

March 1998

HEAD START PROGRAMS

Participant Characteristics, Services, and Funding



**Health, Education, and
Human Services Division**

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Congressional Requesters

Head Start—now over 30 years old—has long enjoyed both congressional and public support. Since its inception, Head Start has served over 16 million children at a total cost of \$35 billion. Funding for Head Start has tripled in the past 10 years. In addition, the President recently announced several proposals to help working parents secure affordable, quality child care, including significantly expanding Head Start so it could serve more eligible children.

Growing out of the War on Poverty in the mid-1960s, Head Start was created to provide comprehensive educational, health, social, and mental health services to disadvantaged preschool children. The program was built on the philosophy that effective intervention in children's lives can be best accomplished through family and community involvement.

Much has changed since the mid-1960s, and many questions exist about how the program operates in today's environment. For example, although it is widely known that Head Start provides a large array of services to children, less is known about the services it provides families and how services are delivered to participants. Head Start regulations emphasize that programs secure and use community resources to provide services before using Head Start funds; however, the extent to which programs secure other funding is not known. Furthermore, upon Head Start's creation, although it was many communities' main early childhood program for serving disadvantaged children and their families, other programs now also serve disadvantaged children. Finally, questions exist about how predominantly part-day Head Start programs will adapt to meet the changing needs of the families they serve, particularly in view of the increased need for full-day child care resulting from changes in welfare policy.¹

Although Head Start does collect information on all its programs annually, that information does not completely portray Head Start program operations. Head Start collects information on the type and extent of services provided and the types of children and families being served

¹Under welfare reform legislation passed in 1996, many more welfare families will be expected to seek and keep jobs. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 made sweeping changes to national welfare policy by ending the Aid to Families With Dependent Children (AFDC) program. Replacing AFDC are the Temporary Assistance for Needy Families (TANF) block grants, which provide federal funds to help states help needy families.

through an annual survey. The program collects no information, however, on the number of hours and months of the year, for example, that children attend center programs. Nor does it collect information on Head Start program income and expenditures or other early childhood programs operating in communities in which Head Start programs operate. Moreover, although Head Start does collect information on the number of families the program serves, it collects no information on the number of individual family members served. Consequently, as the Congress prepares to reexamine the Head Start program in 1998, information needed for answering many questions is unavailable, incomplete, or lacking enough detail to facilitate important decisions about the program.

To address some of these questions in preparation for Head Start's reauthorization, we were asked to describe the (1) number and characteristics of those served, (2) services provided and the way they are provided, (3) federal and nonfederal program dollars received and spent by programs delivering Head Start services, and (4) other programs providing similar—in part or in whole—early childhood services. Although many other early childhood programs exist, our review focused solely on programs operating in Head Start service delivery areas and those operated by Head Start agencies.

The methodology for our study had several components: we (1) surveyed all Head Start programs, (2) analyzed data from Head Start's annual survey of programs, (3) conducted telephone interviews of a number of programs to gather illustrative information about Head Start programs, and (4) visited several Head Start programs to observe the programs and discuss survey responses. (See app. I for a discussion of our objectives, scope, and methodology.) This report presents information on what we call Head Start's regular² program, that is, those programs that operate in the 50 states and the District of Columbia and serve 85 percent of the children. Thus, programs serving special populations—Migrant, Native American, and pregnant women and infants—are excluded. Such programs represent a small percentage of Head Start children served, and each program is unique. Because of this focus, and other reasons discussed in the report, certain figures, such as enrollment data, may differ from Head Start's official 1996-97 figures.

The scope of our work for this report excluded several issues. For example, we did not address issues of Head Start program quality,

²Head Start programs in Guam, American Samoa, the Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and Palau are also funded under the regular program.

although some early childhood experts and the Advisory Committee on Head Start Quality and Expansion have voiced concern about the uneven quality of some Head Start programs.³ Nor did we address Head Start's impact on the lives of those it serves. In a previous report, we examined the research conducted on the program in the past 20 years and found it inadequate to draw conclusions about the impact of the national program.⁴ As agreed with your offices, we will be issuing a separate report on how Head Start uses its processes, systems, and performance measures to ensure program and fiscal accountability.

Results in Brief

Head Start served about 782,000 disadvantaged children and 711,000 families in program year 1996-97, according to our review. The demographics of these children and families were similar in many respects. Most children were 4 years old and spoke English as their main language. Moreover, families typically had more than one child and were very poor.

Through Head Start, children received access to a large array of services as did their families in some cases. For example, in addition to education services, children received medical and dental care, immunizations, social services, child care, meals, and other nutrition services. Families received access to social services, and parents received access to job and literacy training. Most child and family services, however, were neither paid for nor provided directly by Head Start programs. Instead, Head Start programs often functioned as a coordinator or facilitator, referring and linking children and families to needed services.

Although many families required full-day, full-year child care, Head Start services were typically provided in centers that operated part day—usually 3 to 4 hours a day—on schedules that paralleled the school year—about 9 months a year. Only a small percentage of children attended programs in centers that operated year round. Virtually no programs operated on weekends, and only a few operated before 7 a.m. or after 5 p.m. Almost half of the families identified as needing full-day services left their children

³The Secretary of the Department of Health and Human Services (HHS) initiated a bipartisan task force, the Advisory Committee on Head Start Quality and Expansion, to review the Head Start program and make recommendations. The Committee issued a report in Dec. 1993 titled Creating a 21st Century Head Start. In its technical comments on the report, the agency noted that it has taken steps since that time to improve the quality of all Head Start programs nationwide, including terminating more than 80 programs that were not meeting required levels of quality. The agency provided no additional information, however, about the overall quality of current Head Start programs or their impact on the children and families served.

⁴Head Start: Research Provides Little Information on Impact of Current Programs (GAO/HEHS-97-59, Apr. 15, 1997).

at a relative's or unrelated adult's home when the children were not in Head Start.

Most programs responding to our survey secured funding for their operations from multiple sources, such as states and other federal programs. Among all programs in the states and territories, the average amount of Head Start grant funds per child was \$4,637; it ranged from a low of \$792⁵ to a high of \$16,206. The additional income programs received from other sources increased the amount of funds available per child to an average of \$5,186—a difference of about \$549 or 12 percent more income per child. Total funds per child varied widely by program, ranging from \$1,081 to \$17,029 per child.

Programs spent their income on a variety of services and activities. However, the largest portion of programs' overall income was spent on education services. Personnel-related expenses were the largest expense, and personnel delivering education services—services that the program typically provides directly—accounted for the largest portion of expenses.

Most Head Start programs reported that state-funded preschools, other preschools, child development centers and child care centers, and family day care homes operated in the same communities as Head Start programs. Although our review did not determine the extent to which these programs resemble Head Start, some that serve disadvantaged children sometimes help children and families obtain additional services, such as medical services, as Head Start does.

Background

Head Start, the centerpiece of federal early childhood programs, was created in 1965 as part of President Johnson's War on Poverty. Head Start's primary goal is to improve the social competence of children in low-income families. Social competence is the child's everyday effectiveness in dealing with both the present environment and later responsibilities in school and life. Social competence involves the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors. To support the social competence goal, Head Start programs deliver a broad range of services to children. These services include educational, medical, nutritional, mental health, dental, and social services. Another essential part of every program

⁵This program operated in American Samoa. Within the United States, the lowest reported Head Start funding per child was \$1,081.

is parental involvement in parent education, program planning, and operating activities.

Head Start programs are governed by performance standards, which set forth the expectations and minimum requirements that all Head Start programs are expected to meet. Program officials expect these standards, however, to be largely self-enforcing, with the exception that Head Start's 12 regional offices conduct on-site monitoring of Head Start programs every 3 years.⁶ The program also has a separate set of performance standards for services for children with disabilities. Both sets of performance standards, which have governed the program since 1975, were revised in the 1990s. Head Start issued performance standards for children with disabilities in 1993. The performance standards for the rest of the programs became effective in January 1998 and attempt to reflect the changing Head Start population, the evolution of best practices, and program experience with the earlier standards.⁷

Head Start targets children from poor families, and regulations require that at least 90 percent of the children enrolled in each program be low income. By law, certain amounts are set aside for special populations of children, including those with disabilities and Native American and migrant children. The program is authorized to serve children at any age before the age of compulsory school attendance; however, most children enter the program at age 4.

Head Start Has Three Approved Program Options

Head Start programs may be delivered in any of three Head Start-approved program options. One option involves the enrolled child receiving the bulk of Head Start services at a center; however, some home visits are required. Centers operate varying numbers of hours per day for either 4 or 5 days per week. Providing services at children's homes is a second option. The children receive the bulk of services at home, with some opportunities for them to interact in a group setting. The combination option—the third—entails both center attendance and home visits. In addition, programs may implement a locally designed option, which, as the name implies, is developed at the local program level. Locally designed options may take many forms, such as family day care homes.

