



## Migrant and Seasonal Head Start Participants, Programs, Families and Staff in 2013

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Migrant and Seasonal Head Start (MSHS) was created to respond to the needs of migrant farm worker families. MSHS provides child care services to migrants to ensure that young children are not with their parents in the fields, where they can be exposed to pesticides, hazardous equipment, extreme heat, and other health dangers. MSHS has served migrant children and families since 1969 and seasonal children and families since 1999.<sup>1</sup> Just like Head Start and Early Head Start, MSHS provides 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; referrals to social service providers for the entire family; and mental health services. MSHS programs serve children from birth to five years old.

All Head Start programs are required to complete the Program Information Report (PIR) on an annual basis.<sup>2</sup> This fact sheet uses information reported through the PIR to describe the children and families served in Migrant and Seasonal Head Start and the services provided to them during the 2012-2013 program year.<sup>3</sup>



In 2013, the MSHS program served 31,907 children ages 5 and younger and 175 pregnant women through 56 grantees/delegates nationwide. The PIR data capture 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.

Key findings from the 2013 PIR include:

### Participants

- Most MSHS children (88 percent) received a medical screening as required by federal Head Start Program Performance Standards. Twelve percent required follow-up treatment, and of those children, a majority (94 percent) received that treatment.
- By the end of the program year, 98 percent of children had a medical home for ongoing medical care and 91 percent had a source for ongoing dental care.
- Seven percent of enrolled children had a disability, 59 percent of whom were diagnosed prior to enrollment in MSHS.
- Ninety-six percent of pregnant women enrolled in MSHS received prenatal health care and 69 percent received postnatal health care. Additionally, 80 percent of pregnant women had health insurance at the end of the program year, 53 percent received a dental examination, and 48 percent accessed mental health interventions.
- Among participants enrolled in MSHS, 60 percent were white and 22 percent identified their race as “other.” Ninety-seven percent were of Hispanic origin, regardless of race.

- MSHS participants were linguistically diverse. Eighty-eight percent of participants were from homes where English was not the primary language. Eighty-three percent of all MSHS participants were from Spanish-speaking homes. Twelve percent spoke English, while 4 percent spoke Central/South American and Mexican Languages. Other languages each accounted for 1 percent or less of the total MSHS population.
- Two percent of children in MSHS also received a child care subsidy.

### Programs

- Ninety-three percent of MSHS slots for children were center-based. Six percent were in family child care settings. Less than 1 percent of slots were in home-based programs that included weekly home visits and group socialization programs. MSHS children also received services in combination programs (less than 1 percent) in 2013.
- The total number of funded MSHS slots reported by the PIR was 32,298. The federal government funded 32,160 slots and states and other sources funded 138 slots.<sup>4</sup>

### Families

- Twenty-eight percent of families were single-parent families; 72 percent were two-parent families.
- Eighty-seven percent of MSHS families included at least one working parent and 4 percent of families included at least one parent in school or job training.
- A large proportion of MSHS families accessed support in 2013. Seventy-seven percent of MSHS families accessed at least one support service. Parenting education and health education (52 percent each) were the most frequently accessed services in 2013. Other frequently accessed services included

adult education, emergency and crisis intervention, and English as a second language (ESL) training.

- Most families (82 percent) received the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Six percent received cash assistance through the Temporary Assistance for Needy Families (TANF) program in 2013.

### Staff

- More than half (56 percent) of MSHS teachers had at least an associate's degree (A.A.) in early childhood education or a related field. In addition, 23 percent of teachers had a bachelor's degree (B.A.) or higher in early childhood education or a related field.
- Overall, MSHS teachers earned an average of \$17,901.

<sup>1</sup> Please note the difference between migrant and seasonal workers: With respect to services for migrant farmworkers, a Head Start program that serves families who are engaged in agricultural labor and who have changed their residence from one geographic location to another in the preceding 2-year period. With respect to services for seasonal farmworkers, a Head Start program that serves families who are engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding 2-year period.

<sup>2</sup> For more information on Head Start Program Information Reports (PIR), visit

<http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>.

<sup>3</sup> For more information on the Head Start preschool program and Early Head Start, see CLASP's fact sheets, *Head Start Participants, Programs, Families, and Staff in 2013* and *Early Head Start Participants, Programs, Families, and Staff in 2013*.

<sup>4</sup> For information on state-funded Early Head Start initiatives, see *Expanding Access to Early Head Start: State Initiatives for At-Risk Infants and Toddlers*