



The Faces of Early Head Start

Our Children, Families, and Programs

A National Picture of Early Head Start Programs
and the Children and Families They Serve

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Baby FACES 2009



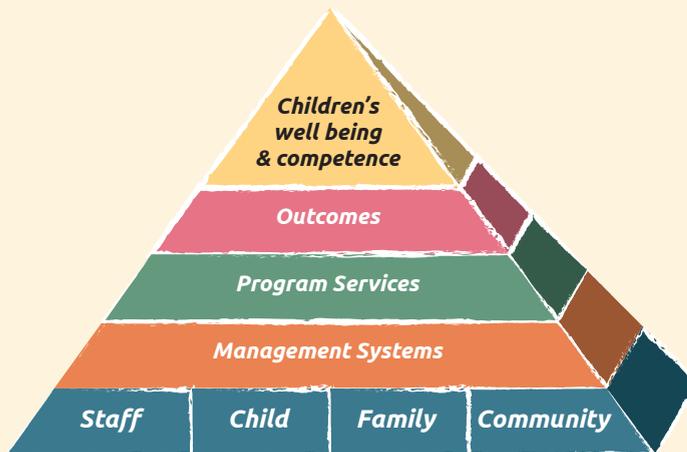


What Is Early Head Start?

Early Head Start (EHS) is a national program designed to promote child competence by providing high quality child and family development services to low-income pregnant women and families with infants and toddlers up to the age of 3. EHS offers children and families comprehensive child development services through several program options designed to meet the needs of the local community. Program options include center-based, home-based, combination, locally designed, and family child care.

The Goals of Early Head Start

- To provide a safe and developmentally enriching caregiving environment that promotes the development of infants and toddlers
- To support parents in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains
- To mobilize communities to provide the resources and environment necessary to ensure comprehensive, integrated services for families
- To ensure the provision of high quality responsive services to families through the development of trained and caring staff



The Foundation of Early Head Start:

The Framework for Programs Serving Infants and Toddlers and Their Families (as displayed below) is a guide to ensure high quality program services. The foundation of this pyramid is staff, child, and family development and community building. This foundation supports the entire pyramid. Management systems form the base that supports program services. These services bring about positive family and child outcomes and contribute to the ultimate goal of children's competence.

Framework for Programs Serving Infants and Toddlers and Their Families

- **Outcomes:**
 - Enhance children's growth and development
 - Enhance parent-child relationships
 - Strengthen families
- **Program Services:**
 - Provide children with individualized services
 - Develop relationships with parents and children
 - Link children and families to community services
- **Management Systems:**
Ensure programs meet high quality standards that Foster:
 - The proficiency of staff
 - Nurturing environments to support children
 - The engagement of families
 - Strong partnerships in the community

What Is 'Baby FACES'?

The Early Head Start Family and Child Experiences Survey (Baby FACES) collected information on 89 EHS programs, enrolled children, and their families. Together, this information provides a descriptive picture of the children and families served by EHS, their well-being over the course of the program, and the services offered by programs to meet families' needs. Though Baby FACES gathered data from pregnant women and newborns ("Newborn Cohort") and 1-year-old children ("1-year-old Cohort") who were enrolled in the program in the spring of 2009, the data presented in this booklet are primarily focused on the 1-year-old Cohort at Age 2.¹ In addition, data are also presented from program directors, teachers, and home visitors. All data were collected using three methods: (1) direct assessments of children's learning and development; (2) interviews with parents, teachers, home visitors, and program staff; and (3) observations of classrooms and home visits.

However, some data from Age 1 and Age 3 are also included in the brochure. Specifically, the booklet references the following data:

Age 1: Baseline for the 1-year-old cohort. Data collected in spring 2009 when the children and families first participated in the study

Age 2: Data collected when the children in the 1-year-old Cohort were 2 years of age, spring 2010.

Age 3: Data collected when children in the 1-year-old cohort were 3 years of age, spring 2011.



Baby FACES Explores...

