

From the Beginning: Early Head Start Children, Families, Staff, and Programs in 2004

By Katie Hamm and Danielle Ewen

Since 1965, Head Start has provided comprehensive early education and support services to low-income preschool children and their families. In addition to early education, Head Start programs must provide children and families with access to a range of services, including parenting resources, health screenings and follow-up referrals, and social services. Head Start emphasizes the importance of parental involvement, and staff work to cultivate parents' abilities as their children's first teacher.

In 1995, Early Head Start was created to provide early care and education and comprehensive services to infants and toddlers (from birth to age 3) and pregnant women. 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 on 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. 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.¹

Congress was scheduled to reauthorize the Head Start program (including Early Head Start) in 2003, but the legislation has been delayed due to competing visions for change in the program. As policymakers continue to debate reauthorization, information about the programs, staff, and participants in Early Head Start can inform the discussion about how to serve our youngest children.

This brief provides information on Early Head Start programs, staff, and participants, including young children, pregnant women, and their families.² The data come from the 2003-2004 Program Information Reports (PIR), which

ABOUT THIS SERIES

This is the seventh in a series of CLASP analyses of Head Start Program Information Report data, made possible by a grant from the A.L. Mailman Family Foundation. All are available at www.clasp.org.

each grantee is required to submit to HHS annually. This profile demonstrates that:

- **Early Head Start supports families with working parents and limited education.** In 2004, 66 percent of Early Head Start families had at least one employed parent and 27 percent had at least one parent in school or job training. Thirty-five percent of parents had not graduated from high school and 40 percent had a high school diploma or the equivalent. Just 3 percent had a Bachelor's Degree (B.A.) or higher.
- **Early Head Start serves children and pregnant women from diverse racial and ethnic backgrounds.** In 2004, participants were 33 percent white, 27 percent Latino, 26 percent African American, and 4 percent American Indian or Alaskan Native. Six percent of children were multi-racial. Other races accounted for less than 1 percent of participants.

About the Authors

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- **Early Head Start provides a broad range of services to low-income children and their families.** Early Head Start families access support services

RECENT CHANGES IN EARLY HEAD START

Fewer Early Head Start families received TANF benefits. In 2004, 24 percent of families received TANF benefits, compared to 33 percent in 2001 and 28 percent in 2002.

More Early Head Start children accessed continuous dental and medical care. In 2004, 69 percent of children had an ongoing source of dental care, compared to 47 percent in 2002. Ninety-two percent of children had access to ongoing medical care, compared with 87 percent in 2002.

The number of Early Head Start teachers and home visitors with degrees increased. Nearly half of all teachers (46 percent) had an Associate's Degree (A.A.) or higher. In comparison, in 2001, just 27 percent had an A.A. or higher. Among Early Head Start home visitors, 65 percent had an A.A. or higher in 2004, compared to 58 percent in 2002.

Teacher salaries failed to keep pace with inflation. This was true between 2002 and 2004 for Early Head Start teachers at all education levels. Among teachers with a B.A. or higher, absolute salaries decreased.

through Head Start. The most widely accessed resources were parent education and health education. Children received medical, dental, and mental health services. The vast majority of pregnant women in Early Head Start (93 percent) received prenatal and postnatal care while enrolled.

- **Early Head Start provides services through a variety of program options.** Approximately half of Early Head Start slots are in center-based programs and about 41 percent are home-based. One in five children in center-based programs receive Early Head Start services through a child care

partnership in a community-based setting.

- **Early Head Start promotes better health for young children.** Among children without health insurance at entry into Early Head Start, 55 percent obtained insurance during the program year. In 2004, 91 percent of children had received all immunizations appropriate for their age (or all immunizations possible at the time) by the end of the program year.

Early Head Start Programs

All Head Start programs are required to comply with Head Start Program Performance Standards. In 1996, these standards were revised to address the needs of infants, toddlers, and pregnant women served in Early Head Start. Performance Standards are designed to promote a nurturing environment that fosters healthy socio-emotional, physical, and cognitive development for infants and toddlers.

