



# Supporting Our Youngest Children: Early Head Start Programs in 2010

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Brief No. 11

## About the Series

This is the 11th brief in a series of CLASP analyses of Head Start Program Information Report (PIR) data. State factsheets presenting PIR data for all Head Start programs in a state are also available. This brief and the accompanying state fact sheets are available at:

<http://childcareandearlyed.clasp.org/>

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CLASP staff are available to provide technical assistance on Head Start and Early Head Start PIR and other child care and early education issues. Please contact us for more information.

By Stephanie Schmit and Danielle Ewen<sup>1</sup>

Since 1965, Head Start has provided high quality early education and comprehensive support services to the nation's poorest children from ages 3 through school age. In 1994, the federal Early Head Start (EHS) program was created to address the comprehensive needs of poor children under age 3 and pregnant women. In addition to early learning opportunities, Head Start and Early Head Start's comprehensive early childhood development programs provide children and families with access to a range of services such as health screenings, referrals and follow-up support, parenting resources, and social services. Programs emphasize the importance of parental involvement and staff work to cultivate parents' abilities as their children's first teachers.

Research demonstrates that Head Start and Early Head Start have had positive impacts on the lives of children and families. In 2002, the U.S. Department of Health and Human Services (HHS) released the results of a long-term study that used random-assignment to determine the impact of participation in Early Head Start for low-income children and their families. The study found that 2-year-old children with at least one year of Early Head Start performed better on measures of cognitive, language and socio-emotional development than their peers who did not participate in the program. Children who attended Early Head Start continued to outperform children in the control group at age 3. Parents of Early Head Start children also performed better on measures of the home environment, parenting and knowledge of child development. These parents were also more likely to participate in job training and education and to be employed, in comparison to families who did not participate in Early Head Start.<sup>2</sup>

In 2010, the *Long-term follow-up of the Early Head Start Research and Evaluation Project Study Sample* was published. This was a follow-up with the initial study participants while in fifth grade. These study participants have been studied since EHS began. The study's goals were to examine whether EHS's impacts on outcomes for children and families continued seven years after the end of their participation in the program and explore children's and families' experiences after the children entered elementary school. EHS did not continue to have the broad impacts seen when the children were younger, but there were patterns of impact for some subgroups. For the overall sample, there was a significant impact for social-emotional development of children on multiple measures, including the absence of risk in externalizing or internalizing behaviors, peer bullying, attention problems and delinquent variables. There was no significant impact on the individual variables.<sup>3</sup> African American families continued to see positive impacts in the areas of child social-emotional development, parent support for education and parent mental health. Children living in low or moderate risk families continued to see favorable results in several categories, while high risk children did not continue to see the positive impacts that were seen at the age 5 follow-up.<sup>4</sup>

Head Start was last reauthorized in 2007, when several important changes for Early Head Start were included. Half of all new funds appropriated for the Head Start program are now used for Early Head Start expansion. In addition, the legislation allows Head Start programs currently serving preschool-aged children to convert slots into Early Head Start services for infants and toddlers based on an assessment of community needs. All Early Head Start teachers must have infant-toddler development training, and the Secretary of Health and Human Services sets standards for the training and qualifications of Early Head Start home visitors. Each state is also required to have at least one full time infant-toddler specialist, and 20 percent of

training and technical assistance dollars are allocated to Early Head Start.

As a result of the 2009 American Recovery and Reinvestment Act (ARRA), Early Head Start received a one-time increase of \$1.1 billion. ARRA designated the funds for training, technical assistance, monitoring, and expansion of the Early Head Start program. As this brief outlines, Early Head Start enrollment numbers substantially increased in the 2009-2010 program year, allowing services to reach many more at-risk children and families.

All Head Start programs are required to complete the Program Information Report (PIR) on an annual basis.<sup>5</sup> Based on information reported through the PIR by grantees, this analysis describes the characteristics of Early Head Start children, families and staff and the services provided to them from the 2002 through 2010 program years. Specifically, this brief looks at program years 2002, 2006 (when the last CLASP brief was written), 2009 and 2010.<sup>6</sup>

In 2010, the Early Head Start program served 120,433 children under age 3 and 13,538 pregnant women through 1,007 programs throughout the country.<sup>7</sup> Eleven percent of all funded Head Start slots were in Early Head Start. Nationally, less than 4 percent of eligible children were served by Early Head Start.<sup>8</sup>

An analysis of the 2009-2010 PIR data shows the following key findings:

- **Early Head Start enrollment saw its largest increase since its inception.** In the 2010 program year, Head Start had a funded enrollment of 104,533, which was an increase of 43,385 from the 2009 enrollment of 61,148. The Early Head Start program served 120,433 children under age 3 and 13,538 pregnant women throughout the 2009-2010 program year.