Children's Learning and Development:

- Language
- Health
- Social emotional

Family Characteristics:

- Background
- Participation in learning-related activities
- Participation in Early Head Start

Program Characteristics:

- Classroom and home visit quality
- Services for children with special needs
- Teacher and home visitor characteristics
- Staff characteristics and supports

¹ We focus on the 1-year-old Cohort given the small number of children in the Newborn Cohort at Age 2

Data Sources

Parent Questionnaires

- **Parent Interview** collects information on background characteristics of the family and child, their service needs and use, and well-being. It also asks about the child's exposure to environmental health risks and supports for the child.
- **MacArthur-Bates Communicative Development Inventories—Infant Short Form (CDI)** assess children's early receptive and expressive language and communication skills.
- **Brief Infant Toddler Social Emotional Assessment (BITSEA)** is designed to detect delays in the development of social-emotional competencies as well as increased problem behavior.

Direct Child Assessments and Home Environment Ratings

- **Preschool Language Scale—Fourth Edition (PLS-4)** is used to evaluate language skills, as well as understanding and use of grammatical rules.
- **Peabody Picture Vocabulary Test—4th Edition (PPVT-4)** measures children's vocabulary.
- **Home Observation for Measurement of the Environment (HOME)** measures the quality of stimulation and support available to a child in the home.

Staff Interviews, Home Visit and Classroom Observations, and Service Tracking

- **Home Visitor/Teacher Interview** collects information on demographic characteristics, tenure working for the program, and well-being, as well as training and educational experiences provided by the program and the work environment.
- **The Home Visit Rating Scale-Adapted (HOVRS-A)** measures the quality of home visitor strategies and effectiveness at involving and engaging the family during home visits.
- **Home Visit Content and Characteristics** measures the topics covered, activities, and structure of the home visit.
- **Classroom Assessment Scoring System, Toddler Version (CLASS-T)** measures classroom quality within two domains: Emotional and Behavioral Support and Engaged Support for Learning.
- **Family Service Tracking (FST)** captures the services offered to and received by families. EHS home visitors and teachers of study children completed a weekly service tracking form.





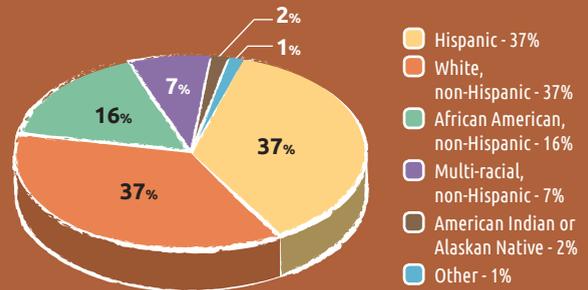
Our Children and Families

Early Head Start Children and Families: Who Are We?

EHS programs serve children and their families from a variety of backgrounds:²

- At Age 1, almost half of the children were girls.
- Almost all of the children were born in the United States—0.2% were born in Mexico.
- In over 2/3 of households, English was the only language spoken to the child.
 - › Spanish was the primary language spoken in 17% of the households.
 - › About 12% of households spoke both English and Spanish.

Racial and Ethnic Diversity (Age 1)



² Data presented in this section represent baseline child and family characteristics for the 1-year-old cohort collected in 2009.



What Does a Typical Early Head Start Family Household Look Like?

The typical EHS household had the following characteristics at age 1:³

- The average household had 4 members.
- About 1/2 of children lived with both biological parents and 1/2 lived in single parent households.
- 66% of fathers were employed and about 1/2 of all dads worked full-time.
- About 41% of mothers were employed and roughly 19% of all moms worked full-time.
- 62% of mothers and 58% of fathers had at least a high school diploma or an equivalent credential.

³ Data presented in this section represent baseline family characteristics for the 1-year-old cohort collected in 2009

Family Risk Factors

While EHS families have many strengths, they also face a variety of factors that may challenge their well-being. Looking at a family's risk factors provides a general picture of issues that may affect their ability to reach personal goals and promote children's healthy development.

At age 2, over 1/2 of the families (58%) were considered low-risk with fewer than 3 maternal demographic risk factors. About 1/6 (17%) were considered high-risk with 4 or 5 risk factors.

Few parents (8%) showed high levels of psychological risk factors (2 or more risks) and the majority (70%) had no psychological risk factors.