According to the PIR, funded enrollment in Early Head Start in 2004 was 61,658, of which 60,403 slots were funded by the Administration on Children and Families (ACF) and 1,255 slots by other sources.³ This figure differs slightly from the level of funded enrollment reported in 2004 by the Department of Health and Human Services, which was 61,905.⁴ Twenty-two states and Puerto Rico had funding from other sources for Early Head Start.⁵ In 2004, Kansas had the most slots funded through other sources.⁶

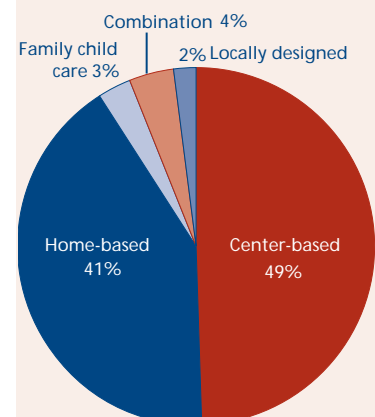
Head Start Program Performance Standards require each program to conduct a community needs assessment and design Early Head Start programs accordingly. Early Head Start services may be administered

through several program options, including: center-based programs, operated directly by Early Head Start or through partnerships with centers or family child care homes that comply with the Head Start Program Performance Standards; 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.

In 2004, nearly half of Early Head Start slots (49 percent) were in center-based programs. Most center-based programs (92 percent) were full-day—operating at least six hours per day—and five days per week, and 3 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. Over 20 percent of center-based slots were in a child care partner facility contracted to provide Early Head Start services.

FIGURE 1

Type of Early Head Start Program by Funded Enrollment, Program Year 2004



Note: Percentages do not add up to 100% due to rounding.

An additional 41 percent of slots were home-based programs. Family child care slots comprised about 3 percent of Early Head Start slots, and 6 percent were locally designed or combination programs.

Early Head Start Children and Pregnant Women

In 2004, Early Head Start served a diverse group of primarily low-income children and pregnant women. Over the course of the program year, 80,094 children and 10,675 pregnant women received Early Head Start services, accounting for about 8 percent of the total Head Start enrollment.⁷

The age breakdown of children served in 2004 remained largely unchanged from previous years: 30 percent of children were under age 1; 30 percent were age 1; 33 percent were age 2; and 7 percent were age 3. Similar to rates in 2003, 29 percent of children were enrolled in Early Head Start for their second year, and 10 percent had been enrolled for three or more years in 2004.

Most children and pregnant women (73 percent) qualified for Early Head Start because their families had incomes below the federal poverty level. An additional 21 percent qualified based on participation in public assistance programs. Two percent of children were eligible due to status as a foster child.⁸ Just 5 percent of participants were from families earning above the poverty line.

Early Head Start continued to serve an ethnically and racially diverse population in 2004. Children and pregnant women served by Early Head Start were 33 percent white, 27 percent Latino, 26 percent African American. Four percent were American Indian or Alaska Native and 6 percent were

multi-racial; other races each accounted for 1 percent or less. Twenty-two percent of participants lived in homes where English was not the primary language. Spanish was the most common primary language after English, accounting for 19 percent of participants. Other languages each accounted for less than 1 percent of pregnant women and children. Early Head Start programs in California had the largest proportion of children from homes where English was not the primary language (47 percent), followed closely by programs in Massachusetts (45 percent) and New Jersey (44 percent).

Head Start Program Performance Standards require that all children receive a medical screening within 45 days of entry and that staff work with parents to ensure children receive follow-up treatment if necessary.⁹ In 2004, 81 percent of children completed a medical screening and among children screened, 21 percent were identified as needing further treatment.

Of these, 94 percent received treatment. Among conditions included in the PIR, the most commonly treated were asthma (35 percent) and anemia (16 percent).

Head Start Program Performance Standards require programs to determine whether children have access to an ongoing source of medical care within 90 days of program entry. If children are without a continuous source of medical care, Early Head Start staff must work with parents to find a medical home.¹⁰ In 2004, 92 percent of children had continuous medical care by the end of the enrollment year, compared to 87 percent in 2002. Among children without an ongoing source of medical care at enrollment, 44 percent obtained access to continuous medical care during the program year.

In 2004, 85 percent of children had received all immunizations appropriate for their age or all immunizations possible at the time they enrolled in Early Head Start. By the end of the program year, 91

