



# Migrant and Seasonal Head Start Participants, Programs, Families, and Staff in 2014

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Migrant and Seasonal Head Start (MSHS) provides child care and other services to migrants to ensure that young children from birth to age 5 are not with their parents in the fields, where they can be exposed to pesticides, hazardous equipment, extreme heat, and other health dangers.<sup>1</sup> 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 2013-2014 program year.<sup>3</sup>



In 2014, the MSHS program served 30,902 children ages 5 and younger and 207 pregnant women through 66 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 2014 PIR include:

## Participants

- Most MSHS children (85 percent) received a medical screening as required by federal Head Start Program Performance Standards, a 3 percent decrease from 2013. Ten percent required follow-up treatment, and of those children, nearly all (91 percent) received that treatment, a 3 percent decrease from 2013.
- By the end of the program year, 96 percent of children had a medical home for ongoing medical care. Ninety-four percent had a source for ongoing dental care (a 3 percent increase from 2013).
- Eight percent of enrolled children had a disability, 65 percent of whom were diagnosed prior to enrollment in MSHS.
- One-hundred percent of pregnant women enrolled in MSHS received prenatal health care and 74 percent received postnatal health care—an increase of 4 and 5 percent respectively from 2013. Seventy percent of pregnant women had health insurance at the end of the program year and 43 percent received a dental examination, both a 10 percent decrease from 2013. Forty-nine percent accessed mental health interventions.
- Among participants enrolled in MSHS, 99 percent were of Hispanic origin, regardless of race. Sixty percent were white and 28 percent identified their race as “other.”

- MSHS participants were linguistically diverse. Ninety percent of participants were from homes where English was not the primary language. Eighty-four percent of all MSHS participants were from Spanish-speaking homes. Ten percent spoke English, while 5 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 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. Less than 1 percent of MSHS children also received services in combination programs in 2014.
- The total number of funded MSHS slots reported by the PIR was 32,430. The federal government funded 32,292 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-five 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.
- Seventy-one percent of MSHS families accessed at least one support service (a decrease of 6 percent from 2013). Fifty-one percent of MSHS families accessed parenting education and 43 percent accessed health education (a 9 percent decrease from 2013). Other frequently used services included

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

- Most families (78 percent) received the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Four percent received cash assistance through the Temporary Assistance for Needy Families (TANF) program, and 46 percent received services under the Supplemental Nutrition Assistance Program (SNAP) in 2013.

## Staff

- Fifty-five percent of MSHS teachers had at least an associate's degree (A.A.) in early childhood education or a related field. Twenty-four 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 \$19,959. In comparison, in 2014 Head Start preschool teachers earned an average of \$30,409 and Early Head Start teachers earned an average of \$26,488.

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<sup>1</sup> Please note the difference between migrant and seasonal workers: Services for migrant farmworkers include Head Start programs that serve families engaged in agricultural labor and who have changed their residence from one geographic location to another in the preceding two-year period. Services for seasonal farmworkers include Head Start programs that serve families engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding two-year period.

<sup>2</sup> For more information on Head Start PIRs, 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 2014* and *Early Head Start Participants, Programs, Families, and Staff in 2014*.

<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*