Measuring Family Risk

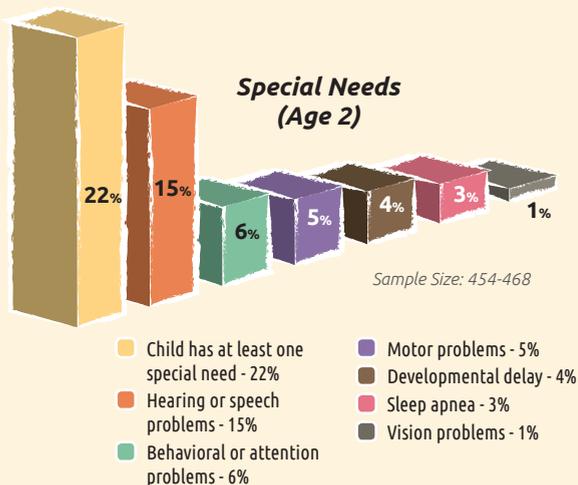
Maternal demographic risk is an indication of a family's exposure to poverty and includes (1) being a single mother, (2) having first child during teenage years, (3) lacking a high school or equivalent credential, (4) receiving public assistance, or (5) not being employed or in school or training.

Psychological risk is an indication of a parent's mental well-being and includes (1) moderate or severe depressive symptoms, (2) higher than average parenting stress, and (3) substance use problems.

Early Head Start Serves Children of All Abilities

At age 2, approximately 22% of children in this study were identified by a parent as having a special need.⁴ Children with a special need often exhibit signs that their development is not typical and may show physical or mental delays.

The majority of children identified by a parent as having a special need had hearing or speech problems. According to parents, about 58% of these children had an Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP) at age 2. These plans create opportunities for teachers, home visitors, parents, school administrators, and related service personnel to work together to ensure the healthy development of each child in need. Seventy-five percent of children who were evaluated for a special need since birth have received disability services, and 67% of the parents of these children reported that Early Head Start helped them obtain services.



What Is a Special Need?

- **Hearing or speech problems** include difficulty in communicating or other forms of impairment.
- **Behavioral or attention problems** include aggression, hyperactivity, and ADHD.
- **Motor problems** include challenges with physical activities such as walking and grasping objects.
- **Developmental delay** includes mental retardation, autism/pervasive developmental delay, and other delays.
- **Sleep apnea** involves trouble breathing while sleeping.
- **Vision problems** involve eyesight impairments.

⁴ It is important to note that Early Head Start considers children with a disability to be children that have been evaluated and have established IFSPs as specified in the Individuals with Disabilities Education Act. The information presented from Baby FACES is based on parents' reports of whether their child has a special need regardless of whether they have been formally evaluated for a disability.

Healthy Faces: Early Head Start Children's Health

Health and Wellness

At age 2, almost all children in this study had health insurance (97%) and a regular health care provider (99%). All EHS children received some type of health service, including doctor or dentist visits, immunizations, and evaluation for disabilities. About half of the children had been to see a dentist at least once by 2 years of age.

Health Status

At age 2, the majority (80%) of parents reported that their children were in "excellent" or "very good" health. About 15% were in "good" health, and only 5% were considered in "fair" or "poor" health.



Healthy Habits, Healthy Children!

Many EHS families follow the American Academy of Pediatrics (AAP) recommended feeding practices for infants and toddlers. At age 1:

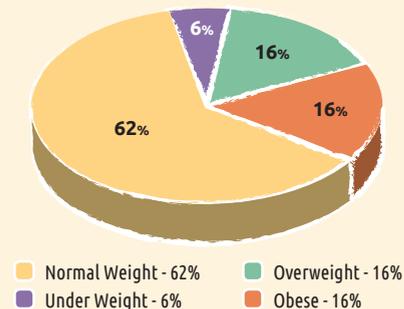
- 74% ate fruits and vegetables daily
- 85% avoided sugar sweetened beverages
- 81% did not eat salty snacks or sweets

Nearly all parents (95%) reported that at age 1 their children had regular mealtimes each day and ate the recommended 3 meals and 2-3 snacks a day.

Child Weight

Childhood obesity is a health problem in the United States and is linked to a number of short- and long-term negative physical, social, and emotional outcomes. At age 2, 62% of children in this study were within the "normal" weight range. However, consistent with national estimates, about 1/3 of children were considered "overweight" or "obese," defined as having a Body Mass Index (BMI) at or above the 85th percentile for age and gender.⁵

Child Weight (Age 2)



Sample Size: 452-468

⁵ Ebbeling, C., Pawlak, D., & Ludwig, D. (2002). Childhood obesity: Public-health crisis, common sense cure. *The Lancet*, 360(9331), 473-482.

