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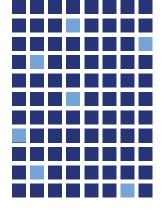
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### TABLE OF CONTENTS

01	Executive Summary4
02	Key Themes
	Covid-19 Pandemic12
	Poverty16
	Race & Ethnicity18
	State Variation22
03	Guide to the State Profiles28
04	Glossary33
05	Endnotes34
06	National Profile36
07	State Profiles56
80	American Indian & Alaska Native Head Start286
09	Migrant & Seasonal Head Start290
<b>10</b>	Methodology294
11	Appendix300



# 01 Executive Summary

This State(s) of Head Start and Early Head Start report focuses on equity of access to Head Start in the 2020-21 program year. It answers questions such as, are some children more (or less) likely to enroll in Head Start or Early Head Start? Does enrollment vary by children's race or ethnicity, or by geographic location within and across states? For children enrolled in Head Start or Early Head Start, are there differences in funding per child or the quality of their experiences? And finally, how has the Covid-19 pandemic affected enrollment in Head Start and Early Head Start?

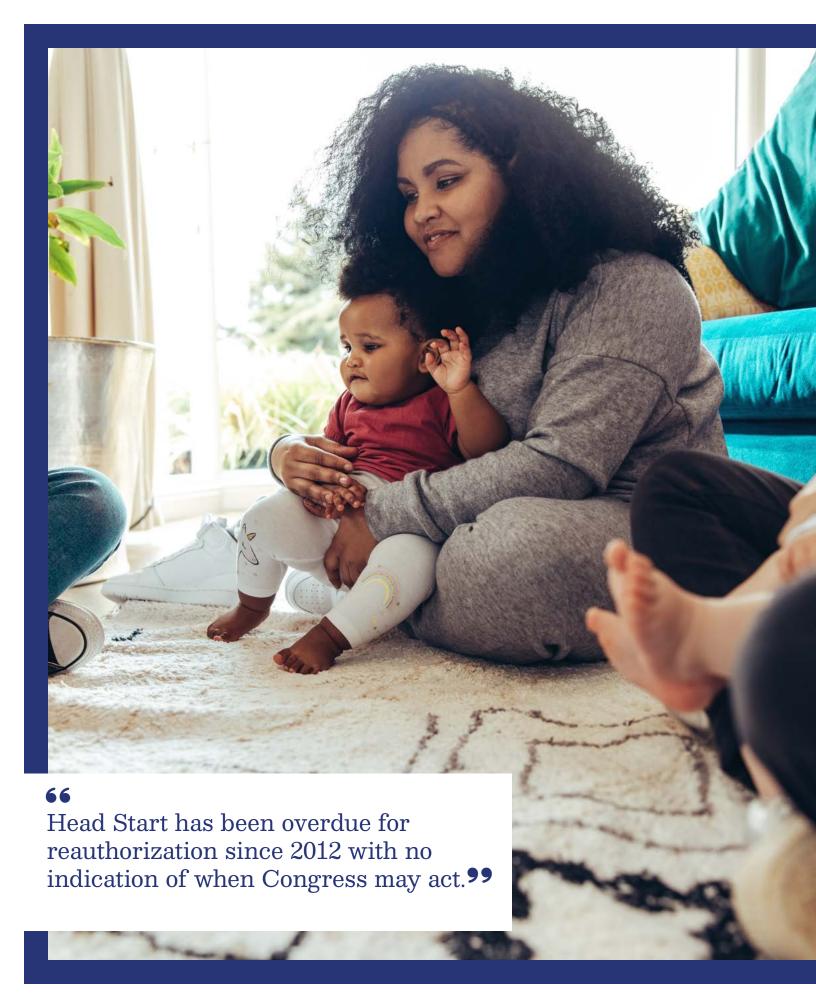
Given the disruptions caused by the Covid-19 pandemic, we compare 2020-21 data to 2018-19 and (where available) 2019-20 to assess the impacts of the pandemic. Most data for this report come from the Head Start Program Information Report (PIR)¹ which was not collected in 2019-2020 due to the pandemic. To provide an even greater historical perspective we also present some data going back to the 2011-12 program year. (For additional information see the Guide to the Profile Pages and Methodology.)

