

# Biennial Report to Congress

**FY 2019**

## The Status of Children in the Head Start Program



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

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## **I. Executive Summary**

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The Head Start program prepares the most vulnerable young children to succeed in school and in life beyond school. To achieve this, Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start (EHS) programs for infants, toddlers, and pregnant women. Head Start programs are located in all 50 states; D.C.; U.S. Territories of Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, Guam, and American Samoa; and the Republic of Palau.

[Section 650\(a\) of the Head Start Act](#)<sup>1</sup> (the Act), as amended, requires the Secretary of Health and Human Services to submit a report to Congress on the status of children in the Head Start program at least once during every 2-year period. *Biennial Report to Congress, Fiscal Year 2019*, was prepared in accordance with the Act and presents information on the status of children in the Head Start program during fiscal year (FY) 2019.

A summary of the information contained in this report is outlined below. Please note that the information under “Funding” and “Research” includes the 78 awards made in March 2019 for new EHS Expansion and Early Head Start-Child Care (EHS-CC) Partnership Grants. Other sections containing information on the delivery of program services (i.e., “Population Served,” “Staff, Volunteers, and Parents,” and “Health Services”) do not include these awards since they were awarded in the middle of FY 2019 and most grantees were undergoing start-up activities shortly after the award was made. All figures are rounded except for those on funding.

## **Funding**

- In FY 2019, the Head Start program expended a total of \$10,331,439,604 and of this amount, \$9,992,094,730 was awarded directly to agencies. This includes carryover due to the availability of funding from the amounts appropriated to increase program hours and to award EHS Expansion and EHS-CC Partnership grants (e.g., FY 2018 EHS Expansion and EHS-CC Partnership funding was available for obligation until March 31, 2019).
- In FY 2019, the total annual funding for base program operations awarded to grantees was \$9,658,096,317 and the total training and technical assistance funds awarded to grantees was \$143,459,775. These amounts do not include carryover.
- In FY 2019, 1,573 grantees were funded to provide direct services for a total funded enrollment of 873,019.

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<sup>1</sup> <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-650-reports>

- Of the 1,573 grantees, 463 were funded to operate only Head Start preschool programs, 204 to operate only EHS programs, and 906 to operate both Head Start and EHS programs.
- The national average cost per child was \$11,063.

### **Population Served**

- Head Start programs cumulatively served 1,031,800 children and 15,600 pregnant women.
- Of the children enrolled in Head Start programs, 35,800 (3.5%) were in foster care at one point during the program year.
- Head Start programs enrolled 58,800 children from 54,800 homeless families (5.8% of the total families served). Of these families, 29.4 percent (16,100 families) acquired housing during the program year.
- A total of 103,900 enrolled preschool children had an Individualized Education Program (IEP) representing 13.2 percent of enrolled preschool children.
- Approximately 32,800 infant and toddlers had an Individualized Family Service Plan (IFSP) representing 13.5 percent of enrolled infant and toddlers.

### **Staff, Volunteers, and Parents**

- In 2019, there were a total of 273,200 Head Start staff and contracted staff; of these, 61,900 current or former Head Start parents (22.7 percent) worked as paid Head Start staff.
- Nationally, 1,060,900 individuals volunteered in Head Start programs; of these, 749,500 volunteers (70.6 percent) were current or former Head Start parents.
- In 2019, 265,700 fathers/father figures participated in a program activity that involved their child's Head Start child development experiences such as a home visit or parent-teacher conference. Additionally, 24,500 fathers/father figures participated in the governance structure of their program.
- In 2019, 42,000 teachers were instructing in preschool classrooms and of these, 71.7 percent of all preschool classroom teachers possessed a bachelor's or advanced degree in Early Childhood Education, or related field with experience teaching preschool.
- In 2019, 13.5 percent of total staff or contracted staff left their positions. Of the 13.5 percent, 71.3 percent of the staff were replaced within the same year.

### **Health and Mental Health Services**

- Of the 77,600 children in need of medical treatment, 92.4 percent (71,600 children) received needed treatment by the end of the program year.
- At the beginning of enrollment, only 59.5 percent (613,900) of children served were up to date according to their state's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule. At the end of enrollment, 81.5 percent (840,800) of all children served were up-to-date and completed medical screenings, including all tests and physical examinations.
- At the end of the program year, 95.7 percent (987,500) of children were up to date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.
- Of the 629,400 children enrolled in Head Start preschool programs who had an oral health exam, 16.1 percent required dental treatment; and 71.1 percent received or were receiving the treatment required.
- Mental health services, in addition to social services that promote overall well-being including mental health, are provided to families directly through the program or through program referrals. About 17 percent of families received emergency/crisis intervention such as assistance in meeting immediate needs for food, clothing, or shelter. About 9 percent of families received mental health services.

## Research

- Head Start research over the past decade has provided valuable information not only for guiding program improvements in the Head Start program itself, but also for the larger field of early childhood programming and development. Through numerous grants and contracts, the Head Start research portfolio includes:
  - experimental impact evaluation;
  - evaluations of innovative practice;
  - process and implementation evaluations; and
  - descriptive and theory-building research.
- Various reports and briefs released in 2018 and 2019 are available at <https://www.acf.hhs.gov/opre>.

## II. Introduction

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The Office of Head Start (OHS) is pleased to submit this report pursuant to [section 650\(a\) of the Head Start Act](#)<sup>2</sup> (the Act), as amended. This section requires the Secretary of Health and Human Services (HHS) to submit a report to Congress on the status of children in the Head Start program at least once during every 2-year period. Information included in this report was gathered from fiscal year (FY) 2019, which encompasses program year 2018-2019.

## Terms and Abbreviations for Program Types

The following table describes the terms and abbreviations used in this report to describe the Head Start program types. For example, the term “Head Start program” includes services to both preschool-age children and infants and toddlers while the term “Head Start preschool program” only encompasses program services for preschool-age children, primarily 3- and 4-year-olds. Note that Appendices B–D display existing documents that do not adhere to these standards.

Program	Program Scope	Abbreviation
<b>Head Start</b>	All program services.	<i>None</i>
<b>Head Start preschool</b>	Program services for preschool-age children before entry to kindergarten, primarily 3- and 4-year-olds.	<i>None</i>
<b>Early Head Start</b>	Program services for infants, toddlers, and pregnant women. Unless otherwise specified, this includes EHS-CC Partnerships.	EHS
Unless otherwise specified, the terms “Head Start program” and “EHS program” include age-relevant services from AIAN and MSHS programs.		
<b>American Indian and Alaska Native</b>	All services funded under American Indian and Alaska Native programs.	AIAN
<b>American Indian and Alaska Native Head Start</b>	Services funded under American Indian and Alaska Native programs for preschool-age children, primarily 3- and 4-year-olds.	AIAN Head Start
<b>American Indian and Alaska Native EHS</b>	Services funded under American Indian and Alaska Native programs for infants, toddlers, and pregnant women.	AIAN EHS
<b>Migrant and Seasonal Head Start</b>	All services funded under Migrant and Seasonal Head Start programs.	MSHS

<sup>2</sup> <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-650-reports>



## **About the Head Start Program**

The Head Start program promotes the school readiness of the most vulnerable young children through programs operated by agencies in their local communities. Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. These services support the mental, social, and emotional development of children from birth to school entry. Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and EHS programs for infants, toddlers, and pregnant women. EHS programs are available to the family until the child turns 3 years old and is ready to transition into a Head Start preschool program or another pre-K program. Head Start programs are located in all 50 states; D.C.; U.S. Territories of Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, Guam, and American Samoa; and the Republic of Palau.

Since the Head Start program's inception in 1965, it has provided high-quality, comprehensive services to more than 37 million children and their families. During program year 2018-2019, Head Start programs served 1,031,800 children and 15,600 pregnant women. Head Start programs are dedicated to serving the most vulnerable young children and almost all live at or below the poverty line. In 2019, the poverty line for a three-person family was \$21,330 (see <https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references>).

Head Start grants are awarded to local public and private for-profit and nonprofit agencies by the Administration for Children and Families (ACF). Head Start programs are responsive to each child and family's ethnic, cultural, and linguistic heritage. In FY 2019, 1,573 grantees provided direct services to children and families. Of these, 463 were funded to operate only Head Start preschool programs, 204 to operate only EHS programs, and 906 to operate both Head Start and EHS programs. Additionally, 78 of the 1,573 grantees received a newly funded EHS Expansion and EHS-CC Partnerships Grant in March 2019.

## **About the Program Information Report**

Each year, programs are required to submit a Program Information Report (PIR) on the services they have provided to children and families throughout the program year, including child, family, and staff demographics and program characteristics. Information on how to access copies of the PIR form, detailed reports, and data sets are available at <https://eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/program-information-report-pir>.

## **About EHS Expansion and EHS-CC Partnership Grants**

Since FY 2014, the Head Start appropriation has included funding for EHS Expansion and EHS-CC Partnership grants. This funding has allowed grantees to expand access to meet the needs for infant and toddler care in their communities through traditional EHS programs or through partnerships with center-based and family childcare providers who agree to meet the Head Start Program Performance Standards (HSPPS) with funding and technical assistance from the EHS program. While the latter approach was permissible under the Head Start Act, it was not as frequently used prior to this targeted expansion. ACF awarded 275 EHS Expansion and EHS-CC Partnership grants in 2015, 75 new grants in 2017, and 78 new grants in 2019. Funding increases in the FY 2018 and FY 2019 appropriations also provided a cost of living adjustment for grants awarded in 2015 and 2017.

The 78 EHS Expansion and EHS-CC Partnership Grants that were awarded in March 2019 are only included throughout this report for information on funding amounts, funded enrollment, and research. Other information on program services (e.g., cumulative enrollment, demographics, family services, health services, and staff qualifications) for these grants are not included in this report since these grants were funded in the middle of the 2018-2019 program year and start-up activities shortly followed. These grants were not required to submit a 2018-2019 PIR.

## **About the FY 2019 Aligned Monitoring System (AMS)**

In September 2016, OHS issued the first holistic revision and complete reorganization of the HSPPS since their original publication in 1975. OHS refined its system to monitor the new HSPPS and implemented the revised Aligned Monitoring System (AMS 2.0) in FY 2018. AMS 2.0 was designed to monitor the newly implemented HSPPS, streamline the monitoring process, and reduce grantee burden of having multiple review events from multiple agencies. AMS 2.0 retained some components from its original design, including CLASS®, Special, and Follow-up reviews, which were implemented with procedures identical to those implemented in the original AMS. AMS 2.0 also introduced two new review types: Focus Area One and Focus Area Two. OHS continued to use this system in FY 2019.

## **About Head Start Research**

The Head Start program plays an important role as a national laboratory for early childhood development programs. The Head Start program has attracted an extensive network of highly accomplished research and practice partners who strive to improve the quality of Head Start and EHS programs, and the field in general, through extensive, empirical research.

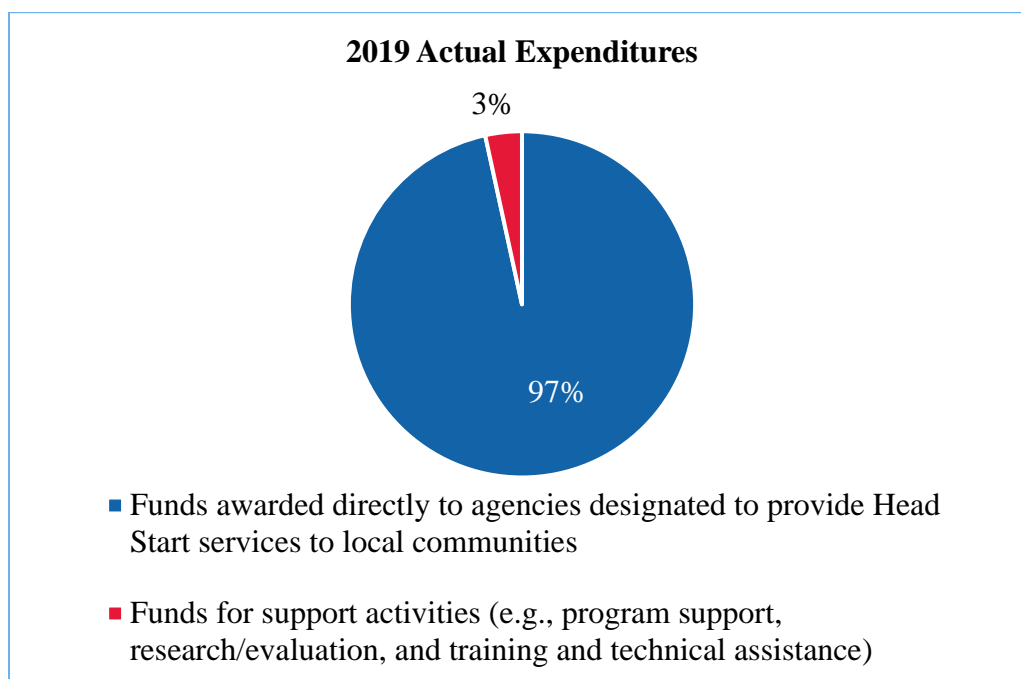
### **III. Response to Section 650(a) of the Head Start Act**

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This section of the report responds to Section 650(a) of the Act.

**650(a)(1)** A statement for the most recently concluded fiscal year specifying—  
(A) The amount of funds received by Head Start agencies designated under section 641 to provide Head Start services in a period before such fiscal year;

In FY 2019, Head Start expended a total of \$10,331,439,604. Of this amount, \$9,992,094,730 was awarded directly to agencies designated to provide Head Start services in local communities. This includes grant funding to support transitions from the Designation Renewal System (DRS).



**(B)** The amount of funds received by Head Start agencies newly designated under section 641 to provide such services in such fiscal year;

In FY 2019, funding for Head Start agencies newly designated by a new grant totaled \$3,409,117,877 through 890 grants. New grants include grants with a project period start date during FY 2019. This would also include all EHS Expansion and EHS-CC Partnership grants awarded in March 2019.

**650(a)(2)** A description of the distribution of Head Start services relative to the distribution of children who are eligible to participate in Head Start programs,

including geographic distribution within states, and information on the number of children served under this subsection, disaggregated by type of eligibility criterion;

Please see Appendix A for the list of Head Start-funded enrollment within states in FY 2019.

**650(a)(3)** A statement identifying how funds made available under section 640(a) were distributed and used at national, regional and local levels;

Funds allocated under section 640(a) were used for the following purposes in FY 2019 as shown in the [FY 2021 Justification of Estimates for Appropriations Committees](#)<sup>3</sup>.

FY 2019 Actual Expenditures with Carryover	
Purpose	Amount
Service grants	\$9,967,094,750
Training/technical assistance	\$238,391,531
Designation renewal system transition funding	\$24,999,980
Research/evaluation	\$21,577,573
Program support	\$37,380,962
Monitoring support	\$41,994,808
<b>Total</b>	<b>\$10,331,439,604</b>

Program support includes funding for information technology support; contract fees; grant paneling; salaries, benefits, and associated overhead for the EHS Expansion and EHS-CC Partnerships program. Monitoring support is capped at \$42 million in the Head Start Act.

As authorized under section 640(a)(2)(D) and including funds appropriated for administration and evaluation activities from EHS Expansion and EHS-CC Partnerships funding, the FY 2019 actual expenditures for research, demonstration, and evaluation projects totaled \$21,577,573.

#### **Carryover in FY 2019 Actual Expenditures**

FY 2019 includes about \$362 million carried over from FY 2018 for increased program hours and EHS Expansion and EHS-CC Partnerships. Additionally, about \$58 million will be carried over from FY 2019 for EHS Expansion and EHS-CC Partnership programs into FY 2020.

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<sup>3</sup> [https://www.acf.hhs.gov/sites/default/files/documents/olab/fy\\_2021\\_congressional\\_justification.pdf](https://www.acf.hhs.gov/sites/default/files/documents/olab/fy_2021_congressional_justification.pdf)

Carryover is significant in FY 2019 due to the availability of funding from the amounts appropriated to increase program hours and to award EHS Expansion and EHS-CC Partnership grants, both being appropriated in FY 2018 and available for obligation until March 31, 2019.

Due to carryover, the remainder of this report will use annualized funding amounts for FY 2019. This approach better displays how funding is distributed and used at national, regional, and local levels on an annual basis.

In FY 2019, the total annual funding for base program operations to grantees was \$9,658,096,317 (not including carryover). The distribution of base program operations funding by region is shown in the following table. See <https://www.acf.hhs.gov/oro/regional-offices> for an unabbreviated list of states and territories served by ACF region. See Appendix B for annual base program operations and funded enrollment by state.

<b>FY 2019 Annual Base Program Operations Funding by Region</b>		
<b>Region</b>	<b>Base Program Operations</b>	<b>Funded Enrollment</b>
Region I – CT, MA, ME, NH, RI, VT	\$334,948,417	26,245
Region II – NJ, NY, PR, VI	\$1,082,448,823	96,468
Region III – DC, DE, MD, PA, VA, WV	\$711,669,666	73,214
Region IV – AL, FL, GA, KY, MS, NC, SC, TN	\$1,689,867,832	166,388
Region V – IL, IN, MI, MN, OH, WI	\$1,488,836,378	136,719
Region VI – AR, LA, NM, OK, TX	\$1,160,631,751	122,113
Region VII – IA, KS, MO, NE	\$382,851,499	33,908
Region VIII – CO, MT, ND, SD, UT, WY	\$284,515,475	24,609
Region IX – AZ, CA, HI, NV, AS, GU, MP, PW	\$1,478,441,721	111,225
Region X – AK, ID, OR, WA	\$318,009,391	28,502
Region XI – AIAN	\$294,517,507	23,208
Region XII – MSHS	\$431,357,857	30,420
<b>TOTAL</b>	<b>\$9,658,096,317</b>	<b>873,019</b>

Training and technical assistance (T/TA) funds made available under section 640(a)(2)(C) in FY 2019 totaled \$239,679,418 (not including carryover). Of these funds, \$143,459,775 (55.9 percent) was awarded directly to Head Start grantees to allow grantees to purchase their own T/TA services. The distribution of T/TA allocations directly to grantees by region is shown below.

FY 2019 Annual T/TA Funding Directly to Grantees by Region	
Region	Amount
Region I – CT, MA, ME, NH, RI, VT	\$4,937,363
Region II – NJ, NY, PR, VI	\$15,956,094
Region III – DC, DE, MD, PA, VA, WV	\$10,581,965
Region IV – AL, FL, GA, KY, MS, NC, SC, TN	\$25,138,245
Region V – IL, IN, MI, MN, OH, WI	\$21,466,907
Region VI – AR, LA, NM, OK, TX	\$17,735,712
Region VII – IA, KS, MO, NE	\$5,799,790
Region VIII – CO, MT, ND, SD, UT, WY	\$4,262,593
Region IX – AZ, CA, HI, NV, AS, GU, MP,	\$22,081,529
Region X – AK, ID, OR, WA	\$4,596,996
Region XI – AIAN	\$4,559,572
Region XII – MSHS	\$6,343,009
<b>Total</b>	<b>\$143,459,775</b>

Funds not awarded directly to grantees were used to support a variety of T/TA efforts including six national T/TA centers that provide the cornerstone of Head Start’s T/TA System, state T/TA contracts, training special populations, and activities designed to improve grantee performance.

**650(a)(4)** A statement specifying the amount of funds provided by the state, and by local sources, to carry out Head Start programs;

Head Start grantees are required to generate, from non-federal sources, 20 percent of their total Head Start budget. The total federal funding for base program operations in FY 2019 was \$9,658,096,317. The non-federal share requirement on this amount was \$2,414,524,079. Grantees rely on many funding sources to generate this match including state or local government funding, private or corporate donations (e.g., monetary and supplies), and volunteer services. This non-federal share requirement is met by each grantee unless a non-federal share waiver request is approved. About one-third of grants had an approved non-federal share waiver during fiscal year 2019. When making determinations on the approval of waiver requests submitted by Head Start grantees for some or all of the required non-federal share amount, the following are taken into consideration per section 640(b) of the Act: (1) the lack of resources available in the community that may prevent the Head Start agency from providing all or a portion of the non-federal contribution; (2) the impact of the cost to the Head Start agency during

the initial years; (3) the impact of an unanticipated increase in the cost to the Head Start agency to operate the Head Start program; (4) whether the Head Start agency is located in a community adversely affected by a major disaster; and (5) the impact on the community that would result if the Head Start agency ceased to operate the Head Start program.

**650(a)(5) Cost per child and how such cost varies by region;**

Cost per child is calculated as base program operations divided by the total number of funded slots. The national average cost per child in FY 2019 was \$11,063. The variation in cost per child is attributed to several factors, such as the type of program model offered, the age of children served, staffing patterns, the availability of non-federal support, and differences in the cost of living. Funds are allocated to states in an equitable fashion as required by the statutory formula.

FY 2019 Average Cost per Child by Region	
Region	Average
Region I – CT, MA, ME, NH, RI, VT	\$12,762
Region II – NJ, NY, PR, VI	\$11,221
Region III – DC, DE, MD, PA, VA, WV	\$9,720
Region IV – AL, FL, GA, KY, MS, NC, SC, TN	\$10,156
Region V – IL, IN, MI, MN, OH, WI	\$10,890
Region VI – AR, LA, NM, OK, TX	\$9,505
Region VII – IA, KS, MO, NE	\$11,291
Region VIII – CO, MT, ND, SD, UT, WY	\$11,561
Region IX – AZ, CA, HI, NV, AS, GU, MP, PW	\$13,292
Region X – AK, ID, OR, WA	\$11,157
Region XI – AIAN	\$12,690
Region XII – MSHS	\$14,180
<b>National Average</b>	<b>\$11,063</b>

**Notes for Remainder of Report**

The 78 EHS Expansion and EHS-CC Partnership Grants that were awarded in March 2019 are only included throughout this report for information on funding amounts, funded enrollment, and research. The sections that follow on program services (e.g., cumulative enrollment, demographics, family services, health services, and staff qualifications) do not include these



grants since they were funded in the middle of the 2018-2019 program year and start-up activities shortly followed. These grants were not required to submit a 2018-2019 PIR.

Additionally, there are slight differences from the funded enrollment reported above and funded enrollment reported in the PIR. In the PIR, programs may include enrollees receiving comprehensive services that meet Head Start standards that are fully funded through non-federal sources such as the state or local school district or enrollees funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program that follow the EHS home-visiting model. These enrollees account for less than 3 percent of funded enrollment reported in the PIR. Additionally, if changes were made to a program's funded enrollment during the year, then a program has more flexibility in how they report those changes in the PIR.

**650(a)(6)** A description of the level and nature of participation of parents in Head Start programs as volunteers and in other capacities;

#### **Head Start Families and Parents as Volunteers and Staff**

- In 2019, there were a total of 947,500 families served by Head Start programs.
- Nationally, 1,060,900 individuals volunteered in Head Start; of these, 749,500 volunteers (70.6 percent) were current or former Head Start parents.
- In 2019, there were a total of 273,200 Head Start staff and contracted staff; of these, 61,900 current or former Head Start parents (22.7 percent) worked as paid Head Start staff.

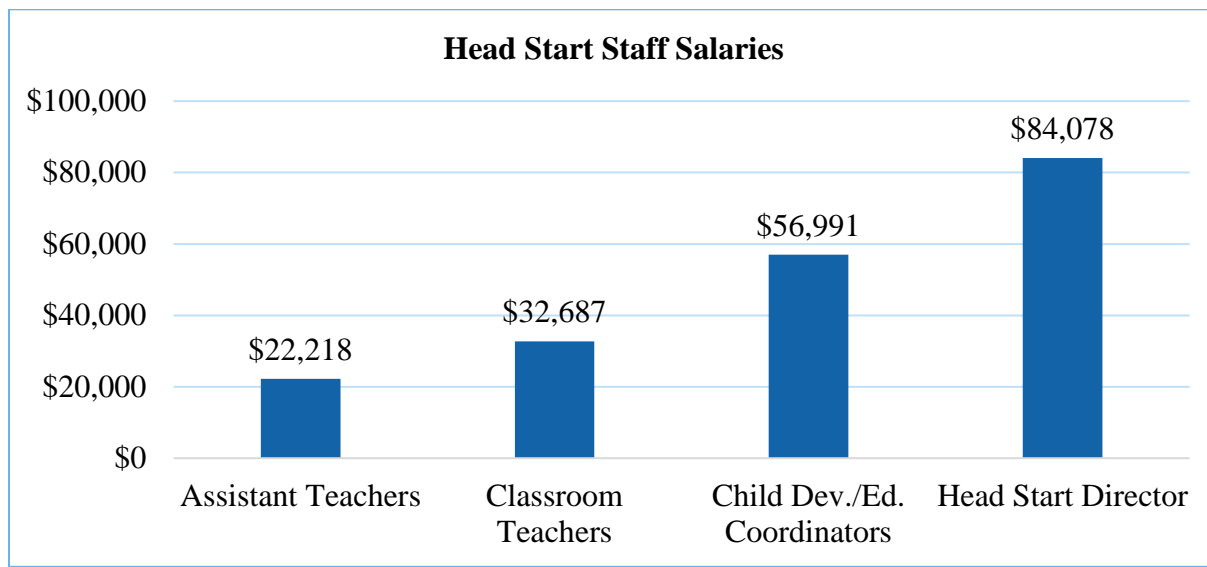
#### **Father Involvement**

- In 2019, 265,700 fathers/father figures participated in a program activity that involved their child's Head Start child development experiences, such as a home visit or parent-teacher conference. Additionally, 24,500 fathers/father figures participated in the governance structure of their program.