Early Head Start Children's Development

General Skills

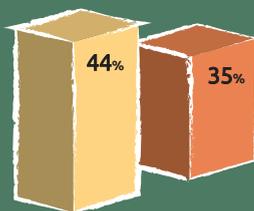
Consistent with their same-age peers, by age 2, only 4%–10% of children in this study were falling into the at-risk range in the skill areas measured by the Ages and Stages Questionnaire. At age 1, 7%–21% of EHS children fell into the at-risk range in one or more of the skill areas measured.

Skills Measured by the Ages and Stages Questionnaire:

- Communication
- Gross motor (*big movement*)
- Fine motor (*small movement*)
- Problem solving
- Social skills

Spotlight on Social-Emotional Development

Parents and EHS staff often interact with children in different environments (center vs. home) and may have different views of children's behaviors. According to parents, less than half of children had social-emotional concerns, such as fighting, trouble playing with others, and following directions at age 2. Teachers only identified a little over 1/3 of children as having these same issues.



Children at Risk for Social-Emotional Problems (Age 2)

- Parent - 44%
- Staff - 35%

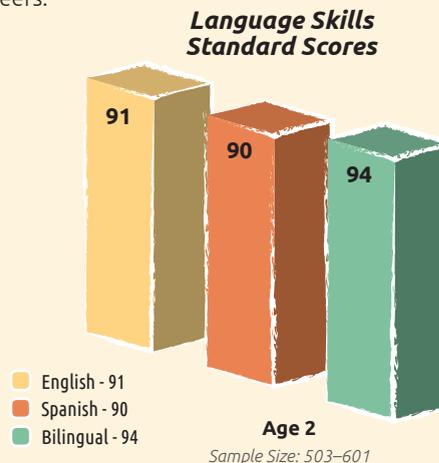
Sample Size: 490-495

What Are Standard Scores?

Standard scores allow us to examine how EHS children are doing compared to children of the same age in the general population ("same-age peers"). The average score for same-age children in the general population is 100.

Vocabulary

At age 2, EHS children's word comprehension was approaching the average score (100) of their same-age peers.



Bringing Early Head Start Home

Learning does not stop at the door of EHS. EHS believes that parents are their children's first and most important teachers. Parents and families engage in many learning activities with children outside of their EHS program. Parents reported that they participated in a variety of home-based learning activities with their children.

Home Environment

Most EHS families in this study provided a home environment that was emotionally supportive and cognitively stimulating. At age 2, parents exhibited high levels of warmth and sensitivity toward their children and low levels of hostility. They provided cognitive stimulation by helping their children learn shapes and sizes, the alphabet, colors, and numbers. They also frequently read to their children and provided cognitively stimulating books and materials in the home.

Home Reading and Story Telling

- At age 2, 57% of children resided in homes with more than 25 books
- 90% of children were read to at least once a day.
- 77% of children were told a story at least once a day.
- More than 3/4 of parents read and told stories to their children in English



Exposure to Violence

According to their parents, the majority of children (86%) had not been exposed to violence. Very few children (4%) had been exposed to 2 or more violent acts.

Neighborhood Quality

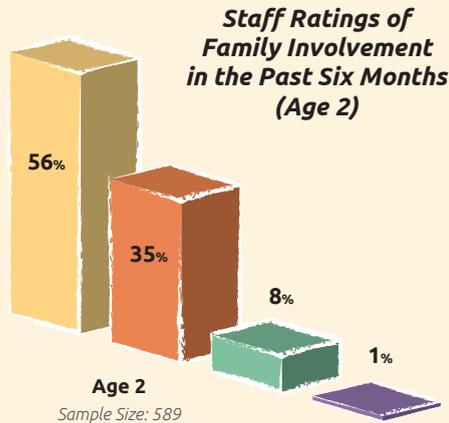
Despite living in supportive home environments, oftentimes EHS families reside in neighborhoods with poor conditions. Well over 1/2 (58%) of the families had a score of 7 or 8 on the 8-point scale measuring negative neighborhood conditions. These neighborhoods have some of the following characteristics:

- Badly deteriorated housing units or buildings
- Streets with potholes, garbage, litter, and trash
- Drug needles, cigarette butts, or beer or liquor bottles on the ground
- Adults or teenagers arguing
- Fear for personal safety

Parents as Leaders in Early Head Start

Family Involvement

Staff rated each family's level of involvement in EHS. Many families demonstrated high family involvement. Very few families were rated as completely not involved.