⁶An annual fiscal audit is also required.

⁷Head Start programs may voluntarily implement these standards before the effective date. At the time of our study, however, the 1975 performance standards were in effect.

How are services delivered in a center setting, the most common option? The center may be housed in a church basement, at a parent's work site, in a public school building, at a college or university, or some other location. A Head Start teacher as well as a second adult instruct the children using a curriculum relevant to and reflective of the needs of the population served. Head Start regulations emphasize that large and small group activities take place throughout the day. Children should be encouraged to solve problems, initiate activities, explore, experiment, question, and gain mastery through learning by doing. In addition to educational services, children receive other services. Meals and snacks are provided as appropriate. Within a certain number of days of entering the program, children receive a thorough health screening and medical and dental examination. This screening may take place on or off site. Program staff ensure that treatment and follow-up services are arranged for all health problems detected. In addition, Head Start staff are expected to visit the children's homes to assess their and their families' need for services. For example, these visits may identify the families' need for services such as emergency assistance or crisis intervention. Staff may also provide families with information about community services and how to use them. During these visits, staff are expected to develop activities for family members to use at home that will reinforce and support the child's total Head Start experience.

Head Start Administration Involves Grantee Agencies

Head Start is administered by HHS' Administration for Children and Families (ACF), which includes the Head Start Bureau—one of several under ACF. Grantees, which deliver Head Start services at the local level, numbered about 1,440 in fiscal year 1996. Grantees may contract with organizations—called delegate agencies—in the community to run all or part of their local Head Start programs. Grantees and delegate agencies include public and private school systems, community action agencies and other private nonprofit organizations, local government agencies (primarily cities and counties), and Indian tribes. Unlike some other federal social service programs funded through the states, HHS awards Head Start grants directly to local grantees. HHS distributes Head Start funds using a complex formula, based upon, among other things, previous allotments and the number of children, aged 5 and under, below the poverty line in each state compared with the number in other states. Head Start, a federal matching grant program, requires grantees to typically obtain 20 percent of program costs from nonfederal funds. These funds can be in the form of cash, such as state, county, and private money, or in-kind contributions such as building space and equipment. Head Start

regulations require that programs identify, secure, and use community resources in providing services to Head Start children and their families before using Head Start funds for these services. As a result, Head Start programs have established many agreements for services.

Head Start has served over 16 million children since its inception. The passage of the 1990 Head Start Expansion and Quality Improvement Act resulted in increased funding for Head Start to allow more children the opportunity to participate in Head Start as well as improve the quality of Head Start services. In fiscal year 1996, Head Start received \$3.6 billion⁸ in funding and served about 752,000 children. This figure reflects children served through all of Head Start's programs. The regular Head Start program serves children and families residing in the 50 states and the District of Columbia.⁹ About 85 percent of Head Start children are served through the regular Head Start program. Head Start also operates programs for migrant and Native American populations.

Recognizing that the years from conception to age 3 are critical to human development, the Congress established Early Head Start in 1994. This program targets children under age 3 from low-income families as well as expectant mothers. Since 1967, however, Head Start has served children and families now targeted by the Early Head Start program through Parent Child Centers.

Recent GAO Reports on Head Start

In the past 3 years, we have issued several reports on the Head Start program. One report discussed local perspectives on barriers to providing Head Start services.¹⁰ That report, among other things, concluded that Head Start lacked enough qualified staff to meet the complex needs of children and families. Other barriers included a limited availability of health professionals in the community willing to help Head Start staff in providing services and programs having difficulties getting suitable facilities at reasonable costs. In our most recent report,¹¹ we concluded that the body of research conducted on the Head Start program does not provide information on whether today's Head Start is making a positive

⁸Head Start's fiscal year 1997 appropriation is about \$4 billion.

⁹Head Start programs in Guam, American Samoa, the Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and Palau are also funded under the regular program.

¹⁰Early Childhood Programs: Local Perspectives on Barriers to Providing Head Start Services (GAO/HEHS-95-8, Dec. 21, 1994).

¹¹GAO/HEHS-97-59, Apr. 15, 1997.

difference in participants' lives. Specifically, we found that the body of research conducted on the program was inadequate for use in drawing conclusions about the impact of the national program in any area in which Head Start provides services such as school readiness or health-related services. We also stated that no single study of the program used a nationally representative sample so that findings could be generalized to the national program. We recommended that the Secretary of HHS include in HHS' research plan an assessment of the impact of regular Head Start programs. In commenting on this report, HHS mentioned, among other things, that estimating program impact at the national level is not appropriate because of the extreme variability of local programs. That is, local Head Start sites have great flexibility, and, even though all programs share common goals, they may operate very differently. Thus, HHS considers a single, large-scale, national study of impact to be methodologically inappropriate.

Head Start Serves Both Children and Families

Head Start programs were funded to serve about 701,000 children at any one time in program year 1996-97; however, the number of different children enrolled in the program throughout the 1996-97 program year was about 782,000,¹² which averaged about 454 children per program, ranging from a low of 17¹³ to a high of 6,045. The number of different children enrolled in the program includes children who are funded with all sources of funds, such as those received from state agencies, and who have been enrolled in Head Start for any length of time, even if they dropped out or enrolled late, provided they have attended at least one class or, in home-based programs, received at least one home visit.

Head Start estimates capacity or the number of children that can be served at any one time in two ways. Total funded enrollment (701,000) is the number of children that can be served at any one time with Head Start grant funds, as well as funds from other sources, such as state agencies. This estimate includes children, regardless of funding source, who are an integral part of the Head Start program and who receive the full array of

¹²These figures may differ from Head Start's total official 1996-97 enrollment figure because this report focuses on the regular Head Start program. Thus, enrollment for Migrant and Native American programs, as well as that for programs that serve pregnant women and infants are not included. In cases where enrollment data were not available or not provided by our survey respondents, we imputed it from Head Start's 1996-97 survey, which also collected this information. In cases where the data were not available from Head Start's 1996-97 survey, we obtained it from the 1995-96 Head Start survey.

¹³We did find one program serving seven children, but this is an anomaly, according to ACF, done only to ensure that children living in a geographically isolated county have the opportunity to participate in the Head Start program.

Head Start services. Head Start-funded enrollment (667,000) is an estimate of the number of children that can be served at any one time with Head Start grant funds only (see table II.1 in app. II for enrollments by state). Although programs are authorized and expected to serve a certain number of children, according to Head Start Bureau officials, local programs may negotiate with their regional offices to adjust their enrollment. Thus, programs may choose to fill fewer slots or establish more slots. To illustrate, a program authorized to serve 50 children may choose to actually serve only 40 children or to serve 60. By serving fewer children, the program can support other enhancements, such as providing employees with full benefits. Head Start Bureau officials also stated that some states have regulations and laws that also affect the number of slots that can be filled. A state that requires training and licensing of its early childhood staff, for example, might be limited in the number of children it could serve if licensed staff cost more. Differences in the cost of living can also affect the number of slots that can be filled.

In addition, Head Start programs served about 711,000¹⁴ families of Head Start children, which Head Start regulations define as all people living in the same household who are