**650(a)(7)** Information concerning Head Start staff, including salaries, education, training, experience, and staff turnover;

#### **Salaries**

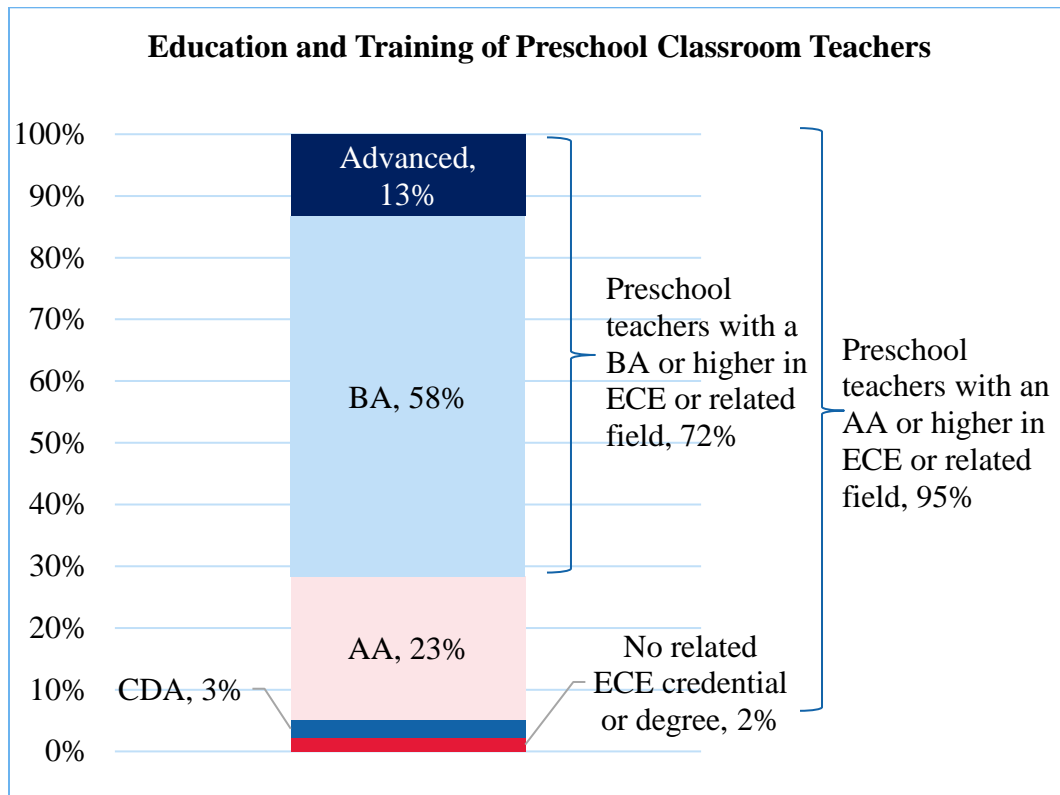
The following graph depicts Head Start employee average salaries for the 2018-2019 program year.



### **Staff Education, Training and Experience, and Turnover**

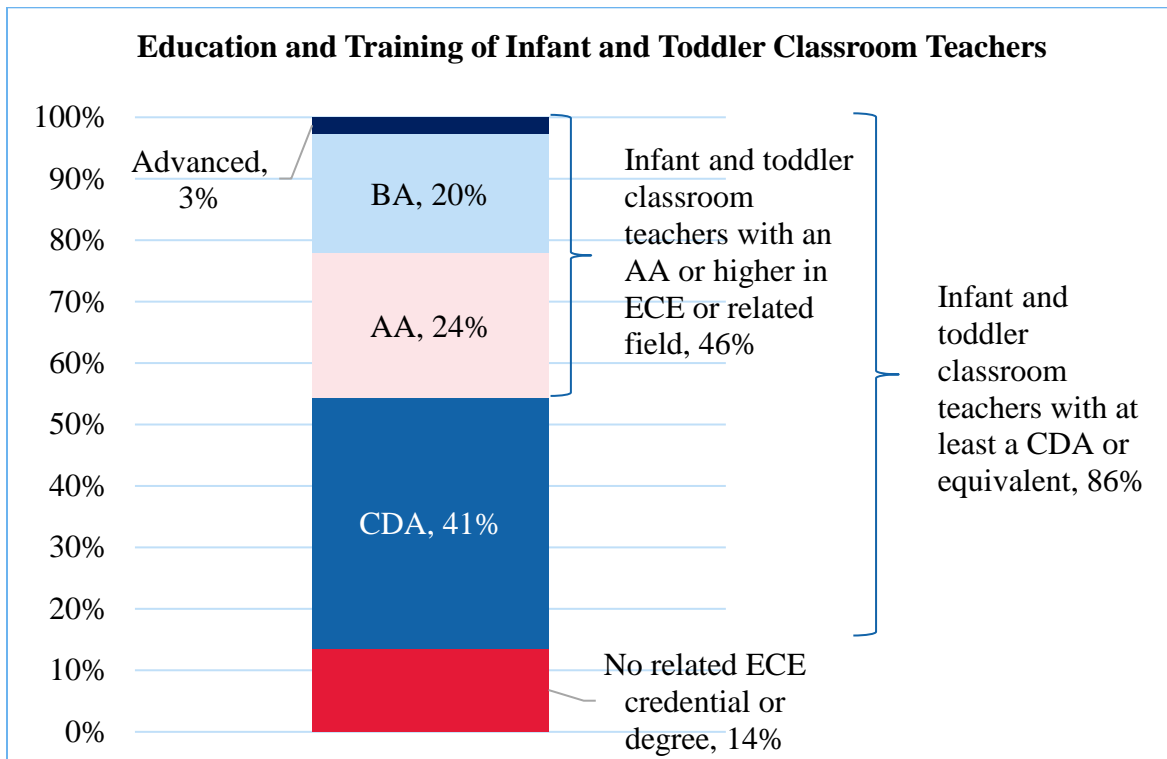
The Head Start Act was amended in 2007 to require that, by September 30, 2013, at least 50 percent of all Head Start preschool classroom teachers nationwide either possess a bachelor's or advanced degree in early childhood education (ECE); or a bachelor's or advanced degree and coursework equivalent to a major relating to ECE with experience teaching preschool-age children. The Head Start preschool program surpassed the statutory requirement of September 30, 2013, in the 2010 program year.

In 2019, 42,000 Head Start preschool teachers were instructing in preschool classrooms and 71.7 percent of these teachers possessed a bachelor's or advanced degree in ECE or a related field with experience teaching preschool-age children. The following graph depicts the type of degree or credential of Head Start preschool classroom teachers.



**Note:** AA = associate degree, BA = baccalaureate degree; CDA = child development associate degree; ECE = early childhood education.

In the 2018-2019 program year, 32,100 teachers were instructing in EHS infant and toddler classrooms. Of these teachers, 86.4 percent possessed at least a child development associate (CDA) or equivalent credential/degree. Additionally, 63.9 percent of infant and toddler classroom teachers without a related ECE credential or degree were enrolled in a credential, licensure, associate degree, or baccalaureate degree program that met or exceeded a CDA and was appropriate to the program in which they are working. The following graph depicts the percentage of EHS infant and toddler classroom teachers with each type of degree or credential.



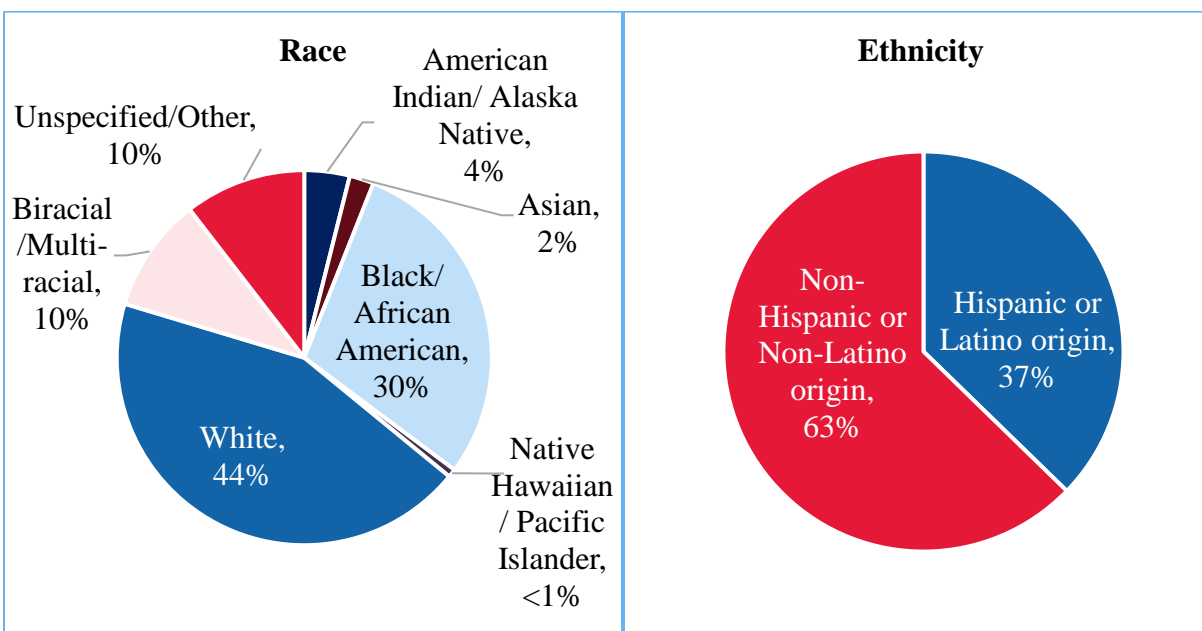
**Note:** AA = associate degree, BA = baccalaureate degree; CDA = child development associate degree; ECE = early childhood education.

During the 2018-2019 program year, 13.5 percent of total staff or contracted staff left their positions. Of the 13.5 percent, 71.3 percent of the staff were replaced within the same year.

**650(a)(8)** Information concerning children participating in programs that receive Head Start funding, including information on family income, racial and ethnic background, homelessness, whether the child is in foster care or was referred by a child welfare agency, disability, and receipt of benefits under part A of title IV of the Social Security Act;

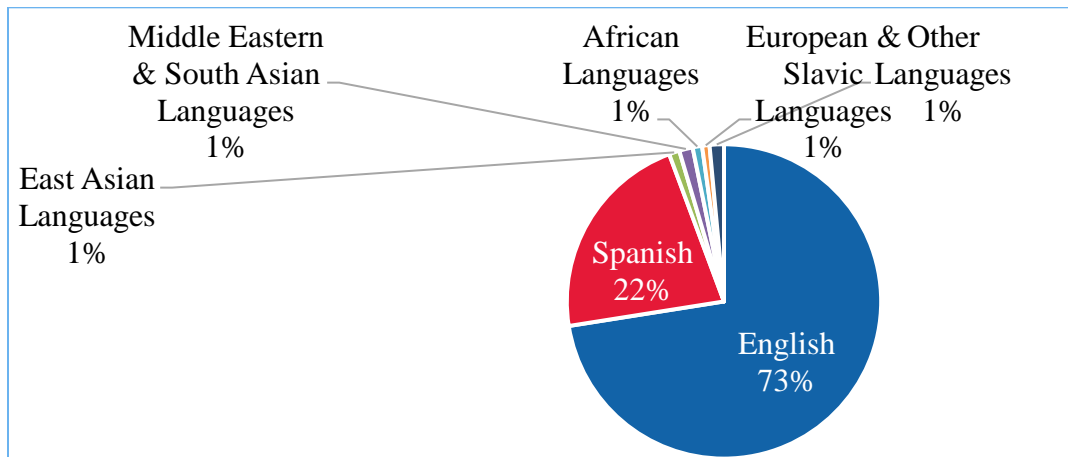
Head Start programs served a diverse group of children, families, and pregnant women. (Note: Each enrollee is asked to self-identify both an ethnicity and a race category based on U.S. Census Bureau measures. For example, a family that identifies their child as Black and Cuban would be counted in the “Black or African American” category for the question on race and counted in the “Hispanic or Latino” category for the question on ethnicity. Information on race ethnicity and race categories can be found at <http://www.census.gov/topics/population/race/about.html>.)

The following chart depicts the distribution by ethnic/racial origins for children and pregnant women served during the 2018-2019 program year.



Twenty-nine percent of children and pregnant women served primarily spoke a language other than English at home. The following table and chart displays the distribution of primary home language among enrollees.

Primary Home Language	
Language	Number of Children/Pregnant Women
English	759,400
Spanish	228,600
East Asian languages	11,300
Middle Eastern/South Asian languages	14,600
African Languages	10,100
European and Slavic languages	8,000
Other languages (i.e., Native Central/South American and Mexican, Caribbean, Native North American/Alaska Native, Pacific Island, other/unspecified)	15,400
<b>Total Cumulative Enrollment</b>	<b>1,047,400</b>



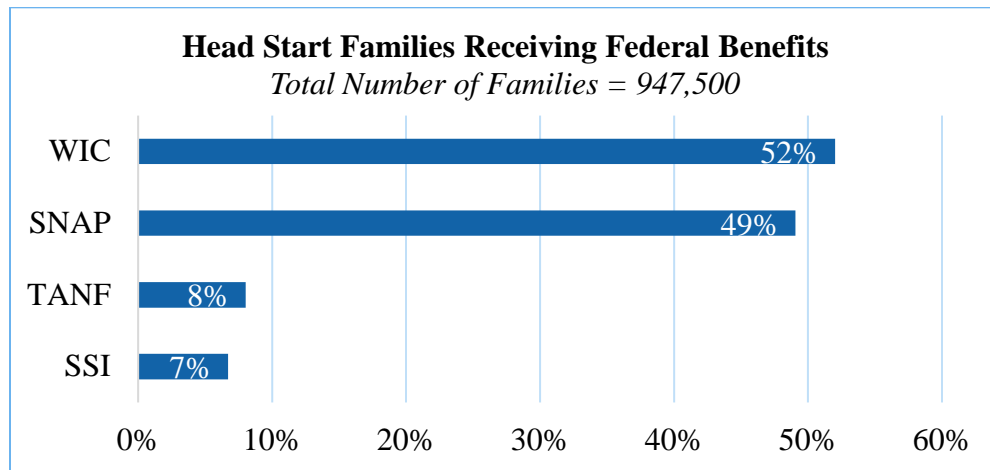
### Family Income

About 87 percent of enrollees were found eligible based on their (1) family income being at or below 100 percent of the federal poverty line, (2) status as homeless, (3) eligibility to receive public assistance such as Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI), or (4) status as a foster child. The remaining 11 percent of enrollees were families above the federal poverty line that would benefit from services (7 percent) or families with incomes between 100 percent and 130 percent of the federal poverty line (6 percent).

### Receipt of Federal Benefits

Most Head Start families (52 percent) received a benefit through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The following graph presents the percent of Head Start families that were recipients of four federal benefits at the start of their enrollment for the 2018-2019 program year. These benefits include WIC, Supplemental Nutrition Assistance Program (SNAP), TANF, and SSI.



**Note:** SNAP = Supplemental Nutrition Assistance Program; SSI = Supplemental Security Income; TANF = Temporary Assistance to Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants and Children.

### Foster Care and Homelessness

There were 35,800 children enrolled in Head Start who were in foster care at any point during the 2018-2019 program year. This represented 3.5 percent of total enrollment. Head Start served 22,100 children referred by a child welfare agency which represents 2.1 percent of total enrollment. Head Start served 58,800 homeless children from 54,800 homeless families (5.8 percent of the total families served). These are children and families who experienced homelessness at some point during the program year. Of these families, 29.4 percent (16,100 families) acquired housing during the program year.

### Disabilities

There were 103,900 enrolled preschool children with an Individualized Education Program (IEP). This represented 13.2 percent of enrolled preschool children. Further, there were 32,800 infant and toddlers with an Individualized Family Service Plan (IFSP). This represented 13.5 percent of enrolled infant and toddlers.

The table below presents the number of preschool children who received disabilities services for a specific diagnosed disability:

Children in Head Start Preschool Receiving Special Services by Disability	
Disability	Number of Children Receiving Special Services for Disability

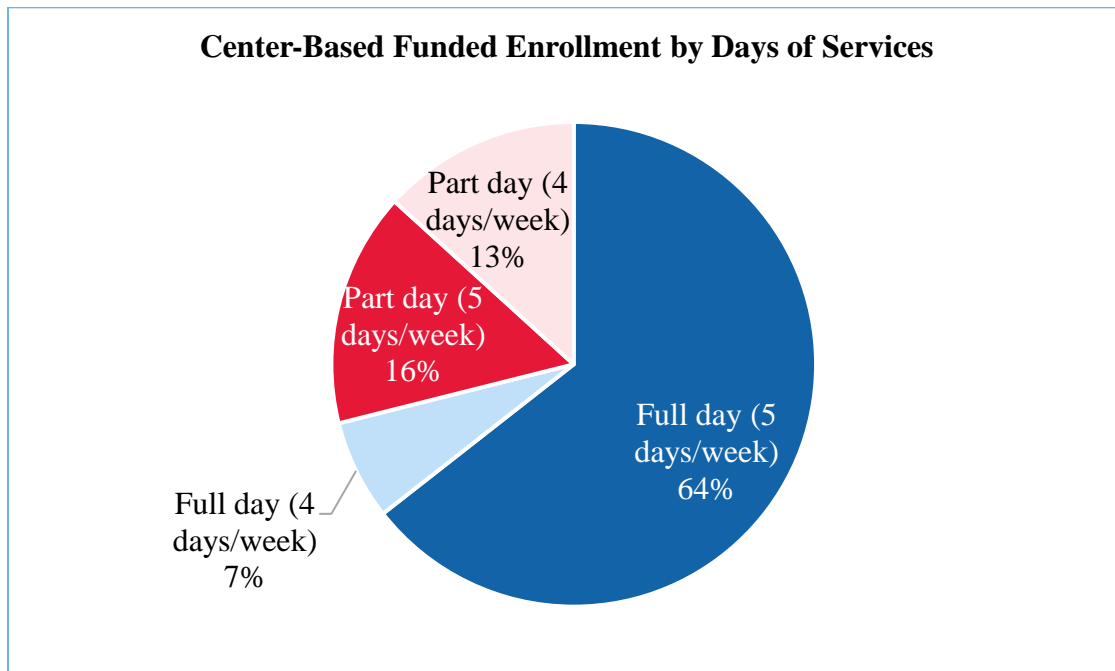
Speech or language impairments	56,870
Non-categorical/developmental delay	34,000
Autism spectrum disorder	4,120
Health impairment (i.e., meeting Individuals with Disabilities Education Act [IDEA] definition of “other health impairments”)	1,590
Multiple disabilities (excluding deaf-blind)	870
Intellectual disabilities	740
Specific learning disability	590
Emotional disturbance	440
Hearing impairment, including deafness	520
Orthopedic impairment	360
Visual impairment, including blindness	280
Traumatic brain injury	60
Multiple disabilities (including deaf-blind)	20

A total of 102,900 children (99.0 percent of children with an IEP) received special education and related services during the program year.

**650(a)(9)** The use and source of funds to extend Head Start services to operate full-day and year-round

Nationwide, most of Head Start’s funded enrollment (90.0 percent) is for center-based programs. However, among EHS programs only, home-based programs account for nearly one-third of funded enrollment. Most (71.1 percent) Head Start center-based funded enrollment is for full-day, center-based services. The PIR defines “full-day services” as those provided for more than 6 hours per day.





Of those receiving center-based full-day services for 5 days per week, 31.3 percent are enrolled for 10 hours or more per day and 18.6 percent are enrolled for 10 hours or more per day for the full calendar year.

The FY 2018 appropriation included \$260 million to allow for the increase in hours of program operation. Grants were awarded by March 31, 2019, to grantees that voluntarily requested this funding to meet the needs of their local communities and to fund related research and evaluation. In FY 2019, over 400,000 children, or about 70 percent of all children in center-based Head Start preschool programs, received 1,020 or more program hours per year.

**650(a)(10)** Using data from the monitoring conducted under section 641A(c):  
 (A) A description of the extent to which programs funded under this subchapter comply with performance standards and regulations in effect under this subchapter;

The following table summarizes the types of reviews conducted in FY 2019.

Type of Review	Description
<b>Focus Area One</b>	An off-site review that entailed reviewing grantee documentation and engaging in discussions (via conference call) with the program's director and management team focused on the grantee's program design, management, and governance structure.
<b>Focus Area Two</b>	An onsite review that—through classroom explorations, data tours, and discussions with program management, staff, parents, the governing body, the policy council, and teachers—assessed how grantees operate their programs and provide quality services that meet children's and families' needs and comply with HSPPS and other federal and state requirements.
<b>CLASS®</b>	Evaluated the quality of teacher–child interactions that promote positive child outcomes.
<b>Special</b>	Conducted for grantees if they are determined to be at risk.
<b>Follow-up</b>	<p>Conducted for grantees found to be out of compliance with Head Start requirements to ensure that all findings are corrected.</p> <p>Note that this report includes information on Follow - up reviews for all grantees with outstanding findings that were reviewed in FY 2019, including grantees with findings that originated in previous fiscal years.</p>

OHS conducted reviews of 696 grantees in FY 2019. Of the 696 grantees that received monitoring reviews:<sup>4</sup>

- 302 received a Focus Area One review.
- 163 received a Focus Area Two review.
- 167 received at least one Special review.
- 200 received at least one Follow-up review.
- 159 received a CLASS® review.

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<sup>4</sup> The sum of the numbers of different review types is greater than the number of reviewed grantees because grantees can receive more than one review during the fiscal year.

Observed areas of noncompliance or deficiencies are referred to as “findings.” The determination of a noncompliance or a deficiency is based on evidence collected by the review team during the monitoring review. If there is not sufficient evidence of a noncompliance or a deficiency, then the grantee is considered “compliant.”

Key outcomes of monitoring reviews include:

- High percentages of grantees reviewed in Focus Area One and Focus Area Two were compliant with the monitored standards. Of the 302 grantees that underwent a Focus Area One review, all (100.0 percent) were found to be compliant with the monitored standards. Of the 163 grantees that underwent a Focus Area Two review, over half (57.7 percent) were found to be compliant with the monitored standards.
- The majority of grantees who received Special reviews were found to be deficient. Of the 167 grantees that underwent a Special review in FY 2019, 60.5 percent were found to have 1 or more deficiencies and 37.7 percent were found to have 1 or more noncompliances (and no deficiencies).
- Grantees corrected nearly all findings on Follow-up reviews. Among grantees that received Follow-up reviews in FY 2019, 94.5 percent of grantees had corrected their findings upon follow-up, while 5.5 percent of grantees had not corrected their findings.
- Head Start program CLASS® average domain scores in FY 2019 were similar to those found in FY 2018.<sup>5</sup> Grantees had average CLASS® scores of 6.05 out of 7 for Emotional Support and 5.79 out of 7 for Classroom Organization domains. As in FY 2018, scores for Instructional Support were notably lower than those for the other domains, averaging 2.91 out of 7.

Key trends with respect to the number and types of findings include:

- In Focus Area Two reviews, most FY 2019 grantees with “noncompliant” findings had a small number of findings. Among grantees with only Focus Area Two noncompliances, 69.5 percent had one or two findings. In contrast, of grantees with at least one Focus Area Two deficiency, 60.0 percent of those had three or more findings. However, these results should be interpreted with caution as only a small number of grantees (N = 10) had a Focus Area Two deficiency.
- **Grantees struggled with a range of issues in FY 2019.** “Budget Planning and Development” was the most commonly cited noncompliance issue in FY 2019 Focus

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<sup>5</sup> In FY 2018, grantees had average CLASS® scores of 6.08 out of 7 for Emotional Support, 5.80 out of 7 for Classroom Organization, and 2.96 out of 7 for the Instructional Support domains.

Area Two reviews, with 20.3 percent of “noncompliant” citations in this area. The next most commonly cited noncompliance issues were “Facilities and Equipment” (13.4 percent), “Budget Execution” (9.1 percent), “Child Health Status and Care” (9.1 percent), “Eligibility, Recruitment, Selection, Enrollment, and Attendance” (7.8 percent), and “Supporting Teachers in Promoting School Readiness” (7.8 percent).

- Overall, a small percentage of grantees had identified deficiencies in FY 2019 reviews. Only 17.6 percent of grantees overall had an identified deficiency across Focus Area One, Focus Area Two, and Special Reviews. Special reviews had the highest proportion of identified deficiencies. Almost two-thirds (60.5 percent) of grantees who had a Special review had an identified deficiency. Among those, 71.7 percent of the “deficient” citations were related to issues such as Discipline (e.g., engaging in inappropriate punishment), Supervision (e.g., leaving children alone or unsupervised) and Safety Practices, which align with OHS’s concern for the safety of Head Start and EHS children.

OHS transmits a report to Congress on Head Start monitoring for each fiscal year pursuant to the Head Start Act. Please refer to the monitoring reports as they become available for more information on compliance status of grantees following a review, commonly cited noncompliances and deficiencies, outcomes/findings of monitoring reviews, and more (<https://eclkc.ohs.acf.hhs.gov/federal-monitoring/article/reports-congress>).

