, information regarding kindergarten enrollment dates, and collaborative agreements with local schools. Through these strategies, New York Foundling in Puerto Rico upholds its commitment to supporting a transition to kindergarten that is well-planned and centered on the needs of children and their families. This process includes the comprehensive preparation of children, active family participation, collaboration with receiving schools, the coordination of services for children with special needs, and staff preparation. These efforts are designed to facilitate the continuity of educational experiences and ensure that children move into their next school environment equipped with the skills, experiences, and support necessary to continue their learning and development. As a result of these initiatives, 30 transition activities were carried out during the program year, reaching 442 children—including 152 children with special needs. These actions reflect the program's ongoing commitment to school readiness, educational continuity, and the success of every child as they transition to kindergarten.



Comprehensive preparation of children

Kindergarten readiness is approached from a comprehensive perspective that recognizes the various areas of child development. Through educational experiences and daily routines, opportunities are fostered to strengthen cognitive, linguistic, emergent literacy, mathematical, physical, social, and emotional skills. These educational experiences also support the development of competencies that help children adapt to a new school environment. Such competencies include following instructions and routines, participating in individual and group activities, communicating with others, sharing, collaborating, resolving conflicts, and progressively strengthening self-control, empathy, self-confidence, and independence. These areas were identified as part of the kindergarten readiness strategies developed by the Program. Monitoring children's progress allows educational staff to identify both strengths and areas requiring additional support, using this information to guide learning experiences and address each child's individual needs.

Participation and support for families

Families play a fundamental role during the transition process. NYF offers guidance to parents and guardians regarding entry into kindergarten and the enrollment processes at receiving schools within the Puerto Rico Department of Education. It also provides information concerning the transition processes for children with special needs. These efforts ensure that families have the information they need to participate actively in their children's transition and to continue supporting their learning and development as they enter the next educational setting.

Collaboration with receiving schools

Collaboration with receiving schools is another component of transition strategies. The program maintains communication and collaboration with the schools that will receive the children and takes steps to coordinate the transition process. Institutional procedures include establishing

partnership agreements with community schools as part of the planning for the transition from Head Start to kindergarten. This coordination aims to facilitate communication among Head Start, families, and receiving schools, and to contribute to the continuity of the children's educational experiences.

Transition experiences

As part of the strategies developed, the Program coordinates experiences that allow children to become familiar with some of the environments and activities they will encounter upon entering kindergarten. Reported activities include visits to kindergarten classrooms and school cafeterias, as well as initiatives during the second semester that relate to the experiences children will have in their upcoming educational setting. These experiences complement the preparation that takes place daily within Head Start educational environments and provide opportunities for children to learn about aspects of their future school setting before completing their transition.

Transition for children with special needs

The Program recognizes the importance of coordinating the transition of children with special needs. Identified actions include meetings with the Department of Education and the Special Education Program regarding information about children in transition. This coordination is part of efforts aimed at supporting children and their families during a change in educational setting and facilitating communication with the relevant entities.