- **Early Head Start families accessed a broad range of services.** In the 2009-2010 program year, 82 percent of families accessed at least one of the available services offered by Early Head Start. The two services most accessed were parenting education and health education (65 percent and 62 percent, respectively). Children received a range of medical and dental services, as well as mental health screenings and follow-up, as necessary. Additionally, 88 percent of pregnant women enrolled in the program received prenatal and postnatal care while enrolled in the program.
- **Most Early Head Start teachers have a degree and nearly half (49 percent) have a bachelor's or higher.** In 2010, 22 percent of teachers had a graduate degree in early childhood education (ECE) or a related field, 27 percent had a baccalaureate degree in ECE or a related field, and 32 percent of teachers had an associate degree in ECE or a related field. Sixteen percent of Early Head Start teachers had no degree or credential in 2010. Of those with no degree or credential, 76 percent were enrolled in a degree or credential training program.
- **Early Head Start promotes better health for young children.** At the end of the 2010 program year, most children had access to a medical home. Ninety-six percent of children enrolled in the Early Head Start program had an ongoing source of medical care at the end of the 2010 program year. Additionally, 96 percent of enrolled children had health insurance at the end of the 2010 program year.
- **Early Head Start provides services through a variety of program options.** In the 2010 program year, 49 percent of children were enrolled in center-based Early Head Start services, 45 percent were enrolled in home-based services, 3 percent were in the combination program, 2 percent were in the family child care option, and 1 percent of children were enrolled in the locally designed option.<sup>9</sup>
- **Early Head Start supports families with working parents, many with limited formal education.** In 2010, 61 percent of Early Head Start families had at least one employed parent and 23 percent had at least one parent in school or job training. Thirty-three percent of parents had not graduated from high school and 39 percent had a high school diploma or equivalent. Five percent had a bachelor's or higher.

### Early Head Start Programs

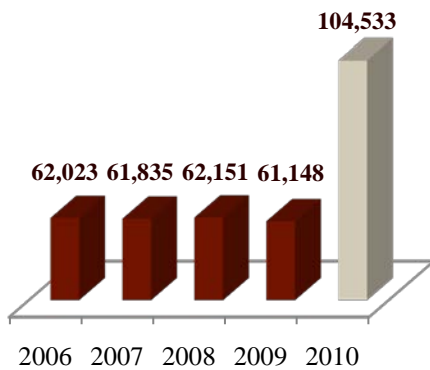
All Head Start programs are required to comply with federal Head Start performance standards, which include standards specific to the needs of infants, toddlers, and pregnant women served by Early Head Start. Head Start Program Performance Standards are designed to promote a nurturing environment that fosters healthy socio-emotional, physical, and cognitive development for children. Central to this goal is a secure relationship between teachers or home visitors and infants and toddlers, created by providing consistent, long-term care that is sensitive to the child's family, culture and language.

According to the PIR, funded enrollment in Early Head Start in 2010 was 104,533, of which 103,238 slots were funded by the Administration for Children and Families (ACF) within HHS.<sup>10</sup> This large increase comes after many years of steadily funded enrollment, including 61,148 in 2009 and 62,023 in

2006 (See Figure 1). Funding for 1,295 slots came from other sources, including other federal or state funding and private resources such as general state revenues, Child Care and Development Block Grant (CCDBG) funds, Temporary Assistance for Needy Families (TANF) funds, and support from foundations.

**Figure 1**

**Early Head Start Funded Enrollment, Program Years 2006-2010**



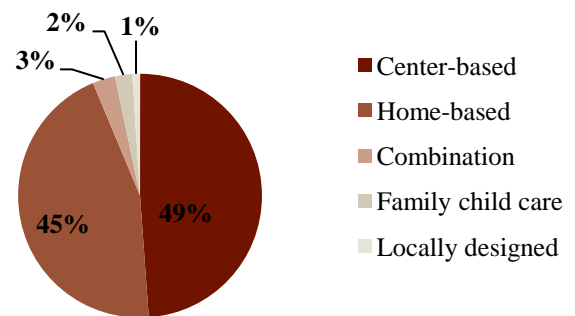
Head Start regulations require each program conduct a community needs assessment and design Early Head Start Programs accordingly.<sup>11</sup> Early Head Start services may be administered through several program options, including center-based programs, home-based services consisting of home visits and group socialization activities, combination programs that include center- and home-based services, and locally designed programs created by the grantee and approved by the federal government.<sup>12</sup> In 2000, the Office of Head Start (then the Head Start Bureau) proposed adding family child care as a formal program option after successful demonstration projects.<sup>13</sup> The proposed rules for family child care were formally finalized and adopted in 2008.<sup>14</sup> Other guidance from the Office of Head Start discusses considerations for Early Head Start grantees contracting with child care partners and family child care homes to deliver Early Head Start programs that meet Program Performance Standards,<sup>15</sup> and

encourages flexibility in program options to meet families’ needs.<sup>16</sup>

In 2010, just under half of Early Head Start slots (49 percent) were in center-based programs (See Figure 2). Most center-based programs (91 percent) were full-day (as defined by Head Start)—operating at least six hours per day and five days per week; 4 percent were part-day, five-day-per-week programs. Just 5 percent of center-based slots were in four-day programs operating either full- or part-day. Seven percent of all children who enrolled were reported to receive Early Head Start services through a child care partner that had contracted with a center-based Early Head Start program.