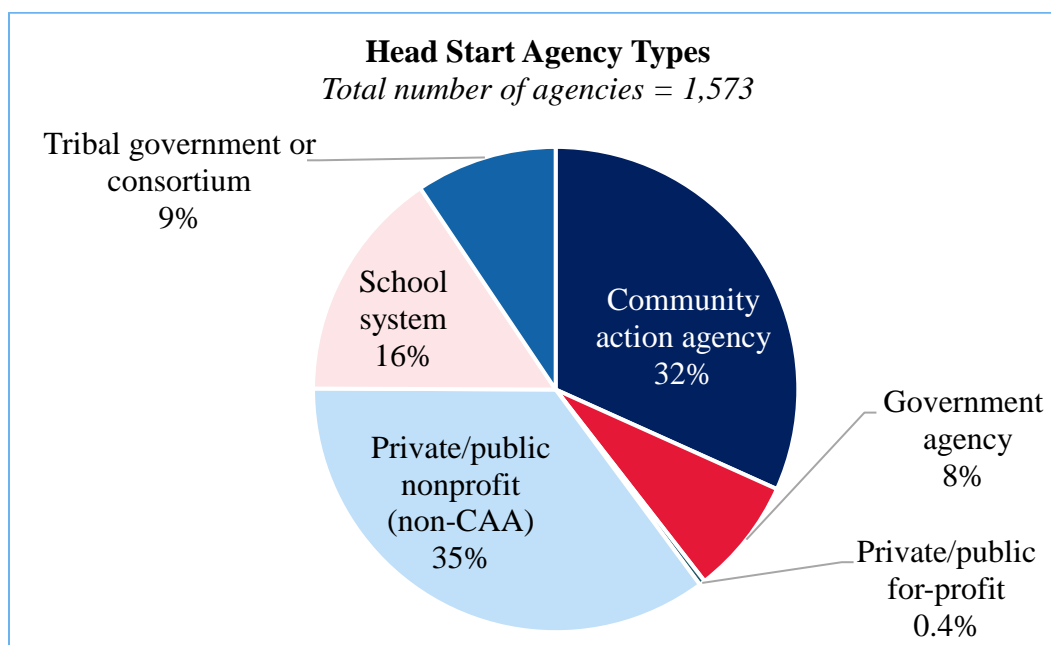
**(10)(B)** A description of the types and conditions of facilities in which such programs are located;

Head Start program services are offered in a variety of facilities, which reflect the varying nature of grantees (more information in paragraph 10(C) below), service delivery models, and their respective communities. Service locations include classrooms in grantee-owned, leased, and public facilities, and services may also be offered in family childcare settings or through partnerships with existing childcare providers in the community. Grantees serve children in a variety of locations including public schools, public housing, city buildings, churches, synagogues, community centers and privately owned buildings. Head Start facilities must meet state, tribal, or local licensing requirements and Head Start requirements related to health, safety, and the amount and type of indoor and outdoor space needed for appropriate child development (see 45 CFR 1302.47 at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices>). Community support for the Head Start program is evidenced by some facilities being made available to grantees at no cost or below market rental rates.

The Head Start Act and HSPPS at 45 CFR 1303 subpart E (<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1303-subpart-e-facilities>) provide authority for the use of Head Start funds to purchase, construct, renovate, or repair facilities. Grantees are required to file a notice of federal interest to protect federal funds used for purchase, construction, and major renovations. If a facility funded by Head Start funds is no longer needed for program purposes, disposition of the facility is governed by 45 CFR 75.318 and the grantee is required to account for the federal share in the property.

**(10)(C) The types of organizations that receive Head Start funds under such programs;**

Private/public nonprofits (not including community action agencies [CAAs]) received the largest share of Head Start funds which includes agencies such as nonprofit hospitals and religious-based programs. Nonprofit CAAs received the second largest share of Head Start funds. Other organizations to receive Head Start funds were school systems, tribal governments, and non-CAA government agencies. The following graph represents the percentages of Head Start programs by agency type.



**(10)(D) The number of children served under each program option.**

Head Start programs offer a variety of program options to meet the needs of its enrolled children and families. The majority of families receive center-based programs, which offer services to

children primarily in a classroom setting. The table below represents funded enrollment by Head Start program option during the 2018-2019 program year as reported in the PIR.

Funded Enrollment by Program Option	
Program Option	Funded Enrollment
Center-based	793,500
Home-based	69,800
Family child care	9,600
Pregnant women	6,400
Locally designed	9,300

**650(a)(11)** The information contained in the documents entitled “Program Information Report” and “Head Start Cost Analyses System” (or any document similar to either), prepared with respect to Head Start programs;

The information contained in the PIR is used to respond to the requested information throughout this report. Excerpts from the 2019 Head Start Fact Sheet on program year statistics is included in Appendix B and the full fact sheet is accessible at <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>. A full, national-level, summary report from the 2018-2019 PIR is included as Appendix C. Head Start’s Grant Application Instructions are included as Appendix D. This Office of Management and Budget (OMB)-approved document is filed electronically by grantees and is designed both to streamline the grant application process and to provide projected cost information efficiently.

**650(a)(12)** A description of the types of services provided to children and their families, both on-site and through referrals, including health, mental health, dental care, vision care, parenting education, physical fitness, and literacy training;

Unless otherwise indicated, information in this section is based on the total Head Start cumulative enrollment of 1,031,800 children during the 2018-2019 program year.

### Health Services

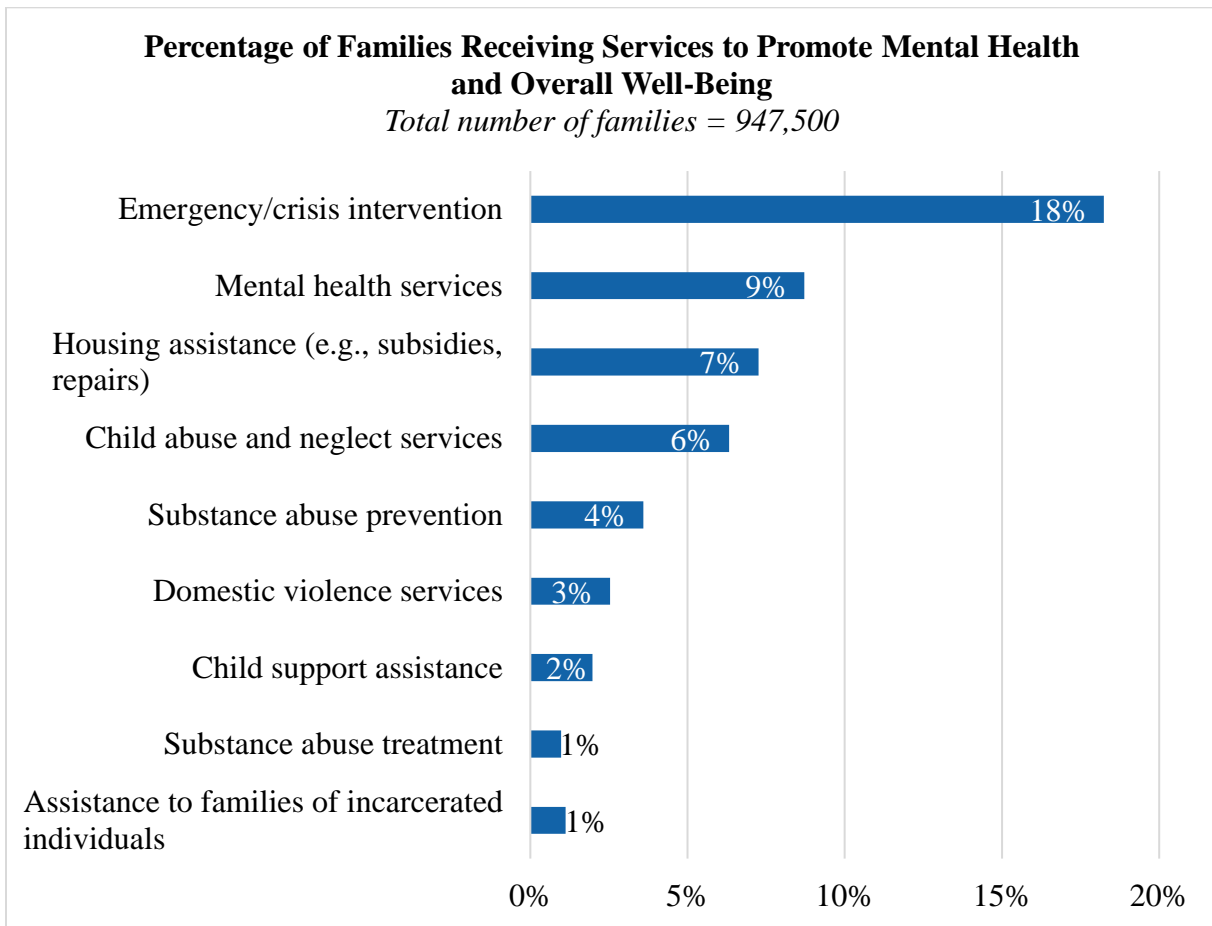
- At the beginning of enrollment, only 59.5 percent (613,900) of children served were up to date, according to their state’s EPSDT schedule. At the end of enrollment, 81.5 percent

(840,800) of all children served were up to date and completed medical screenings, including all tests and physical examinations.

- Note that the EPSDT also includes dental and vision screenings. Additional data on dental and vision care is included below.
- Of the children who were up to date on a schedule of age-appropriate preventive and primary health care, 9.2 percent (77,600) were found to need medical treatment.
- Of the children in need of medical treatment, 92.4 percent (71,600) received needed treatment by the end of the program year.
- At the end of the program year, 95.7 percent (987,500) of children were up to date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.

### **Mental Health Services**

Mental health services, in addition to social services that promote overall well-being including mental health, are provided to families directly through the program or through program referrals. About 17 percent of families received emergency/crisis intervention such as assistance in meeting immediate needs for food, clothing, or shelter. About 9 percent of families received mental health services. The following graph displays services provided during the 2018-2019 program year; families may be counted in more than one category.



### Dental Services

- Of the 788,100 children enrolled in Head Start preschool programs, 75.6 percent received preventive services (e.g., fluoride application, cleaning, sealant application) and 79.9 percent completed a professional dental examination.
- Of the 629,400 children enrolled in Head Start preschool programs who had an oral health exam, 16.1 percent required dental treatment and 71.1 percent of those children received or were receiving the treatment required. The primary reasons children did not receive dental treatment was due to the parent not keeping/making the appointment, the appointment was scheduled for a later date, or the child left the program before their appointment date.

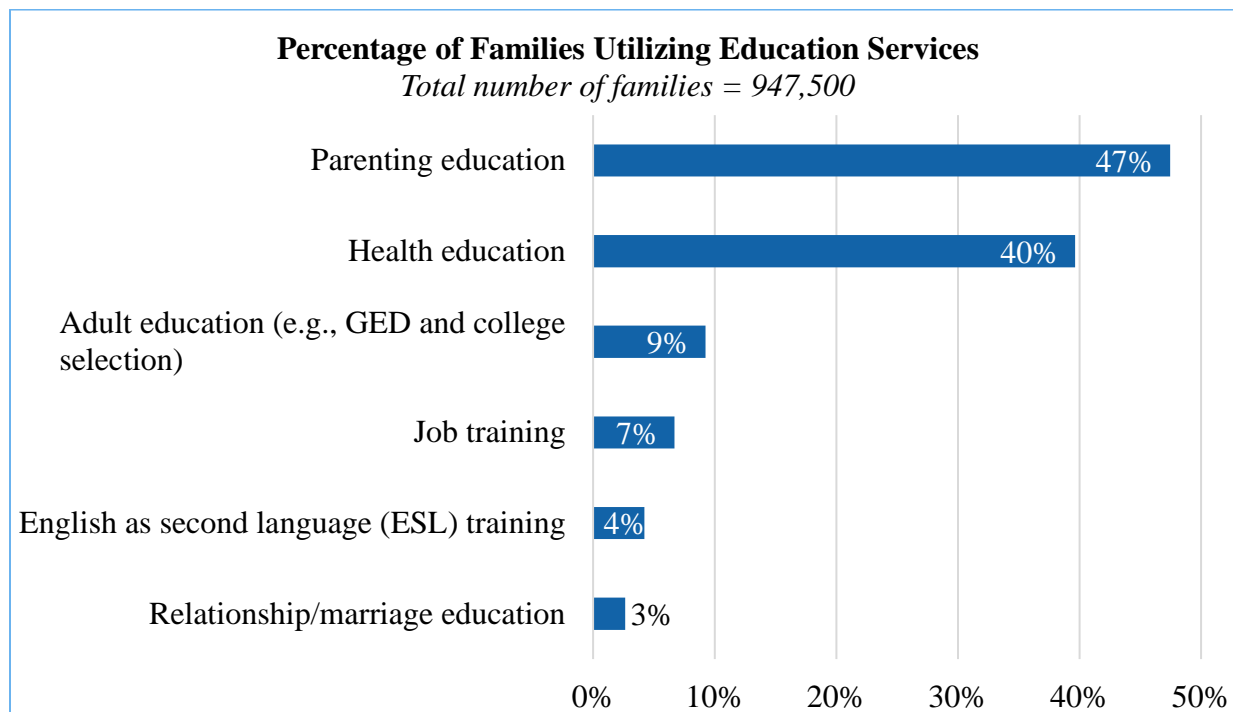
### Vision Care

- There were 29,600 children that received medical treatment for a vision problem during the program year.



## Parenting Education and Training Services

The majority of education and training services families received as part of their Head Start program enrollment were in the areas of parenting and health education. About 4 percent of families received English-as-a-second-language training. The following graph depicts parenting education services provided during the 2018-2019 program year. Families may be counted in more than one category if more than one type of service was received.



## Physical Fitness

The Head Start program has always prioritized physical health for enrolled children. Low-income households have higher rates of overweight individuals, and this affects many children enrolled in Head Start programs. The HSPPS require active play and movement to support gross motor skills, physical fitness, and healthy brain development. Program staff must also periodically assess children's health and fitness and make referrals to health professionals.

OHS offers training and technical assistance (TTA) through direct funding to grantees, regional TTA specialists, and the National Centers. The National Centers were launched to promote excellence through high-quality, practical resources and approaches that build the capacity of Head Start, EHS, and child care programs. OHS funds a National Center that focuses on health, behavioral health, and safety to advance best practices for linking health, behavioral health and early childhood systems, healthcare professionals, and families. Their goal is to maximize

resources for developing comprehensive and coordinated health and behavioral health services within early childhood settings.

During 2019, the following events and trainings related to physical fitness were completed:

- Facilitated one national I am Moving, I am Learning (IMIL) training in Indianapolis, IN. The goals of IMIL are to increase the quantity of physical activity, and improve the type and quality of physical activity while also addressing healthy nutrition and communication with families
- Facilitated one bilingual IMIL training for Region II in White Plains, NY.
- Received and responded to 68 IMIL/Healthy Active Living inquiries on various topics including policies for tracking BMI, rest time requirements, playground design recommendations, physical activity requirements, tips for motor development and outdoors activities, obesity prevention resources, and IMIL training and supplies.
- Maintained and moderated the IMIL community on MyPeers, a social platform for individuals working in early childhood
- Facilitated virtual 9-month TTA learning cohorts in seven Regions, with multiple topics related to physical fitness such as safe playgrounds and facilities, staff wellness, health data, well child visits, health screenings, and nutrition and physical activity.
- Developed and facilitated webinars, trainings, and resources on safe playgrounds, active supervision, and a culture of safety to promote safety considerations related to indoor and outdoor physical activity.

During 2019, the following publications related to physical fitness were distributed:

- Developed the Child Care Health Consultant (CCHC) Competencies, which include details about how a CCHC works together with programs to ensure staff are able to provide infants with sufficient opportunities for physical activity throughout the day, and toddlers, preschool, and school-aged children have opportunities for moderate to vigorous physical activity.
- Collaborated with the National Center on Development, Teaching, and Learning on the white paper “Supporting Outdoor Play and Exploration for Infants and Toddlers”, which explores the benefits of outdoor time for infants and toddlers in center-based, family child care, and home-based programs.
- Updated “Tips for Keeping Infants and Toddlers Safe: A Developmental Guide for Home Visitors.” This resource provides safety tips for young infants, mobile infants, and toddlers, and each section includes tips related to playing in order to ensure infants and toddlers are able to be physically active and safely explore their environments.

- Developed the “Healthy States: Health and Safety Training Toolkit”, which is a tool to help early childhood educators identify resources and materials to train staff in early childhood education settings. The toolkit includes training materials related to physical activity.
- Developed materials and distributed an e-blast on Summer Safety, highlighting tips to keep children safe during outdoor play in the summer.
- Developed “Active Play: Health Tips for Families,” a fact sheet that includes tips families can use to help young children develop positive active play behaviors.
- Developed “Safety and Injury Prevention: Health Tips for Families,” a fact sheet that provides tips families can use to ensure their children's health and safety at home, outside, in the water, and in a car or truck. The outdoor section includes tips to support safe outdoor physical activity.
- Updated content on the OHS website related to Healthy Active Living, an initiative that supports healthy nutrition and physical activity.

### **Literacy Training**

Please see above section on parenting education and training services for information on services provided to families that also promote literacy training.

**650(a)(13)** A summary of information concerning the research, demonstration, and evaluation activities conducted under Section 649 including:

(A) a status report on ongoing activities; and

(B) results, conclusions, and recommendations, not included in any previous report, based on completed activities;

Head Start research over the past decade has provided valuable information not only for guiding program improvements in the Head Start program itself, but also for the larger field of early childhood programming and development. Head Start programs have collaborated with researchers to make significant contributions in program innovation and evaluation, as well as the use of systematic data collection, analysis, and interpretation in program operations. The Head Start program has attracted an extensive network of highly accomplished partners in research firms, universities, and local programs, who strive to answer critical policy questions and improve the quality of the program with rigorous and relevant research.

Through numerous grants and contracts, ACF’s Head Start research portfolio funds experimental impact evaluations, evaluations of innovative practice, process and implementation evaluations, and descriptive and theory-building research. In addition, ACF undertakes activities aimed at enhancing the capacity in the field for high-quality Head Start research through conferences,

measurement development, research centers, support for emerging scholars, and small meetings; and conducts activities that provide guidance to the Head Start practice community about relevant research findings. Taken together, this body of work aims to inform the efforts of a diverse range of stakeholders, including federal and state policymakers, program administrators, researchers, technical assistance providers, and others.

Individual studies or activities contained within the broad categories are summarized below to respond to 650(a)(13)(A) and (B) of the Act.

### **National Descriptive Studies**

*The Head Start Family and Child Experiences Survey (FACES; 1997–2022)* — FACES provides data from successive, nationally representative samples of Head Start preschool children on the characteristics, experiences, and outcomes of Head Start children and families as well as the characteristics of the Head Start programs that serve them in Regions I–X. FACES also provides information on the relationships among family and program characteristics and outcomes. Five cohorts of FACES were fielded from 1997 to 2009: 1997, 2000, 2003, 2006, and 2009. In 2011, ACF redesigned the study to explore innovative design and measurement options and to better meet the information needs of ACF for ongoing management of the Head Start program. Under this new design, data on programs, classrooms, staff, and family characteristics are collected every two years (“Classroom Core”) and child outcome data are gathered every four years (“Classroom + Child Outcomes Core”). The Classroom + Child Outcomes Core was first fielded in the fall of 2014; the Classroom Core was first fielded in the spring of 2017. In FY 2018 and FY 2019, the FACES team planned an additional wave of the Classroom + Child Outcomes Core and launched data collection in the fall of 2019. Additionally, numerous reports and briefs using FACES data were published in FY 2018 and FY 2019, including briefs on family engagement, dual language learners, staff professional development, and other topics.

*The EHS Descriptive Survey (Baby FACES; 2007–2023)* — Baby FACES is similar in design to the Head Start FACES study. Baby FACES aims to inform program planning, technical assistance, and research at the national level by providing in-depth information about EHS programs, staff, classrooms, home visits, and the children and families served in Regions I–X. Baby FACES also explores associations between the type and quality of EHS services and child and family well-being. There have been two cohorts of the Baby FACES study to date. Baby FACES 2009 was the first cohort of the study. It used a longitudinal design and followed two age cohorts of children (newborns and one-year-olds) through their time in EHS, from 2009–2012. In 2015, a new Baby FACES contract was awarded to implement a redesigned Baby FACES for 2018–2020 employing a repeated cross-sectional approach with a nationally representative sample of programs, centers, classrooms, home visitors, and children of all age groups enrolled in EHS. Data collection for the second cohort was completed in the spring of

2018 and several reports and briefs summarizing findings from the 2018 data collection were under development in FY 2019.

*The Study of EHS-CC Partnerships (2013–2022)* — This study offers a comprehensive look at EHS-CC Partnerships to better understand how partnerships support quality improvement, child development, and family well-being in early childhood settings serving infants and toddlers. This work examines the implementation of ACF’s EHS-CC Partnership grants and aims to inform child care partnerships nationwide through a review of the literature, development of a theory of change model, review of measurement approaches, and a descriptive study. The study documents the purposes, goals, and key characteristics of partnerships, as well as the activities they engage in to improve professional development of teachers/providers, the quality of services, and how services meet families’ needs. Surveys of all EHS-CC Partnership grantees and delegate agencies, as well as a selected sample of their partners was fielded in 2016 and 2017. In FY 2019, a report was published summarizing findings from the surveys as well as case studies with 10 partnership grantees to provide an in-depth look at different partnership models. Additionally, in FY 2018, the project team began planning a follow-up survey to examine the sustainability of partnerships among the EHS-CC Partnership grantees.

*The Study of Coaching Practices in Early Care and Education Settings (2016–2021)* — This project explores coaching practices in early care and education (ECE) classrooms serving children supported by Child Care and Development Fund subsidies or Head Start grants to advance understanding of how core features of coaching are implemented in ECE classrooms, how they may vary by key contextual factors, and which practices are ripe for more rigorous evaluation. In FY 2018-2019, the project team established an empirically supported conceptual model to identify how core features of coaching may contribute to desired changes in teacher knowledge and practice. They also designed and conducted a descriptive study to examine the occurrence and variability of coaching features in ECE classrooms. Future tasks will include conducting case studies to examine program- or systems-level drivers of the implementation of coaching.

*Head Start Connects: Individualizing and Connecting Families to Comprehensive Family Support Services (2018-2023)* – The Head Start Connects project was launched in FY 2018 to better understand how family support services are implemented in Head Start programs. In particular, the study examines the processes through which Head Start programs individualize, coordinate, and provide services to meet families’ needs. In FY 2018-2019, the project began addressing this goal through a review of the research literature on the coordination, tailoring, and provision of family support services; development of a theory of change model that articulates pathways between key Head Start program activities related to coordination of family support services and expected outputs and outcomes for families and children; and the design for a set of case studies, including qualitative interviews with Head Start staff and families. Insights learned

from the literature review, theory of change model, and case studies will be used to develop a set of design options for a large-scale descriptive study of Head Start programs nationally that is focused on describing the coordination of Head Start family support services and the degree to which coordination is responsive to family needs.

*Early Care and Education Leadership Study (ExCELS; 2018-2023)* – This project was awarded in FY 2018 to fill gaps in knowledge and measurement about how effective leaders can improve quality experiences for children in ECE settings, including Head Start programs and community-based child care. The study will identify leadership constructs, map and test their associations to intended outcomes through a descriptive study, and develop a short-form instrument to measure ECE leadership in center-based settings. In FY 2018-2019, the project team reviewed existing research literature; constructed a theory of change that shows how ECE leaders act as change agents for quality improvement; and developed a compendium of existing measures to identify measurement gaps.

*Understanding Head Start's Role in ECE Systems (2018-2021)* – This project was launched in FY 2018 to examine the relationships between Head Start and ECE systems in states and territories. Specifically, the project examines Head Start's coordination with other ECE programs, including state-funded prekindergarten, early intervention and early childhood special education, and community-based child care centers and family child care homes. It also examines various ways that Head Start programs might coordinate with other ECE programs in states or territories, such as via governance, enrollment, financing, licensing, Quality Rating and Improvement Systems, integrated state data systems, and other facets of the ECE system. In FY 2019, the project published a report synthesizing lessons from existing data on the connection between Head Start and other parts of the ECE system.

*Study of Disability Services Coordinators and Inclusion in Head Start (2019-2024)* – New in FY 2019, this study will provide a national picture of the Disability Services Coordinators (DSC) workforce for Head Start and EHS programs, including AIAN and MSHS grantees. It will include an examination of the characteristics and roles of DSCs; how children with disabilities and their families are served by Head Start; and how programs engage with Local Education Agencies, early intervention services, health providers, and other service providers in the community.

### **Implementing and Evaluating Innovative Strategies**

*Head Start–University Partnerships (2013–2019)* — The purpose of this grants program is to examine how Head Start can utilize dual-generation approaches to promote family well-being, including health, safety, and financial security, as well as children's school readiness. Four grants were awarded to researchers partnering with local Head Start programs to implement and rigorously evaluate promising interventions that combine child-focused programs with intensive,

high-quality, adult-focused services to support both parent well-being and children's school readiness. In FY 2018 and FY 2019, the grantees continued to collect data from program and control participants, analyze data, and write up findings.

*EHS–University Partnerships (2015–2020)* — In FY 2015, ACF awarded four grants aimed at expanding the knowledge base regarding how programs serving infant and toddlers can promote and improve early child development by supporting both parenting and caregiving. Working in partnership with one or more EHS center-based programs and/or EHS-CCP programs, researchers are implementing innovative strategies that target both parents and center-based teachers as a means of achieving child development goals and conducting implementation and effectiveness evaluations of the strategies. In FY 2018 and FY 2019, the grantees continued to collect data from treatment and control participants and began analyzing data and writing up findings.

*Variations in Implementation of Quality Interventions: Examining the Quality-Child Outcomes Relationship in Child Care and Early Education (VIQI; 2016–2022)* — VIQI is testing how different levels and features of classroom quality relate to children's developmental outcomes. The study looks at the relationship of initial child care and early education (CCEE) classroom quality to changes in observed quality and children's outcomes through a rigorous experimental design. Questions about the quality-child outcomes relationship are being addressed in an in-depth implementation study to understand the conditions necessary to plan, install, and implement an evidence-based intervention to produce changes in process and/or domain-specific quality and in child outcomes in CCEE classrooms at different levels of initial quality. In FY 2018-2019, a pilot was conducted to test the feasibility of implementation and impacts on quality for two quality interventions.