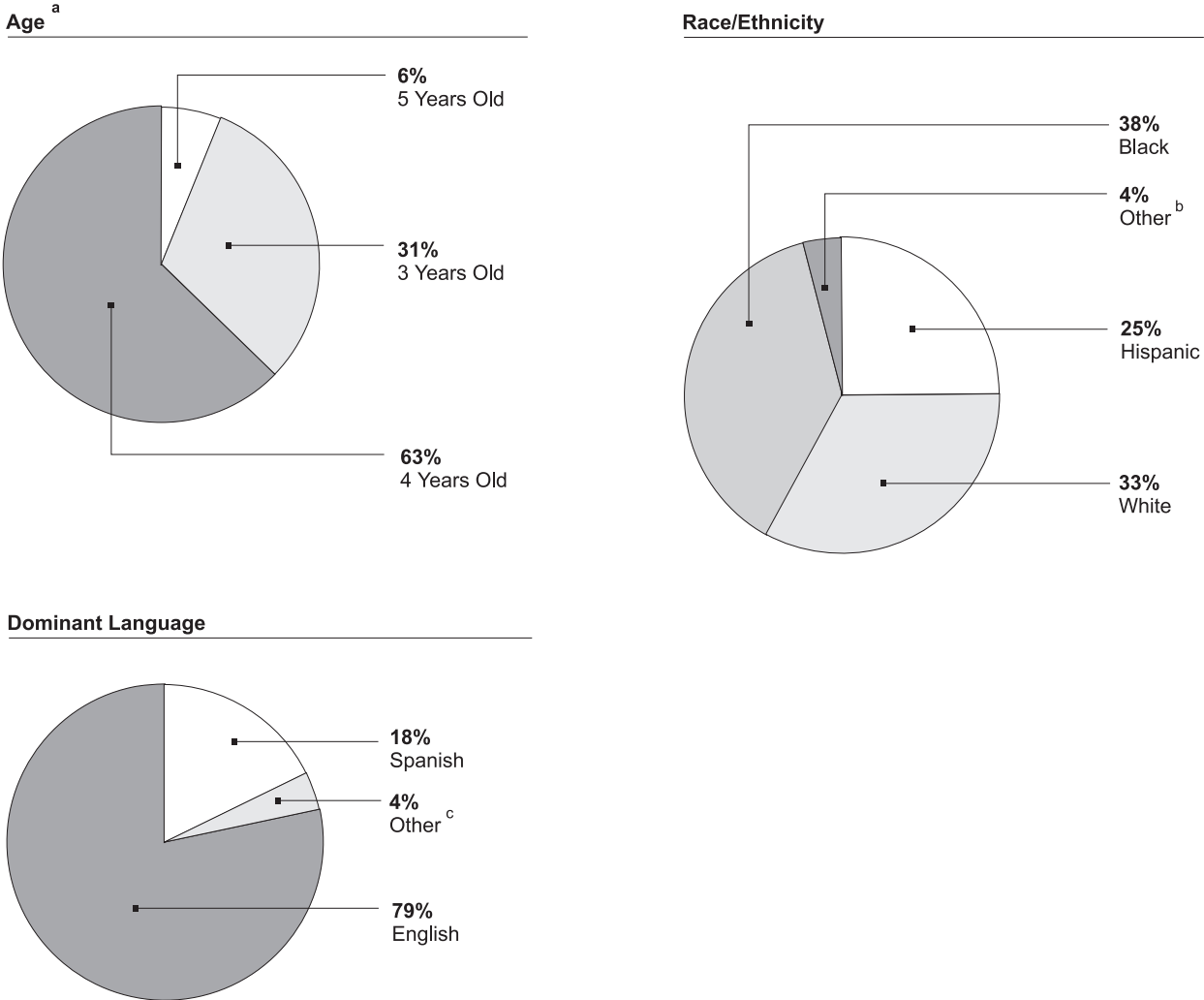
- supported by the income of the parent or guardian and
- related by blood, marriage, or adoption.

Head Start does not require that programs count the number of individual family members served, however, so the number of services provided them is unknown.

The children and families Head Start served had some similar demographic characteristics (see fig. 1). Most were either 3 (31 percent) or 4 (63 percent) years old. Most of the children—79 percent—spoke English as their main language. Spanish-speaking children constituted the next largest language group—18 percent. About 38 percent of the children were black, 33 percent were white, and 25 percent were Hispanic. About 13 percent of Head Start children had some sort of disability.

¹⁴This figure, which was taken from Head Start's 1996-97 survey, reflects the number of Head Start families with children enrolled in regular Head Start programs. For 96 percent of these families, Head Start programs completed a family needs assessment. Of all families, some number received access to certain services such as education and employment training.

Figure 1: Age, Ethnicity, and Dominant Languages of Head Start Children



^aRegular Head Start, which excludes Early Head Start and Migrant programs (which serve a number of children in this age group), also serves children who are under 3 years old—as well as children who are 6. However, both groups represent less than 1 percent of the total.

^bOther includes children who are Asian or Pacific Islanders and American Indian or Alaska Native.

^cOther includes children whose dominant language is an Asian, Native American, or other language.

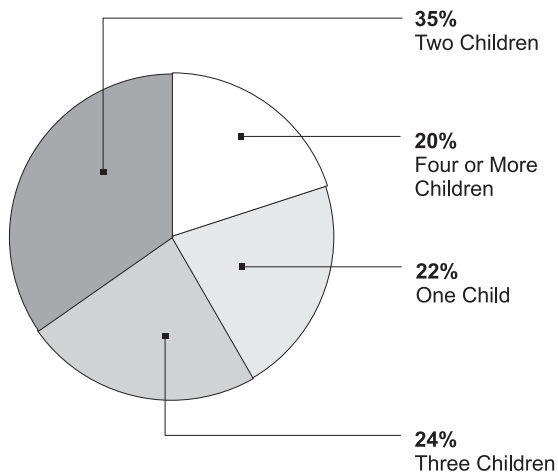
Source: Head Start's 1996-97 survey.

Most Head Start families have more than one child; most have two or three children (see fig. 2). In addition, most (61 percent) have only one parent or are headed by other relatives, or they are foster families or have other living arrangements. Head Start families are generally very poor as indicated by several measures (see fig. 3). More than one-half are either unemployed or work part time or seasonally, and about 60 percent have family incomes under \$9,000 per year. Furthermore, only 5 percent have incomes that exceed official poverty guidelines, and 46 percent receive TANF¹⁵ benefits.

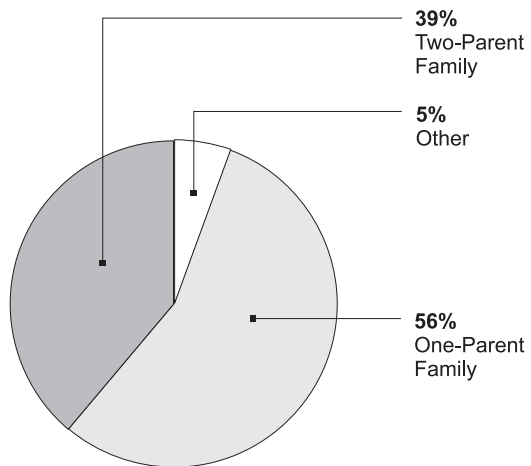
¹⁵TANF, established in 1996, replaced AFDC.

Figure 2: Number of Children in Head Start Families and Family Type

Number of Children in Family



Family Type

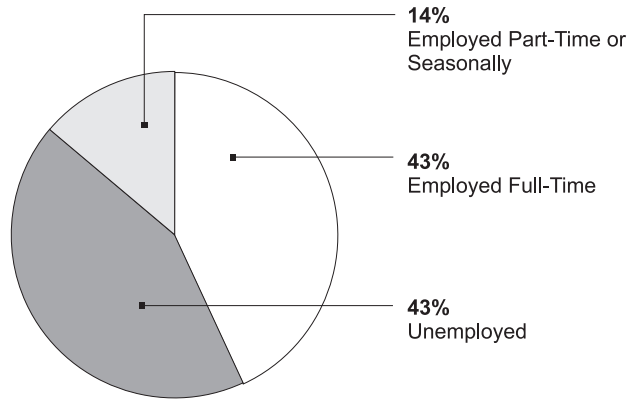


Note: Other includes families headed by other relatives, foster families, or those with some other living arrangement.

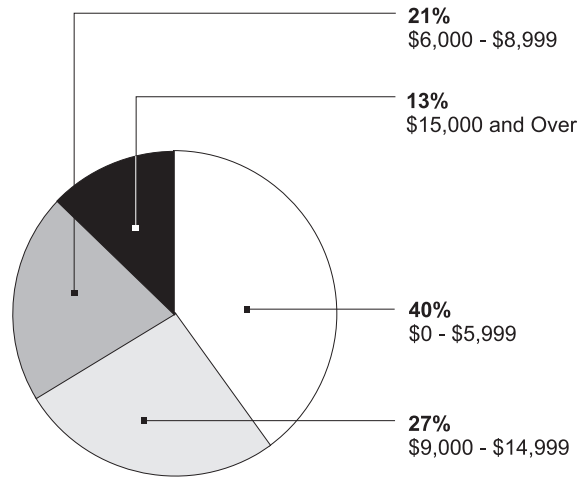
Source: Head Start's 1996-97 survey.

Figure 3: Employment and Income Status of Head Start Families

Head of Household's Employment Status



Annual Income



Source: Head Start's 1996-97 survey.