FIGURE 2

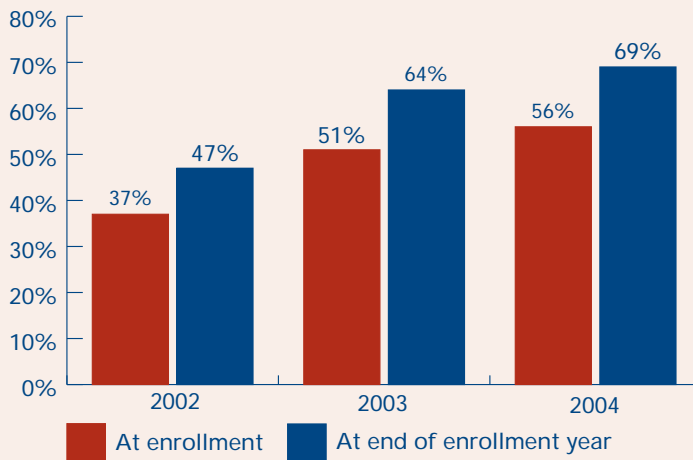
Medical Screenings, Treatment, and Services for Early Head Start Children, Program Year 2004

Percentage of Early Head Start children receiving medical screening	81%
Percent diagnosed as needing treatment, of those screened	21%
Early Head Start children receiving follow-up services, of those needing treatment	94%
Among Early Head Start children receiving follow-up services, children received services for the following conditions:	
Asthma	35%
Anemia	16%
Hearing difficulties	14%
Overweight	11%
Vision problems	8%

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.

FIGURE 3

Number of Children with Continuous, Accessible Dental Care, Program Year 2002-2004



percent of children were up to date on immunizations, to the extent possible.¹¹

Most Early Head Start children had health insurance or obtained it during the enrollment year. By the end of the Early Head Start enrollment year, 94 percent of children had health insurance. Among children without health insurance at the beginning of Early Head Start, 55 percent obtained insurance during the program year. Most children (89 percent) with health insurance had coverage through a publicly funded program, including Medicaid (71 percent), SCHIP (8 percent), a combination (9 percent), or another state-funded program (2 percent).¹² Just 9 percent of children with health insurance had private insurance. About 1 percent had some other type of insurance, which may be private or public.

Early Head Start children's access to an ongoing source of dental care has improved in recent years. In 2004, 69 percent of children had access to continuous dental care, an increase from 2002, when 47 per-

cent of children had a dental home.¹³ Thirty percent received a professional dental examination in the previous year, and 61 percent received a dental examination as part of a well-baby check-up.

In 2004, 13 percent of Early Head Start children were diagnosed as having a disability. Among these, 56 percent were diagnosed prior to enrolling in Early Head Start and 44 percent were diagnosed during the program year. Ninety-one percent of all children diagnosed with a disability received special education and related services, and 95 percent had an Individualized Education Plan (IEP) or Individual Family Support Plan (IFSP) by the end of the Head Start program year.¹⁴

In 2004, pregnant women comprised 12 percent of Early Head Start enrollment. Nearly a quarter of these pregnant women (23 percent) were under age 18, as in 2002 and 2003. Women enrolled in Head Start at varying times during their pregnancy: 32 percent enrolled in Early Head Start during

their first trimester of pregnancy, 39 percent enrolled during the second trimester, and 29 percent during the third trimester. Twenty-two percent had pregnancies defined as medically "high-risk."

In 2004, 86 percent of pregnant women had health insurance and 93 percent received prenatal and postnatal health care while enrolled in Early Head Start.

Head Start Program Performance Standards require grantees to provide pregnant women with referrals for prenatal and postpartum care, and to provide education and guidance on fetal development, breastfeeding, and related services.¹⁵ In 2004, pregnant women accessed a variety of services during and after pregnancy. Ninety-three percent of women received prenatal education on fetal development and 93 percent of women received information on the benefits of breastfeeding. Nearly one-third of women (31 percent) accessed mental health interventions and follow-up services.

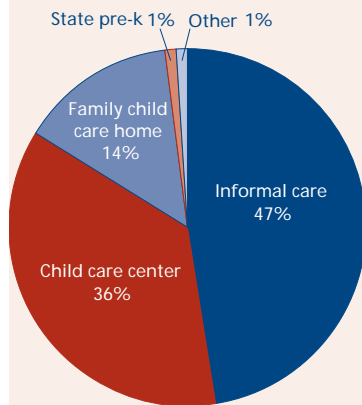
Early Head Start Families

Most Early Head Start families included low-income parents who were working or in school, with limited higher education. In 2004, 42 percent of families included two parents, and 58 percent of families were headed by a single parent. Among two-parent families, 84 percent included at least one employed parent and 23 percent included at least one parent in school or job training. In single-parent families, 53 percent of parents were employed and 29 percent were in school or job training.