*Culture of Continuous Learning (CCL) Project: A Breakthrough Series Collaborative for Improving Child Care and Head Start Quality (2016–2021)* — The CCL Project explores how child care and Head Start programs can improve the quality of services received by young children, while institutionalizing continuous quality improvement activities. The project includes the design and assessment of the feasibility of implementing a specific approach to continuous quality improvement (CQI), the Breakthrough Series Collaborative (BSC), to promote the uptake and success of evidence-based practices in both child care and Head Start settings. The BSC model is designed to create a shared learning environment in which CQI strategies are used to test research-based practices and make adjustments based on short term, informal data collection. The goal is to influence changes in the culture, climate, structures, and leadership within ECE settings as well as the knowledge, skills, beliefs, and attitudes of the practitioners participating in the BSC. In FY 2018-2019, a BSC was initiated to support children's social-emotional learning in seven ECE settings. At the same time, the CCL study team conducted a feasibility study to learn about the overall cost of implementing a BSC, the



organizational and individual characteristics that relate to feasibility, barriers related to feasibility, and the supports within the BSC that are associated with progress towards quality improvement.

*Professional Development Tools to Improve the Quality of Infant and Toddler Care (2015–2022)* — The Quality of Caregiver–Child Interactions for Infants and Toddlers (Q-CCIIT) observation tool was developed by ACF between 2010 and 2014 to assess the quality of caregiver–child interactions in nonparental care settings serving infants and toddlers. The Q-CCIIT Professional Development Tools project includes the design and implementation of a research-based professional development system called We Grow Together grounded in the principles and practices of the Q-CCIIT observation tool. As part of We Grow Together, teachers and caregivers work with their professional development providers (mentors, coaches, supervisors) using resources delivered on an interactive website. The resources include training videos, materials, and exercises targeting the same principles and practices assessed by the Q-CCIIT measure: support for socioemotional, language and literacy, and cognitive development. In FY 2018-2019, the project team published a review of the literature and conducted a field test to examine the implementation of the We Grow Together professional development system with teachers and caregivers of infants and toddlers and their professional development providers in EHS, family child care, and community-based child care settings.

*Implementation and Assessment of Competencies for Teachers and Caregivers Serving Infants and Toddlers (ITTCC; 2017–2021)* — The ITTCC project examines existing efforts across states, institutes of higher education, professional organizations, and programs related to competencies for teachers and caregivers serving infants and toddlers. The project explores approaches to the implementation and assessment of competencies, building a conceptual foundation for measurement, research, and evaluation. In FY 2018-2019, the ITTCC project conducted and published a scan of competency frameworks which explores the content of existing frameworks and approaches to implementation and assessment of the competencies contained in the frameworks. The project also undertook a review of the research literature and began designing a study to examine how competencies are implemented and assessed on the ground. Findings from the project will support ACF in its efforts to improve the quality of care for infants and toddlers in community-based child care and EHS.

*Human Centered Design for Human Services (HCD4HS; 2018-2021)* – Human-centered design (HCD), also known as “design thinking,” is an applied research and design approach for organizational innovation. It offers a framework for creating solutions to complex problems that meet the needs of the users (e.g., staff or program participants). In FY 2018, the HCD4HS project was awarded to gain a better understanding of what the process of HCD looks like in the context of human services; the requirements for implementation across the range of ACF’s service delivery programs; and the measurable outcomes, evaluability, feasibility, and



sustainability of HCD approaches. The pilot study includes an assessment of the current state of the field in terms of the implementation, sustainability, and evaluation of HCD efforts to date in up to three sites administering ACF programs.

*Understanding Children's Transitions from Head Start to Kindergarten (HS2K; 2019-2022)* – New in FY 2019, this project aims to better understand how to improve children's transitions from Head Start programs to elementary schools. The study is particularly focused on transition strategies that intentionally engage both the sending programs (Head Start) and the receiving programs (elementary schools), and are implemented at multiple levels – among classroom teachers in Head Start and kindergarten, families and teachers, elementary school principals and Head Start directors, Head Start grantees and school districts, and state and federal agencies. The HS2K project will assess the state of the knowledge on transition strategies; develop a theory of change; conduct analyses of existing data sources; and design and execute a comparative multi-case study describing approaches to supporting transitions from Head Start to kindergarten. Depending on the findings from this work, the project may also include development of design options for a descriptive study of the national landscape related to transition practices within Head Start programs and development of new measures of transition practices.

*Next Steps for Rigorous Research on Two-Generation Approaches (NS2G; 2019-2023)* – The NS2G project was launched in FY 2019 to build the evidence for programs that aim to meet the needs of low-income families by intentionally combining services aimed at supporting child development with services intended to improve parental economic security. The specific objectives of this project include: (1) conducting formative research to better understand program implementation, strengthen promising programs, and prepare them for evaluations of effectiveness; (2) building the capacity of programs and researchers to conduct rigorous and meaningful evaluations of integrated approaches to supporting child development and improving family economic security; and (3) addressing measurement issues in order to promote learning across evaluations and a better understanding of relevant processes and outcomes of two-generation programs for low-income children and their parents.

### **Understanding Special Populations**

*See description for American Indian/Alaskan Native Head Start Family and Child Experiences Survey and Migrant and Seasonal Head Start Study in the section of this report responding to 650(a)(14) of the Act.*

*MSHS Supplement to the National Agricultural Workers Survey (NAWS; 2009–2021)* — Originally established in 1988, the NAWS is sponsored by the Employment and Training Administration of the Department of Labor and collects demographic, employment, and health characteristics of the United States crop labor force. The MSHS Supplement to NAWS was

initiated in 2009 and includes questions regarding farmworkers' child care preference and knowledge of MSHS, household characteristics, and employment, health, and service utilization of MSHS-eligible agricultural workers. In FY 2019, two reports were released describing the households and the language, literacy, and educational backgrounds of parents of MSHS-eligible families using the 2012-2016 NAWS data.

*Tribal Early Childhood Research Center (TRC; 2016–2021)* — The TRC seeks to address gaps in early childhood research with AIAN communities through partnerships with tribal Head Start, EHS, child care, and home visiting programs. The goals of the TRC are to (1) to identify needs and/or develop effective practices for early childhood initiatives in tribal communities; (2) to identify, validate, and/or develop culturally meaningful measures of program practices and outcomes for AIAN families; and (3) to establish peer-learning communities and provide training and professional development to facilitate interest and competencies in research relevant to early childhood initiatives in tribal communities. The TRC also engages in pilot research with AIAN communities and secondary analyses of existing data on AIAN children and families. Links to TRC activities and the resources they have developed can be found at [www.tribalearlychildhood.org](http://www.tribalearlychildhood.org).

### **Capacity Building**

*Early Care and Education Research Scholars: Head Start (1998–2020)* — This grants program provides support for dissertation research conducted by graduate students working in partnership with local Head Start programs. The grants aim to support high quality research addressing priorities of Head Start programs and policymakers; build capacity for collaborations between researchers and Head Start programs and families; and promote the professional development of young scholars who are interested in the Head Start program. Four new scholars grants were awarded in FY 2018 and another six in FY 2019. Grantees are conducting research on a range of topics, such as classroom quality and practices; coaching and teachers' professional development; transitions between EHS, Head Start, and elementary school; development and learning in dual language learning children; processes and influences across diverse families; and other topics.

*National Research Conference on Early Childhood (NRCEC; 1991–2020)* — The NRCEC (formerly known as Head Start's National Research Conference), held every two years, features innovative research regarding early childhood policy and practice, and services for low-income families with young children. The 14<sup>th</sup> National Research Conference on Early Childhood was held in FY 2018 with the goals of disseminating research relevant to children and families served by early childhood programs and to encourage collaboration among researchers, practitioners, and policymakers to build upon the evidence base for policy and practice.

*Child and Family Data Archive (CFDA; 2018-2023)* — In FY 2018, the [Child and Family Data Archive](https://www.childandfamilydataarchive.org/)<sup>6</sup> was launched to develop and maintain a central repository for data sets from Head Start and other research with families served by ACF programs. The CFDA supports the sharing, secondary analysis, dissemination, and coordination of data from previous, current, and future OPRE-supported grants and contracts. In FY 2018 and FY 2019, the project added several Head Start-funded data sets to the archive, including data from the Head Start Impact Study, the Study of EHS-CC Partnerships, and the AIAN Head Start Family and Child Experiences Survey.

*Supporting the Sustainability of the Q-CCIIT Observation Tool (2018-2019)* – The Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT) observation tool is a reliable and valid research-based observational tool developed by ACF that measures the quality of interactions between infants and toddlers and their caregivers in ECE settings. This project began in FY 2018 with the goal of supporting initial capacity and infrastructure-building activities intended to facilitate the long-term sustainability, proper use, and dissemination of the Q-CCIIT observation tool. Specifically, in FY 2018-2019 the project team developed a plan to: (1) develop, manage, and oversee activities related to the administration of the Q-CCIIT observation tool; and (2) disseminate the Q-CCIIT observation tool to multiple audiences and for multiple uses (e.g., professional development, accountability, monitoring, research, and evaluation). The plan for administration and oversight of the Q-CCIIT observation tool is intended to be implemented after the end of the contract period of performance.

## **National Impact Evaluations**

*The Head Start Impact Study (HSIS) (2000–2015)* — HSIS was a congressionally-mandated longitudinal study that involved approximately 5,000 three- and four-year-old preschool children across 84 nationally representative grantee/delegate agencies. The children participating were randomly assigned to either a treatment group (which had access to Head Start services) or a comparison group (which could receive other community resources, but not Head Start services). The goals of the study were to determine how Head Start affects the school readiness of children participating in the program as compared to children not enrolled in Head Start, and to determine under which conditions Head Start works best and for which children. Data collection began in the fall of 2002 and followed children through the spring of their third-grade year. In addition, ACF's Office of Planning, Research, and Evaluation (OPRE) funded a grant to allow for secondary analysis of data from the HSIS to better understand the relationships between teacher, classroom, and center characteristics and program impacts. In FY 2018 and FY2019, researchers in the field continued to use the HSIS archived data for numerous scholarly publications, including papers examining Head Start effects on multigenerational Head Start families,

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<sup>6</sup> <https://www.childandfamilydataarchive.org/>

differences in outcomes for children who participate in one versus two years of Head Start, the consistency of classroom experiences across Head Start and Kindergarten, emergence of children's self-control and behavior problems over time, and other topics.

*The EHS Research and Evaluation project (1996–2010)* — This project was a rigorous, large-scale, random-assignment evaluation of EHS designed to meet the 1994 reauthorization requirement for a national evaluation of the new infant-toddler program. The project was funded in three waves: The Birth-to-Three Phase (1996–2001) investigated program impacts on children and families through their time in the program; the Pre-Kindergarten Follow-up Phase (2001–2004) followed the children and families who were in the original study from the time they left the EHS program until they entered kindergarten; and the Elementary School Follow-up Phase (2005–2010) followed children and families while the children were in fifth-grade. Results have been published by ACF for the Birth-to-Three and the Pre-Kindergarten Follow-up Phases. The fifth-grade findings were published in 2013 in a peer-reviewed monograph of the Society for Research in Child Development. Researchers continue to use the archived data sets for scholarly publications, including papers published in FY 2018 and FY 2019 on the effects of EHS home visiting dose on home environment quality and parent interaction; early learning environment at home and children's outcomes in elementary school; parenting behaviors over time and relationships to children's emotion regulation, persistence, and school readiness; and other topics.

**650(a)(14)** A study of the delivery of Head Start programs to Indian children living on and near Indian reservations, to children of Alaskan Natives, and to children of migrant and seasonal *farmworker* families;

### **Services to Enrolled American Indian and Alaska Native Children**

The FY 2019 annual funding amount for grantees providing Head Start services to AIAN children, pregnant women, and their families is about \$294.5 million. During the 2018-2019 program year, AIAN programs cumulatively served 25,100 children and 500 pregnant women. Almost all AIAN grants were awarded to tribal governments or consortiums. Program designs include center-based, home-based, locally designed, and combination options. Of children served in AIAN programs:

- Approximately 87.6 percent of children had health insurance at the end of their enrollment in Head Start programs.
- As part of the required medical screening, 1,000 children were identified as needing medical treatment and 91.7 percent of those children received the needed treatment.
- At the end of enrollment, 86.4 percent of children were up to date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.

- Approximately 12.1 percent of enrolled children were diagnosed with disabilities and 98.7 percent of these children received special education and related services.

The American Indian and Alaskan Native Head Start Family and Child Experiences Survey (AIAN FACES; 2014–2022) provides a picture of Region XI tribal Head Start programs, including a description of the development and school readiness of the children served, characteristics of their parents and families, program engagement, and characteristics of teachers, classrooms, and programs. Since 1997, the FACES study has been a major source of information on Head Start programs and the children and families they serve, but has historically not included Region XI. AIAN FACES was designed to fill this information gap. The design of the study was informed by the AIAN FACES Workgroup, which included tribal Head Start directors, researchers with expertise working in tribal communities, and federal officials. A particular focus of the work was ensuring that AIAN FACES was responsive to the unique cultural and self-governing contexts of tribal Head Start programs. Data collection for the first AIAN FACES study with 21 Region XI programs was conducted in the fall of 2015 and spring of 2016. A second cohort of AIAN FACES was launched in the fall of 2019 with 22 Region XI programs. Additionally, numerous products summarizing findings from AIAN FACES data were published in FY 2018 and FY 2019, including reports on AIAN children’s growth and development, observations of native culture and language in Region XI Head Start classrooms, and other topics.

### **Services to Children Enrolled in Migrant and Seasonal Head Start Programs**

The FY 2019 annual funding amount for grantees providing MSHS program services to children and their families is about \$431.4 million. During the 2018-2019 program year, MSHS programs reported cumulatively serving 25,800 children and 200 pregnant women. Almost all MSHS families enrolled their children in a center-based program option that provided more than 6 hours per day of service (26,600 children). Of those children, 12,600 (47.5 percent) received Head Start services for 10 or more hours per day. Some grantees provided services 6 days per week to accommodate the needs of parents doing farm work. Of children served in MSHS programs:

- Approximately 93 percent had health insurance at the end of their enrollment in Head Start programs.
- As part of the required medical screening, 2,000 children were identified as needing medical treatment and 94.3 percent of those children received the needed treatment.
- At the end of enrollment, 97.2 percent of children were up to date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.

- Approximately 9.3 percent of enrolled children were diagnosed with disabilities and 97.6 percent of these children received special education and related services.

The Migrant and Seasonal Head Start Study (2015–2020) is a descriptive study of the characteristics and experiences of children and families enrolled in a representative sample of MSHS programs. The study provides a national picture of MSHS programs, centers, families, and children. The study was designed through extensive engagement and input from the MSHS community and aims to better understand the characteristics of MSHS programs, centers, staff, and the children and families they serve; the services that MSHS provides; and markers of MSHS classrooms and program quality. Additionally, the study includes a particular interest in understanding the bilingual language practices and cultural responsiveness of MSHS programs, as well as and language functioning of MSHS infants, toddlers, and preschoolers. In FY 2018–2019, the study team completed the data collection, began analyses of the data, and published a set of tables summarizing findings the study.

## **Appendix A - 2019 Geographic Distribution of Head Start Programs**

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This appendix presents information on the funded enrollment of Head Start and EHS programs within states. The within-state numbers do not include MSHS programs. In 2019, MSHS programs were funded to serve approximately 30,400 children birth to 5 years old, whose families move geographically with agricultural work. Thus, allocations and enrollment for these services cannot be attributed to individual states. Additionally, 2,400 slots are not shown below since the funding associated with those slots were recaptured for redistribution per Section 641A of the Head Start Act and therefore, these slots were not attributable to individual city and states.

The table below displays the funded enrollment by the city of the program's administrative office. Large grantees may serve children in multiple cities, or even across state lines. For such grantees, their program's administrative office may not be located in the same city as service delivery. Current information on individual Head Start and EHS center locations is available on the Head Start Locator (<http://eclkc.ohs.acf.hhs.gov>). Information on funded enrollment by state in 2019 and prior years is available in ACF Congressional Justification documents and the Head Start Fact Sheets (<https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>).

State	City of Program's Administrative Office	2019 Head Start Preschool Funded Enrollment	2019 EHS Funded Enrollment
AK	Anchorage	1070	270
AK	Bethel	220	0
AK	Dillingham	80	0
AK	Fairbanks	520	150
AK	Fort Yukon	0	30
AK	Juneau	260	0
AK	Kenai	60	50
AK	Metlakatla	30	40
AK	Nome	170	70
AK	Wasilla	250	120
AL	Auburn	340	170
AL	Birmingham	1670	380
AL	Carrollton	230	0
AL	Cullman	90	0
AL	Dadeville	450	0
AL	Decatur	1640	200
AL	Dothan	610	110
AL	Gadsden	340	90



AL	Hayneville	200	0
AL	Jasper	220	0
AL	Livingston	300	180
AL	Marion	120	0
AL	Mobile	1400	360
AL	Montgomery	1200	660
AL	Pell City	160	0
AL	Selma	310	0
AL	Talladega	470	260
AL	Troy	660	0
AL	Tuscaloosa	370	150
AL	Tuskegee	190	20
AR	Batesville	300	80
AR	Benton	490	20
AR	Bentonville	170	120
AR	Blytheville	470	380
AR	Conway	460	50
AR	El Dorado	570	260
AR	Fayetteville	150	120
AR	Harrison	260	50
AR	Helena	250	0
AR	Hot Springs	570	450
AR	Jasper	0	50
AR	Jonesboro	660	640
AR	Little Rock	500	390
AR	Monticello	370	0
AR	Pine Bluff	0	90
AR	Pocahontas	170	180
AR	Rison	110	0
AR	Russellville	440	230
AR	Springdale	0	60
AR	Van Buren	190	110
AS	Pago Pago	1330	0
AZ	Casa Grande	580	200
AZ	Flagstaff	1270	240
AZ	Kykotsmovi Village	200	0

AZ	Mesa	0	180
AZ	Parker	180	0
AZ	Peach Springs	60	0
AZ	Phoenix	5280	1650
AZ	Sacaton	200	150
AZ	San Carlos	230	80
AZ	Scottsdale	100	100
AZ	Sells	220	0
AZ	Somerton	20	0
AZ	Supai	20	20
AZ	Tucson	2380	520
AZ	Whiteriver	250	0
AZ	Window Rock	1390	40
AZ	Winterhaven	90	0
AZ	Yuma	950	120
CA	Alameda	140	120
CA	Alturas	0	100
CA	Arcata	340	200
CA	Auberry	20	0
CA	Auburn	350	300
CA	Bakersfield	1320	910
CA	Baldwin Park	670	390
CA	Bell Gardens	380	120
CA	Berkeley	230	210
CA	Bishop	140	50
CA	Chatsworth	2340	340
CA	Colusa	110	60
CA	Concord	1350	500
CA	Covelo	20	0
CA	Covina	1150	0
CA	Covina,	740	150
CA	Culver City	0	130
CA	El Centro	240	130
CA	El Monte	0	120
CA	Escondido	0	170
CA	Fremont	0	120

CA	Fresno	2750	310
CA	Goleta	770	140
CA	Hanford	480	140
CA	Happy Camp	50	0
CA	Havasu Lake	20	0
CA	Hoopa	70	40
CA	Huntington Park	0	140
CA	Irvine	0	120
CA	Jackson	130	90
CA	Kelseyville	0	70
CA	Klamath	60	70
CA	La Puente	330	0
CA	Livermore	0	90
CA	Los Angeles	3850	2690
CA	Madera	250	40
CA	Martinez	0	70
CA	Merced	850	310
CA	Modesto	1350	510
CA	Napa	600	330
CA	North Hollywood	680	60
CA	Oakland	860	810
CA	Orland	110	80
CA	Oxnard	980	290
CA	Pasadena	290	750
CA	Pico Rivera	670	0
CA	Pine Valley	20	0
CA	Placerville	310	150
CA	Quincy	150	50
CA	Rancho Cucamonga	170	210
CA	Red Bluff	200	120
CA	Redding	440	330
CA	Riverside	3130	290
CA	Roseville	90	0
CA	Sacramento	4240	1060
CA	Salinas	660	0
CA	San Andreas	110	90

CA	San Bernardino	3930	600
CA	San Diego	5370	1610
CA	San Francisco	780	430
CA	San Jose	1690	430
CA	San Luis Obispo	780	630
CA	San Mateo	460	290
CA	San Rafael	210	150
CA	Santa Ana	2280	740
CA	Santa Cruz	400	190
CA	Santa Fe Springs	8330	2470
CA	Santa Monica	0	380
CA	Santa Rosa	350	70
CA	Signal Hill	1010	330
CA	Smith River	30	0
CA	Stockton	1580	170
CA	Torrance	0	90
CA	Ukiah	290	120
CA	Union City	740	210
CA	Visalia	1330	200
CA	Vista	1210	640
CA	Wilmington	0	90
CA	Woodland	250	90
CA	Yreka	0	90
CA	Yuba City	680	320
CO	Akron	40	0
CO	Alamosa	0	70
CO	Arvada	370	0
CO	Boulder	130	0
CO	Brighton	260	0
CO	Brush	70	0
CO	Canon City	160	80
CO	Center	60	0
CO	Colorado Springs	960	180
CO	Cripple Creek	20	70
CO	Del Norte	80	0
CO	Denver	7980	1890

CO	Dillon	40	20
CO	Durango	200	60
CO	Eagle	0	70
CO	Edwards	70	0
CO	Englewood	230	350
CO	Fort Collins	280	110
CO	Fort Morgan	110	0
CO	Greeley	560	50
CO	Ignacio	80	40
CO	Iliff	70	0
CO	La Junta	340	110
CO	Lakewood	90	20
CO	Leadville	40	10
CO	Limon	50	0
CO	Longmont	160	70
CO	Loveland	140	0
CO	Monte Vista	60	0
CO	Montrose	100	0
CO	Salida	60	60
CO	Towaoc	60	0
CO	Wray	30	0
CT	Bridgeport	660	170
CT	Danbury	450	90
CT	Derby	310	230
CT	East Hartford	160	0
CT	Fairfield	1420	400
CT	Hampton	220	180
CT	Litchfield	190	30
CT	Manchester	260	50
CT	Meriden	160	0
CT	New Britain	270	0
CT	New Haven	580	230
CT	North Haven	0	60
CT	Norwich	330	80
CT	Stamford	190	50
CT	West Haven	140	0

DC	Washington	2150	1580
DE	Dover	0	140
DE	Newark	450	250
DE	Wilmington	490	0
FL	Bartow	940	0
FL	Belle Glade	160	0
FL	Boynton Beach	0	270
FL	Bradenton	460	110
FL	Brooksville	980	230
FL	Clearwater	0	390
FL	Cocoa	620	0
FL	Daytona Beach	0	50
FL	Fort Lauderdale	2040	80
FL	Fort Myers	720	200
FL	Fort Walton Beach	260	60
FL	Gainesville	640	0
FL	Homestead	0	300
FL	Immokalee	830	620
FL	Jacksonville	2580	1210
FL	Key West	180	0
FL	Lake Alfred	690	140
FL	Lake City	240	180
FL	Land O Lakes	660	130
FL	Largo	1340	170
FL	Marianna	210	30
FL	Miami	6310	2510
FL	Milton	220	40
FL	Naples	410	0
FL	Orlando	1930	890
FL	Panama City	390	200
FL	Pensacola	770	80
FL	Perry	50	40
FL	Punta Gorda	300	60
FL	Quincy	230	0
FL	Saint Augustine	140	0
FL	Sarasota	280	400

FL	Stuart	260	0
FL	Tallahassee	380	330
FL	Tampa	3110	370
FL	Vero Beach	340	0
FL	West Palm Beach	2030	270
FL	Westville	200	40
FL	Wewahitchka	160	150
GA	Athens	140	160
GA	Atlanta	3600	990
GA	Augusta	1840	70
GA	Brunswick	870	110
GA	Cartersville	610	100
GA	Clarkston	1100	240
GA	Columbus	740	220
GA	Cuthbert	130	0
GA	Eatonton	180	0
GA	Fayetteville	160	80
GA	Forest Park	350	70
GA	Fort Valley	320	410
GA	Gainesville	2010	140
GA	Jackson	290	180
GA	Macon	590	200
GA	Milledgeville	210	0
GA	Monticello	80	0
GA	Moultrie	1800	330
GA	Rossville	530	410
GA	Sandersville	380	0
GA	Savannah	450	150
GA	Sparta	100	70
GA	Swainsboro	0	60
GA	Valdosta	810	0
GA	Warner Robins	940	0
GA	Waycross	720	210
GA	Waynesboro	0	90
GU	Barrigada	530	0
HI	Honolulu	1970	410

HI	Kailua-Kona	0	90
HI	Lihue	90	40
HI	Wailuku	220	120
IA	Burlington	260	70
IA	Carroll	250	100
IA	Chariton	180	30
IA	Council Bluffs	0	80
IA	Creston	110	0
IA	Davenport	370	100
IA	Decorah	230	80
IA	Des Moines	800	180
IA	Fort Dodge	160	80
IA	Graettinger	310	180
IA	Harlan	270	90
IA	Hiawatha	640	110
IA	Marshalltown	210	80
IA	Mason City	230	20
IA	Ottumwa	270	0
IA	Remsen	180	70
IA	Sioux City	340	140
IA	Waterloo	550	300
ID	Boise	390	80
ID	Coeur D Alene	290	150
ID	Fort Hall	70	0
ID	Idaho Falls	210	70
ID	Lapwai	100	80
ID	Lewiston	280	90
ID	Payette	410	200
ID	Plummer	40	40
ID	Pocatello	180	0
ID	Twin Falls	470	90
IL	Addison	0	160
IL	Alton	510	290
IL	Aurora	740	150
IL	Bloomington	190	90
IL	Breese	0	50