The State(s) of Head Start and Early Head Start: Looking at Equity is the second report from the National Institute for Early Education Research (NIEER) to examine Head Start and Early Head Start enrollment, funding, and quality state-by-state. This report differs from the first State(s) of Head Start report in its greater focus on equity of access and its organization around four main themes relating to equity: (1) Impacts of The Covid-19 Pandemic, (2) Poverty, (3) Race and Ethnicity, and (4) State Variation.

# Head Start and Early Head Start

Head Start, which began in 1965 as part of the War on Poverty, is one of the nation's oldest federal programs serving low-income children and their families.<sup>2</sup> The American Indian and Alaska Native (AIAN) Head Start program began in the summer of 1965 providing grants to federally-recognized American Indian and Alaska Native tribes.<sup>3</sup> The Migrant and Seasonal Head Start program began by providing services to migrant farm workers and their children in 1969. In 1999, the program expanded to include seasonal workers and their children.<sup>4</sup> Early Head Start began in 1995 providing services to pregnant women and infants and toddlers.<sup>5</sup>

Together, these programs strive to enhance children's development, improve school readiness, and provide a strong foundation for success later in life. Head Start is a comprehensive child development program that aims to support children's cognitive and social-emotional development, and health.





Head Start is a federal program, administered nationally by the Office of Head Start within the Administration for Children and Families within the U.S. Department of Health and Human Services. Head Start programs are available in all 50 states, the District of Columbia, six U.S. territories, and in tribal areas. As this report highlights, although all Head Start programs are required to follow the same set of Head Start Program Performance Standards, there is substantial variation in how the programs operate that leads to inequalities in enrollment, funding, and quality that state-by-state comparisons illuminate.

Head Start was last reauthorized in 2007 through the Improving Head Start for School Readiness Act<sup>6</sup> which revised performance standards to be more developmentally appropriate, raised teacher qualifications (requiring at least 50% of Head Start teachers to have a BA or higher and all Early Head Start teachers to have at least a CDA), expanded eligibility from 100 to 130 percent of the federal poverty level for up to 35% of enrollment, and called for school-day programs. In 2016, new Head Start Program Performance Standards<sup>7</sup> called for teachers to have training and skills needed to provide high quality learning experiences, prohibited expulsions and limited suspensions of children, and required all Head Start programs to provide 1,020 hours annually by 2021. However, in 2020, this hours requirement was decreased to 45% of programs by then Health and Human Services Secretary Azar.

Head Start has been overdue for reauthorization since 2012 with no indication of when Congress may act. The findings in this report establish clear areas where improvements to Head Start can be made to improve equity of access to the program.



# **Equity of Access to Head Start and Early Head Start**

The State(s) of Head Start and Early Head Start: Looking at Equity finds many areas of inequitable access to Head Start but also areas where Head Start is excelling for all children. We offer suggestions for improvements to make Head Start more equitable and to reach more eligible children with high quality services. On the next page we summarize the key findings organized by the report's four themes.

#### **COVID-19 PANDEMIC**

The Covid-19 pandemic had a large negative impact on enrollment in Head Start and Early Head Start. Across all Head Start programs,

287,000 fewer children attended Head Start in 2020-21 than in 2018-19. Despite the large decrease in actual enrollment, funding for Head Start increased slightly, adjusted for inflation; and additional funding was made available to local programs through Covid-19 relief funding allocated by Congress. The good news is that data from 2021-22 suggest enrollment is rebounding, though it is not yet entirely back to pre-pandemic levels. To ensure a continued return of children to Head Start and Early Head Start, funding should be used to improve facilities (e.g., air purification and ventilation), recruit and retain staff, and for outreach to families on the benefits of Head Start and Early Head Start and how children can safely return. (For more information see pages 12-15.)