Children and Families Received Access to an Array of Services

Through Head Start, children received access to a large array of services. Children received medical and dental services, immunizations, mental health services, social services, child care, and meals. According to Head Start's annual survey, nearly all children enrolled in Head Start received medical screening/physical exams, dental exams, and immunizations in the

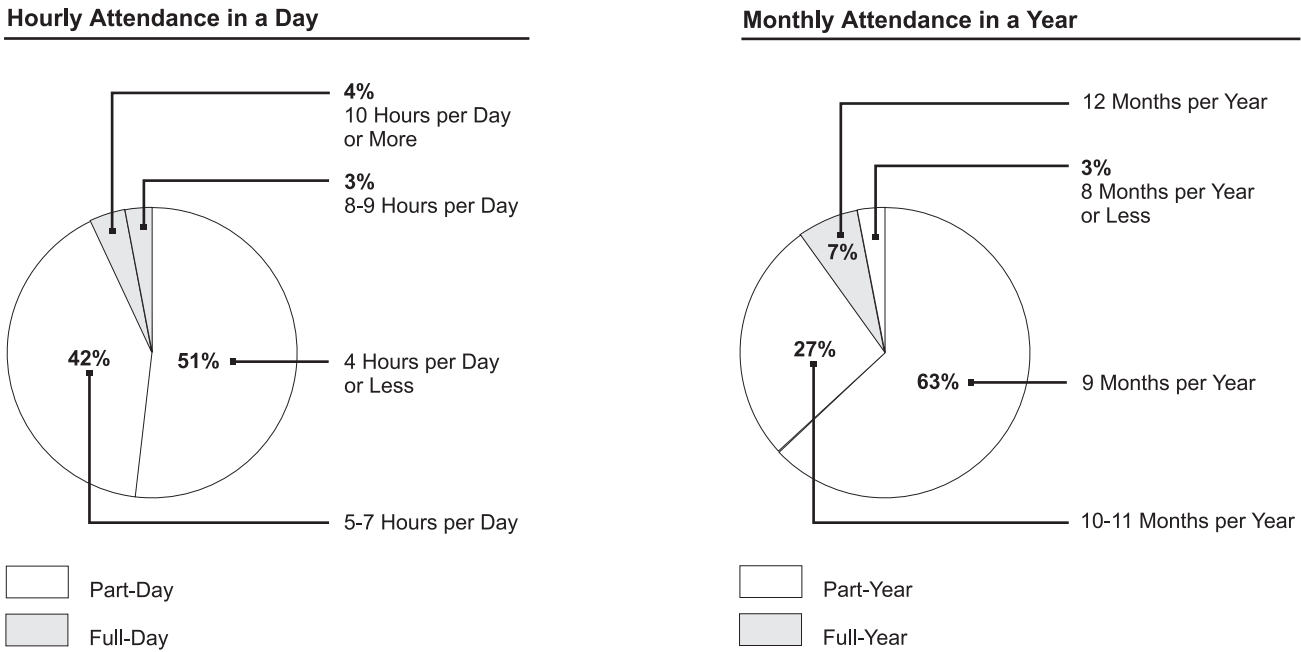
1996-97 program year. Most children received medical screening, including all appropriate tests and physical examinations as well as dental examinations by a dentist. Most had also received all immunizations required by the Head Start immunization schedule for the child's age. Children also received education services in various settings.

In addition, Head Start programs provided children's families access to services (see table II.2 in app. II). Of the services we asked about, parent literacy, social services, job training, and mental health were the most frequently provided (see table II.4 in app. II). Programs were least likely to provide dental and medical services to siblings and other family members, with 64 percent reporting they never provided dental services and 56 percent reporting they never provided medical services.

Services for Children Provided in Primarily Part-Day, Part-Year Programs

Most children attended centers that operated part day and part year. About 90 percent of the children received services through center programs. Fifty-one percent of children attending centers went to centers that operated 3 to 4 hours per day (see fig. 4). Another 42 percent went to centers that operated between 5 and 7 hours per day. Only 7 percent of the children went to centers that operated 8 or more hours per day. In addition, 63 percent of the children attended centers that operated 9 months of the year. However, only 27 percent of the children attended centers that operated 10 to 11 months, and even less—7 percent—attended centers that operated year round.

Figure 4: Most Children Attend Part-Day, Part-Year Programs



Note: For this figure, programs operating 8 hours per day or more are considered full day.

Source: GAO survey.

According to Head Start’s survey, about 38 percent of the families needed full-day, full-year child care services. However, this proportion may increase dramatically as welfare reform is implemented.¹⁶ About 44 percent of the families needing full-day, full-year child care services left their children at a relative’s or unrelated adult’s home when the children were not in Head Start, according to Head Start’s survey.

In 1997, the Congress appropriated additional funds to, among other things, increase local Head Start enrollment by about 50,000 children. Recognizing that an increasing proportion of Head Start families work and many who may receive public assistance are participating in welfare reform initiatives in response to TANF, the Head Start Bureau announced

¹⁶Under TANF, to avoid financial penalties, states must place 25 percent of adults receiving TANF benefits in work and work-related activities in fiscal year 1997. This required participation rate rises to 50 percent in fiscal year 2002.

that programs that provide more full-day, full-year Head Start services will receive special priority for funding. Head Start urged programs to consider combining Head Start expansion funds with other child care and early childhood funding sources and to deliver services through partnerships such as community-based child care centers. This focus on providing full-day, full-year services departs from previous expansion priorities, which emphasized part-day, part-year, or home-based services.

For our review we talked with Head Start program officials who had applied for expansion funds to meet the needs of working parents. Officials operating a program in Florida, for example, stated that they plan to expand the number of days and hours the program currently operates: hours of operation will be expanded from 7:30 a.m. to 4:00 p.m. to 6:30 a.m. to 7:00 p.m. In addition, officials operating a program in Vermont stated that it plans to provide full-day, full-year services as well. Their strategy involves collaborating with an existing private center that will offer children extended-day services.

Head Start's Major Role in Providing Services Is Facilitating Access

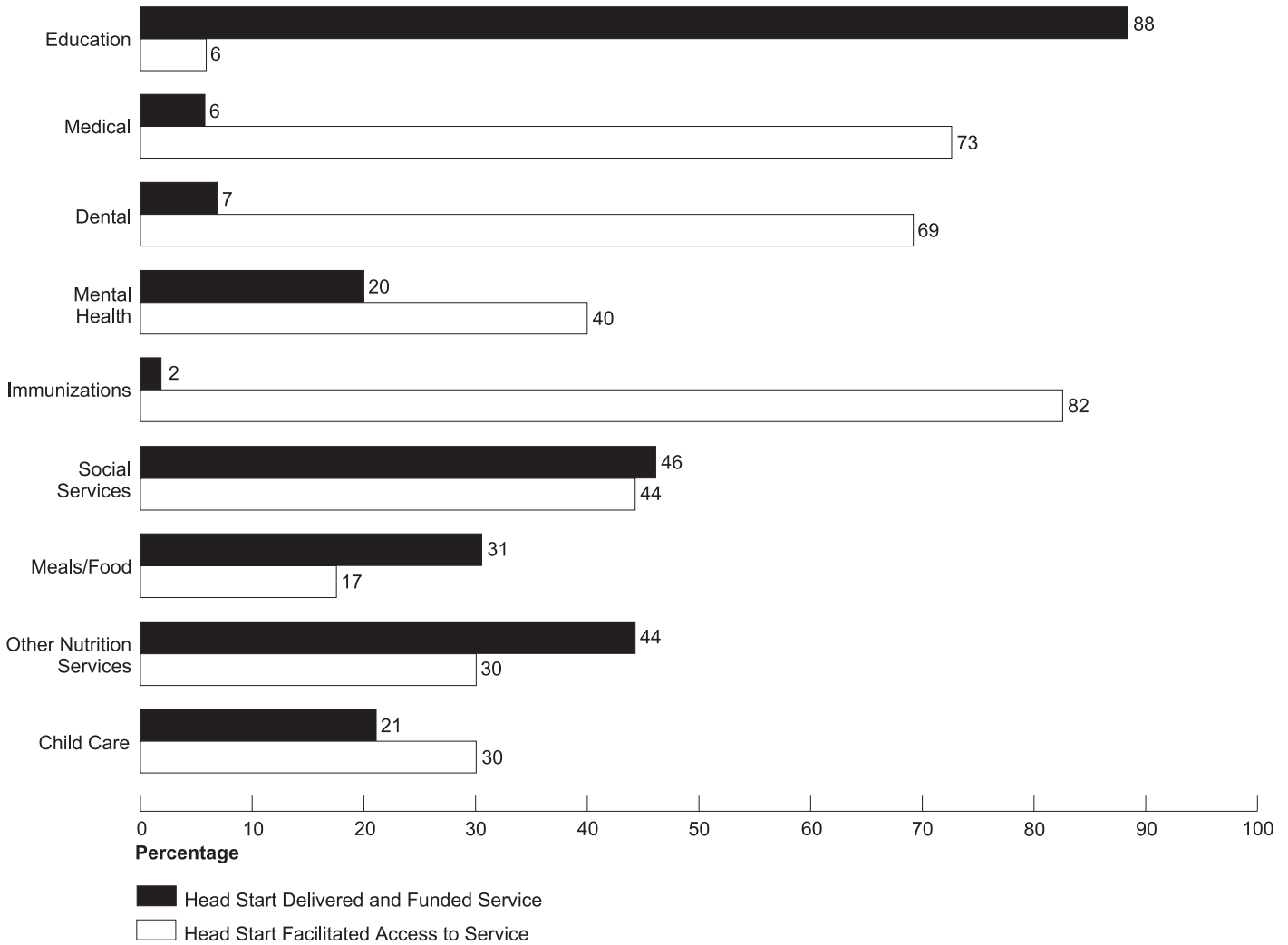
Head Start provides services in a number of ways. In some instances, Head Start programs both delivered and paid for services. In most cases, however, Head Start arranged for or referred participants to services, and some other agency delivered and paid for the services. In these cases, Head Start provided information to help participants get services from some other source. For example, when asked the main methods the programs used to provide medical services for enrolled children, 73 percent of survey respondents said that they referred participants to services, and some other entity or program, such as Medicaid, primarily paid for the service (see fig. 5 and table II.3 in app. II). Because most Head Start children are eligible for Medicaid's Early and Periodic Screening, Diagnosis, and Treatment Program, Head Start programs may refer children to Medicaid providers; thus, Head Start provides access to these services with little or no impact on the Head Start programs' budgets. The same was true of dental services and immunizations.