IL	Carbondale	350	0
IL	Centralia	350	30
IL	Chicago	12700	5000
IL	Danville	350	70
IL	Decatur	190	150
IL	East Peoria	230	0
IL	Edwardsville	1060	240
IL	Effingham	410	120
IL	Enfield	270	200
IL	Evanston	200	130
IL	Freeport	190	0
IL	Gillespie	220	20
IL	Greenup	450	0
IL	Joliet	510	190
IL	Kankakee	380	100
IL	La Grange	380	170
IL	Lincoln	280	90
IL	Maywood	0	100
IL	Monmouth	290	20
IL	Mount Sterling	150	180
IL	Mount Vernon	220	0
IL	Peoria	590	110
IL	Quincy	300	0
IL	Rock Falls	520	120
IL	Rock Island	630	0
IL	Rockford	530	190
IL	Springfield	470	100
IL	Steeleville	310	0
IL	Ullin	330	140
IL	University Park	0	70
IL	Urbana	440	230
IL	Waukegan	400	0
IL	West Chicago	100	90
IL	West Frankfort	0	90
IL	Wheaton	240	140
IL	Woodstock	270	0

IN	Aurora	270	0
IN	Bloomington	270	60
IN	Columbus	310	80
IN	Connersville	160	0
IN	Covington	290	80
IN	Evansville	490	120
IN	Fort Wayne	590	70
IN	Fremont	190	0
IN	Garrett	140	60
IN	Huntington	0	60
IN	Indianapolis	1440	210
IN	Jasper	190	0
IN	Jeffersonville	250	70
IN	Kokomo	290	90
IN	Lafayette	330	80
IN	Liberty	50	20
IN	Logansport	180	0
IN	Madison	190	0
IN	Marion	130	130
IN	Martinsville	260	10
IN	Merrillville	1220	350
IN	Michigan City	190	0
IN	Mitchell	220	70
IN	Monon	150	0
IN	New Albany	280	80
IN	New Castle	250	0
IN	Pendleton	410	200
IN	Plymouth	150	40
IN	Portland	310	0
IN	Richmond	310	70
IN	South Bend	1020	210
IN	Tell City	290	80
IN	Terre Haute	250	100
IN	Vincennes	330	100
IN	Warsaw	140	40
KS	Arkansas City	150	0

KS	Clay Center	120	100
KS	Dodge City	220	90
KS	Garden City	350	80
KS	Girard	460	280
KS	Hays	120	100
KS	Hiawatha	260	160
KS	Horton	30	10
KS	Hutchinson	220	100
KS	Junction City	150	0
KS	Kansas City	690	130
KS	Manhattan	120	20
KS	Mayetta	30	10
KS	McPherson	120	0
KS	Newton	130	0
KS	Oakley	210	40
KS	Olathe	180	0
KS	Ottawa	260	130
KS	Overland Park	110	110
KS	Powhattan	0	30
KS	Salina	300	180
KS	Shawnee Mission	0	260
KS	Topeka	330	20
KS	Wellington	80	20
KS	Wichita	420	170
KY	Ashland	280	0
KY	Booneville	0	50
KY	Bowling Green	770	30
KY	Carrollton	110	80
KY	Covington	450	80
KY	Frankfort	300	0
KY	Gray	740	290
KY	Hardinsburg	120	0
KY	Hazard	490	140
KY	Jackson	320	0
KY	Jamestown	610	40
KY	Lebanon	470	20

KY	Leitchfield	110	90
KY	Lexington	1390	590
KY	Louisville	280	270
KY	Murray	400	130
KY	Olive Hill	310	0
KY	Owensboro	1600	410
KY	Paducah	240	0
KY	Paintsville	1110	0
KY	Paris	180	0
KY	Pineville	300	80
KY	Shelbyville	650	580
KY	Stanford	180	30
KY	West Liberty	650	100
KY	Williamstown	100	0
LA	Bastrop	310	0
LA	Baton Rouge	1500	220
LA	Belle Chasse	110	0
LA	Bossier City	400	40
LA	Chalmette	110	0
LA	Columbia	100	0
LA	Coushatta	110	0
LA	Crowley	390	0
LA	Deridder	70	0
LA	Donaldsonville	250	0
LA	Franklin	600	0
LA	Hackberry	50	0
LA	Hammond	180	0
LA	Houma	170	0
LA	Jefferson	0	160
LA	Jonesboro	130	0
LA	Lafayette	0	100
LA	Lake Charles	450	0
LA	Leesville	230	0
LA	Luling	250	0
LA	Lutcher	170	0
LA	Many	210	0

LA	Mathews	260	0
LA	Minden	310	0
LA	Monroe	0	130
LA	Moreauville	240	10
LA	Napoleonville	100	0
LA	New Orleans	2830	1200
LA	New Roads	150	0
LA	Oberlin	150	0
LA	Opelousas	750	100
LA	Plaquemine	280	0
LA	Port Allen	140	0
LA	Reserve	170	0
LA	Robert	1300	380
LA	Ruston	340	0
LA	Saint Francisville	50	40
LA	Shreveport	1560	80
LA	Sicily Island	350	30
LA	Tallulah	420	70
LA	Ville Platte	230	0
LA	Winnsboro	140	0
MA	Boston	1870	420
MA	Brockton	690	0
MA	Chelsea	220	0
MA	Dedham	0	80
MA	Fall River	370	40
MA	Fitchburg	390	20
MA	Framingham	360	0
MA	Gloucester	290	20
MA	Haverhill	170	160
MA	Lawrence	460	120
MA	Lexington	230	30
MA	Lowell	470	160
MA	Lynn	260	120
MA	New Bedford	250	10
MA	Northampton	330	120
MA	Pittsfield	320	0

MA	Plymouth	200	100
MA	Quincy	170	80
MA	Roxbury	100	170
MA	Somerville	270	0
MA	Springfield	810	130
MA	Taunton	210	210
MA	Vineyard Haven	40	0
MA	Weymouth	0	70
MA	Worcester	820	60
MD	Baltimore	2990	760
MD	Columbia	260	0
MD	Cumberland	280	40
MD	Edgewood	0	60
MD	Frederick	240	0
MD	Gaithersburg	0	120
MD	Greenbelt	0	80
MD	Greensboro	400	0
MD	Hagerstown	370	110
MD	Hughesville	70	80
MD	Huntingtown	170	0
MD	Loveville	170	0
MD	Oakland	180	110
MD	Rockville	800	120
MD	Salisbury	760	170
MD	Silver Spring	160	60
MD	Takoma Park	0	70
MD	Towson	650	0
MD	Westminster	120	70
ME	Bangor	310	80
ME	Bath	170	70
ME	Belfast	110	40
ME	Calais	20	0
ME	Ellsworth	150	10
ME	Farmingdale	210	70
ME	Lewiston	200	50
ME	Littleton	20	0

ME	Presque Isle	190	60
ME	Sanford	170	50
ME	South Paris	270	150
ME	South Portland	200	80
ME	Waterville	260	160
MI	Adrian	250	80
MI	Allegan	250	80
MI	Alpena	2360	320
MI	Ann Arbor	430	40
MI	Battle Creek	690	110
MI	Bessemer	90	30
MI	Caro	0	150
MI	Centreville	0	80
MI	Clinton Township	840	180
MI	Coldwater	230	70
MI	Detroit	2950	1540
MI	Escanaba	250	80
MI	Farwell	0	200
MI	Flint	420	510
MI	Grand Rapids	0	150
MI	Houghton	240	140
MI	Howell	170	0
MI	Inkster	900	540
MI	Jackson	690	170
MI	Kalamazoo	600	0
MI	Kingsford	200	50
MI	Lansing	1460	280
MI	Marquette	280	40
MI	Monroe	270	50
MI	Muskegon	630	140
MI	Orleans	670	270
MI	Paw Paw	700	200
MI	Peshawbestown	40	20
MI	Pontiac	910	180
MI	Port Huron	330	110
MI	Saginaw	860	160

MI	Sault Sainte Marie	530	280
MI	Scottville	340	100
MI	Southfield	130	20
MI	Southgate	430	80
MI	Swartz Creek	1290	290
MI	Traverse City	650	340
MI	Walker	1430	90
MI	Zeeland	290	60
MN	Badger	170	80
MN	Bemidji	190	80
MN	Blaine	520	170
MN	Cass Lake	190	70
MN	Cloquet	100	80
MN	Crookston	170	100
MN	Detroit Lakes	250	230
MN	Duluth	270	0
MN	Elbow Lake	300	70
MN	Grand Portage	20	0
MN	Grand Rapids	200	0
MN	Little Falls	280	240
MN	Mankato	470	0
MN	Maple Lake	170	20
MN	Minneapolis	1790	380
MN	Montevideo	190	0
MN	Moorhead	150	70
MN	Mora	220	120
MN	Morton	0	50
MN	Nett Lake	40	30
MN	Ogema	120	40
MN	Oklee	120	50
MN	Onamia	50	80
MN	Redlake	130	0
MN	Rochester	350	180
MN	Rushford	250	70
MN	Saint Cloud	270	70
MN	Shakopee	220	60



MN	St. Paul	1260	150
MN	Virginia	230	90
MN	Willmar	410	150
MN	Worthington	120	50
MN	Zumbrota	190	0
MO	Clinton	330	90
MO	Columbia	330	240
MO	Hannibal	340	220
MO	Hillsboro	350	90
MO	Joplin	550	220
MO	Kansas City	1870	540
MO	Kirksville	160	50
MO	Marshall	430	80
MO	Maryville	130	0
MO	Park Hills	540	0
MO	Portageville	950	230
MO	Richland	430	40
MO	Saint Charles	500	820
MO	Saint Joseph	270	120
MO	Saint Louis	2020	430
MO	Sedalia	0	170
MO	Springfield	800	190
MO	Trenton	200	30
MO	West Plains	400	0
MO	Winona	300	210
MP	Saipan	400	60
MS	Biloxi	0	100
MS	Choctaw	210	60
MS	Clarksdale	350	100
MS	Cleveland	570	150
MS	Columbia	1520	270
MS	Flowood	2300	500
MS	Greenville	940	170
MS	Holly Springs	3460	250
MS	Jackson	7080	860
MS	Leland	430	330

MS	Lucedale	100	20
MS	Mississippi State	490	60
MS	Moss Point	560	30
MS	Natchez	870	40
MS	Picayune	0	200
MS	Prentiss	700	0
MT	Anaconda	70	0
MT	Billings	360	210
MT	Box Elder	150	90
MT	Bozeman	150	0
MT	Browning	290	120
MT	Butte	190	40
MT	Crow Agency	300	0
MT	Glendive	150	0
MT	Great Falls	350	150
MT	Hamilton	100	150
MT	Harlem	140	50
MT	Havre	110	50
MT	Helena	220	0
MT	Kalispell	190	0
MT	Lame Deer	150	0
MT	Lewistown	120	0
MT	Libby	100	50
MT	Missoula	320	0
MT	Poplar	240	0
MT	Saint Ignatius	180	90
NC	Andrews	180	0
NC	Asheville	510	170
NC	Bakersville	130	30
NC	Boonville	390	0
NC	Burgaw	200	0
NC	Carrboro	140	0
NC	Chapel Hill	80	130
NC	Charlotte	560	270
NC	Cherokee	140	90
NC	Columbus	80	0

NC	Durham	320	330
NC	Edenton	850	290
NC	Fayetteville	640	280
NC	Forest City	210	50
NC	Franklin	150	150
NC	Gastonia	430	0
NC	Goldsboro	410	280
NC	Greensboro	870	540
NC	Henderson	430	0
NC	Hendersonville	250	300
NC	Hickory	0	80
NC	Hillsborough	0	30
NC	Jacksonville	230	110
NC	Kannapolis	190	0
NC	Kenansville	170	0
NC	Kings Mountain	0	140
NC	Kinston	310	150
NC	Lumberton	900	40
NC	Madison	200	0
NC	Marion	120	60
NC	Monroe	440	130
NC	Morganton	220	220
NC	Newport	620	140
NC	North Wilkesboro	140	0
NC	Pembroke	160	40
NC	Raleigh	1610	590
NC	Randleman	490	0
NC	Rich Square	520	90
NC	Rocky Mount	630	0
NC	Roxboro	110	0
NC	Salisbury	370	140
NC	Shelby	220	0
NC	Smithfield	600	100
NC	Statesville	350	0
NC	Taylorsville	100	0
NC	Waynesville	160	50

NC	Wilmington	260	0
NC	Winston Salem	500	120
ND	Belcourt	330	0
ND	Bismarck	120	10
ND	Dickinson	130	60
ND	Fargo	310	50
ND	Fort Totten	70	90
ND	Fort Yates	260	80
ND	Grand Forks	190	0
ND	Jamestown	100	40
ND	Mandan	120	0
ND	Mayville	70	130
ND	Minot	230	80
ND	New Town	160	0
ND	Towner	170	60
ND	Williston	90	0
NE	Chadron	190	60
NE	Fairbury	240	130
NE	Fremont	60	20
NE	Hastings	330	160
NE	Humboldt	150	0
NE	Kearney	340	50
NE	Lincoln	150	270
NE	Loup City	310	210
NE	Macy	100	50
NE	Niobrara	30	10
NE	Omaha	750	530
NE	Papillion	130	100
NE	Pender	270	60
NE	Plattsmouth	100	10
NE	Scottsbluff	250	70
NE	Winnebago	90	70
NH	Berlin	220	0
NH	Concord	200	150
NH	Dover	160	120
NH	Keene	170	0

NH	Manchester	430	100
NH	Nashua	0	20
NJ	Bayonne	160	0
NJ	Bridgeton	1570	550
NJ	Burlington	430	60
NJ	Camden	660	80
NJ	Dover	230	110
NJ	East Orange	400	100
NJ	Hackensack	1310	450
NJ	Hoboken	470	240
NJ	Lakewood	0	60
NJ	Montclair	440	50
NJ	Newark	2750	680
NJ	Passaic	260	0
NJ	Phillipsburg	220	240
NJ	Ringwood	350	140
NJ	Toms River	600	0
NJ	Trenton	270	270
NJ	Vauxhall	0	90
NJ	West New York	370	130
NJ	Woodbury	0	280
NM	Alamo	60	40
NM	Albuquerque	1340	630
NM	Algodones	90	0
NM	Bernalillo	50	0
NM	Carlsbad	880	0
NM	Dulce	100	60
NM	Espanola	40	20
NM	Hobbs	260	60
NM	Holman	130	20
NM	Isleta	90	50
NM	Jemez Pueblo	70	0
NM	Laguna	120	50
NM	Las Cruces	640	220
NM	Las Vegas	140	40
NM	Los Lunas	740	40

NM	Mescalero	120	0
NM	Ohkay Owingeh	110	0
NM	Pinehill	60	0
NM	Pueblo Of Acoma	90	0
NM	Ruidoso	120	40
NM	Santa Fe	630	550
NM	Santo Domingo Pueblo	120	90
NM	Silver City	140	20
NM	Taos	40	10
NM	Tucumcari	330	100
NM	Zuni	150	0
NV	Elko	110	40
NV	Ely	50	40
NV	Gardnerville	90	0
NV	Las Vegas	0	460
NV	Reno	750	320
NY	Albany	470	0
NY	Albion	200	90
NY	Astoria	0	100
NY	Auburn	290	80
NY	Ballston Spa	310	120
NY	Bath	280	130
NY	Belmont	150	140
NY	Binghamton	180	0
NY	Bronx	1200	510
NY	Brooklyn	6540	2600
NY	Buffalo	2180	540
NY	Canastota	0	70
NY	Canton	350	0
NY	Cobleskill	120	90
NY	Corona	0	100
NY	Cortland	200	70
NY	Dunkirk	360	160
NY	Elizabethtown	120	70
NY	Elmira	220	90
NY	Elmsford	1500	300

NY	Fonda	290	0
NY	Fort Edward	220	120
NY	Fulton	210	0
NY	Geneva	150	0
NY	Glen Cove	160	70
NY	Glens Falls	220	70
NY	Hamden	200	0
NY	Haverstraw	850	190
NY	Hempstead	560	0
NY	Hogansburg	60	0
NY	Hudson	100	0
NY	Irving	80	0
NY	Ithaca	200	150
NY	Jamaica	360	70
NY	Johnson City	380	120
NY	Kingston	220	30
NY	Lowville	110	20
NY	Lyons	240	140
NY	Manhasset	50	0
NY	Middletown	180	0
NY	Monroe	190	100
NY	Montour Falls	70	20
NY	Mount Morris	70	0
NY	New Square	0	140
NY	New York	14720	3310
NY	Newburgh	230	0
NY	Norwich	140	90
NY	Olean	280	50
NY	Oneonta	210	100
NY	Patchogue	1460	270
NY	Plattsburgh	270	50
NY	Port Jefferson	0	50
NY	Purchase	190	40
NY	Rhinebeck	360	200
NY	Richmond Hill	30	140
NY	Rochester	860	250

NY	Rockaway Beach	70	100
NY	Ronkonkoma	140	100
NY	Schenectady	400	280
NY	South Cairo	150	0
NY	Staten Island	230	40
NY	Syracuse	830	210
NY	Troy	420	180
NY	Utica	760	130
NY	Valhalla	1140	240
NY	Watertown	280	0
NY	West Nyack	0	90
NY	Woodbourne	240	110
NY	Yonkers	0	140
OH	Akron	1350	120
OH	Ashtabula	310	90
OH	Caldwell	250	150
OH	Canton	770	300
OH	Celina	160	0
OH	Chauncey	260	20
OH	Chillicothe	260	0
OH	Cincinnati	2910	630
OH	Circleville	210	70
OH	Cleveland	3320	590
OH	Columbus	2670	280
OH	Coshocton	470	60
OH	Dayton	1890	660
OH	Defiance	350	20
OH	Findlay	330	0
OH	Fremont	570	380
OH	Georgetown	250	70
OH	Glouster	260	110
OH	Hamilton	780	150
OH	Hillsboro	170	70
OH	Ironton	360	200
OH	Lancaster	180	110
OH	Lebanon	230	130



OH	Lima	320	190
OH	Lisbon	440	70
OH	Lorain	890	40
OH	Mansfield	0	40
OH	Marietta	210	40
OH	Marion	560	80
OH	Mount Vernon	180	80
OH	New Philadelphia	360	0
OH	Newark	400	100
OH	Painesville	330	60
OH	Piketon	200	70
OH	Piqua	1000	280
OH	Portsmouth	340	110
OH	Ravenna	240	80
OH	Sandusky	300	0
OH	St. Clairsville	160	20
OH	Toledo	830	90
OH	Warren	600	0
OH	Washington Court House	150	140
OH	Wellston	200	0
OH	Wilmington	100	0
OH	Wooster	370	140
OH	Youngstown	730	90
OH	Zanesville	210	20
OK	Ada	260	0
OK	Altus	180	60
OK	Bartlesville	0	120
OK	Binger	80	0
OK	Carnegie	110	0
OK	Chickasha	220	140
OK	Claremore	570	140
OK	Concho	130	0
OK	Durant	1880	200
OK	Hobart	290	50
OK	Hugo	430	180
OK	Jay	390	100

OK	Lindsay	350	60
OK	McLoud	60	0
OK	Muskogee	190	150
OK	Norman	650	320
OK	Oklahoma City	1780	610
OK	Okmulgee	290	0
OK	Pawhuska	210	0
OK	Pawnee	820	320
OK	Perkins	0	60
OK	Ponca City	40	0
OK	Red Rock	40	0
OK	Shawnee	110	30
OK	Stigler	1420	20
OK	Tahlequah	680	200
OK	Tishomingo	340	20
OK	Tulsa	1490	840
OK	Wewoka	340	60
OR	Albany	160	0
OR	Burns	80	0
OR	Central Point	1000	160
OR	Coos Bay	370	80
OR	Grand Ronde	20	60
OR	Hermiston	570	130
OR	Hillsboro	780	110
OR	Hood River	340	150
OR	Klamath Falls	330	30
OR	La Grande	180	0
OR	Lebanon	440	50
OR	McMinnville	320	110
OR	Milwaukie	610	90
OR	North Bend	20	0
OR	Ontario	140	20
OR	Pendleton	40	0
OR	Portland	2420	690
OR	Redmond	420	20
OR	Roseburg	330	60

OR	Saint Helens	340	0
OR	Salem	790	300
OR	Siletz	110	0
OR	Springfield	1000	90
OR	Warm Springs	130	20
OR	Wilsonville	0	170
PA	Allentown	870	230
PA	Altoona	510	0
PA	Bedford	170	80
PA	Bigler	670	220
PA	Bloomsburg	260	0
PA	Blossburg	290	70
PA	Brookville	260	80
PA	Butler	330	190
PA	Chambersburg	310	70
PA	Danville	90	0
PA	Downingtown	320	60
PA	Doylestown	390	30
PA	East Stroudsburg	230	0
PA	Emporium	250	0
PA	Erie	0	80
PA	Franklin	1200	120
PA	Gettysburg	220	0
PA	Greensburg	1570	600
PA	Harrisburg	810	640
PA	Homestead	0	70
PA	Huntingdon	220	70
PA	Indiana	280	50
PA	Johnstown	330	100
PA	Kennett Square	180	70
PA	Kittanning	230	0
PA	Lancaster	490	50
PA	Lebanon	170	0
PA	Mc Connellsburg	0	30
PA	Mc Veytown	100	60
PA	Mifflinburg	340	150

PA	Milton	240	80
PA	Minersville	350	0
PA	Morton	830	150
PA	New Castle	450	70
PA	Norristown	450	0
PA	Oil City	0	70
PA	Philadelphia	6840	720
PA	Pittsburgh	3230	1300
PA	Reading	700	0
PA	Scranton	1100	240
PA	Sharon	410	70
PA	Shippensburg	60	40
PA	Somerset	110	50
PA	Warren	190	0
PA	Washington	570	130
PA	Wilkes Barre	800	200
PA	Williamsport	360	120
PA	York	510	110
PR	Adjuntas	140	0
PR	Arecibo	610	330
PR	Barceloneta	1800	160
PR	Bayamon	1830	90
PR	Caguas	2080	950
PR	Canovanas	400	0
PR	Carolina	760	160
PR	Dorado	0	80
PR	Guayama	990	130
PR	Guaynabo	860	200
PR	Gurabo	0	40
PR	Hormigueros	90	270
PR	Humacao	570	290
PR	Isabela	130	80
PR	Manati	510	70
PR	Mayaguez	1050	0
PR	Orocovis	740	90
PR	Patillas	120	0

PR	Ponce	1680	70
PR	Sabana Grande	0	50
PR	San German	180	120
PR	San Juan	8870	1130
PR	San Sebastian	0	70
PR	Utuaado	740	70
PR	Vega Baja	160	0
PW	Koror	350	0
RI	Cranston	180	20
RI	Johnston	210	90
RI	Newport	240	110
RI	Providence	920	350
RI	Warwick	270	110
RI	Woonsocket	190	0
SC	Beaufort	440	120
SC	Charleston	820	180
SC	Cheraw	470	0
SC	Columbia	0	480
SC	Conway	600	50
SC	Denmark	0	50
SC	Florence	740	120
SC	Greenville	1000	330
SC	Greenwood	1420	180
SC	Hartsville	300	0
SC	Lancaster	130	140
SC	Moncks Corner	620	0
SC	North Charleston	0	120
SC	Orangeburg	700	0
SC	Rock Hill	700	110
SC	Spartanburg	570	330
SC	Sumter	810	50
SC	Walterboro	300	10
SD	Aberdeen	380	0
SD	Agency Village	150	40
SD	Belle Fourche	100	60
SD	Eagle Butte	250	0

SD	Kyle	430	160
SD	Lower Brule	60	0
SD	Madison	210	180
SD	Pierre	140	50
SD	Rapid City	600	300
SD	Rosebud	320	90
SD	Sioux Falls	410	0
SD	Vermillion	170	80
SD	Wagner	380	0
TN	Chattanooga	620	380
TN	Clarksville	270	0
TN	Cleveland	470	70
TN	Clinton	270	80
TN	Cookeville	1340	0
TN	Dyersburg	1010	170
TN	Erin	230	0
TN	Fayetteville	600	170
TN	Henderson	430	0
TN	Jasper	310	90
TN	Kingsport	1010	0
TN	Kingston	240	120
TN	Knoxville	740	220
TN	Memphis	3200	380
TN	Morristown	890	70
TN	Murfreesboro	840	130
TN	Nashville	1370	200
TN	Paris	0	110
TN	Tazewell	460	60
TN	Wartburg	150	40
TX	Abilene	1020	300
TX	Alamo	0	70
TX	Alice	1090	270
TX	Amarillo	1340	420
TX	Angleton	180	30
TX	Austin	2090	570
TX	Bastrop	310	230

TX	Beaumont	510	0
TX	Bellaire	510	280
TX	Boerne	90	0
TX	Bonham	140	0
TX	Carrizo Springs	590	120
TX	Center	430	190
TX	Coleman	250	150
TX	College Station	690	140
TX	Cooper	50	0
TX	Corpus Christi	810	360
TX	Crowell	290	140
TX	Dallas	3020	1020
TX	Del Rio	350	0
TX	Denton	190	0
TX	Detroit	130	0
TX	Eagle Pass	30	0
TX	Edinburg	0	370
TX	El Paso	3980	390
TX	Floresville	260	60
TX	Fort Stockton	120	0
TX	Fort Worth	1880	720
TX	Galena Park	0	60
TX	Galveston	400	0
TX	Georgetown	470	260
TX	Greenville	160	0
TX	Hitchcock	220	0
TX	Houston	6940	980
TX	Irving	0	70
TX	Kaufman	90	0
TX	Kerrville	90	0
TX	Kilgore	2120	130
TX	Lamesa	270	140
TX	Laredo	1220	140
TX	Levelland	1070	300
TX	Linden	520	0
TX	Livingston	100	0