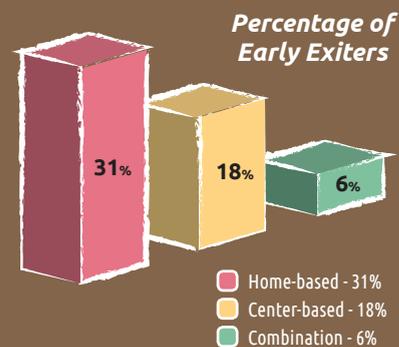
- Consistently high involvement - 56%
- Varied involvement - 35%
- Consistently low involvement - 8%
- Not Involved - 1%

At age 2, parents participated in many program activities:

- Group activities for parents and their children (70%)
- Social events (70%)
- Parent education meetings or workshops (54%)
- Classroom volunteer (41%)
- Workshop on job skills (39%)
- Program volunteer or committee member (21%)
- Policy council (20%)
- Father events (17%)

Families Stay in Early Head Start

Most families attended the program for more than 2 years but some families enrolled late or exited early. On average, families who enrolled while the mother was pregnant stayed in EHS for 33 months. The average length of enrollment among children whose families enrolled postnatally was 25 months. About 37% of children left the programs before their eligibility ended. The families who left the program early often had more risk factors than the families who stayed.





Our Programs

What Do Early Head Start Programs Look Like?

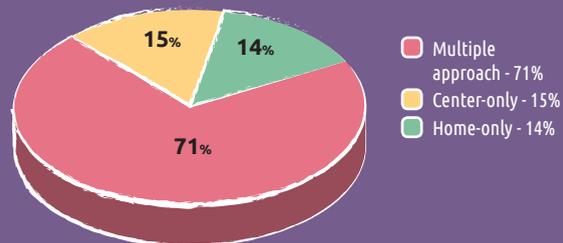
Services Offered and Received

About 84% of EHS programs provide full-day, year round services.

At age 2, EHS families in the home-based option were offered about 1 home visit a week and 47 a year consistent with the performance standards' minimum number of visits per year. However, families took up about 78% of the visits offered by the program.

At age 2, families in the center-based option attended 88% of the approximately 4 days a week that programs offered. This is also consistent with the performance standards.

Program Approach



These data were collected during the 2009 Baseline Interview

Partnerships Help Programs Provide Comprehensive Services

Early Head Start-Child Care Partnerships⁶

Despite the fact that most center-based EHS programs provided full day care, some families still needed additional child care. EHS tries to help families obtain alternate child care arrangements. The majority of programs (85%) helped families apply for child care subsidies and many programs (60%) referred families to non-EHS care. About 30% of programs provided child care directly through partnerships.



Community Partnerships⁷

Almost all programs (98%-100%) offered family self-sufficiency services. These services were provided by EHS staff, through referral, or by a community partner either on- or off-site. Looking just at services through community partners, programs were particularly likely to partner to provide housing assistance or job training on- or off-site. About 49% of programs offered housing assistance and 52% offered education and job training through community partners. Other services such as family literacy, financial counseling, employment assistance, and legal advice were offered less frequently (28%-41%) through a community partner.

Spotlight on Child Care Arrangements

At age 1, a little less than 3/4 of children received more than one type of child care. The majority (91%) of these children were in the EHS center-based option and had a second child care arrangement.

Note: The data presented here are from the 1-year old cohort at baseline collected in 2009

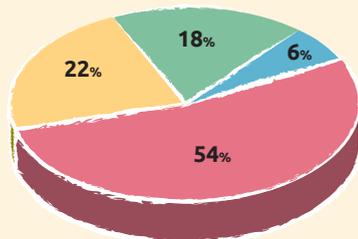
⁶ Data presented here are from the Baseline interview collected in 2009

⁷ Data presented here are from the Baseline interview collected in 2009. The percentage ranges represent the range of responses from programs about the provision of various self-sufficiency services.

Early Head Start Teachers: Who Are We?