**Figure 2**

**Type of Early Head Start Program by Funded Enrollment, Program Year 2010**



An additional 45 percent of slots were home-based programs, 3 percent of slots were combination programs of center-based and home-based services, and 1 percent was locally designed programs. Family child care slots comprised 2 percent of Early Head Start slots.

## Early Head Start Children and Pregnant Women

In 2010, Early Head Start served a diverse group of primarily poor children and pregnant women. Over the course of the program year, 120,433 children and 13,538 pregnant women received Early Head Start services. Pregnant women accounted for about 10 percent of the total Head Start enrollment, which is the same as 2009.<sup>17</sup>

The age breakdown of children served in 2010 remained consistent with previous years: 31 percent of children were under age 1, 33 percent were age 1, 32 percent were age 2, and 4 percent were age 3.<sup>18</sup> Twenty-two percent of children were enrolled in Early Head Start for their second year (a decline of 8 percent from the previous year), while 10 percent had been enrolled for three or more years in 2010 (a decline of 4 percent from the previous year).

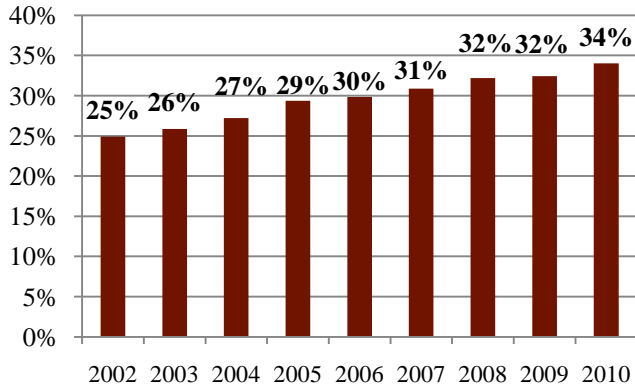
Most children and pregnant women (72 percent) qualified for Head Start because their families had incomes below the federal poverty level. In program year 2009-2010, the federal poverty level for a family of four was \$22,050.<sup>19</sup> An additional 16 percent of participants qualified based on participation in public assistance programs. Two percent were eligible due to status as a foster child, 4 percent were eligible as a result of homelessness and 2 percent were enrolled based on an income between 100 and 130 percent of the federal poverty level. Only 3 percent of participants were from families who made more than the federal poverty level.

**Racial, Ethnic and Linguistic Diversity** Early Head Start continued to serve an ethnically and racially diverse population. In 2010, 34 percent of participants were of Hispanic or Latino origin, regardless of race (See Figure 3).<sup>20</sup> Nationally, 25 percent of children ages 0-3 were Hispanic or Latino in 2010.<sup>21</sup> Twenty-six percent of participants lived in

home”) within 90 days of program entry. If children are without a medical home, Early Head Start staff must work with parents to find one.<sup>22</sup> In 2010, 96 percent of children had a medical home by the end of the enrollment year. This is down from 97 percent in 2009, but up from 2006 and 2002 when the percent of children with access to a medical home was 95 percent and 87 percent, respectively. Among children without a medical home at enrollment in 2010, 58 percent obtained access to a medical homes where English was not the primary language. Spanish was the most common primary language after English, accounting for 22 percent of all participants, with no other language accounting for more than 1 percent of participants. Early Head Start programs in California had the largest portion of participants from homes where English was not the primary language (54 percent), followed by Arizona (46 percent). Participants from homes primarily speaking languages other than English accounted for one-fourth or more of Early Head Start participants in 18 states in 2010. These States were Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Massachusetts, Maryland, Nebraska, New Jersey, New York, Nevada, Oregon, Utah, Virginia, and Washington. In 2010, 26 percent of all Early Head Start participants spoke a language other than English in their homes as compared to approximately one of seven babies and toddlers in the U.S. have a parent who speaks limited English,<sup>23</sup> indicating that a language other than English is likely to be spoken in the home.

**Figure 3**

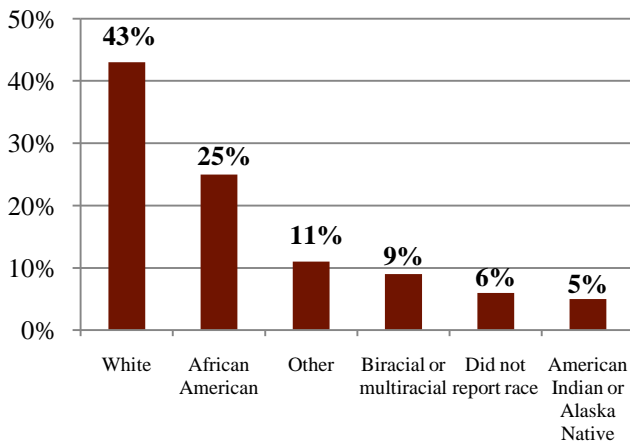
**Participants who are of Hispanic or Latino Origin, Program Years 2002-2010**



Forty-three percent of participants were white, 25 percent were African American, 9 percent were biracial or multiracial, and 5 percent were American Indian or Alaskan Native. The Asian race category accounted for 1 percent of participants while the Native Hawaiian and other Pacific Islanders categories accounted for less than 1 percent. Six percent of participants did not specify a race and 11 percent reported their race as “other.” (See Figure 4)

**Figure 4**

**Participant Race, Program Year 2010**



**Medical Screening, Services and Insurance** Head Start Program Performance Standards require that all

children receive a medical screening within 45 days of entry and that staff works with parents to ensure children receive follow-up treatment if necessary.<sup>24</sup> In 2010, a medical screening was completed for 85 percent of children. Among children screened, 11 percent were diagnosed as needing further treatment (See Figure 5). Of the diagnosed children, 94 percent received the treatment they needed. The most commonly treated conditions reported were asthma (54 percent), anemia (25 percent), and children being overweight (23 percent).