TX	Lubbock	540	100
TX	McAllen	3690	0
TX	Mount Pleasant	260	80
TX	Nacogdoches	580	100
TX	New Caney	770	550
TX	Odessa	750	90
TX	Orange	240	0
TX	Paris	210	0
TX	Plano	150	0
TX	Port Arthur	330	0
TX	Richardson	950	170
TX	San Angelo	450	120
TX	San Antonio	8320	1710
TX	San Benito	2550	290
TX	San Marcos	400	150
TX	San Saba	480	70
TX	Snyder	60	60
TX	Sulphur Springs	180	0
TX	Temple	380	230
TX	Terrell	150	0
TX	Texarkana	0	70
TX	Texas City	150	0
TX	Tulia	90	0
TX	Tyler	430	0
TX	Waco	820	110
TX	Wichita Falls	630	100
UT	Cedar City	380	0
UT	Fort Duchesne	220	0
UT	Kaysville	400	100
UT	Logan	360	240
UT	Ogden	570	30
UT	Orem	0	150
UT	Provo	710	10
UT	Saint George	0	130
UT	Salt Lake City	1780	490
UT	Wellington	250	110



VA	Abingdon	220	150
VA	Alexandria	310	160
VA	Arlington	60	240
VA	Ashburn	100	0
VA	Ashland	110	0
VA	Charlottesville	210	0
VA	Chatham	240	0
VA	Chesterfield	200	0
VA	Culpeper	130	80
VA	Danville	200	0
VA	Emporia	230	0
VA	Exmore	220	0
VA	Fairfax	430	280
VA	Falls Church	0	80
VA	Farmville	230	60
VA	Franklin	290	260
VA	Fredericksburg	140	0
VA	Galax	150	120
VA	Grundy	130	0
VA	Hopewell	160	0
VA	Jonesville	200	0
VA	Lynchburg	450	0
VA	Madison	180	0
VA	Manassas	400	0
VA	Newport News	1230	30
VA	North Tazewell	340	40
VA	Norton	260	120
VA	Oakton	200	280
VA	Orange	120	60
VA	Radford	320	0
VA	Richmond	1130	60
VA	Roanoke	780	360
VA	Rocky Mount	140	80
VA	South Boston	180	0
VA	Spotsylvania	120	0
VA	Stafford	250	30

VA	Verona	0	30
VA	Virginia Beach	230	0
VA	Warrenton	140	0
VA	Warsaw	110	0
VA	Waynesboro	250	0
VA	Weber City	170	20
VA	West Point	220	70
VA	Williamsburg	150	150
VA	Yorktown	120	0
VI	Frederiksted	0	120
VI	St Thomas	890	0
VT	Barre	150	160
VT	Barton	170	100
VT	Bennington	120	0
VT	Brattleboro	70	110
VT	Burlington	260	60
VT	North Bennington	0	50
VT	Rutland	120	0
VT	Westminster	90	0
WA	Anacortes	30	0
WA	Auburn	90	0
WA	Bellingham	340	120
WA	Bremerton	350	280
WA	Centralia	170	0
WA	Colville	130	0
WA	Deming	60	0
WA	Everett	0	80
WA	Kingston	20	40
WA	La Push	50	0
WA	Longview	230	70
WA	Lynnwood	280	130
WA	Moses Lake	140	130
WA	Mount Vernon	290	110
WA	Neah Bay	50	30
WA	Nespelem	120	0
WA	Oakville	50	40

WA	Olympia	40	20
WA	Omak	140	110
WA	Port Angeles	160	60
WA	Poulsbo	40	40
WA	Pullman	60	20
WA	Renton	1320	330
WA	Richland	390	60
WA	Seattle	750	900
WA	Sedro Woolley	40	0
WA	Shelton	0	40
WA	Skokomish Nation	40	0
WA	Spokane	670	440
WA	Sunnyside	410	160
WA	Tacoma	400	0
WA	Taholah	60	40
WA	Tulalip	0	70
WA	Tumwater	430	0
WA	Vancouver	520	240
WA	Walla Walla	140	0
WA	Wapato	170	0
WA	Wellpinit	70	0
WA	Wenatchee	210	80
WA	Yakima	340	80
WI	Bayfield	50	70
WI	Beloit	270	130
WI	Black River Falls	110	0
WI	Bowler	20	0
WI	Dodgeville	150	140
WI	Fitchburg	650	180
WI	Fond Du Lac	260	0
WI	Green Bay	440	60
WI	Hayward	100	90
WI	Independence	450	40
WI	Kenosha	330	100
WI	Keshena	180	70
WI	La Crosse	370	30

WI	Lac Du Flambeau	50	50
WI	Ladysmith	360	100
WI	Madison	0	60
WI	Manitowoc	220	100
WI	Merrill	90	0
WI	Milwaukee	2560	760
WI	Odanah	60	60
WI	Oshkosh	500	0
WI	Portage	350	230
WI	Rhineland	400	80
WI	Sheboygan	160	10
WI	Stevens Point	290	120
WI	Superior	330	100
WI	Turtle Lake	440	250
WI	Waukesha	280	180
WI	Wausau	190	0
WI	Webster	30	0
WI	West Bend	120	0
WI	Whitewater	270	0
WI	Wisconsin Rapids	230	70
WV	Beckley	320	50
WV	Bluefield	280	140
WV	Buckhannon	190	0
WV	Charleston	850	0
WV	Clarksburg	350	0
WV	Dunbar	530	0
WV	Fairmont	740	80
WV	Huntington	700	130
WV	Keyser	130	0
WV	Lewisburg	140	0
WV	Logan	250	0
WV	Martinsburg	410	110
WV	Matheny	160	130
WV	Moorefield	260	0
WV	Morgantown	0	120
WV	Oak Hill	230	50

WV	Summersville	120	0
WV	Sutton	110	0
WV	Union	60	40
WV	Wheeling	370	210
WV	Williamson	580	10
WY	Cheyenne	160	40
WY	Evanston	0	70
WY	Fort Washakie	200	100
WY	Gillette	0	40
WY	Guernsey	360	130
WY	Jackson	40	50
WY	Laramie	80	0
WY	Mountain View	100	0
WY	Rawlins	80	0
WY	Rock Springs	100	0
WY	Worland	300	40

## **Appendix B - Excerpts from FY 2019 Head Start Fact Sheet**

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## Annual Federal Funding and Funded Enrollment by State

The Head Start program serves children, families, and pregnant women in all 50 states, the District of Columbia, and six territories. The table in this section presents the total actual funding awarded and funded enrollment of Head Start programs in each state and territory.

AIAN funding is awarded to AIAN tribal governments. AIAN programs operate in 26 states, and in some cases, their services cross state lines. MSHS funding and funded enrollment are shown as one total, as this program supports children and families who receive services in various states during the year. Thus, federal funding and funded enrollment for these services cannot simply be attributed to individual states.

<i>Annual Federal Funding and Funded Enrollment</i>				
<i>State/Territory</i>	<b>Head Start (excl. AIAN)</b>		<b>AIAN<sup>7</sup></b>	
	<b>Federal Funding</b>	<b>Funded Enrollment</b>	<b>Federal Funding</b>	<b>Funded Enrollment</b>
<i>Alabama</i>	\$145,534,918	14,285		
<i>Alaska</i>	\$18,635,001	1,474	\$34,121,364	1,924
<i>Arizona</i>	\$163,117,180	13,376	\$36,035,427	3,198
<i>Arkansas</i>	\$100,435,705	9,597		
<i>California</i>	\$1,234,170,149	89,211	\$12,603,386	801
<i>Colorado</i>	\$110,068,356	9,631	\$2,564,882	183
<i>Connecticut</i>	\$68,784,202	5,755		
<i>Delaware</i>	\$20,198,087	2,147		
<i>District of Columbia</i>	\$36,274,655	3,727		
<i>Florida</i>	\$409,664,176	40,632		
<i>Georgia</i>	\$241,459,177	24,088		
<i>Hawaii</i>	\$29,422,820	2,941		
<i>Idaho</i>	\$37,515,332	2,944	\$4,575,915	319
<i>Illinois</i>	\$379,385,919	34,803		
<i>Indiana</i>	\$147,022,115	13,973		
<i>Iowa</i>	\$75,824,370	7,273		
<i>Kansas</i>	\$75,832,939	7,060	\$1,998,314	109

<sup>7</sup> AIAN funding is awarded to American Indian and Alaska Native Tribes. For reference, the funding and enrollment has been split out by the state in which the Tribe is headquartered. Some Tribes serve children across state lines.

<i>Kentucky</i>	\$169,948,523	15,167		
<i>Louisiana</i>	\$194,760,231	20,819		
<i>Maine</i>	\$41,009,877	3,027	\$845,254	60
<i>Maryland</i>	\$111,064,719	9,483		
<i>Massachusetts</i>	\$150,718,056	11,771		
<i>Michigan</i>	\$345,534,126	29,394	\$7,572,000	566
<i>Minnesota</i>	\$116,933,944	11,173	\$14,338,425	1,004
<i>Mississippi</i>	\$208,907,300	22,540	\$2,297,640	268
<i>Missouri</i>	\$174,843,143	14,663		
<i>Montana</i>	\$34,836,453	3,051	\$19,277,877	1,790
<i>Nebraska</i>	\$56,351,047	4,912	\$5,299,519	349
<i>Nevada</i>	\$39,187,438	3,021	\$4,184,086	362
<i>New Hampshire</i>	\$19,754,206	1,563		
<i>New Jersey</i>	\$177,684,738	15,464		
<i>New Mexico</i>	\$71,647,498	7,055	\$27,772,014	2,452
<i>New York</i>	\$586,684,467	47,947	\$1,427,851	143
<i>North Carolina</i>	\$221,061,697	21,078	\$2,857,859	230
<i>North Dakota</i>	\$23,491,492	1,954	\$11,416,670	969
<i>Ohio</i>	\$357,759,541	34,004		
<i>Oklahoma</i>	\$127,895,621	14,377	\$33,063,047	3,007
<i>Oregon</i>	\$99,168,561	12,724	\$4,314,780	396
<i>Pennsylvania</i>	\$333,717,500	35,979		
<i>Rhode Island</i>	\$32,317,939	2,682		
<i>South Carolina</i>	\$121,722,173	11,882	\$1,669,500	112
<i>South Dakota</i>	\$26,754,739	2,759	\$22,834,477	1,820
<i>Tennessee</i>	\$171,569,868	16,716		
<i>Texas</i>	\$665,892,696	70,265	\$450,170	34
<i>Utah</i>	\$69,545,293	5,624	\$4,130,938	242
<i>Vermont</i>	\$22,364,137	1,447		
<i>Virginia</i>	\$140,146,070	14,029		
<i>Washington</i>	\$162,690,497	11,360	\$22,847,979	1,486
<i>West Virginia</i>	\$70,268,635	7,849		
<i>Wisconsin</i>	\$142,200,733	13,372	\$13,121,798	1,089
<i>Wyoming</i>	\$19,819,142	1,590	\$2,896,335	295
<i>American Samoa</i>	\$3,951,215	1,332		
<i>Guam</i>	\$3,474,939	534		
<i>No. Marianas</i>	\$3,358,925	460		
<i>Palau</i>	\$1,759,055	350		



<i>Puerto Rico</i>	\$307,758,411	32,043		
<i>Virgin Islands</i>	\$10,321,207	1,014		
<b><i>Subtotal:</i></b>	<b>\$8,932,220,953</b>	<b>819,391</b>	<b>\$294,517,507</b>	<b>23,208</b>
<i>MSHS</i>	\$431,357,857	30,420		

<b>Total</b>	
<b>Funding</b>	<b>\$9,658,096,317</b>
<b>Enrollment</b>	<b>873,019</b>

## Program Year Statistics

Each year, Head Start programs are required to submit Program Information Reports (PIR) on the services they have provided to children and families throughout the program year, including child, family, and staff demographics and program characteristics.

For a copy of the PIR form, detailed reports, and data sets for the 2019 PIR and prior years, and for further information, please visit <https://eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/program-information-report-pir>.

## Program Characteristics

Most grantees provided both Head Start and EHS services. The methodology for calculating the percent of grantees by program type has been updated for this fact sheet, and moving forward, to reflect the agency level to account for multi-grant agencies.

- Twenty-nine percent of grantees provided Head Start preschool services only.
- Thirteen percent of grantees provided EHS (EHS) services only.
- Fifty-eight percent of grantees provided both Head Start and EHS services.

Most Head Start preschool services were provided in center-based settings that, based on local design, vary in the number of days per week and hours per day classes are in session. Over half of EHS services were provided in center-based settings, and less than half were offered in home-based program settings.

The full FY 2019 Head Start Fact Sheet is available at <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>.

## **Appendix C - 2019 National-Level Program Information Report**

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This report was pulled on Dec 1, 2020. Programs can make corrections to submitted Program Information Reports (PIRs). For the most current PIR, contact the Head Start Enterprise System (HSES) help desk to request access to the PIR reports.

**Email:** [help@hsesinfo.org](mailto:help@hsesinfo.org)

**Toll Free:** 1-866-771-4737 **Local:** 571-429-4858

**Hours of Operation:**

Monday–Friday, 8 a.m.–7 p.m. ET (excluding federal holidays and weather-related federal office closures)



**Office of Head Start - Program Information Report (PIR)**

**Summary Report - 2019 - National Level**

*For a summary of the filters selected to generate this report, please see the last page of this document.*

**A. PROGRAM INFORMATION**

<i>Program Types</i>	<i>Number of Programs</i>
Total	3,448
Head Start	1,614
EHS	1,543
Migrant and Seasonal Head Start	38
Migrant and Seasonal EHS	26
American Indian/Alaska Native Head Start	143
American Indian/Alaska Native EHS	84

<i>Agency Types</i>	<i>Number of Programs</i>
Community action agency (CAA)	1,000
Government agency (non-CAA)	240
Charter school	1
Private/public for-profit (e.g., for-profit hospitals)	40
Private/public nonprofit (non-CAA) (e.g., church, nonprofit hospital)	1,477
School system	473
Tribal government or consortium (American Indian/Alaska Native)	217

<i>Agency Descriptions</i>	<i>Number of Programs</i>
Delegate agency	512
Grantee that delegates all of its programs; it operates no programs directly and maintains no central office staff	6
Grantee that directly operates program(s) and has no delegates	2,768
Grantee that directly operates programs and delegates service delivery	116
Grantee that maintains central office staff only and operates no program(s) directly	46

## FUNDED ENROLLMENT

### Funded Enrollment by Funding Source

	<i>Number of Children/ Pregnant Women</i>
A.2 Total funded enrollment	894,681
a. ACF-funded enrollment	868,027
b. Non-ACF-funded enrollment	25,358
c. Maternal, Infant, and Early Childhood Home Visiting (MIECHV)-funded enrollment	1,296

### Funded Enrollment by Program Option—Children

	<i>Number of Children</i>
A.3 Center-based program—5 days per week:	
a. Full-day enrollment	511,227
1. Of these, the number available as full-working-day enrollment	159,804
a. Of these, the number available for full calendar year	95,311
b. Part-day enrollment	124,281
1. Of these, the number in double sessions	10,971
A.4 Center-based program—4 days per week:	
a. Full-day enrollment	52,814
b. Part-day enrollment	105,170
1. Of these, the number in double sessions	51,011

A.5 Home-based program	69,757
A.7 Family childcare program	6,437
a. Of these, the number available as full-working-day enrollment	5,211
1. Of these, the number available for full calendar year	9,336
A.8 Locally designed option	52,814

#### Funded Enrollment of Pregnant Women (EHS Programs)

	<i>Number of Pregnant Women</i>
A.9 Total number of pregnant women positions in funded enrollment	6,421

#### Funded Enrollment at Childcare Partner

	<i>Number of Children</i>
A.10 The number of funded enrollment positions at center-based childcare partners with whom the program has formal contractual arrangements	48,006
A.11 Total funded enrollment at childcare partners (A.10, center-based partner and A.7, family childcare program option)	57,557

#### CLASSES

	<i>Number of Classes</i>
A.12 Total number of classes operated	57,127
a. Of these, the number of double-session classes	4,822

#### CUMULATIVE ENROLLMENT

##### Children by Age

	<i>Number of Children at Enrollment</i>
A.13 Children by age:	
a. Under 1 year	66,053
b. 1 year old	79,933

c. 2 years old	120,155
d. 3 years old	363,687
e. 4 years old	391,612
f. 5 years and older	10,333

#### Pregnant Women (EHS Programs)

	<i>Number of Pregnant Women</i>
A.14 Cumulative enrollment of pregnant women	15,642

#### Total Cumulative Enrollment

	<i>Number of Children / Pregnant Women</i>
A.15 Total cumulative enrollment	1,047,415
a. Children	1,031,773
1. Head Start children	775,902
2. EHS children	230,069
3. MSHS children	25,802
a. MSHS children age 3–5	12,160
b. MSHS children age 0–2	13,642
4. Preschool children (Head Start all ages and MSHS age 3–5)	788,062
5. Infants and toddlers (EHS all ages and MSHS age 0–2)	243,711

#### Type of Eligibility

	<i>Number of Children / Pregnant Women</i>
A.16 Report each enrollee only once by primary type of eligibility	
a. Income below 100% of federal poverty line	723,372
b. Public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI)	102,249
c. Status as a foster child—number of children only	28,722
d. Status as homeless	54,404
e. Over income	71,836
f. Number of children exceeding the allowed over income enrollment (as noted below) with family incomes between 100% and 130% of the federal poverty line	66,832

## Prior Enrollment

	<i>Number of Children</i>
A.18 Enrolled in Head Start or EHS for:	
a. The second year	303,236
b. Three or more years	82,171

## Transition and Turnover (HS Programs)

	<i>Number of Children</i>
A.19 Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll	112,939
a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days	30,061
A.19.b. Of the number of preschool children enrolled in Head Start at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year	322,522

## Transition and Turnover (EHS Programs)

	<i>Number of Children</i>
A.20 Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll	76,419
a. Of the infants and toddlers who left the program above, the number of infants and toddlers who were enrolled less than 45 days	13,338
b. Of the infants and toddlers who left the program during the program year, the number who aged out of EHS	31,291
1. Of the infants and toddlers who aged out of EHS, the number who entered a Head Start program	19,947
2. Of the infants and toddlers who aged out of EHS, the number who entered another early childhood program	6,757
3. Of the infants and toddlers who aged out of EHS, the number who did NOT enter another early childhood program	4,507
A.21 Total number of pregnant women who left the program after receiving EHS services but before the birth of their infant, and did not re-enroll	1,334
A.22 Number of pregnant women receiving EHS services at the time their	10,404

infant was born	
a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in EHS	7,705
b. Of the pregnant women who left the program during the program year, the number who aged out of EHS	2,699

#### Transition and Turnover (Migrant Programs)

	<i>Number of Children</i>
A.23 Total number of children who left the program any time after classes or home visits began and did not re-enroll	8,040
a. Of the children who left the program during the program year, the number of children who were enrolled less than 45 days	2,486
b. Of the children who left the program during the program year, the number of preschool children who aged out (i.e., left the program in order to attend kindergarten)	2,973

#### Childcare Subsidy

	<i>Number of Children at End of Enrollment Year</i>
A.24 The number of enrolled children for whom the program received a childcare subsidy	77,337

#### Race and Ethnicity

	<i>Number of Children/Pregnant Women</i>	
	<i>(1) Hispanic or Latino Origin</i>	<i>(2) Non-Hispanic or Non-Latino Origin</i>
A.25 Race and Ethnicity		
a. American Indian or Alaska Native	9,563	31,042
b. Asian	741	21,764
c. Black or African American	10,765	299,975
d. Native Hawaiian or other Pacific Islander	2,605	4,447
e. White	218,516	243,613
f. Biracial/Multi-racial	51,265	50,913
g. Other	67,712	5,014
h. Unspecified	26,580	2,885



## Primary Language of Family at Home

	<i>Number of Children/ Pregnant Women</i>
A.26 Primary language of family at home:	
a. English	759,363
b. Spanish	228,572
c. Native Central American, South American, and Mexican languages	2,850
d. Caribbean languages	3,908
e. Middle Eastern and South Asian languages	14,645
f. East Asian languages	11,312
g. Native North American/Alaska Native languages	761
h. Pacific Island languages	2,605
i. European and Slavic languages	8,040
j. African languages	10,058
k. Other	1,347
l. Unspecified	3,954

## TRANSPORTATION

### Transportation Services

	<i>Number of Programs</i>
A.27 Program provides transportation	1,206
	<i>Number of Children</i>
a. Number of children transported	196,934

## Buses

	<i>Number of Buses</i>
A.28 Total number of buses owned by the program that were purchased with ACF grant funds and are currently used to support program operations, regardless of year purchased	8,126
a. Of these, the number of buses purchased since last year's Program Information Report (PIR) was reported	505
	<i>Number of Programs</i>
A.29 Program leases buses	59
	<i>Number of Buses</i>
a. Number of leased buses	232

## B. PROGRAM STAFF AND QUALIFICATIONS TOTAL STAFF

### Staff by Type

	<i>(1) Number of Head Start Staff</i>	<i>(2) Number of Contracted Staff</i>
B.1 Number of all staff members, regardless of the funding source for their salary or number of hours worked	254,355	18,818
a. Of these, the number who are current or former Head Start or EHS parents	59,863	2,042
b. Of these, the number who left since last year's Program Information Report (PIR) was reported	34,456	2,340
1. Of these, the number who were replaced	24,578	1,658

## TOTAL VOLUNTEERS

### Volunteers by Type

	<i>Number of Volunteers</i>
B.2 Number of persons providing any volunteer services to the program since last year's PIR was reported	1,060,945
a. Of these, the number who are current or former Head Start or EHS parents	749,489

## CHILD DEVELOPMENT STAFF

### Preschool Child Development Staff Qualifications—Classroom and Assistant Teachers (HS and Migrant programs)

	<i>(1) Number of Classroom Teachers</i>	<i>(2) Number of Assistant Teachers</i>
B.5 Total number of preschool child development staff by position	42,013	43,747

<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
a. An advanced degree in:		
1. Early childhood education	4,012	185
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children	1,545	349
<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
b. A baccalaureate degree in:		
1. Early childhood education	16,017	1,887

2. Any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	8,324	2,612
3. Any field and has been admitted into and is supported by the Teach for America program and passed a rigorous early childhood content exam	199	42
<i>Of the preschool child development staff with a baccalaureate degree in B.5.b.1 through B.5.b.3 above, the number enrolled in:</i>		
4. Advanced degree in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	780	115
<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
c. An associate degree in:		
1. Early childhood education	8,317	7,636
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	1,427	2,438
<i>Of the preschool child development staff with an associate degree in B.5.c.1 and B.5.c.2 above, the number enrolled in:</i>		
3. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	1,314	807
<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
d. A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	1,245	17,288
1. Of these, a CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	757	10,672

<i>Of the preschool child development staff with the credentials in B.5.d above, the number enrolled in:</i>		
2. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	103	297
3. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education	450	1,668
<i>Of the number of preschool child development staff by position:</i>		
e. The number who do not have the qualifications listed in B.5.a through B.5.d	925	11,277
<i>Of the preschool child development staff in B.5.e above, the number enrolled in:</i>		
1. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	96	331
2. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education	224	1,280
3. Any type of CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	140	4,435

	<i>Number of Classes</i>
B.6 Total number of center-based option classes serving preschool-aged children	38,865
B. 7 Number of center-based option classes serving preschool-age children in which at least one teacher (excluding assistant teachers) has one of the following: - An advanced or baccalaureate degree in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with experience teaching pre-school age children, or - A baccalaureate degree and has been admitted into and is supported by	33,547

<p>the Teach for America program and passed a rigorous early childhood content exam</p> <ul style="list-style-type: none"> <li>- An associate degree in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children</li> </ul>	
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Infant and Toddler Child Development Staff Qualifications—Classroom and Assistant Teachers (EHS and Migrant Programs)

	<i># of Classroom Teachers</i>
B.8 Total number of infant and toddler child development staff by position	32,084
<i>Of the number of infant and toddler child development staff by position, the number with the following degrees or credentials:</i>	
<i>a. An advanced degree in:</i>	
1. Early childhood education with a focus on infant and toddler development	527
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	295
<i>Of the number of infant and toddler child development staff by position, the number with the following degrees or credentials:</i>	
<i>b. A baccalaureate degree in:</i>	
1. Early childhood education with a focus on infant and toddler development	3,758
2. Any field and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	2,463
<i>Of the infant and toddler child development staff with a baccalaureate degree in B.8.b.1 through B.8.b.2 above, the number enrolled in:</i>	
3. Advanced degree in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	177
<i>Of the number of infant and toddler child development staff by position, the number with the following degrees or credentials:</i>	
<i>c. An associate degree in:</i>	

1. Early childhood education with a focus on infant and toddler development	6,061
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and toddlers	1,430
<i>Of the infant and toddler child development staff with an associate degree in B.8.c.1 and B.8.c.2 above, the number enrolled in:</i>	
3. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	751
<i>Of the number of infant and toddler child development staff by position, the number with the following credentials:</i>	
d. A CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	12,948
1. Of these, a CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	9,125
<i>Of the infant and toddler child development staff with the credentials in B.8.d above, the number enrolled in:</i>	
2. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	218
3. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	1,150
<i>Of the number of infant and toddler child development staff by position:</i>	
e. The number who do not have the qualifications listed in B.8.a through B.8.d	4,331
<i>Of the infant and toddler child development staff in B.8.e above, the number enrolled in:</i>	
1. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	141
2. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	386
3. Any type of CDA credential or state-awarded preschool,	2,241

infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	
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Child Development Staff Qualifications—Home-Based and Family Child Care (FCC)