At age 2, children in the center-based program option were served by female teachers. Many of these teachers were from racially and ethnically diverse backgrounds. Many children (31%) had teachers who spoke a language in addition to English. Almost all children (99%) had their home language used in the classroom.

Teacher Racial and Ethnic Diversity (Age 2)



- White, non-Hispanic - 54%
- African-American, non-Hispanic - 22%
- Hispanic/Latino - 18%
- Other, non-Hispanic - 6%

Sample Size: 301-302



Teacher Qualifications

EHS teachers are experienced. The average child had a teacher with nearly 7 years experience teaching or caring for infants and toddlers and almost 5 years experience working in EHS.

More than 72% of EHS children had teachers with an Associate's degree or a higher degree:

- 39% Associate's degree
- 30% Bachelor's degree
- 3% Graduate/professional degree or higher

The majority of children who had teachers with at least an Associate's degree (63%) also had teachers who studied early childhood education or child development. In addition, about 74% of children who had a teacher without at least an Associate's degree had teachers with a Child Development Associate credential. About 37% of all children had teachers with a state-awarded preschool certificate or license.

Early Head Start Home Visitors: Who Are We?

At age 2, children in the home-based program option were served by female teachers. Many of these teachers were from racially and ethnically diverse backgrounds. A little over 1/3 of children had a home visitor who spoke a language other than English. The majority of families (97%) had their home language used during home visits.

Home Visitor Qualifications

EHS home visitors are experienced. The average child had a home visitor with 10 years experience working with families with infants and toddlers and 6 years experience working in EHS.

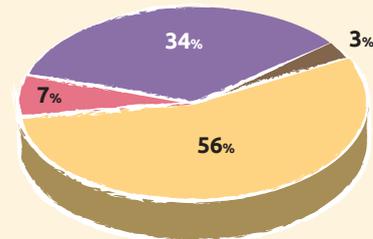
More than 78% of EHS children had a home visitor with an Associate's degree or a higher degree:

- 27% Associate's degree
- 43% Bachelor's degree
- 8% Graduate/professional degree or higher

Of those children who had home visitors with at least an Associate's degree, over half of the children (59%) had home visitors who studied early childhood education or child development. In addition, about 79% of children who had home visitors without at least an Associate's degree had home visitors with a Child Development Associate credential. About 39% of all children had home visitors with a state-awarded preschool certificate or license.



Home Visitor Racial and Ethnic Diversity (Age 2)



White, non-Hispanic - 56%
African-American, non-Hispanic - 7%
Hispanic/Latino - 34%
Other, non-Hispanic - 3%

Sample Size: 257

Ready, Set, Learn!

Quality of Early Head Start Classrooms

What Is Classroom Quality?

The quality of teacher-child interactions and the types of learning activities that are observed in the child's classroom are considered aspects of classroom quality. Trained observers rated EHS classrooms on a scale ranging from 1 (inadequate) to 7 (excellent) using the *The Classroom Assessment Scoring System, Toddler Version (CLASS-T)*. The CLASS-T measures two aspects of classroom quality: emotional and behavioral support and engaged support for learning.

Emotional and Behavioral Support—How well the teacher understands and responds to each child's needs, such as:

- Creating a warm and positive environment
- Showing interest in the children's ideas and perspectives
- Responding sensitively
- Helping guide children's social behavior

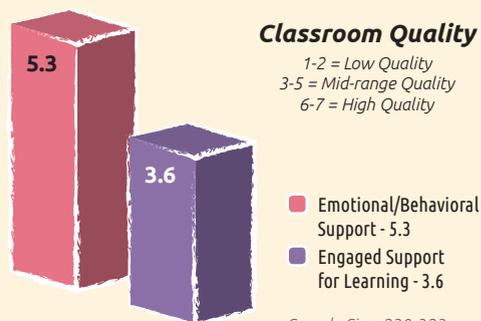
Engaged Support for Learning—How well teachers promote each child's learning through positive, supportive interactions, such as:

- Expanding children's language skills
- Providing opportunities for learning and exploration

What Does Classroom Quality Look Like?

At age 2, children in center-based programs were in classrooms of mid-range quality (scoring between a 3 and 5), with group sizes and ratios within the performance standards. On average, children were in classrooms with 1 adult for every 3 children.