Head Start Program Performance Standards require programs determine whether children have access to an ongoing source of medical care (or a “medical home during the program year. This is a decline from 2009, when 61 percent of children without a medical home at the start of the year obtained a medical home during the program year. This is still an increase from the 2006 program year when 54 percent of children without a medical home at the beginning of the year obtained access by the end of the program year.

In 2010, 86 percent of children had received all immunizations possible at the time they enrolled in Early Head Start.<sup>25</sup> By the end of the program year, 92 percent of children were up to date on immunizations, to the extent possible. This number is down from 2009, when 96 percent of children were up to date at the end of the program year. (See Figure 6)

Most Early Head Start children had health insurance or obtained it during the enrollment year. At the end of the Early Head Start year, 96 percent of children had health insurance. Among children without health insurance at enrollment, 55 percent obtained insurance during the 2010 program year, which is consistent with the previous year. Most children (91 percent) with health insurance had coverage through a publicly funded program, including Medicaid (74 percent), State Children’s Health Insurance Program

(SCHIP) (8 percent), a combination (8 percent), or

Figure 5

**Children Receiving Medical Screening and Treatment, Program Year 2010**

Completed Medical Screening (of actual child enrollment)	85%
Diagnosed as needing treatment (of those that completed screening)	11%
Received treatment (of those diagnosed)	94%
Received treatment for the following (of those receiving treatment):	
a. Asthma	54%
b. Anemia	25%
c. Overweight	23%
d. Hearing difficulties	18%
e. Vision problems	14%
f. High lead levels	4%
g. Diabetes	<1%

\*\*Note: Percentages do not add up to 100% because other conditions requiring treatment are not reported in the PIR. In addition, children may have received treatment for more than one condition.

another state-funded program (1 percent). Just 6 percent of children with insurance had private insurance and less than 1 percent reported having some other type of insurance.

In 2010, 69 percent of children had access to a continuous source of dental care. In 2002, according to the PIR, less than half (47 percent) of children had access to continual dental care by the end of the Early Head Start year, a figure that jumped to 69 percent in 2004.<sup>26</sup> In 2006 this rate fell to 65 percent of children.

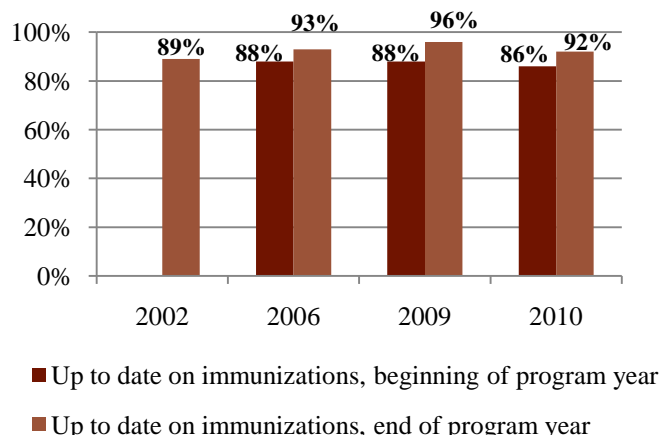
**Pregnant Women** In 2010, 12 percent of Early Head Start children were diagnosed as having a disability. Among these children, 59 percent were diagnosed prior to enrolling in Early Head Start and 41 percent were diagnosed during the program year. Ninety-nine percent of all children diagnosed with a

disability received special education or related services.

In 2010, pregnant women made up 10 percent of Early Head Start enrollment. Women enrolled in Early Head Start at varied times during their pregnancy, with over half enrolling before the third trimester: 23 percent enrolled during the first trimester, 39 percent during the second trimester, and 38 percent during the third trimester. Twenty percent of women had pregnancies defined as medically “high-risk.”

