

Early Head Start Participants, Programs, Families and Staff in 2011

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In 1994, the federal Early Head Start (EHS) program was created to address the comprehensive needs of low-income pregnant women and children under age 3. EHS was created almost 30 years after Head Start was established in 1965 to serve low-income 3- and 4-year-old children and their families with comprehensive early education and support services. Both programs provide services focused on the "whole child," including early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; parental involvement activities and referrals to social service providers for the entire family; and mental health services.

All Head Start programs are required to complete the Program Information Report (PIR) on an annual basis. This fact sheet uses information reported through the PIR to describe the children and families served in Early Head Start and the services provided to them during the 2010-2011 program year. 2

Total EHS spending in 2011 totaled \$977 Million. In 2011, the EHS program served 148,812 children



under age 3 and 16,710 pregnant women through 1,028 grantees/delegates throughout the country. The PIR collects data on all children and pregnant women who participate in Head Start at any point during the program year, including those who do not complete the year.³ Eleven percent of all federally funded Head Start slots were in EHS. Nationally, about 4 percent of eligible children were served by EHS.⁴

Key findings from the 2011 PIR include:

Participants

- Most children (86 percent) received a medical screening as required by the federal Head Start Program Performance Standards. Eleven percent required follow-up treatment, and of those children, nearly all (95 percent) received that treatment.
- By the end of the program year, 97 percent of children had a medical home for ongoing medical care, and 73 percent had a source for ongoing dental care. The percent of children with a source for ongoing dental care increased 4 percent from the previous year.
- Thirteen percent of enrolled children had a disability, 56 percent of whom were diagnosed prior to enrollment in EHS and 44 percent of whom were diagnosed during the program year.
- Eighty-nine percent of pregnant women enrolled in EHS received prenatal and postnatal health care. Additionally, 92 percent of pregnant women had health insurance at the end of the program year, 43 percent



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received a dental examination (an increase of 2 percent from the previous year), and 38 percent accessed mental health interventions (an increase of 2 percent from the previous year).

- Among participants enrolled in EHS, 44 percent were white and 25 percent were African-American. Thirty-four percent were of Hispanic origin, regardless of race.
- The age breakdown for children participating in EHS was relatively even: 30 percent of children were under age 1; 32 percent were age 1; and 34 percent were age 2.5
- EHS served a linguistically diverse group of participants. More than one-quarter (27 percent) of participants were from homes where English was not the primary language. Among these, 84 percent were from Spanish-speaking homes. Other languages each accounted for less than 1 percent of the total EHS population.

Programs

- About half (49 percent) of EHS slots were center-based. Forty-four percent of slots were in home-based programs, which included weekly home visits and group socialization programs. EHS children also received services in combination programs (3 percent), family child care settings (2 percent), and locally designed programs (<1 percent) in 2011.
- The total number of funded EHS slots reported by the PIR was 110,601. The total number of funded slots increased by about 6,000 from 2010. The federal government funded 109,377 slots, and states and other sources funded 1,224 slots.⁶

Families

- A large proportion of EHS families accessed support in 2011. Eighty-four percent of EHS families accessed at least one support service. This is an increase of 2 percent from the previous year. Parenting education (68 percent) and health education (64 percent) were the most frequently accessed services in 2011. Other frequently accessed services included emergency and crisis intervention, adult education, and mental health services.
- Forty-one percent of families included two parents, and 59 percent had a single parent.
- Fifty-nine percent of EHS families included at least one working parent (this decreased by 2 percent from 2010), and 23 percent of families included at least one parent in school or job training.
- One of every five families (20 percent)
 received cash assistance under the Temporary
 Assistance for Needy Families (TANF)
 program in 2011. Nearly four of every five
 families (77 percent) received the Special
 Supplemental Nutrition Program for Women,
 Infants, and Children (WIC).

Staff

• More than half (54 percent) of EHS teachers and 64 percent of EHS home visitors had at least an associate degree (A.A.) in early childhood education or a related field. The number of teachers with at least and A.A. in 2011 increased 3 percent from 2010. In addition, 27 percent of teachers and 46 percent of home visitors had a bachelor's degree (B.A.) or higher in early childhood education or a related field. The number of teachers with a B.A. or higher increased 3 percent from 2010.



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 Overall, EHS teachers earned an average of \$24,690 and EHS home visitors earned an average of \$29,280 in 2011.

¹ For more information on Head Start Program Information Reports (PIR), visit

http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and %20Management/Head%20Start%20Requirements/Progam %20Information%20Report.

² For more information on the Head Start preschool program, see CLASP's fact sheet, *Head Start Participants, Programs, Families, and Staff in 2011*

³ Through the American Recovery and Reinvestment Act of 2009 (ARRA), Head Start received a one-time \$2.1 billion increase in funding, including \$1.1 billion targeted for the expansion of Early Head Start. The 2010 PIR data was the first year of data that reflected the EHS expansion. Slots created from ARRA dollars have been maintained and built into the Head Start funding formula.

⁴ 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.

⁵ The total does not add up to 100% due to rounding and a small enrollment of children who are 3.

⁶ For information on state-funded Early Head Start initiatives, see Expanding Access to Early Head Start: State Initiatives for At-Risk Infants and Toddlers