About 40 percent of the programs reported Head Start funds, however, as the primary source for meals and food, even though Head Start expects programs to seek reimbursement for these expenses from the U.S. Department of Agriculture's (USDA) Adult and Child Care Food Program.

Education was the service most directly provided by Head Start for enrolled children. Nearly 90 percent of programs reported that they both

delivered and funded education services for enrolled children. Some Head Start program officials we interviewed, however, told us that they contracted with a private preschool or child care centers to provide education services. These cases are rare, however; only 3 percent of respondents to our survey reported that Head Start funded, but someone else delivered, education services. These programs purchased “slots” in centers operated by other organizations for about 2,000 children.

Figure 5: Head Start's Role in Providing Services for Enrolled Children



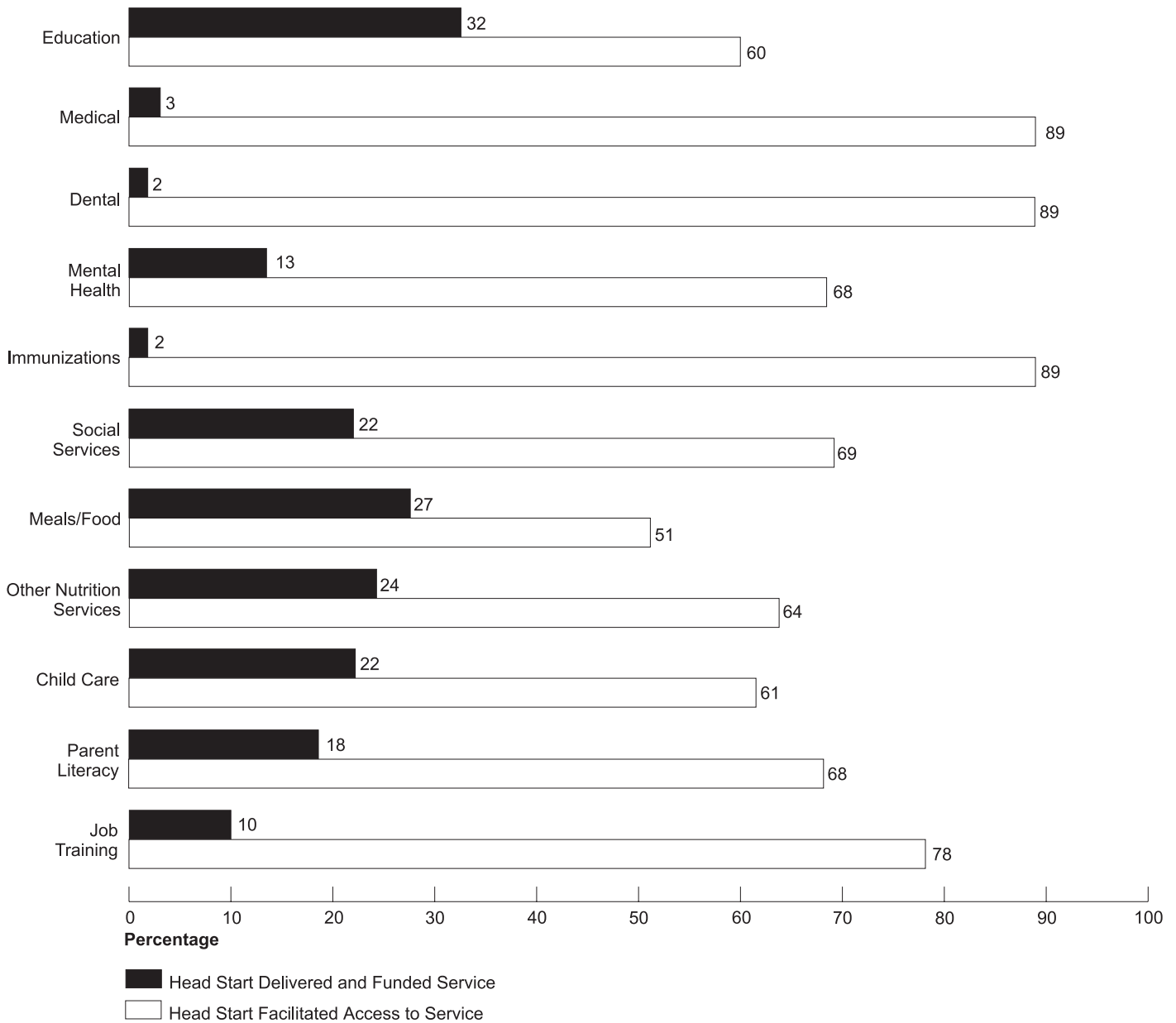
Note: Head Start programs deliver services in a variety of ways. This figure highlights the most direct and indirect ways Head Start programs deliver services.

Source: GAO survey.

In addition, Head Start typically provides services for children's siblings and other family members indirectly (see table II.4 in app. II). Of those

respondents to our survey who indicated that they provided services to siblings and other family members, at least half reported that Head Start programs neither delivered nor paid for the services. As shown in figure 6, programs were more likely to report full Head Start involvement (that is, the program paid for and delivered the service) in the areas of education; social services; child care; and meals, food, and nutrition. For our review, we asked several Head Start directors about some of the services they provided directly to family members. Program officials stated that they typically provided services to the siblings, while providing services to the enrolled child. For example, education services provided to enrolled children in a home-based program may be provided to siblings as well, benefiting all enrolled children and their siblings. The director of a program in Montana, for example, stated that staff bring along snacks for the siblings during home visits. The director of a program in Ohio stated that if the enrolled child, as well as the child's siblings, needs a physical exam, they will ensure that the siblings are also referred for physical exams.

Figure 6: Head Start's Role in Providing Services for Family Members



Note: Head Start programs deliver services in a variety of ways. This figure highlights the most direct and indirect ways Head Start programs deliver services.

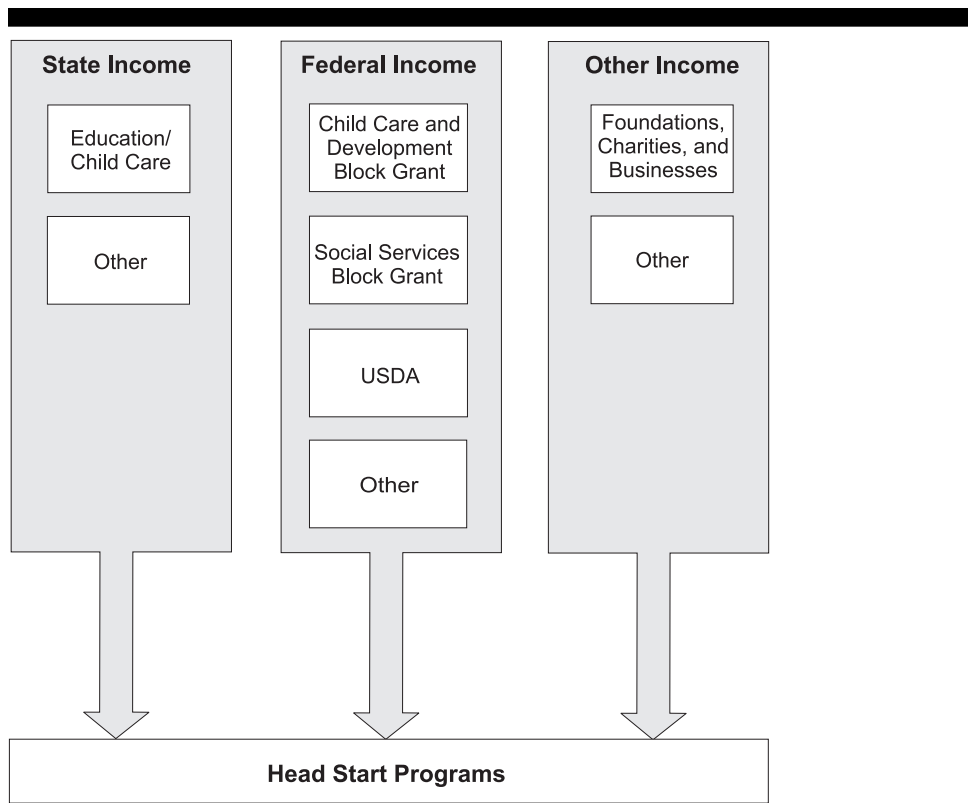
^aPercentages are based on those respondents who indicated that they provided services.