Figure 6

**Early Head Start Children Immunizations, Beginning and End of Program Years 2002, 2006, 2009, and 2010**



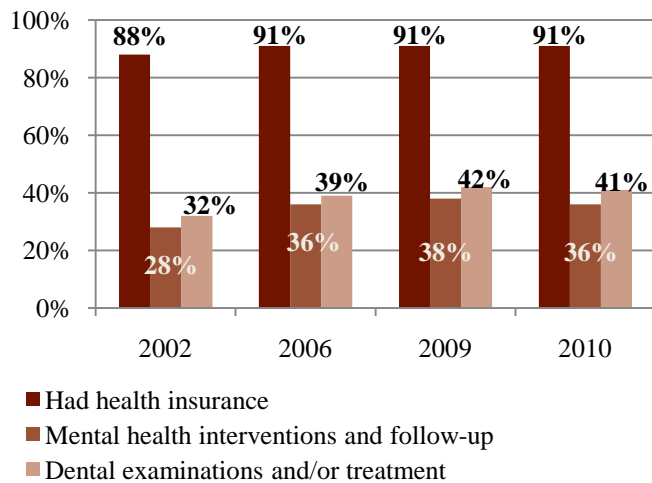
Note: Beginning of the year immunization information is not available for program year 2002.

Head Start Program Performance Standards require grantees provide pregnant women with referrals for prenatal and post-partum care and to provide education and guidance on fetal development, breastfeeding, and related services.<sup>27</sup> In 2010, pregnant women accessed a variety of services during and after pregnancy. Eighty-eight percent received prenatal and postnatal health care while enrolled in Early Head Start. This is down from 90

percent in 2009 and 92 percent in 2006. Additionally, in 2010, 92 percent of women received prenatal education on fetal development and 92 percent of women received information on the benefits of breastfeeding.

**Figure 7**

**Health Services for Pregnant Women,  
Program Years 2002, 2006, 2009, and 2010**



Services to pregnant women in 2010 remained unchanged or decreased slightly in most key indicator areas as compared to previous years. In 2010, 91 percent of pregnant women had health insurance—consistent with 2009 (See Figure 7). Forty-one percent of pregnant women received a dental examination in 2010, up 2 percent from 2006. Thirty-six percent of women accessed mental health interventions and follow-up services in 2010.

### Early Head Start Families

In 2010, 109,621 families participated in Early Head Start. Most Early Head Start families include low-income parents who are working or in school and have limited higher education. In 2010, 42 percent of families were two-parent families and 58 percent were headed by a single-parent. In two-parent families, 79 percent included at least one employed

parent and 20 percent included at least one parent in school or job training. In single parent families, 48 percent of parents were employed and 25 percent were in school or job training. Sixty-one percent of all families had at least one employed parent and 23 percent of all families had at least one parent in school or job training.

The majority of parents with children in Early Head Start had not completed formal schooling beyond high school. In 2010, 33 percent of parents had not graduated from high school and 39 percent had a high school diploma or the equivalent. Twenty-two percent had some college, vocational school, or an associate degree and 5 percent had a bachelor's degree or higher. These educational levels have remained nearly unchanged since 2006.

Early Head Start families accessed other social services for themselves and their children. The number of families participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has increased slightly in recent years. Seventy-eight percent of families received WIC in 2010, down 1 percent from the previous year, but up from 74 percent in 2006. Participation in the Supplemental Security Income program remained steady at 8 percent while participation in Temporary Assistance for Needy Families decreased to 20 percent in 2010, compared to 24 percent in 2006.

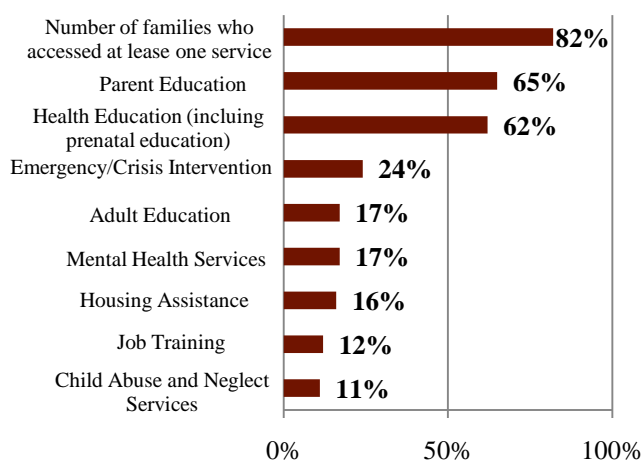
In 2010, most families (82 percent) accessed at least one or more services offered by Early Head Start programs (see Figure 8). In 2010, 65 percent of families participated in parenting education and 62 percent of families accessed health education (down from 64 percent in 2009; up from 60 percent in 2006). Families accessed emergency services (24 percent), adult education (17 percent), mental health services (17 percent), housing assistance (16 percent), job training (12 percent), and child abuse and neglect services (11 percent). Early Head Start programs also offered substance abuse prevention or



treatment, domestic violence services, marriage education services, English as a Second Language (ESL) services, child support assistance and assistance to families of incarcerated individuals, all of which were accessed by less than 10 percent of families.

Figure 8

**Family Services Most Often Accessed by Early Head Start Families, Program Year 2010**



Seven percent of families served were homeless in 2010, up from 5 percent in 2006. Thirty-eight percent of homeless families acquired housing during the enrollment year.