	(1) <i>Number of Home-Based Visitors</i>	(2) <i>Number of Home-Based Visitor Supervisors</i>	(3) <i>Number of Family Child Care Providers</i>	(4) <i>Number of Family Child Care Specialists</i>
B.9 Total number of child development staff by position	7,374	1,666	2,196	484
<i>Of the number of child development staff by position, the number with the following degrees or credentials:</i>				
a. An advanced degree in/licensed as:				
1. Social work/licensed clinical social worker (LCSW)/licensed master social worker (LCMW)	101	67	0	12
2. Marriage and family therapy/licensed marriage and family therapist (LMFT)	11	10	1	0
3. Psychology	32	27	3	3
4. Sociology	2	2	0	0
5. Human services (include related areas such as child and family services or social services)	42	53	2	9
6. Nursing plus nurse practitioner (NP) license	1	1	0	0
7. Early childhood education	185	214	27	45
8. Other	118	112	8	20
<i>Of the number of child development staff by position, the number with the following degrees and licenses:</i>				
b. A baccalaureate degree in:				
1. Social work	334	64	6	27



2. Psychology	420	79	10	18
3. Sociology	155	23	7	13
4. Human services (include related areas such as child and family services or social services)	667	145	20	40
5. Nursing plus registered nurse (RN) license	11	7	1	0
6. Early childhood education	1,198	402	139	204
7. Other	611	155	51	31
<i>Of the number of child development staff by position, the number with the following degrees and licenses:</i>				
c. An associate degree in:				
1. Social work	28	3	15	3
2. Psychology	20	1	1	1
3. Sociology	10	1	0	0
4. Human services (include related areas such as child and family services or social services)	191	20	10	2
5. Nursing plus RN license	5	3	0	0
6. Early childhood education	1,196	137	211	20
7. Other	204	17	24	6
<i>Of the number of child development staff by position, the number with the following credentials:</i>				
d. License, certification, or credential held:				
1. Nursing, non-RN (i.e., licensed practical nurse [LPN], certified nursing assistant [CNA], etc.)	18	4	1	0
2. Family development credential (FDC)	120	15	3	3
3. CDA credential	960	39	1,111	7
4. State-awarded certification, credential, or license appropriate to the option in which they are working (i.e., home-based option or family childcare option)	165	4	203	1
5. Other	30	7	20	1

<i>Of the number of child development staff by position:</i>				
e. The number who do not have the qualifications listed in B.9.a through B.9.d	538	54	322	19
<i>Of the child development staff in B.9.e above, the number enrolled in:</i>				
1. An advanced degree or license	1	1	0	1
2. A baccalaureate degree	18	5	0	0
3. An associate degree	50	1	25	0
4. Studies leading to a non-degree license, certificate, or credential	210	8	185	2

## NON-SUPERVISORY CHILD DEVELOPMENT STAFF

### Child Development Staff—Race and Ethnicity

	<i>Number of Nonsupervisory Child Development Staff</i>	
	<i>(1) Hispanic or Latino Origin</i>	<i>(2) Non-Hispanic or Non-Latino origin</i>
B.12 Race and Ethnicity		
a. American Indian or Alaska Native	701	3,248
b. Asian	163	2,580
c. Black or African American	1,004	34,016
d. Native Hawaiian or other Pacific Islander	233	646
e. White	21,495	45,920
f. Biracial/Multi-racial	4,570	1,172
g. Other	6,594	617
h. Unspecified	3,502	978

### Child Development Staff—Language

	<i>Number of Nonsupervisory Child Development Staff</i>
B.13 The number who are proficient in a language(s) other than English	38,243
a. Of these, the number who are proficient in more than one language other than English	5,963

	<i>Number of Nonsupervisory Child Development Staff</i>
B.14 Language groups in which staff are proficient	
a. Spanish	32,201
b. Native Central American, South American, and Mexican languages	219
c. Caribbean languages	426
d. Middle Eastern and South Asian languages	1,537

e. East Asian languages	1,497
f. Native North American/Alaska Native languages	500
g. Pacific Island languages	306
h. European and Slavic languages	1,461
i. African languages	473
j. Other	474
k. Unspecified	151

#### Child Development Staff—Classroom Teacher Turnover

	<i>Number of Classroom Teachers</i>
B.15 The number of classroom teachers who left your program during the year.	13,152
B.16 Of these, the number who left for the following reasons:	
a. Higher compensation/benefits package in the same field	3,668
b. Change in job field	2,712
c. Other	6,772
B.17 Number of classroom teacher vacancies in your program that remained unfilled for a period of 3 months or longer	1,656
B.18 Number of classroom teachers hired during the year due to turnover	8,520

#### Child Development Staff—Home-based Visitor Turnover

	<i>Number of Home-Based Visitors</i>
B.19 The number of home-based visitors who left the program during the year	1,382
B.20 Of these, the number who left for the following reasons:	
a. Higher compensation/benefits package in the same field	269
b. Change in job field	403
c. Other	710
B.21 Number of home-based visitor vacancies in the program that remained unfilled for a period of 3 months or longer	220
B.22 Number of home-based visitors hired during the year due to turnover	948

## FAMILY AND COMMUNITY PARTNERSHIPS STAFF

### Family and Community Partnerships (FCP) Staff—Qualifications

	(1) <i>Number of Family Workers</i>	(2) <i>Number of FCP Supervisors</i>
B.23 Total number of FCP staff	21,374	4,545
a. Of the FCP supervisors, the number who work directly with families (i.e., staff with a family caseload)		1,261
	(1) <i>Number of Family Workers</i>	(2) <i>Number of FCP Supervisors</i>
B.25 Of the FCP staff, the number with the following as the highest level of education completed		
a. A related advanced degree	1,495	1,198
b. A related baccalaureate degree	8,722	2,031
c. A related associate degree	2,695	371
d. A family-development-related credential, certificate, or license	3,519	304
e. None of the qualifications listed in B.25.a through B.25.d above	3,790	370
<i>Of the staff in B.25.e above, the number enrolled in:</i>		
1. A related degree at the associate, baccalaureate, or advanced level	328	21
2. Studies leading to a non-degree credential, certificate, or license that is family development related	569	15
B.26 Of the FCP staff, the number with a family-development-related credential, regardless of highest level of education completed	5,667	1,073

## EDUCATION AND CHILD DEVELOPMENT MANAGEMENT STAFF

### Education and Child Development Managers/Coordinators—Qualifications

	<i>Number of ECD Managers/Coordinators</i>
B.27 Total number of education and child development managers/coordinators	9,134
<i>Of the education and child development managers/coordinators, the number with the following degrees or credentials:</i>	
a. An advanced degree in early childhood education, or an advanced degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	3,468
b. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	4,902
c. An associate degree in early childhood education, or an associate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	423
<i>Of the education and child development managers/coordinators preschool child development staff in B.27.c above, the number enrolled in:</i>	
1. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education	82
d. A CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	104
<i>Of the education and child development managers/coordinators preschool child development staff in B.27.d above, the number enrolled in:</i>	
1. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education	18
e. None of the qualifications listed in B.27.a through B.27.d	237
<i>Of the education and child development managers/coordinators preschool child development staff in B.27.e above, the number</i>	

<i>enrolled in:</i>	
1. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education	11

## C. CHILD AND FAMILY SERVICES HEALTH SERVICES

### Health Insurance—Children

	(1) <i>Number of Children at Enrollment</i>	(2) <i>Number of Children at End of Enrollment Year</i>
C.1 Number of all children with health insurance	984,388	997,522
a. Number enrolled in Medicaid and/or Children's Health Insurance Program (CHIP)	895,402	906,413
b. Number enrolled in state-only funded insurance (for example, medically indigent insurance)	19,107	19,445
c. Number with private health insurance (for example, parent's insurance)	62,513	63,995
d. Number with health insurance other than those listed above, for example, Military Health (Tri-Care or CHAMPUS)	7,366	7,669
C.2 Number of children with no health insurance	47,385	34,251

### Health Insurance—Pregnant Women (EHS [EHS] Programs)

	(1) <i>Number of Pregnant Women at Enrollment</i>	(2) <i>Number of Pregnant Women at End of Enrollment</i>
C.3 Number of pregnant women with at least one type of health insurance	14,135	14,350
a. Number enrolled in Medicaid	12,467	12,667
b. Number enrolled in another publicly funded	400	420

insurance program that is not Medicaid		
c. Number with private health insurance	1,168	1,165
d. Number with health insurance other than those listed above, for example, Military Health (Tri-Care or CHAMPUS)	100	98
C.4 Number of pregnant women with no health insurance	1,507	1,292

#### Medical Home—Children

	(1) <i>Number of Children at Enrollment</i>	(2) <i>Number of Children at End of Enrollment Year</i>
C.5 Number of children with an ongoing source of continuous, accessible health care	976,623	996,909
C.6 Number of children receiving medical services through the Indian Health Service	21,630	21,817
C.7 Number of children receiving medical services through a migrant community health center	9,606	11,777

#### Medical Services—Children

	(1) <i>Number of Children at Enrollment</i>	(2) <i>Number of Children at End of Enrollment Year</i>
C.8 Number of all children who are up to date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule for well child care	613,859	840,772



	<i>Number of Children at End of Enrollment Year</i>
a. Of these, the number diagnosed by a healthcare professional with a chronic condition needing medical treatment since last year's Program Information Report (PIR) was reported	77,576
1. Of these, the number who have received or are receiving medical treatment	71,648
b. Specify the primary reason that children who needed medical treatment, for any chronic condition diagnosed by a healthcare professional since last year's PIR was reported, did not receive it:	
1. No health insurance	33
2. No pediatric care available in local area	2
3. Medicaid not accepted by health provider	3
4. Parents did not keep/make appointment	659
5. Children left the program before their appointment date	162
6. Appointment is scheduled for future date	193
7. No transportation	1
8. Other	88

	<i>Number of Children</i>
C.9 Number of all children who received medical treatment for the following chronic conditions since last year's PIR was reported, regardless of when the condition was first diagnosed by a health care professional:	
a. Anemia	12,212
b. Asthma	33,063
c. Hearing difficulties	9,102
d. Vision problems	29,629
e. High lead levels	2,752
f. Diabetes	409

Body Mass Index (BMI)—Children (Head Start [HS] and Migrant Programs)

	<i>Number of Children at Enrollment</i>
C.10 Number of all children who are in the following weight categories according to the 2000 Center for Disease Control and Prevention's (CDC) BMI-for-age growth charts	
a. Underweight (BMI less than 5th percentile for child's age and sex)	41,669
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	497,422
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	106,133
d. Obese (BMI at or above 95th percentile for child's age and sex)	130,350

Immunization Services—Children

	<i>(1) Number of Children at Enrollment</i>	<i>(2) Number of Children at End of Enrollment Year</i>
C.11 Number of children who have been determined by a healthcare professional to be up to date on all immunizations appropriate for their age	832,801	883,118
C.12 Number of children who have been determined by a healthcare professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age	120,802	90,708
C.13 Number of children who meet their state's guidelines for an exemption from immunizations	13,009	13,714

Pregnant Women—Services (EHS Programs)

	<i>Number of Pregnant Women</i>
C.14 Indicate the number of pregnant women who received the following services while enrolled in EHS	
a. Prenatal health care	14,343

b. Postpartum health care	10,630
c. Mental health interventions and follow-up	4,733
d. Substance abuse prevention	8,361
e. Substance abuse treatment	1,876
f. Prenatal education on fetal development	13,551
g. Information on the benefits of breastfeeding	13,552

#### Pregnant Women—Prenatal Health (EHS Programs)

	<i>Number of Pregnant Women</i>
C.15 Trimester of pregnancy in which the pregnant women served were enrolled:	
a. 1st trimester (0–3 months)	2,730
b. 2nd trimester (3–6 months)	6,087
c. 3rd trimester (6–9 months)	6,825
C.16 Of the total served, the number whose pregnancies were identified as medically high risk by a physician or healthcare provider	3,558

#### Dental Home—Children

	<i>(1) Number of Children at Enrollment</i>	<i>(2) Number of Children at End of Enrollment Year</i>
C.17 Number of children with continuous, accessible dental care provided by a dentist	850,768	926,302

#### Preschool Dental Services (HS and Migrant Programs)

	<i>Number of Children</i>
C.18 Number of children who received preventive care since last year's PIR was reported	595,664
C.19 Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination since last year's PIR was reported	629,393
a. Of these, the number of children diagnosed as needing treatment since last year's PIR was reported.	101,461

1. Of these, the number of children who have received or are receiving treatment	72,095
b. Specify the primary reason that children who needed dental treatment did not receive it:	
1. Health insurance doesn't cover dental treatment	21
2. No dental care available in local area	32
3. Medicaid not accepted by dentist	16
4. Dentists in the area do not treat 3- to 5-year-old children	41
5. Parents did not keep/make appointment	755
6. Children left the program before their appointment date	149
7. Appointment is scheduled for future date	274
8. No transportation	5
9. Other	84
10. None	70

#### Infant and Toddler Preventive Dental Services (EHS and Migrant Programs)

	<i>Number of Children at End of Enrollment year</i>
C.20 Number of all children who are up to date on a schedule of age-appropriate preventive and primary oral health care according to the relevant state's EPSDT schedule	166,144

#### Pregnant Women Dental Services (EHS Programs)

	<i>Number of Pregnant Women</i>
C.21 Of the number of pregnant women served, the number who received a professional dental examination(s) and/or treatment since last year's PIR was reported	4,976

#### MENTAL HEALTH SERVICES

##### Mental Health Professional

	<i>Number of Hours</i>
C.22 Average total hours per operating month a mental health professional(s) spends onsite	40

## Mental Health Services

	<i>Number of Children at End of Enrollment Year</i>
C.23 Indicate the number of enrolled children who were served by the mental health (MH) professional(s) since last year's PIR was reported.	
a. Number of children for whom the MH professional consulted with program staff about the child's behavior/mental health	111,261
1. Of these, the number for whom the MH professional provided three or more consultations with program staff since last year's PIR was reported	46,046
b. Number of children for whom the MH professional consulted with the parent(s)/guardian(s) about their child's behavior/mental health	57,757
1. Of these, the number for whom the MH professional provided three or more consultations with the parent(s)/guardian(s) since last year's PIR was reported	22,636
c. Number of children for whom the MH professional provided an individual mental health assessment	52,997
d. Number of children for whom the MH professional facilitated a referral for mental health services	30,121

## Mental Health Referrals

	<i>Number of Children at End of Enrollment Year</i>
C.24 Number of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	23,116
a. Of these, the number who received mental health services since last year's PIR was reported	14,952

## DISABILITIES SERVICES

### Preschool Disabilities Services (HS and Migrant Programs)

	<i>Number of children</i>
C.25 Number of children enrolled in the program who have an Individualized Education Program (IEP) indicating they have been determined eligible by the LEA to receive special education and related services	103,925
a. Of these, the number who were determined eligible to receive special education and related services:	
1. Prior to enrollment into the program for this enrollment year	60,444
2. During this enrollment year	43,481
b. Of these, the number who have not received special education and related services	997

### Infant and Toddler Part C Early Intervention Services (EHS and Migrant Programs)

	<i>Number of Children</i>
C.26 Number of children enrolled in the program who have an Individualized Family Service Plan (IFSP) indicating they have been determined eligible by the Part C Agency to receive early intervention services under the Individuals with Disabilities Education Act (IDEA)	32,792
a. Of these, the number who were determined eligible to receive early intervention services:	
1. Prior to enrollment into the program for this enrollment year	21,012
2. During this enrollment year	11,644
b. Of these, the number who have not received early intervention services under IDEA	178

Preschool Primary Disabilities (HS and Migrant Programs)

	(1) <i>Number of Children Determined to Have This Disability</i>	(2) <i>Number of Children Receiving Special Services</i>
C.27 Diagnosed primary disability		
a. Health impairment (i.e., meeting IDEA definition of “other health impairments”)	1,619	1,588
b. Emotional disturbance	454	444
c. Speech or language impairments	58,127	56,873
d. Intellectual disabilities	762	740
e. Hearing impairment, including deafness	533	521
f. Orthopedic impairment	384	357
g. Visual impairment, including blindness	288	277
h. Specific learning disability	617	592
i. Autism	4,195	4,119
j. Traumatic brain injury	60	60
k. Noncategorical/developmental delay	34,903	34,003
l. Multiple disabilities (excluding deaf-blind)	880	865
m. Multiple disabilities (including deaf-blind)	23	23

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

	<i>Number of Children</i>
C.28 Number of all newly enrolled children since last year’s PIR was reported	652,130
C.29 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year’s PIR was reported	559,162
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	88,925

## STAFF-CHILD INTERACTION OBSERVATION TOOLS

	<i>Number of Programs</i>
C.33 Programs routinely using staff–child interaction observation tools to assess quality	3,010
C.34 (2) Programs using locally designed interaction observation tools	
a. Center-based settings	165
b. Home-based settings	120
c. Family childcare settings	21

## FAMILY AND COMMUNITY PARTNERSHIPS

### Number of Families

	<i>Number of Families at Enrollment</i>
C.35 Total number of families:	947,478
a. Of these, the number of two-parent families	379,862
b. Of these, the number of single-parent families	567,616

	<i>Number of Two-Parent Families at Enrollment</i>
C.36 Of the number of two-parent families, the number in which the parent/guardian figures are best described as:	
a. Parents (biological, adoptive, stepparents, etc.)	358,061
b. Grandparents	7,608
c. Relatives other than grandparents	2,575
d. Foster parents not including relatives	10,310
e. Other	1,308



	<i>Number of Single-Parent Families at Enrollment</i>
C.37 Of the number of single-parent families, the number in which the parent/guardian figure is best described as:	
a. Mother (biological, adoptive, stepmother, etc.)	519,444
b. Father (biological, adoptive, stepfather, etc.)	23,372
c. Grandparent	11,932
d. Relative other than grandparent	3,878
e. Foster parent not including relative	7,300
f. Other	1,690

## Employment

	<i>Number of Families at Enrollment</i>
C.38 Of the number of two-parent families, the number of families in which:	
a. Both parents/guardians are employed	98,168
b. One parent/guardian is employed	230,359
c. Both parents/guardians are not working (i.e., unemployed, retired, or disabled)	51,225
C.39 Of the number of single-parent families, the number of families in which:	
a. The parent/guardian is employed	332,328
b. The parent/guardian is not working (i.e., unemployed, retired, or disabled)	235,199
C.40 The number of all families in which:	
a. At least one parent/guardian is a member of the United States military on active duty	6,129
b. At least one parent/guardian is a veteran of the United States military	10,523

## Federal or Other Assistance

	(1) <i>Number of Families at Enrollment</i>	(2) <i>Number of Families at End of Enrollment Year</i>
C.41 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance for Needy Families (TANF) Program	76,083	74,566
C.42 Total number of families receiving Supplemental Security Income (SSI)	63,606	63,737
C.43 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	492,939	462,723
C.44 Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	464,739	432,164

## Job Training/School

	<i>Number of Families at Enrollment</i>
C.45 Of the number of two-parent families, the number of families in which:	
a. Both parents/guardians are in job training or school	13,269
b. One parent/guardian is in job training or school	54,032
c. Neither parent/guardian is in job training or school	312,314
C.46 Of the number of single-parent families, the number of families in which:	
a. The parent/guardian is in job training or school	85,300
b. The parent/guardian is not in job training or school	482,201

	<i>Number of Families at End of Enrollment year</i>
C.47 Of the total number of all families, the number in which one or more parent/guardian:	
a. Completed a grade level in school, prior to high school graduation (e.g., 8th grade, 11th grade)	40,263
b. Completed high school or was awarded a general equivalency diploma (GED) during this program year	53,584
c. Completed an associate degree during this program year	14,955
d. Completed a baccalaureate or advanced degree during this program year	9,456
C.48 Of the total number of all families, the number in which one or more parent/guardian completed a job training program, professional certificate, or license during this program year	23,691

#### Parent/Guardian Education

	<i>Number of Families at Enrollment</i>
C.49 Of the total number of families, the highest level of education obtained by the child's parent(s)/guardian(s)	
a. An advanced degree or baccalaureate degree	72,768
b. An associate degree, vocational school, or some college	207,908
c. A high school graduate or GED	435,610
d. Less than high school graduate	214,838

## Family Services

	(1) <i>Number of Families With an Expressed Interest or Identified Need During the Program Year</i>	(2) <i>Number of Families That Received the Following Services During the Program Year</i>
C.50 Types of family services		
a. Emergency/crisis intervention such as meeting immediate needs for food, clothing, or shelter	160,484	172,860
b. Housing assistance such as subsidies, utilities, repairs, etc.	81,158	68,725
c. Mental health services	74,223	82,527
d. English as a Second Language (ESL) training	52,946	39,934
e. Adult education such as GED programs and college selection	101,963	87,592
f. Job training	74,521	63,512
g. Substance abuse prevention	22,672	34,035
h. Substance abuse treatment	7,715	9,277
i. Child abuse and neglect services	29,002	59,932
j. Domestic violence services	16,121	24,013
k. Child support assistance	21,062	18,705
l. Health education	308,504	375,486
m. Assistance to families of incarcerated individuals	9,367	10,599
n. Parenting education	374,439	449,759
o. Relationship/marriage education	21,003	25,118
p. Asset-building services (such as financial education, opening savings and checking accounts, debt counseling, etc.)	75,937	83,442
C.51 Of these, the number of families who were counted in at least one of the services listed above	578,081	628,708

## Father Engagement

	<i>Number of Father/ Father Figures</i>
C.52 Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family assessment	192,420
b. Family goal setting	185,695
c. Involvement in child's Head Start child development experiences (e.g., home visits, parent-teacher conferences, etc.)	265,664
d. Head Start program governance, such as participation in the policy council or policy committees	24,460
e. Parenting education workshops	106,520

## Homelessness Services

	<i>Number of Families</i>
C.53 Total number of families experiencing homelessness that were served during the enrollment year	54,809

	<i>Number of Children</i>
C.54 Total number of children experiencing homelessness that were served during the enrollment year	58,773

	<i>Number of Families</i>
C.55 Total number of families experiencing homelessness that acquired housing during the enrollment year	16,105

## Foster Care and Child Welfare

	<i>Number of Children</i>
C.56 Total number of enrolled children who were in foster care at any point during the program year	35,778

C.57 Total number of enrolled children who were referred to Head Start/EHS services by a child welfare agency	22,101
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## COLLABORATION AGREEMENTS AND COMMUNITY ENGAGEMENT

### Childcare Partners

	<i>Number of Formal Agreements</i>
C.58 Total number of formal agreements with childcare partners during the program year	4,588
a. Of the childcare partners, the number of formal contractual agreements made void or broken during the program year	335

### Local Education Agency (LEA)

	<i>Number of LEAs</i>
C.59 Number of LEAs in the service area	21,017

	<i>Number of Formal Agreements</i>
C.60 Number of formal agreements the program has with LEAs:	
a. To coordinate services for children with disabilities	15,085
b. To coordinate transition services	14,356

### Public School Pre-Kindergarten Programs

	<i>Number of Programs</i>
C.61 Program has formal collaboration and resource sharing agreements with public school pre-kindergarten programs	2,215

	<i>Number of Formal Agreements</i>
a. If yes, the number of formal agreements in which the program is currently participating	9,488

## Part C Agencies

	<i>Number of Part C Agencies</i>
C.62 Number of Part C agencies in the program's service area	8,716
	<i>Number of Formal Agreements</i>
a. Number of formal agreements the program has with Part C agencies to coordinate services for children with disabilities	6,676

## Child Welfare Agencies

	<i>Number of Programs</i>
C.63 Program has formal collaboration agreements with child welfare agencies	1,712
	<i>Number of Formal Agreements</i>
a. If yes, the number of formal agreements in which the program is currently participating	3,555

## MANAGEMENT STAFF

### Management Staff—Salaries

	<i>Averages</i>	
	<i>Annual Salary</i>	<i>Percentage Funded by Head Start</i>
Executive Director	\$129,991	35.9%
Head Start/EHS Program Director	\$84,078	57.8%
Child Development and Education Manager	\$56,991	64.3%
Health Services Manager	\$50,196	60.0%
Family and Community Partnerships Manager	\$52,367	62.1%
Disability Services Manager	\$50,377	56.9%
Fiscal Officer	\$84,576	42.3%

## Coordination of Services

	<i>Average Number of Hours/Week Spent Coordinating Services</i>
Child Development and Education Manager	21
Health Services Manager	20
Family and Community Partnerships Manager	21
Disability Services Manager	17

## NON-SUPERVISORY CHILD DEVELOPMENT STAFF

### Child Development Staff—Classroom Teacher Salary by Level of Education

	<i>Average Salary</i>
Advanced degree in early childhood education or related degree	\$46,200
Baccalaureate degree in early childhood education or related degree	\$35,574
Associate degree in early childhood education or related degree	\$28,634
A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	\$25,767
Classroom teachers that do not have the qualifications	\$22,843

### Child Development Staff—Average Salary

	<i>Average Salary</i>	
	<i>Annually</i>	<i>Hourly</i>
Classroom teachers	\$31,687	\$18.26
Assistant teachers	\$22,223	\$13.42
Home-based visitors	\$33,853	\$17.42
Family childcare providers	\$34,154	\$18.12



## MENTAL HEALTH SERVICES

### Mental Health Professional

	<i>Average</i>
Average total hours per operating month a mental health professional(s) spends onsite	40

### Report Filters

<i>Filter Name</i>	<i>Filter Value</i>
Program year	2019
Program acronyms	BF, CH, CI, CM, HI, HM, HP
Program types	HS, EHS, Migrant HS, AIAN HS, AIAN EHS

## **Appendix D - Head Start Grant Application Instructions**

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## Instructions for the Complete Grant Application Package

Submit the **complete grant application package** in an electronic format using the Head Start Enterprise System (HSES) at <https://hses.ohs.acf.hhs.gov/hsprograms>. The Grant Applications section is located under the “Financials” tab. Incomplete applications will not be processed.