- The majority of children (73%) were in classrooms scoring in the high range or above a 5 in Emotional and Behavioral Support.
- Few children (16%) were in classrooms scoring in the high range in Engaged Support for Learning. A fair portion of children (41%) were in classrooms falling in the low range or below 3.



What Goes On During Early Head Start Home Visits?

What Happens During Home Visits?

At age 2, EHS children had home visitors who reported engaging in child-focused activities for about half of each home visit. They spent the other half of the time on parent-family (14%) and parent-child focused (15%) activities as well as staff-family relationship building activities (17%). Relatively little time (5%) was spent on crisis management activities.

Children and families in the home-based option participated in a variety of activities during observed visits:

Frequent

- Play (86%)
- Provision of education and/or information (67%)
- Goal setting (55%)
- Child/parent observation/assessment (50%)
- Model interaction with child (44%)

Infrequent

- Problem solving (33%)
- Provision of emotional support to parent (27%)
- Evaluation/feedback on parent-child interactions (25%)
- Observation of caregiver-child interactions (24%)
- Crisis intervention (11%)

What Is Home Visit Quality?

The strategies a home visitor uses to engage the parent and child in activities that meet the goals of the visit and the effectiveness of those strategies are considered aspects of home visit quality. Trained observers rated EHS home visits on a scale ranging from 1 (minimal) to 5 (good practice) using the *Home Visit Rating Scale-Adapted (HOVRS-A)*. The HOVRS-A measures two aspects of quality: Strategies Quality and Effectiveness Quality.

Strategies Quality—How well the home visitor responds to the family's needs, such as:

- Showing interest in what is happening with the family
- Helping parents plan how to meet goals
- Helping parents respond appropriately to the child

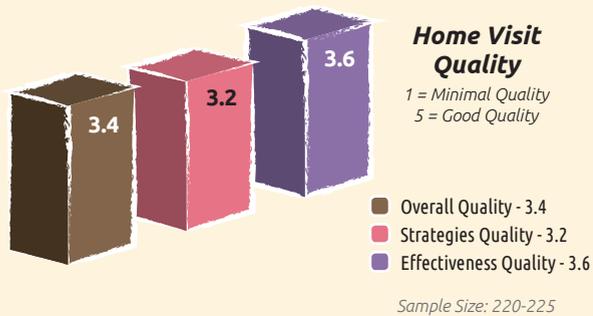
Effectiveness Quality—How engaged the parent and child are during the visit, such as:

- The parent participates in play and learning activities with child.
- The child happily interacts with the parent and/or home visitor.



What Does Home Visit Quality Look Like?

Overall, families in the home-based option received visits of moderate quality (scoring between a 3 and 4). A little less than 3/4 of families received home visits in the moderate-to-good range of quality (scoring at 3 or above). Very few families (5%) had home visits of minimal quality (scoring less than 2).



Investing in Early Head Start Teachers and Home Visitors

Training and Professional Development

Staff Development is one of the four cornerstones of EHS and virtually all programs reported a number of activities to support staff, such as:

- Developing staff training plans each year
- Gathering information from staff on their training needs
- Offering specialized training for new staff

Other professional development supports:

- The majority of children had teachers (92%) and home visitors (86%) who have established career or professional development plans.
- The majority of children had teachers (72%) and home visitors (74%) who received group and one-on-one supervision.
- Over 1/3 of children had teachers (40%) and home visitors (38%) who had a mentor or coach.



Staff Well-Being

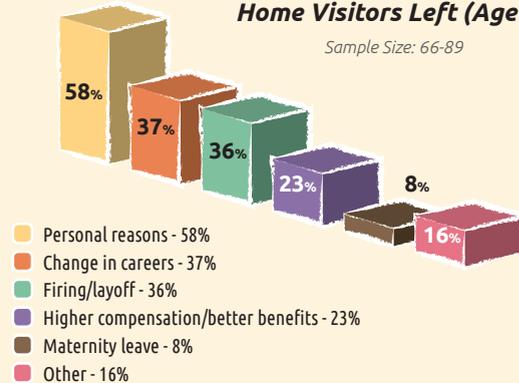
EHS teachers and home visitors appear to be doing well. The majority of children had teachers (89%) and home visitors (94%) who said that they were likely to stay in their jobs. Very few children had teachers (8%) or home visitors (6%) who reported moderate or high levels of depressive symptoms. The majority had teachers (72%) and home visitors (79%) who reported few, if any symptoms at all.