**Early Head Start Staff**

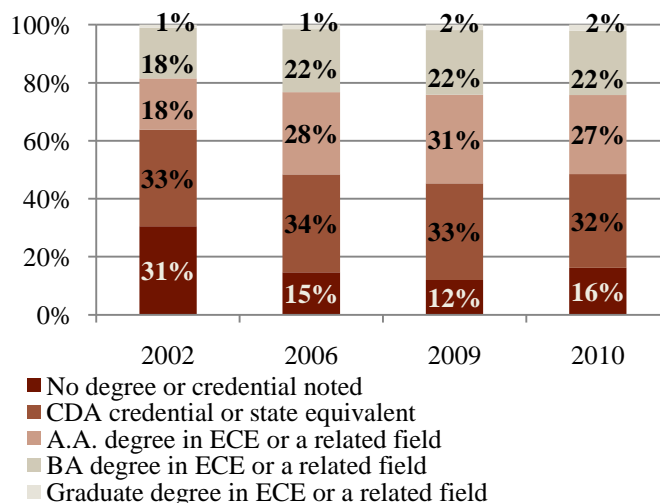
The Head Start Program Performance Standards emphasize the importance of a nurturing, responsive, and consistent caregiver to support healthy development in young children. Each teacher may care for a maximum of four infants or toddlers and group size is restricted to eight children. All program staff included in the adult-to-child ratio must have at

least a Child Development Associate (CDA) Credential.<sup>28</sup>

A recent U.S. Government Accountability Office (GAO) report shows that newer EHS programs were less likely to meet the teacher qualifications than more established programs.<sup>29</sup>

Figure 9

**Early Head Start Teachers with Degrees in Early Childhood Education (ECE), Program Years 2002, 2006, 2009, and 2010**



Note: Percentages may not add up to 100% due to rounding. Early Head Start teachers are defined as the lead teacher or co-lead teacher in a center-based program.

In 2010, 51 percent of teachers had an associate degree or higher.<sup>30</sup> In comparison, 55 percent of Early Head Start teachers had an associate degree or higher in 2009 and 52 percent in 2006 (See Figure 9). In 2010, 22 percent of teachers had a bachelor's degree, down 2 percent from the previous year. Among teachers without a degree in 2010, many had a credential or were pursuing a degree. Thirty-two percent of teachers had a CDA or state equivalent, and of these teachers, 27 percent are enrolled in a degree program. Among teachers without a degree or CDA, 76 percent were in a degree program or CDA

training (up from 60 percent in 2006 and from 71 percent in 2009).

Early Head Start home visitors provided the Early Head Start program to 45 percent of enrolled children through the home-based program option.

The qualifications of Early Head Start home visitors have remained the same over the last few years. In 2010, 64 percent of home visitors had an associate degree or higher, and 45 percent had a bachelor's degree or higher. Seventy-one percent had at least a CDA, and of those with a CDA or no credential, 18 percent were enrolled in a degree program.

Family child care providers, who served 2 percent of EHS participants in 2010, have fewer credentials since 2006. Between 2006 and 2010, the share of EHS family child care providers with a CDA credential or equivalent decreased from 45 percent in 2006 to 40 percent in 2010. At the same time, the percent of family child care providers with an associate degree fell 6 percent from 2009 to 15 percent, levels consistent with 2006.

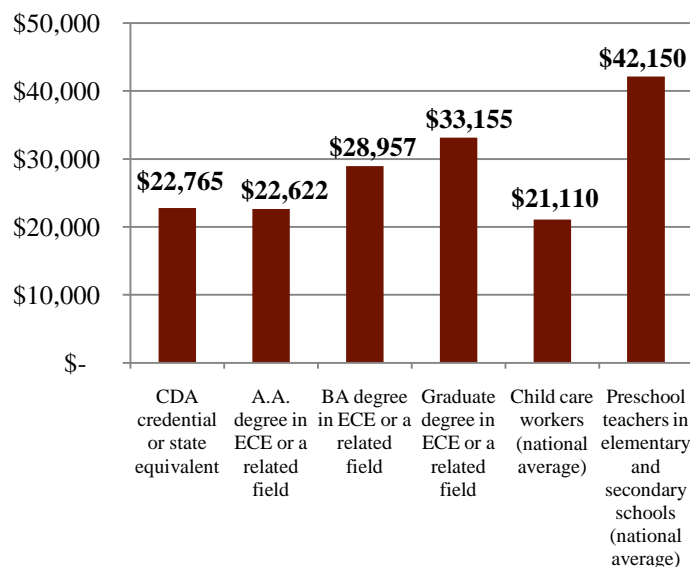
Salaries for Early Head Start teachers in 2010 ranged from \$22,765 for teachers with a CDA to \$33,155 for teachers with a graduate degree, with an average for all teachers of \$25,834 (See Figure 10).<sup>31</sup> Early Head Start teacher salaries were higher than Head Start salaries for teachers with the same credentials, with the exception of Head Start teachers with a graduate degree who earn on average \$35,194 compared to \$33,155 for EHS teachers with a graduate degree. Early Head Start teacher salaries were higher than the national average for child care workers, which was \$21,110 in 2010,<sup>32</sup> but considerably less than preschool teachers in elementary and secondary schools, whose salaries averaged \$42,150 in 2010.<sup>33</sup> Early Head Start teacher turnover was 12 percent in 2010, and 13 percent of those who left reported leaving to pursue higher compensation. In the Head Start Preschool Program, turnover for teachers in 2010 was 10 percent, with 21 percent of Head start

Preschool teachers leaving to pursue higher compensation.