The majority of parents with children in Early Head Start had not completed formal schooling beyond high school. In 2004, 35 percent of parents had not graduated from high school and 40 percent had a

FIGURE 4

Non-Head Start Child Care Arrangements for Families Requiring Full-Time Care, Program Year 2004



Note: Percentages do not add up to 100% due to rounding.

high school diploma or the equivalent. Twenty-one percent had some college, vocational school, or an associate degree. Just 3 percent had a B.A. or higher.

The number of families receiving public assistance through TANF has steadily decreased in recent years, from 33 percent in 2001 to 24 percent in 2004. Participation in other public assistance programs in 2004 remained similar to rates in previous years, with 70 percent of families participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and 7 percent receiving Supplemental Security Income (SSI).

Some Early Head Start families needed additional child care to meet work and school demands. Forty-seven percent of families who used a child care arrangement outside of the Early Head Start program used informal child care either in the child’s home or that of another adult. Formal child care accounted for 51 percent of child

care arrangements outside of the Early Head Start program, with 36 percent of families using a center, 14 percent using a family child care home, and 1 percent receiving care through a public school pre-kindergarten program.¹⁶ The proportion of families using formal child care has decreased since 2002, when 61 percent of children in supplemental child care were in formal arrangements.

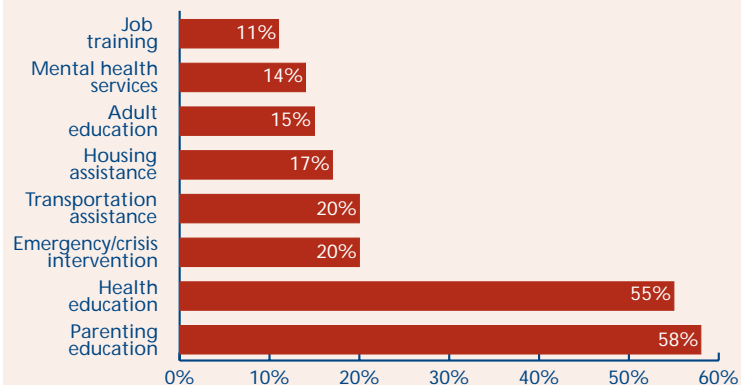
Head Start Program Performance Standards require that grantees provide parents with opportunities to participate in Head Start activities as volunteers and employees.¹⁷ In 2004, current and former Early Head Start parents comprised 18 percent of staff and 60 percent of volunteers. Most programs (84 percent) offered activities specifically geared toward fathers and father figures, and 20 percent of children had fathers participating in these activities.

Early Head Start Performance Standards require staff to work with

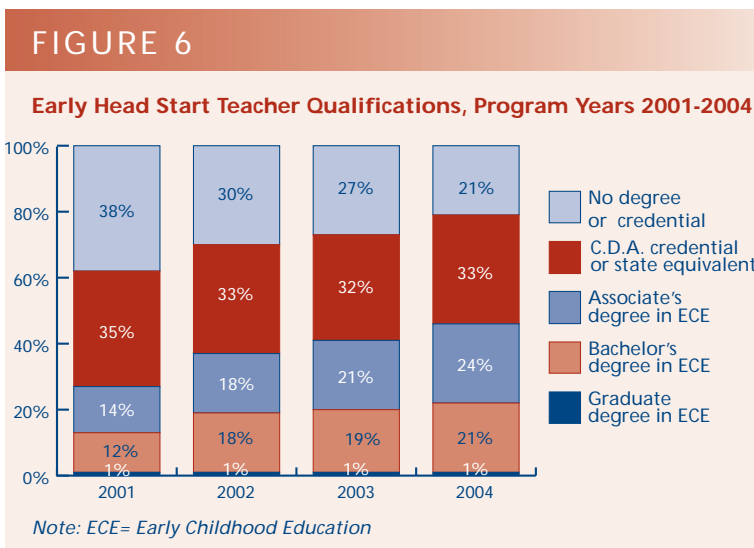
parents to establish mutual trust, determine family goals, and identify family strengths and the services needed to help meet these goals.¹⁸ Staff are required to offer parents the opportunity to develop a “Family Partnership Agreement” which establishes specific goals and strategies. In 2004, 89 percent of families participated in this partnership process. Over half of all families (53 percent) accessed at least two services offered by Head Start. Families most frequently received parenting education (58 percent) and health education (55 percent). Early Head Start also offered ESL training, substance abuse prevention and treatment, child abuse and neglect services, domestic violence services, assistance to families of incarcerated individuals, and marriage education, all of which were accessed by less than 10 percent of families. Approximately 5 percent of families served were homeless; of these, 63 percent acquired housing during the enrollment year.