Source: GAO survey.

Multiple Funding Sources Supported Programs

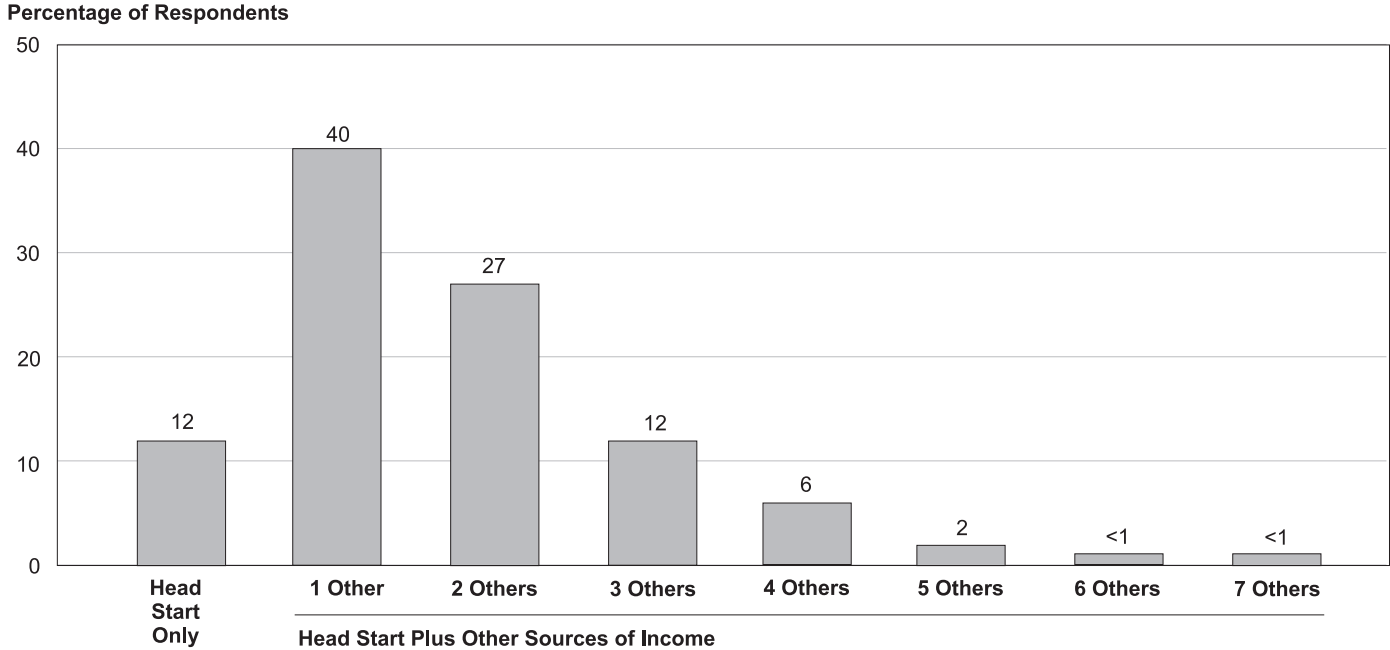
When asked to report the funds received from all sources to operate their Head Start programs, survey respondents reported that different funding sources supported Head Start programs (see fig. 7). Most programs—about 90 percent—had multiple sources. The number of different funding sources that respondents reported varied (see fig. 8). The largest portion of programs, 40 percent, reported one other non-Head Start funding source followed by 27 percent of the respondents who reported two other non-Head Start funding sources. At the other extreme, however, the number of programs reporting six to seven funding sources was small—about 1 percent.

Figure 7: Head Start Programs Supported by Multiple Funding Sources



Source: GAO survey.

Figure 8: Number of Different Funding Sources Varied by Program



Source: GAO survey.

The multiple funding sources included other federal programs, such as the Child Care and Development Block Grant Program and the Social Services Block Grant Program, both of which provide funding for child care. USDA was also a source of federal funding for programs, which, among other things, supplemented Head Start program food and nutrition resources by reimbursing food costs for eligible children. States, charitable organizations, and businesses also provided program funds. Some of this non-Head Start funding may have been part of the 20 percent of nonfederal matching funds that programs typically have to provide. In addition, programs received in-kind support for their operations such as building space, transportation, training, supplies and materials, and health services. In fact, many Head Start agencies also operated other programs from which Head Start participants sometimes received services but whose budgets were separate from Head Start. For example, we spoke to one Head Start director whose program was operated by a public school.

According to this official, the school district bears a number of the Head Start program expenses. For example, the school district bears a portion of the cost of facilities, Head Start children receive their meals in the cafeteria using school staff, and some staff funded with title I and special education money provide services for Head Start children.

As shown in table 1, respondents reported receiving a total of \$3.1 billion to operate their Head Start programs in their most recently completed budget year, of which \$2.7 billion,¹⁷ or 85 percent, was income from the Head Start grant.

Table 1: For Responding Programs, Head Start Grants Were Programs' Largest Source of Funds

Source	Amount	Percentage of total funds
Head Start	\$2,648,213,351	85
Child Care and Development Block Grant	9,338,689	^a
USDA	168,109,049	5
Social Services Block Grant (title XX)	8,532,352	^a
Other federal	23,370,625	1
State	168,885,256	5
Foundations, charities, and businesses	9,408,674	^a
Other nonfederal	68,263,099	2
Total	\$3,104,119,095	

^aLess than 1 percent of the total funding.

Head Start grant funds were the largest single source of funding for most programs. For example, for about 77 percent of the respondents, Head Start funding represented between 80 and 100 percent of the programs' total funds.

Other non-Head Start funding totaled about \$456 million and represented about 15 percent of the total funds received. The states provided the largest source of other funding, which totaled about \$169 million and represented about 5 percent of the total funds in programs' last budget

¹⁷This figure is significantly lower than the 1996 Head Start program appropriation of \$3.6 billion and the 1997 appropriation of about \$4 billion for several reasons. First, only \$3.2 billion of the 1996 appropriation and \$3.6 billion of the 1997 appropriation were allocated to directly support local Head Start programs in the states and territories. Second, this amount includes the amount spent by Early Head Start Programs and Parent Child Centers, which were not included in our analysis. Third, the amounts of funding received by programs serving no children are excluded from this analysis. Programs that serve no children may maintain a central office staff responsible for, among other things, monitoring and overseeing programs. Finally, a number of programs did not provide income information.

year. The next largest source of funds came from a federal source—USDA. USDA funding of \$168 million also represented about 5 percent of the total program funds.