A **complete grant application package** requires completing the following application tabs in HSES:

- Program Schedule
- Budget
- Other Funding
- SF-424A
- SF-424
- Documents

## What documents do I upload in the Documents tab in HSES?

Upload the following documents in their respective folders of the Grant Application Documents tab in HSES. Do not upload any additional documents completed on-screen such as the SF-424 and signed assurances.

Documents to Upload in HSES	Page Limit	Related Citation
Application and Budget Justification Narrative	60 Pages*	Instructions with Citations Begin on Page 5
Results of Self-assessment and Improvement Plan	N/A	<a href="#">45 CFR 1302.102(b)(2) and (c)(iv-v)</a> <sup>8</sup>
Governing Body and Policy Council Decisions	N/A	Head Start Act <a href="#">642(c)(1)(E)(iv)(V) &amp; 642(c)(2)(D)(iii)</a>
Selection Criteria <b>*NEW*</b>	N/A	<a href="#">45 CFR 1302.14</a>
Cost Allocation Plan <b>*NEW*</b>	N/A	<a href="#">45 CFR §75.415</a>
Training and Technical Assistance Plan	N/A	Head Start Act <a href="#">648(d)(1)</a>
Annual Report to the Public <b>*NEW*</b>	N/A	<a href="#">45 CFR 1302.102(d)(2)</a>

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<sup>8</sup> All links for the Head Start Act and Head Start Program Performance Standards throughout these instructions are available at <https://eclkc.ohs.acf.hhs.gov/policy>

Program Goals, <b>optional</b> *NEW*	N/A	
Indirect Cost Rate Agreement, or records showing adoption of 10% <i>de minimis</i> indirect cost rate, <b>if applicable</b>	N/A	Uniform Fiscal Regulations <a href="#">45 CFR 75.414</a>
Other Supporting Documents, <b>if applicable</b>	N/A	
Sample Delegate and/or Partnership Contracts, <b>if applicable</b>	N/A	

\*OHS understands some programs such as those with numerous delegates, complex models, significant changes, and very large grantees may exceed the page limit.

### **Governing Body and Policy Council Decisions**

Upload governing body approval and policy council approval or disapproval of the application:

1. Signed statements of the governing body and policy council chairs;
2. Governing body and policy council minutes documenting each group's participation in the development and approval of the application; and
3. If the policy council did not approve the application, upload the required letter from the policy council indicating its reasons for withholding approval.

### **Cost Allocation Plan**

Upload a written cost allocation plan, certified in accordance with [45 CFR §75.415](#) that describes how shared costs, including shared staff, are allocated based on proportional benefit as required in [45 CFR §75.406](#). Indirect cost must be included unless the applicant has a negotiated indirect cost rate agreement or has adopted use of the 10% *de minimis* rate.

### **Training and Technical Assistance Plan**

Upload the grantee's plan for professional development of staff, parents, volunteers, governing body members and policy council members. Assure the plan addresses mandatory training and priorities identified from ongoing monitoring and the annual self-assessment.

### **Indirect Cost Rate Agreement**

**If applicable**, upload a copy of the current or proposed negotiated indirect cost rate agreement between the agency and/or delegate agencies and the respective cognizant Federal agency. If using the 10% *de minimis* indirect cost rate, upload a copy of the policy or other written record indicating date upon which the rate was adopted.

### **Who should complete the grant application?**

The completion of the grant application is a team effort. The application covers a wide range of topics and activities and it represents a grantee's commitment to the implementation of the program and use of federal funds.

**How do I receive assistance with application submission?**

Please contact your Regional Office for assistance with the *Application and Budget Justification Narrative* instructions.

HSES training materials and a User's Guide to support submission are found in the "Instructions" section of HSES. For further technical assistance, please contact [help@hsesinfo.org](mailto:help@hsesinfo.org) or 1-866-771-4737.

## Instructions for the Application and Budget Justification Narrative

### Introduction

Grantees are required to submit funding applications for each year of the project period. The Office of Head Start carefully considers each grantee's annual application, beginning with the baseline, to assure that agencies are meeting the intent of the Head Start mission, purpose, and regulations prior to issuing the Notice of Award. The Office of Head Start analyzes each application to understand whether the grantee's proposed program design, services, and resources are aligned to meet the needs of the children and families in their community, and to understand the program's goals and progress toward meeting those goals, as well as outcomes, throughout the grant's project period.

### Baseline Application

In the ***Baseline Application***, grantees describe the program design, goals, approach to service delivery, and supporting budget for the duration of their grant. This is an opportunity for the grantee to present their strategies for meeting certain requirements and to ensure the delivery of high quality services, including a program design that is responsive to the needs of the children and families in the community.

Grantees applying for a **non-competitive** new grant would follow the instructions for submitting a ***Baseline Application*** for the first year of the new grant. These grantees are in the final 12 months of their current grant.

Grantees that received a grant through the **competitive** process and are submitting their first grant application in HSES using these instructions would complete a ***Baseline Application***. These grantees will submit their baseline a few months up to a year after the start of their competitive new grant depending on the length of their initial budget period.

### Continuation Application

Following the baseline for the duration of the project period, grantees submit a ***Continuation Application***. In this application, grantees describe any changes to the program design, goals, approach to service delivery, and supporting budget. Grantees provide a rationale for changes such as resulting from ongoing oversight or using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). Also, grantees describe challenges with implementing the program design and how they are working to address those challenges.

### Special Instruction for Shortened Budget Periods

Grantees submitting an application for a budget period of less than 6 months must complete the budget and schedule tabs within HSES, and submit only a budget justification (Section II) for the *Application and Budget Justification Narrative* document; other tabs in HSES and supporting documents must also be completed. On the next application grantees must submit either a full baseline during the first year of the project period or a full continuation application if it is later in the project period.

**Reminder:** If you have any questions about the narrative instructions, contact your Program Specialist.

### **General Formatting Requirements**

1. Provide a Table of Contents within the narrative document
2. Each page must be double-spaced, with one-inch margins on all sides.
3. Use a font size of 12 for narrative.
4. Each page must be numbered in the lower right-hand corner.

The application must follow the sequential order of the application instructions for the narrative. Tables, headers, and illustrations may have different formatting.

### **Terms and Definitions**

**Program Goals** – Broad statements that describe what a program intends to accomplish. Program goals should be strategic, long term, and responsive to the needs identified in the community assessment. They include:

- Goals for the provision of educational, health, nutritional, and family and community engagement program services to further promote the school readiness of enrolled children;
- School readiness goals; and
- Effective health and safety practices to ensure children are safe at all times (programs may wish to identify these as a stand-alone goal or as an objective related to another type of program goal, i.e. a health goal).

**School Readiness Goals** – The expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten (as defined in [45 CFR 1305.2](#)).

**Measurable Objectives** – Support the attainment of goals that are **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**imely (SMART).

**Progress** – Forward movement toward the achievement of goals, objectives, and outcomes.

**Outcomes** – Something that happened as a result of an activity or process. The actual results achieved.

**Challenges** – Information describing obstacles to achieving program goals and objectives.

**Evidence** – Facts, information, documentation, or examples given to support an assertion.

### **Additional Definitions**

See [Section 1305.2](#) of the HSPPS for additional definitions. For example, “service area”, “recruitment area”, and “[Head Start Early Learning Outcomes Framework: Ages Birth to Five](#)”<sup>9</sup> are defined in this section.

### **Additional Resources on Program Goals**

Training and Technical Assistance materials are available to help grantees complete their application narrative. See the “Foundations for Excellence: Five-Year Planning and Continuous Improvement, 2nd Edition” for additional assistance once released.

See [Section 1302.102](#) of the HSPPS for requirements relating to achieving program goals.

### **Special Instruction on Supporting Documentation**

A program must summarize critical information from supporting documentation into the narrative. For example, do not provide additional documents to respond to criteria in the instructions unless requested by the regional office.

### **Special Instruction on Community Assessment**

The program must describe only those findings from the community assessment that informed the proposed program design and approach to service delivery throughout the narrative. Do not upload the full community assessment.

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<sup>9</sup> <https://eclkc.ohs.acf.hhs.gov/school-readiness/article/head-start-early-learning-outcomes-framework>



## Section I. Program Design and Approach to Service Delivery

### Sub-Section A: Goals

#### Baseline Application Instructions

1. What are your **Program Goals**, **Measurable Objectives**, and **Expected Outcomes** for the project period?
  - a. List all **Program Goals**
  - b. List all **Measurable Objectives** aligned to each program goal
  - c. To demonstrate the agency's approach to measuring progress and outcomes, select a few **Measurable Objectives** and describe the following:
    - i. Activities or action steps to meet the objective
    - ii. Data, Tools, or Methods for tracking **Progress**
    - iii. **Expected Outcomes**
    - iv. **Expected Challenges**
  - d. **Only for grantees applying for a non-competitive new grant:** Describe how your actual **Outcomes** from the prior project period informed the above.
2. Explain how your program's **School Readiness Goals** align with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.
3. Discuss how your program involved governing body, policy council, and parents in developing the **Program Goals**.

#### Continuation Application Instructions

1. If applicable, list any additions, deletions, or revisions to your **Program Goals**, **Measurable Objectives**, and **Expected Outcomes** that have occurred since last year's application and briefly describe the reasons for those changes such as resulting from ongoing oversight or from using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). If no updates or changes have occurred, include a sentence to that effect.
2. For each **Program Goal**:
  - a. Demonstrate your **Progress/Outcomes** this year toward meeting your **Measurable Objectives** and **Expected Outcomes**.
  - b. Describe any **Challenges** in achieving progress towards **Expected Outcomes** and how your program is working to address those **Challenges**.

Below is an example of how to present your program goals and measurable objectives. We understand that your organization may present your goals differently than the example provided. Two versions of a Program Goals Template for the table below are available in HSES. A template can be updated throughout the project period.

3. If additions, deletions, or revisions were made to your program's **School Readiness Goals** since last year's application, then describe how the revised goals align with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.
4. If additions, deletions, or revisions were made to your **Program Goals** since last year's application, then include information on how parents and the governing body were involved in those changes.

## Sub-Section B: Service Delivery

### Baseline Application Instructions

In this sub-section, describe your program's approach to meeting the need for comprehensive child development services for eligible children and families in your service area.

1. Service and Recruitment Area (see [1302.11\(a\)](#) and [1302.13](#)):
  - a. Identify the service and recruitment area for proposed program operations.
  - b. Provide **Evidence** to demonstrate that the proposed area is the area of greatest need.
  - c. If child care partners are proposed, identify the number of children proposed to be served through partnership slots.

2. Needs of Children and Families (see [1302.11\(b\)](#) and Special Instruction on Community Assessment):

Provide a summary of data from your community assessment that informs the program's selection criteria and design, such as:

- a. the estimated number of eligible children under five years of age and pregnant women by geographic location, race, ethnicity, and spoken language, including children experiencing homelessness, in foster care, dual language learners, and with disabilities;
  - b. data regarding the education, health, nutrition, social service, child care, parent schedules, and other service needs of the proposed children, families, and pregnant women; and
  - c. the availability of other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly-funded state and local preschools, and the approximate number of eligible children served.
3. Proposed Program Option(s) and Funded Enrollment Slots (see [1302 Subpart B](#) and [the HSPPS Compliance Table](#)<sup>10</sup>):
  - a. Specify the proposed program option(s) (i.e., center-based, home-based, and family child care) and describe how your program will ensure compliance with [1302 Subpart B](#) requirements and other applicable requirements.
  - b. If requesting a locally-designed program option variation (LDO) waiver under [1302.24\(c\)](#), then provide the following:
    - i. Identify the program(s), Head Start and/or EHS, for which the waiver would apply.

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<sup>10</sup> <https://eclkc.ohs.acf.hhs.gov/sites/default/files/docs/pdf/compliance-table.pdf>

- ii. Identify the requirement(s) for which the waiver would apply:
    - A. Center-based ratios and group size - cannot be waived for children < 24 months
    - B. Center-based duration
    - C. Selection of home based-only setting in Head Start
    - D. Home-based caseloads
    - E. Home-based duration
    - F. Family child care ratios and group size
    - G. Family child care duration
  - iii. Describe the rationale for the request.
  - iv. When waiving ratios and group sizes in center settings, specify how square footage will meet applicable requirements.
  - v. Specify the proposed timetable for implementation of the option.
  - vi. Check to be certain the changes described are reflected in the program schedule tab.
  - vii. Explain how the program will measure progress to assure the LDO effectively supports appropriate development and progress in children's early learning outcomes.
  - viii. If available, provide evidence that demonstrates the LDO variation is effective.
  - c. Discuss how your program option(s) will meet the needs of children and families in the communities served.
  - d. **Funded Enrollment Changes.** If proposing to change or convert the number of funded enrollment slots, explain the rationale.
    - i. Provide the funding amount for the Head Start and EHS programs before and after the change.
    - ii. Specify the number of Head Start and EHS slots before and after the change.
    - iii. If proposing to convert Head Start slots to EHS slots, then:
      - A. Describe how the needs of eligible Head Start children will be met in the community when the conversion takes place.
      - B. Describe how the chosen model(s) meets the needs of infants, toddlers, and pregnant women.
      - C. Discuss the agency's capacity to carry out an effective EHS program.
      - D. Discuss the qualifications, competencies, and training of staff, and describe the facilities and program infrastructure to support the new or expanded EHS program.
      - E. Specify the proposed timetable for implementation of the conversion.
4. Centers and Facilities:

- a. List any additions, deletions, or changes to your service locations, including partners, and describe the reasons for changes.
  - b. Describe any minor renovations and repairs included within this application (not subject to a separate [1303 Subpart E](#) application).
  - c. Describe any facilities activities that are subject to [1303 Subpart E](#), e.g., purchase, construction, major renovation, loan or mortgage, and subordination agreement.
- 5. Eligibility, Recruitment, Selection, Enrollment, and Attendance (see [1302.13](#), [1302.14](#), [1302.15](#), and [1302.16](#)):
  - a. Describe the recruitment process to ensure services will be provided to those in greatest need of program services.
    - i. Describe specific efforts and expected challenges to actively locate, recruit, and enroll vulnerable children, including children with disabilities, children experiencing homelessness, and children in foster care.
  - b. Describe your program's strategy to promote regular attendance including special efforts for chronically absent children and other vulnerable children.
- 6. Education and Child Development (see [1302 Subpart C](#)):
 

If center-based or family child care program option is chosen, respond to item a, and c through d. If home-based program option is chosen, respond to items b through d. If locally designed program option is chosen, respond to items that apply. Programs that serve American Indian and Alaska Native (AIAN) children also respond to item e.

  - a. Center-based or family child care programs:
    - i. Identify the curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations.
    - ii. Describe how each identified curriculum is appropriate for ages and background of children served, research-based, and has an organized developmental scope and sequence.
    - iii. Include **Evidence** that each curriculum is aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*.
    - iv. Describe how your program will support staff to implement curriculum with fidelity.
  - b. Home-based programs:
    - i. Identify the home-based curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations
    - ii. Describe how each curriculum is appropriate for ages and background of children served, research-based, promotes the parent's role as the child's teacher including, as appropriate, the family's traditions, culture, values, and beliefs, and has an organized developmental scope and sequence, and how it is

aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*.

- iii. Describe how your program will support staff to implement the curriculum.
  - iv. Describe group socializations to be offered.
  - c. Identify the developmental screenings and assessments your program plans to use and why, including how the program addresses screening and assessment for children who are dual language learners.
  - d. Describe opportunities offered to parents and family members to be engaged in their child's education such as participation in screenings and assessment, and providing feedback on the selected curriculum and instructional materials.
  - e. For programs serving AIAN children, and where applicable, describe efforts for Tribal language preservation, revitalization, restoration, or maintenance.
7. Health (see [1302 Subpart D](#)):
- a. Describe how your program will, in partnership with parents, meet the oral health, nutritional, and mental health and social and emotional well-being, and health status and care needs of children that are developmentally, culturally, and linguistically appropriate and support each child's growth and school readiness:
    - i. Include how your program will ensure up-to-date child health status, ongoing care, and timely follow-up care.
    - ii. For mental health and social and emotional well-being, describe how a program will provide mental health consultation services in partnership with staff and families.
8. Family and Community Engagement (see [1302 Subpart E](#)):
- a. Describe key program strategies for building trusting and respectful relationships with families and for providing program environments and services that are welcoming and culturally and linguistically responsive to families, including those specific to fathers.
  - b. Describe engagement activities to support parent-child relationships, child development, family literacy, and language development including supporting bilingualism and biliteracy.
  - c. Describe how your program has selected and is implementing a research-based parenting curriculum. Describe how your program engages parents in a research-based parenting curriculum.
  - d. Describe key program strategies for family partnership services, including:

- i. Procedures for conducting the family assessment and family partnership process and aligning activities to the [Parent, Family, and Community Engagement Framework](#)<sup>11</sup> outcomes; and
    - ii. Tracking progress toward individual family goals and needs.
  - e. Provide a few examples of community partnerships that facilitate access to services or resources in the community that are responsive to family partnership goals and children's needs. Identify any challenges to necessary partnerships and how the program plans to address those challenges.
9. Services for Children with Disabilities ([1302 Subpart F](#)):
- a. Describe how your program will ensure the full participation in program services and activities for enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA and those who already have an IFSP or IEP.
  - b. Describe how your program will ensure the individualized needs of children with disabilities are met, including how the program will collaborate with and help parents in the process and how the program will coordinate and collaborate with the local agency responsible for implementing IDEA.
10. Transition (see [1302 Subpart G](#)):
- Describe strategies and practices to support successful transitions in:
- a. Transitions to and from EHS;
  - b. Transitions from Head Start to kindergarten; and
  - c. Transitions between programs.
11. Services to Enrolled Pregnant Women (see [1302 Subpart H](#)):
- a. Describe how your program facilitates access to a source of ongoing care for enrolled pregnant women that do not have existing access to such care.
  - b. Describe your program's strategy to provide prenatal and postpartum information, education, and services such as those that address fetal development, nutrition, risks of alcohol and drugs, postpartum recovery, and infant care and safe sleep practices.
  - c. Describe how your program's family partnership services includes a focus on factors that influence prenatal and postpartum maternal and infant health, includes other relevant family members, and support the transition process.
12. Transportation (see [1303 Subpart F](#)):
- a. Describe the level of need for child transportation services.
  - b. Describe how your program will either directly meet transportation needs or assist families in accessing other transportation so that children can attend the program.

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<sup>11</sup> <https://eclkc.ohs.acf.hhs.gov/school-readiness/article/pfcee-interactive-framework>

## Continuation Application Instructions

Provide updates to the following areas. Describe the rationale for any changes to your program design such as new data from an updated community assessment, ongoing oversight, or from using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). If there are no updates or changes, include a sentence to that effect. Where applicable, describe any challenges and how the program is working to address those challenges.

1. Service and Recruitment Area
2. Needs of Children and Families
3. Chosen Program Option(s) and Funded Enrollment Slots
4. Centers and Facilities
5. Eligibility, Recruitment, Selection, Enrollment, and Attendance
6. Education and Child Development
7. Health
8. Family and Community Engagement
9. Services for Children with Disabilities
10. Transition
11. Services to Enrolled Pregnant Women
12. Transportation

## Sub-Section C: Governance, Organizational, and Management Structures

### Baseline Application Instructions

In this section, describe the governance, organizational, and management structures that support quality services and maintain accountability, efficiency, and leadership within your program.

1. Governance (see [45 CFR Part 1301](#) and [Section 642\(c\)-\(d\) in the Act](#)):

#### Structure

- a. Identify the member (i) with expertise in fiscal management or accounting, (ii) with expertise in early childhood education and development, and (iii) the licensed attorney familiar with program governance issues in the governing body/tribal council.
- b. Describe how your program ensures additional members on the governing body reflect the community, including parents and representation from other key programmatic areas.
- c. Describe the makeup of the policy council or if applicable, the policy committee. Include how each program option is represented.

#### Processes



### *Governing Body*

- a. Describe how the governing body receives key program information as outlined in [1301.2\(b\)\(2\)](#) to inform their ongoing responsibilities including how decisions submitted by the policy council are incorporated into the decision-making process. Describe other key processes to ensure the governing body maintains effective ongoing oversight of program operations and accountability for federal funds.
- b. If applicable, describe and explain the responsibilities delegated to any advisory committee related to program governance and improvement of the Head Start program. Include how the governing body maintains its legal and fiscal responsibility in the process.

### *Policy Council and Policy Committee*

- c. Describe how the policy council, and if applicable, the policy committee, receives and shares key program information as outlined [1301.3\(c\)\(2\)](#) to inform their ongoing responsibilities.

### *Parent Committees*

- d. Describe how the parent committees communicate with staff to inform program policies, activities, and services to ensure they meet the needs of children and families.
- e. Describe the process for communication with the policy council and policy committees.

### *Relationships*

- a. Describe training and technical assistance or orientation sessions for the governing body, advisory committee members, and the policy council.
  - b. How does your program ensure governing body members do not have a conflict of interest with the Head Start, EHS, and delegate programs or other partners/vendors? Describe any exception criteria applicable to a governing body member.
  - c. How do the governing body and policy council members ensure meaningful consultation and collaboration around their joint decisions?
2. Human Resources Management (see [1302 Subpart I](#)):
    - a. Provide an organizational chart identifying the management and staffing structure including the Executive Director, the Program Directors, managers, and other key staff. Include assigned areas of responsibility and lines of communication.
    - b. Describe systems developed to ensure criminal background checks occur prior to hire for all staff, consultants, and contractors in the program.
    - c. Describe orientations provided to new staff, consultants, and volunteers.

- d. Describe key features of your program's approach to staff training and professional development. Describe your program's approach to implementing a research-based coordinated coaching strategy, including the approach to the delivery of intensive coaching for identified staff.
- 3. Program Management and Quality Improvement (see [1302 Subpart J](#)):
  - a. Describe key features of your program's systems for ongoing oversight, correction, and assessment of progress towards your program's identified goals. Include approaches that promote effective teaching and health and safety practices.
  - b. Describe key features of your program's management process and system to ensure continuous program improvement that relate to effectively using data and ongoing supervision to support individual staff professional development.
  - c. Describe how the management system ensures budget and staffing patterns that promote continuity of care, allow sufficient time for staff participation in training and professional development, and allow for provision of the full range of services.

### **Continuation Application Instructions**

Provide updates to the following areas. If changes were made, describe the rationale for the changes such as new data from an updated community assessment, ongoing oversight or from using data for continuous improvement as described in [1302.102\(b\)-\(c\)](#). If no updates or changes have occurred, include a sentence to that effect. Where applicable, describe any challenges in these areas and how the program is working to address those challenges.

1. Governance

When providing updates to processes, include examples of the governing body and policy council using key program information (see [1301.2\(b\)\(2\)](#) and [1301.3\(c\)\(2\)](#)) to conduct its responsibilities. Also include examples of parent committees informing program policies, activities, and services.

2. Human Resources Management

3. Program Management and Quality Improvement

When providing updates, include pending corrective actions from ongoing oversight and any new procedures that prevent recurrence of previous quality and compliance issues, including previously identified noncompliances/deficiencies, safety incidents, and audit findings.

## Section II. Budget and Budget Justification Narrative

### Baseline and Continuation Application Instructions

A comprehensive budget aligns with the proposed program approach and identifies allowable costs, and is aggregated by object class category. Grantee and, if applicable, each delegate agency must complete separate budgets for Head Start and EHS.

Justify the budget by addressing the following:

1. Provide a detailed narrative to explain the costs by object class category identified within the *SF-424A Section B-6*. Explain significant personnel and fringe adjustments for this budget period for item a and b. For each item c through h, ensure the narrative aligns with the amounts requested for direct and, if applicable, indirect costs.
2. Identify and explain each delegate agency agreement, partnership contract, and any single item costing more than \$150,000 in the “Contractual” and “Other” budget categories.
3. If applicable, describe the planned use of cost-of-living adjustment (COLA) funds based on the related Program Instruction.
4. Describe key features of the organization’s financial and property management system and internal controls in place to maintain effective control and accountability for grant funds, property, and other assets. See requirements for financial management at [45 CFR §75.302](#) and internal controls at [§75.303](#).
5. Identify each source of non-federal match, including the estimated amount per source and the valuation methodology. Explain how your program determined that proposed non-federal match is allowable per [45 CFR §75.303](#) and [Section 1303.4](#).
6. If proposing a waiver of the non-federal share match requirement, provide a detailed justification that conforms with the criteria under [Section 640\(b\)\(1\)-\(5\)](#) of the Act.
7. If proposing a waiver of the 15% limitation on development and administrative costs, provide a justification that meets the requirements of [Section 1303.5](#) and contact your regional office for additional guidance.
8. If requesting an enrollment reduction request, describe the budget implications of the reduction request and any cost-savings measures considered prior to seeking the enrollment reduction.
9. If requesting a conversion (see [Section 1302.20\(c\)](#)):
  - a. Identify the amount of funds that will be re-allocated by object class category to convert Head Start to EHS services. Explain the changes in each object class category.

- b. Describe start-up costs from the annual operational funds that would be necessary to implement the proposed conversion request based on the timetable in item 3.d.iii.E of Sub-Section B of these instructions.
  - c. Discuss one-time funding necessary for the conversion and how the agency intends to secure such funding.
- 10. If requesting funds for the purchase, construction, or major renovation of facilities not previously approved, explain the need for and proposed use of such funds. Identify all proposed sources of funding for facilities activities and submit supporting documentation.
- 11. If requesting funds for equipment, describe the procurement procedures to be followed for the purchase of such equipment. See equipment definition at [45 CFR §75.2](#).