FIGURE 5

Family Services Most Often Received by Early Head Start Families, Program Year 2004



Note: In a previous CLASP brief, “adult education,” “job training,” and “ESL services” were collapsed into one category. This chart reports each category separately. All together, these three programs were accessed by 32 percent of Head Start families, similar to the 2002 rate.



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 minimum a Child Development Associate (C.D.A.).

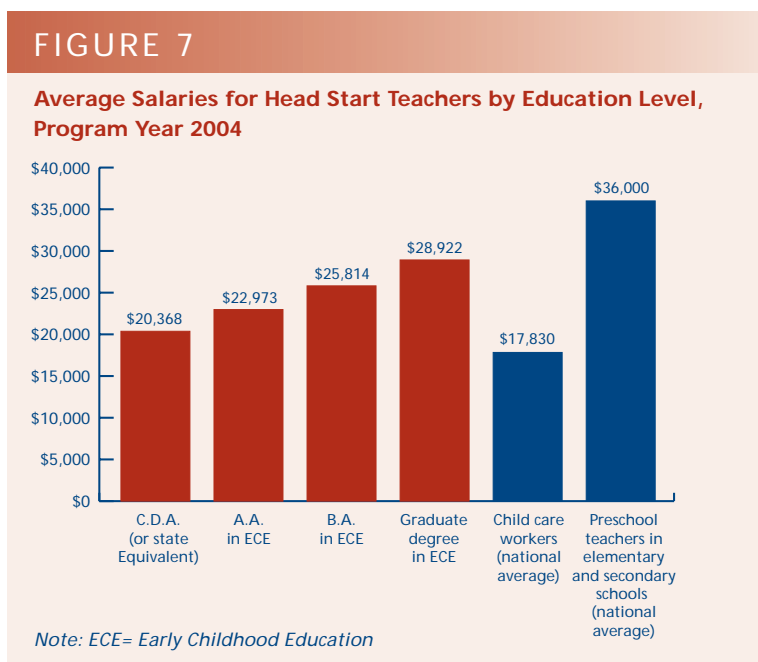
In 1998, Congress mandated that at least half of all Head Start teachers obtain an A.A. by September 2003.¹⁹ The number of Early Head Start teachers with a degree has increased rapidly in recent years. In 2004, 46 percent of Early Head Start teachers had an A.A. or higher and 22 percent had a B.A. or higher.²⁰ In comparison, just 27 percent of teachers had an A.A. or higher in 2002. Among teachers without a degree in 2004, many had a credential or were pursuing a degree program. Thirty-three percent of teachers had a C.D.A. or state equivalent, and of these teachers, nearly half (46 percent) were in a degree pro-

gram. Among teachers without a degree or C.D.A., 62 percent were in a degree program or C.D.A. training.

Home visitors, who administer home-based services to children in 41 percent of Early Head Start slots, have also improved qualifications in recent years. In 2004, 65 percent of home visitors held an A.A. or higher, and 46 percent a

B.A. or higher. Seventy-nine percent had a degree or C.D.A. and of those with a C.D.A., nearly one-third (31 percent) were enrolled in a degree program. The home visitors with degrees and credentials grew substantially since 2002, when 58 percent had an A.A. or higher and 72 percent had either a degree or a credential.

Salaries for Early Head Start teachers ranged from about \$20,370 for teachers with a C.D.A. to roughly \$28,920 for teachers with a graduate degree. While salaries for Early Head Start teachers with a C.D.A. or A.A. increased slightly between 2003 and 2004, salaries for teachers with a B.A. or Graduate Degree decreased in terms of absolute dollars over the same time period.²¹ Salaries for teachers at all education levels failed to keep pace with inflation between 2002 and 2004. Early Head Start teacher salaries were comparable to Head Start preschool teacher salaries at every education level except the graduate level. Among teachers with a graduate degree, Head Start preschool teach-



ers earned about \$4,000 (14 percent) more than Early Head Start teachers. Early Head Start teacher salaries were higher than the national average for child care workers, which was \$17,830 in 2004.²² However, Early Head Start teachers earned considerably less than preschool teachers in elementary and secondary schools, whose salaries averaged about \$36,000 in 2004.²³ Early Head Start teacher turnover was 22 percent in 2004 and one-quarter of teachers who left reported leaving to pursue higher compensation and benefits at another job within the same field.