Staff Turnover

Programs have moderately low staff turnover rates. In the past 12 months, according to program directors, 12% of teachers and 11% of home visitors left the programs. Staff left for a variety of reasons including personal matters, a change in career, and being fired.

Reasons Teachers and/or Home Visitors Left (Age 2)

Sample Size: 66-89



Staff Benefits⁸

The majority of children had teachers and home visitors (81%–96%) who reported receiving many benefits including:

- Paid sick leave
- Paid holidays
- Retirement/pension plan
- Paid vacations
- Life insurance
- Paid health insurance

Other, slightly less frequent benefits (66%–77%) included:

- Dental insurance
- Paid maternity leave
- Educational stipends to cover workshops

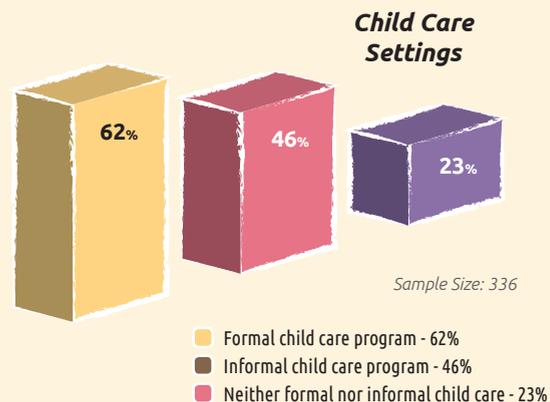
⁸ The percentage ranges represent the range of responses from teachers and home visitors about the individual benefits listed

Where Do Children Go after Early Head Start?

Child Care Arrangements⁹

After leaving EHS, children were in several different types of care arrangements, such as Head Start and family child care. Many children receiving regular (at least once a week) nonparental care (62%) were in formal child care programs.¹⁰ In addition, a little over half of children receiving regular care (52%) were attending or receiving services from Head Start programs. About 23% were in another formal child care setting, such as day care or preschool.

Many children (46%) were in informal care settings. About 34% of children received care from a relative such as a grandparent or other nonparental family member. A smaller number of children attended a formal family child care program (15%) or received child care from a nonrelative (12%).



⁹ Percentages sum to greater than 100 since children could attend more than one type of child care program.

¹⁰ Formal child care is defined as a Head Start program, center-based child care, or a prekindergarten program. Children may also receive another form of child care.



Early Head Start Helped Families Transition

At age 3, the majority of families (90%) met with someone from EHS in advance to discuss their child's transition from EHS to another child care program. Seventy-three percent of families reported that EHS helped them find or enroll in a formal center child care or a formal family care program.

Many families (63%-74%) reported that their EHS program did the following to help them transition:¹¹

- Identified other child care arrangements
- Talked about the eligibility requirements of other programs
- Put parents in touch with care providers or teachers at another program
- Provided referrals to other child care arrangements
- Helped fill out application paperwork
- Created a packet of information about child's progress to take to another program

¹¹ The percentage range represent the range of responses from families about the individual activities listed.



For More Information

Vogel, Cheri A., Pia Caronongan, Jaime Thomas, Eileen Bandel, Yange Xue, Juliette Henke, Nikki Aikens, Kimberly Boller, and Lauren Murphy. Administration for Children and Families. *Toddlers in Early Head Start: A Portrait of 2-Year-Olds, Their Families, and the Programs Serving Them*. OPRE Report #2015-10, Washington, DC. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. 2015.

Vogel, Cheri A., Kimberly Boller, Yange Xue, Randall Blair, Nikki Aikens, Andrew Burwick, Yevgeny Shrago, Barbara Lepidus Carlton, Lara Kalb, Linda Mendenko, Judy Cannon, Sean Harrington, and Jillian Stein. Administration for Children and Families. *Learning As We Go: A First Snapshot of Early Head Start Programs, Staff, Families, and Children*. OPRE Report #2011-7, Washington, DC. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. 2011.

Caronongan, P., E. Moiduddin, J. West, and C. A. Vogel (2014). *Children in Early Head Start and Head Start: A Profile of Early Leavers*. Baby FACES and FACES 2009 Research Brief. OPRE Report #2014-54. Washington, DC. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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