Non-Head Start Funding Increased Amount Available per Child; Funding Across Programs and States Varied Widely

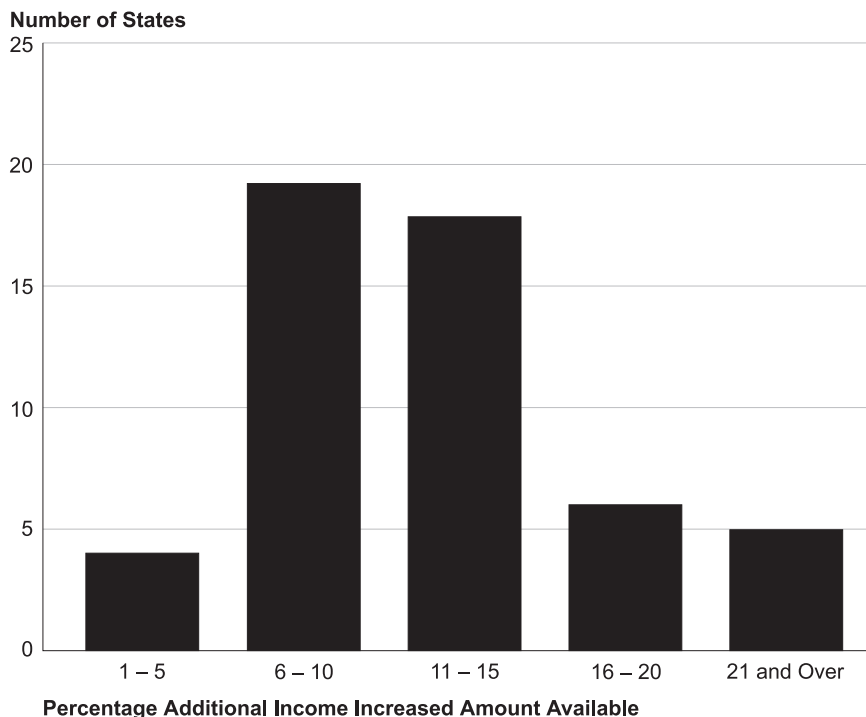
The non-Head Start funding increased the amount of funds available per child.¹⁸ Average Head Start grant funds per child were \$4,637¹⁹ for the responding programs. The total amount of funds per child, including Head Start grant funds, was \$5,186 per child,²⁰ a difference of about \$549 or 12 percent Head Start-wide. Across most states and territories, the non-Head Start funding increased the amount available per child (see table II.5 in app. II). As shown in figure 9, for the majority of states, the additional funds increased the amount available per child by over 10 percent; in four states and the District of Columbia, additional funds increased the amount available per child by at least 21 percent.

¹⁸We instructed respondents not to include nonmonetary contributions even though they may have received such contributions as part of the required 20-percent match.

¹⁹Average Head Start grant funding per child was calculated by dividing Head Start grant funds by Head Start-funded enrollment.

²⁰Total funding per child was calculated by dividing the funding from all sources, including Head Start grant funds, by the total funded enrollment.

Figure 9: Additional Funding From Other Sources Increased Amount Available in Almost All States



Source: GAO survey.

Head Start and total funding per child varied considerably (see table II.6 in app. II). Across all programs, the median amount of Head Start grant funds per child was \$4,450 for the responding programs but ranged from a low of \$792 to a high of \$16,206.²¹ Median total funds per child of \$4,932 across all programs ranged from \$1,081 to \$17,029 per child.

Several reasons may explain the funding variation by state and program such as the hours and days of program operation and the characteristics of the children served. We spoke with a Head Start director in the District of Columbia, whose program had high per child Head Start and total funding. The director told us that the program provided service for children in centers that operated year round and for 10 hours or more per day. We also spoke with a director of a program in New York City that had high

²¹The amount of Head Start funds per child for 5 percent of the programs was \$3,000 or less; for 27 percent, \$4,000 or less; for 71 percent, \$5,000 or less; and for 89 percent, \$6,000 or less. For about 11 percent of the programs, Head Start grant funds per child were over \$6,000.

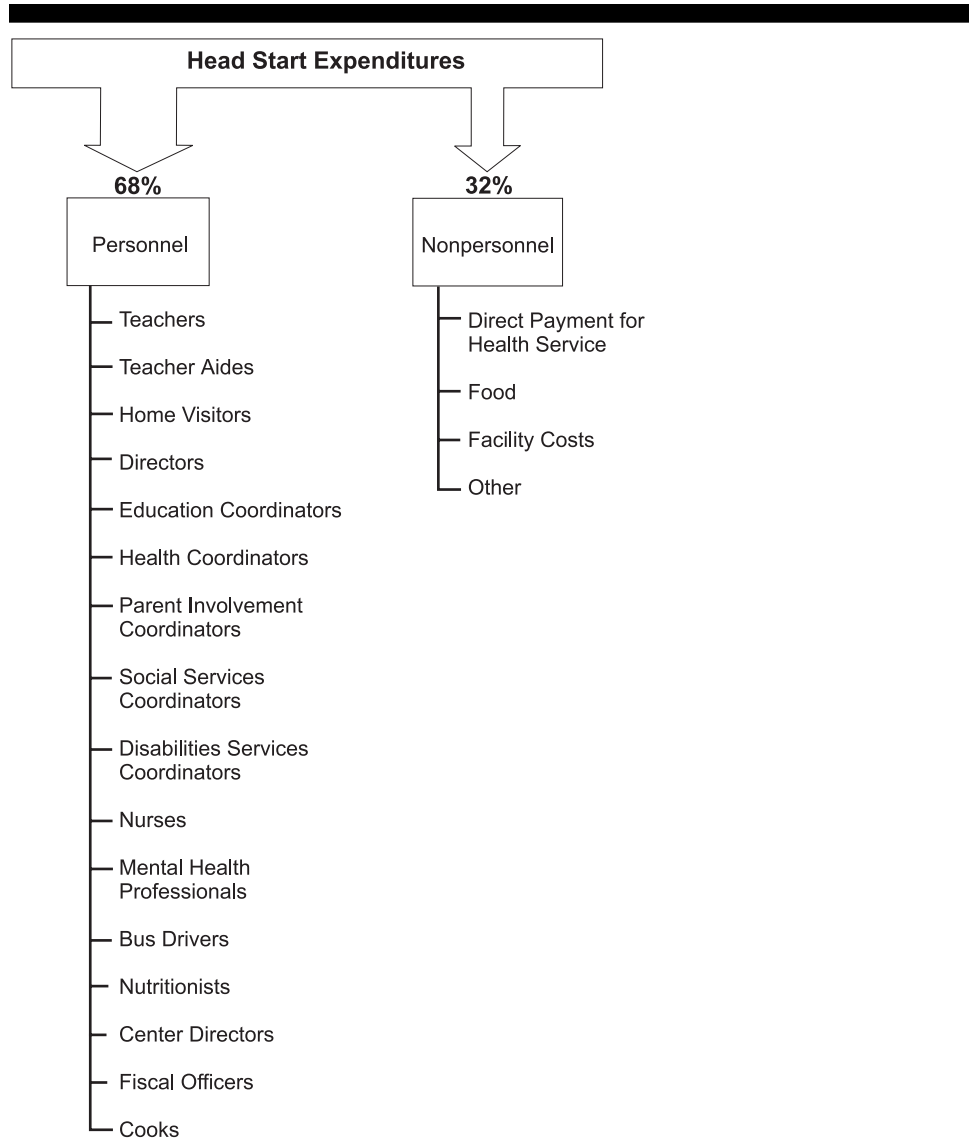
funding per child. That program provided part-day center services. The children it served, however, had multiple disabilities or special needs. We also spoke with directors whose funding per child was low. One director stated that because the Head Start program is operated by the public school, the school bears a number of the expenses—such as facilities and food cost as well as some staff costs—of the Head Start program.

**Personnel Costs
Accounted for Most
Program Expenditures**

Head Start programs spent 68 percent of their overall funds on personnel. Personnel included teachers, teacher aides, home visitors, social service workers, and administrators. Personnel costs for educational services were the single largest personnel expense (53 percent). According to Head Start's annual survey, Head Start programs employed many staff. About 129,000 staff worked either full or part time in regular Head Start programs nationwide (see fig. 10). These staff, in addition to providing direct services, such as education, facilitated children's and families' access to services. One way Head Start tries to encourage parental involvement is by providing parents preference for employment in Head Start programs as nonprofessionals. Thus, about one-third of the staff were parents of current and former Head Start children.

The remaining funds—32 percent—were spent on nonpersonnel-related expenses. Interestingly, direct payment for medical services accounted for only 3 percent of nonpersonnel-related expenses. In this area, programs are encouraged to seek non-Head Start sources of funds, and many programs link families and children to the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program.