The national average annual salary for Early Head Start home visitors was \$25,145.²⁴ By comparison, the national average for child, family, and school social workers in 2004 was \$37,830 annually.²⁵

Early Head Start staff represent diverse racial and ethnic backgrounds. In 2004, child development staff were 42 percent white, 26 percent African American, 21 percent Hispanic, 4 percent American Indian or Alaska Native, and 2 percent Asian.²⁶ Twenty-four percent of child development staff were proficient in a language other than English.²⁷

Conclusion

As Congress prepares to make important decisions about the future of Head Start, PIR data provide important contextual information about Early Head Start programs and the children and families they serve. In 2004, Early Head Start served a diverse group of infants, toddlers, and pregnant women, most of whom were from working families earning below the federal poverty line. Young children and their families continued to receive comprehensive services through Early Head Start, and the proportion of young children

receiving professional dental exams improved. More teachers and home visitors had degrees in early childhood education in 2004 than in previous years, although salaries did not improve.

Endnotes

- 1 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.
- 2 For information on children, families, staff, and programs in all Head Start programs see Head Start Brief No. 6, *Still Going Strong: Head Start Children, Families, Staff and Programs in 2004*.
- 3 The number of federally funded slots reflects those slots funded by the HHS Administration on Children and Families as reported by grantees in the PIR.
- 4 U.S. Department of Health and Human Services Administration on Children and Families, Head Start Bureau. *Head Start Program Fact Sheet 2005*. <http://www.acf.hhs.gov/programs/hsb/research/2005.htm>.
- 5 In the PIR, other sources may be private or public, including state sources and other federal sources.
- 6 Kansas funds Early Head Start slots from the Infant-Toddler Set-Aside in the Child Care and Development Fund (Source: CLASP interview with Mary Weathers, November 8, 2005).
- 7 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.
- 8 Percentages do not add up to 100 percent due to rounding.
- 9 Head Start Performance Standards. 45 CFR 1304.20(2)(b). 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.
- 10 Head Start Performance Standards. 45 CFR 1304.20(a)(1)(i)(ii).
- 11 Children in this category 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.
- 12 The types of publicly funded health insurance programs add up to more than 89 percent due to rounding.
- 13 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.
- 14 Only children ages 3 and older receive an IEP; infants and toddlers are served through an IFSP.
- 15 Head Start Performance Standards. 45 CFR 1304.40 (c)(1)-(3).
- 16 The percentage of children in each child care arrangement includes those in full-day and part-day Early Head Start programs, so the amount of time in each child care arrangement may vary within groups.
- 17 Head Start Performance Standards. 45 CFR 1304.52(b)(3).
- 18 Head Start Performance Standards. 45 CFR 1304.40(a)(1)(2).
- 19 The 1998 Congressional mandate required that at least 50 percent of teachers across all Head Start programs (including preschool programs, Early Head Start, American Indian and Alaskan Native programs, and Migrant and Seasonal Head Start programs) hold at least a B.A. by September 2003.
- 20 Home visitors are not included in the percentage of Early Head Start teachers with degrees and were not included in the 1998 Congressional mandate. However, in 2004, 65 percent of Early Head Start home visitors had an A.A. or higher.
- 21 Based on CLASP calculations after adjusting for inflation.
- 22 U.S. Department of Labor, Bureau of Labor Statistics. *May 2004 National Occupational Employment and Wage Estimates*. 2004. www.bls.gov. Wages are adjusted to reflect year-round, full-time wages for each occupation.
- 23 *Ibid.*
- 24 The PIR does not provide salaries for home visitors by education level.
- 25 See note 22, above.
- 26 Child development staff encompasses Head Start staff who work directly with children, including teachers, teacher assistants, family child care providers, and home visitors.
- 27 The PIR does not collect data on staff proficiency in specific languages.

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ABOUT CLASP

The Center for Law and Social Policy (CLASP), a national nonprofit organization founded in 1968, conducts research, legal and policy analysis, technical assistance, and advocacy related to economic security for low-income families with children.

CLASP's child care and early education work focuses on promoting policies that support both child development and the needs of low-income working parents and on expanding the availability of resources for child care and early education initiatives. CLASP examines the impact of welfare reform on child care needs; studies the relationships between

child care subsidy systems, the Head Start Program, pre-kindergarten efforts, and other early education initiatives; and explores how these systems can be responsive to the developmental needs of all children, including children with disabilities.

CLASP POLICY BRIEF

Head Start Series, No. 7

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