The national average annual salary for Early Head Start home visitors was \$28,944 in 2010.<sup>34</sup> By comparison, the national average for child, family and school social workers was \$43,850 in 2010.<sup>35</sup>

**Figure 5**

**Average salaries for Early Head Start Teachers by Education Level, Program Year 2010**



Early Head Start staff represent diverse racial and ethnic backgrounds. In 2010, 53 percent of Early Head Start staff were white, 25 percent were black or African American, 4 percent were American Indian or Alaskan Native, and 2 percent were Asian.<sup>36</sup> In addition, 3 percent were bi-racial or multi-racial, 4 percent did not specify their race and 9 percent reported their race as "other." Twenty-six percent of child development staff identified their ethnicity as Hispanic or Latino origin (regardless of race) in 2010. Twenty-six percent of child development staff were proficient in a language other than English, which is up 2 percent from the previous year. The

PIR does not collect data on staff proficiency in specific languages.<sup>37</sup>

## Conclusion

Early Head Start provides a strong support system and comprehensive services for poor children and their families. In 2010, children continued to gain access to an ongoing source of medical care and more at a high rate. That same year, the number of pregnant women with health insurance remained consistent with the previous year. Furthermore, in 2010, more teachers had degrees than in 2006, although salaries remained largely unchanged.

In 2010, 23 percent of children under the age of 3 lived below the federal poverty level while 46 percent were considered low-income (below 200 percent of the federal poverty level).<sup>38</sup> The supports provided to poor families through Early Head Start are critical; yet EHS serves fewer than 4 percent of eligible infants and toddlers.

The PIR data captures the growing number of poor children receiving Early Head Start services due to the influx of ARRA funds that greatly expanded the program.

However, several key points—including FCC provider credentials, pregnant women’s receipt of prenatal and postnatal health care while enrolled in Early Head Start, and children’s immunizations at the end of the program year—showed small declines in 2010, suggesting that the recession was already impacting Early Head Start programs and providers. These trends will bear close monitoring in the years to come. Robust funding for Early Head Start will be important to ensure that Early Head Start providers have sufficient funding to provide the comprehensive model.

<sup>1</sup> Danielle Ewen is a former staff member at CLASP. She is currently the Director of Early Childhood Education for the District of Columbia Public Schools.

<sup>2</sup> The U.S. Department of Health and Human Services. *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. 2002.

<sup>3</sup> Vogel, Cheri A., Yange Xue, Emily M. Moiduddin, Ellen Eliason Kisker, and Barbara Lepidus Carlson, *Early Head Start Children in Grade 5: Long-Term Follow-Up of the Early Head Start Research and Evaluation Study Sample*. OPRE Report # 2011-8, 2010.

<sup>4</sup> Using counts of risk factors measured at baseline (being a single parent, receiving public assistance, being neither employed nor in school or job training, being a teenage parent and lacking a high school diploma or GED) families were divided into groups of lower (0-2 risks), moderate (3 risks), and highest risks (4-5 risks).

<sup>5</sup> For more information on Head Start Program Information Reports (PIR), visit the [Early Childhood Learning and Knowledge Center](#).

<sup>6</sup> Hoffmann and Ewen, *Supporting Families; Nurturing Young Children: Early Head start in 2006*, 2008, <http://www.clasp.org/admin/site/publications/files/0386.pdf>.

<sup>7</sup> The PIR collects data on all children and pregnant women who participate in Head Start at any point during the year, including those who do not complete the year.

<sup>8</sup> National Women’s Law Center calculations based on data from the Office of Head Start on number of enrolled children and Census Bureau data on children in poverty by single year of age.

<sup>9</sup> A combination program combines both home visiting and center based services. A locally designed program is created by the grantee and approved by the federal government.

<sup>10</sup> This figure differs from the level of federally funded enrollment reported in 2010 by the U.S. Department of Health and Human Services, which was 114,746 (Source: Office of Head Start).

<sup>11</sup> Head Start Regulations. 45 CFR 1306.31(b).

<sup>12</sup> Head Start Regulations. 45 CFR 1306.32 - 45 CFR 1306.35.

<sup>13</sup> U.S. Department of Health and Human Services, *Proposed Regulation on Family Child Care Homes as a Head Start Program Option*, Log No. ACYF-IM-HS-00-19, September 2000.

<sup>14</sup> Federal Register, HHS Final Rule, 2008, <http://edocket.access.gpo.gov/2008/E7-25462.htm>.

<sup>15</sup> U.S. Department of Health and Human Services, *In What Ways Does the Administration on Children, Youth, and Families (ACYF) Support Early Head Start-Child Care*

*Partnerships?* Early Head Start Tip Sheet 12, 2003, [http://www.headstartinfo.org/infocenter/ehs\\_tipsheet/tip12.htm](http://www.headstartinfo.org/infocenter/ehs_tipsheet/tip12.htm).