#### **POVERTY**

Head Start and Early Head Start do not reach even half of children in poverty (defined as 100% of the federal poverty level) even though

all are eligible. Moreover, despite a decade long decline in the number of children living in poverty, the percent of children in poverty enrolled in Head Start has not changed (moving from an estimated 40% in 2011-12 to an estimated 41% in 2018-19 prior to the pandemic). Early Head Start enrollment did increase from an estimated 5% of children in poverty in 2011-12 to an estimated 9% in 2018-19, but this is still less than 10% of infants and toddlers in poverty. (See Methodology on page 294.) Additional funding for Head Start and Early Head Start would enable the programs to enroll more children in poverty, especially important in states and localities where there are no other public early childhood education programs. (For more information see pages 16-17.)



#### RACE AND ETHNICITY

Head Start and Early Head Start enrollment, funding, and experi-

ences vary by child race and ethnicity in ways that are not easily explained, with inequities nationally and in most states. For example, a higher percentage of Black children in poverty (33%) enrolled in Head Start than White children (25%), Asian children (23%), and children of other races (28%). To some extent these difference could be due to other need factors that Head Start considers for prioritizing enrollment. However, Head Start funding per child was lower in states that enrolled a higher percentage of Black children in Head Start. And, classroom quality, as measured by the Classroom Assessment Scoring System (CLASS)8 was lower in states that enrolled a higher percentage of Black children. On a positive note, Head Start serves as an exemplar for other early childhood education programs on collecting detailed data on children's and staff's race and ethnicity that makes these kinds of analyses possible. While increased funding is one action to decrease the identified inequities in access, funding, and quality, outreach to underrepresented families is also an important step to take. (For more information see pages 18-21.)



#### STATE VARIATION

There are large state-bystate difference in Head Start and Early Head Start funding, enrollment, program

components, and quality that are not explained by differences in state population eligibility and needs. Although all Head Start and Early Head Start programs are required to follow the same Head Start Program Performance Standards, this report identifies large state-by-state differences that have no policy rationale. For more detail on these state-by-state differences in enrollment, funding, quality, program duration, transportation, serving children with disabilities, staff turnover, and teacher salaries, see pages 22-27. Increasing federal funding for Head Start and targeting the distribution of this funding to reduce interstate inequality by leveling up, is a critical next step for Head Start.

## **Conclusions and Policy Recommendations**

Head Start aims to provide educational and child development services to support whole child development, in both the short- and long-run.

However, insufficient funding has limited the program's ability to deliver these services to all eligible children and families, hampering progress over the last decade. This remains true even though a long-term decline in poverty rates made it easier to reach the goal of serving every child in poverty across Head Start, state pre-K, and other publicly-funded early childhood education (ECE) programs. In some states Head Start has been more successful in contributing to this goal – Mississippi enrolled an estimated 90% of 3- and 4-year-olds in poverty in Head Start before the Covid-19 pandemic. The top five states for Head Start access enrolled an estimated average of 74% of 3- and 4-year-olds in poverty and the top five states for Early Head Start access enrolled an estimated average of 22% of children under 3 in poverty.

We recommend increased funding for Head Start and Early Head Start to bring enrollment in all states up to the levels of access in the 5 states with the best coverage.

This would cost approximately

\$10 billion, taking into account pre-existing needs for salary increases and could be done by increasing Head Start funding by \$2.5 billion each year for four years

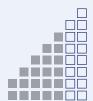
(with additional adjustments for inflation).

We also recommend additional funding to increase salaries supporting increased equity in the quality of education Head Start provides. This is critical to true equity of access and enabling Head Start to achieve its goals for all children and families. The National Head Start Association (NHSA) has estimated this cost at an additional \$2.5 billion annually based on current enrollment. The time to act is now, before even more children miss out on the opportunity to attend Head Start and/or Early Head Start.



2020-2021 Head Start Funding

\$10.3 billion





Gap in Funding

\$12.5 billion

**Total Funding Needed** 



\$22.8 billion