<sup>16</sup> Judith Jerald and Sarah M. Semlack, *Selecting the Appropriate Program Option*, Head Start Bulletin #69, 2000. [http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/eecd/Learning%20Environments/Program%20Options/edudev\\_art\\_00209\\_072505.html](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/eecd/Learning%20Environments/Program%20Options/edudev_art_00209_072505.html)

<sup>17</sup> The PIR collects data on all children who participated in the program at any point in the year, including those who do not complete the year; this number is not simply the number of funded slots in the program.

<sup>18</sup> In determining a child's age, the 2009 PIR manual instructs Head Start and Early Head Start grantees to "Use the age of the child as of the date used by the local school system in determining eligibility for public school. Children who are age-eligible to attend kindergarten next year are considered 4-year-olds for PIR purposes, even if they have already turned 5 at the time of the report." For example, if the local school system requires children to be 5 years old on or before September 1 to be eligible for kindergarten, a child participating in Early Head Start who was 2 years old on September 1 should be reported as age 2 in the PIR. Since many children have birthdays during the Early Head Start program year, the exact age breakdown at any given time may vary somewhat.

<sup>19</sup> U.S. Department of Health and Human Services, *The 2009 HHS Poverty Guidelines*, 2009, <http://aspe.hhs.gov/poverty/09poverty.shtml>.

<sup>20</sup> In 2005, the PIR began asking separate questions on race and ethnicity, to reflect that "Hispanic" is an ethnicity rather than a race.

<sup>21</sup> CLASP analysis of 2008-2010 ACF 3-year estimates.

<sup>22</sup> Head Start Program Performance Standards. 45 CFR 1304.20(a)(1)(i)(ii).

<sup>23</sup> Calculated from Census 2000 5pct microdata (IPUMS) by Donald J. Hernandez, Nancy A. Denton, and Suzanne E. Macartney, Center for Social and Demographic Analysis, University at Albany, State University of New York, downloaded from [http://mumford.albany.edu/children/data\\_list\\_open.htm](http://mumford.albany.edu/children/data_list_open.htm). Note: This is the most recent analysis of data on this topic for this age group. 19.7 percent of the total United States population spoke a language other than English in 2007 according to U.S. Census Bureau. Language Use in the United States, 2007, 2010. <http://www.census.gov/prod/2010pubs/acs-12.pdf>

<sup>24</sup> Head Start Program Performance Standards. 45 CFR 1304.20(b)(c). The PIR includes all children who were enrolled in Head Start at any point during the program year, including those who dropped out of Head Start before 45 days of enrollment, the time frame during which Head Start programs are required to provide medical and dental screenings.

<sup>25</sup> Children in the category "all immunizations possible" are not on the schedule recommended for their age group but have been brought up to date to the maximum extent possible, given the late start on their immunization schedule.

<sup>26</sup> In May 2003, the American Academy of Pediatrics released a policy statement in *Pediatrics* Vol. 111, No. 5 entitled "Oral Health Risk Assessment Timing and Establishment of the Dental Home," which encouraged dental care beginning at age 1, particularly for low-income children. This may have contributed to the increase in the number of children with a dental home in 2004.

<sup>27</sup> Head Start Program Performance Standards. 45 CFR 1304.40 (c)(1)-(3).

<sup>28</sup> Head Start Program Performance Standards. 45 CFR 1304.52(f) and 45 CFR 1304.52(g)(4).

<sup>29</sup> Department of Health and Human Services, Office of the Inspector General, *Most Early Head Start Teachers have the Required Credentials, but Challenges Exist*, 2011, <http://oig.hhs.gov/oei/reports/oei-05-10-00240.pdf>.

<sup>30</sup> Early Head Start teachers are defined as the lead teacher or co-lead teacher in a center-based program. Additional staff categories include assistant teachers, home-based visitors, and family child care teachers. These staff members' qualifications are reported separately in the PIR from teacher qualifications.

<sup>31</sup> Salary figure calculated by CLASP.

<sup>32</sup> U.S. Department of Labor, Bureau of Labor Statistics. *May 2010 National Occupational Employment and Wage Estimates*, 2010. [http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm) Wages are adjusted to reflect year round, full-time wages for each occupation.

<sup>33</sup> U.S. Department of Bureau and Labor Statistics. *May 2010 National Occupational Employment and Wage Estimates*, 2010, <http://www.bls.gov/oes/current/oes252011.htm>.

<sup>34</sup> Salary figure calculated by CLASP. The PIR does not provide salaries for home visitors by education level.

<sup>35</sup> U.S. Department of Bureau and Labor Statistics. *May 2010 National Occupational Employment and Wage Estimates*, 2010, <http://www.bls.gov/oes/current/oes211021.htm>.

<sup>36</sup> Child development staff includes Early Head Start staff who work directly with children, including teachers, teacher assistances, family child care providers, and home visitors.

<sup>37</sup> CLASP has recommended improvements to the PIR, including better data collection on the languages spoken by families and language proficiency of staff. See: Hannah Matthews and Deanna Jang, *The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families*, 2007.

<sup>38</sup> CLASP Analysis of 2010 ACS Census Data.