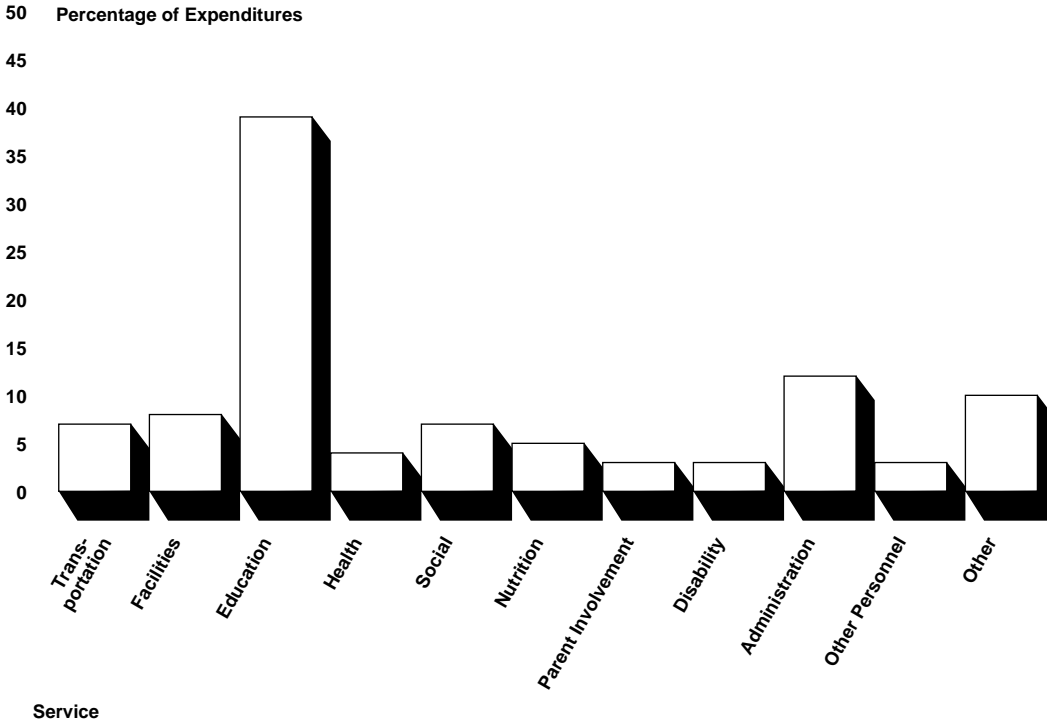
Figure 10: Head Start Programs Employed Many Types of Staff



Source: GAO and Head Start surveys.

In addition, programs spent their funds on a range of services. As shown in figure 11, education services were the largest expense (39 percent). The smallest expenses were for health (4 percent), disabilities services (3 percent), and parent involvement services (3 percent).

Figure 11: Programs Spent Funds on a Range of Services



Source: GAO survey.

Other Programs Serving Head Start-Eligible Children Operated in Same Communities as Head Start Programs

Many Head Start programs reported that state-funded preschools (70 percent), other preschools, child development and child care centers (90 percent), and family day care homes (71 percent) operated in their communities serving Head Start-eligible children. The extent to which these programs resemble Head Start is not known.

However, programs that serve disadvantaged children may—like Head Start—help children and families obtain additional services such as medical and social services. To test this assumption, we gathered information on Head Start agencies that also operated other early childhood programs. About 11 percent of the Head Start respondents (in 39 states) reported that they operated other early childhood programs and that these programs served Head Start-eligible children. These children received some or most—but not all—of the services typically provided by

Head Start programs. Respondents reported serving about 14,000 Head Start-eligible children through these other programs. California served the greatest number of such children (3,216) followed by Kentucky (2,652) (see table II.7 in app. II). These programs provided many of the same services as Head Start programs, but not all services were provided to all children. Education services, meals, social services, and immunizations were the most often provided; dental, medical, and other nutrition services were the least often provided. Thirty percent of the programs responded that they provided no services to families. Families or siblings were more likely to receive social services and parent literacy training through Head Start and less likely to receive medical services, such as dental, mental health, and immunizations.

Conclusions

In many respects, the Head Start program is at a crossroads because the context in which it operates today differs greatly from that of 30 years ago when the program was established. The services available to poor children have changed and communities have enhanced resources for serving poor children and their families. Consequently, Head Start facilitates or brokers many services provided by others, referring and linking families to these services, rather than providing them directly. The one service that almost all Head Start programs provide directly is education, although the number of early childhood education programs other than Head Start has grown in the past 30 years.

Furthermore, changes in welfare policy have important implications for Head Start. Most Head Start programs operate for only part of the day and part of the year. As changes in welfare policy require increasing numbers of poor people—including Head Start parents—to seek and maintain employment, however, the need for full-day, full-year services will intensify. The administration's proposals to help working parents secure affordable, quality child care include substantially increasing Head Start enrollment. Head Start's predominantly part-day, part-year programs present obstacles for meeting the needs of working families. Head Start will need to balance the administration's wish to serve more eligible children, which has typically been done by creating more part-day, part-year slots, with the need for more full-day, full-year services more compatible with working families' needs.

Finally, information about Head Start's effectiveness and the efficiency of various Head Start models is lacking. As we reported earlier, although Head Start research has been conducted, it does not provide information

on whether today's Head Start is positively affecting the lives of today's participants whose world differs vastly from that of the 1960s and early 1970s.²² In addition, funding for Head Start programs varies widely. We do not know to what extent, however, this variation may be attributable to efficiencies in providing services or to other factors such as programs' ability to leverage other community resources, characteristics of the population served, or program structure.

Agency Comments

ACF provided general comments about the Head Start program and specific technical comments, which we incorporated in the report as appropriate. Four of ACF's comments that were not incorporated in the report addressed services provided to children's siblings, data on hours and months of attendance, use of funds for food costs, and hiring of parents.

ACF commented that our discussion of services provided to enrolled children's siblings is misleading because it implies that Head Start programs are actively providing services to such children. ACF contends that Head Start programs do not use grant funds to provide services to siblings and that such services are provided only to the extent that they are part of the enrolled child's services. Nevertheless, a small percentage of Head Start survey respondents reported that they did use Head Start funds to deliver services to families and siblings. Our report emphasizes, however, that when provided, many of these services are neither paid for nor delivered by Head Start. Head Start facilitates siblings' and families' access to services in much the same way as it does to enrolled children. We also report that our interviews with Head Start officials showed that siblings sometimes receive services as part of the program's services to the enrolled child. For example, Head Start staff may bring along snacks for siblings during home visits and provide education services for the siblings during such visits. It is likely that in such a situation, the Head Start program would consider this to be providing services directly because Head Start funds might have been used to pay the staff's salary and the cost of siblings' snacks.

In addition, ACF commented that Head Start does collect data on the number of hours per day or months per year that enrolled children attend center programs and that such information is available through its Head Start Cost data system. During this study, we reviewed the Head Start Cost data system and found—and Head Start officials had previously confirmed—that reporting of Head Start Cost data is optional and not all

²²GAO/HEHS-97-59, Apr. 15, 1997.

programs provide such data. Furthermore, the data collected by the system on the number of hours per day or months per year that children attend center programs really reflect programs' projected center operating schedules, not their actual schedules.

ACF also stated that our discussion of USDA reimbursement is somewhat inaccurate and that USDA covers the vast majority of all food costs incurred by Head Start programs, with Head Start grant funds paying only a small portion of these costs. AFC stated that it is not conceivable that 40 percent of Head Start programs are using Head Start funds as their primary source of meals and food because programs are required to seek such reimbursement from USDA. We did not change our figures in the report, however, because they directly reflect the reports of our survey respondents.

In addition, ACF stated that the discussion of hiring parents should clarify that Head Start hires parents only for jobs for which they are qualified and that many parents have advanced through the Head Start ranks and now hold professional-level positions in the program. We assessed, however, neither the qualifications of the parents Head Start employs nor the number who hold professional-level positions in the programs and therefore the report does not address these issues.

We are sending copies of this report to the Secretary of Health and Human Services, the Head Start Bureau, appropriate congressional committees, and other interested parties. Please call me at (202) 512-7014 if you or your staff have any questions about this report. Major contributors to this report are listed in appendix V.



Carlotta C. Joyner
Director, Education and
Employment Issues

List of Requesters

The Honorable William F. Goodling
Chairman

The Honorable William L. Clay
Ranking Minority Member
Committee on Education and the Workforce
House of Representatives

The Honorable Frank D. Riggs
Chairman

The Honorable Matthew G. Martinez
Ranking Minority Member
Subcommittee on Early Childhood, Youth and Families
Committee on Education and the Workforce
House of Representatives

The Honorable Daniel R. Coats
Chairman

The Honorable Christopher J. Dodd
Ranking Minority Member
Subcommittee on Children and Families
Committee on Labor and Human Resources
United States Senate

The Honorable Randy Cunningham
House of Representatives

The Honorable Dale E. Kildee
House of Representatives

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Abbreviations

ACF	Administration for Children and Families
AFDC	Aid to Families With Dependent Children
HHS	Department of Health and Human Services
PIR	Program Information Report
TANF	Temporary Assistance for Needy Families
USDA	U.S. Department of Agriculture

Objectives, Scope, and Methodology

Objectives

In preparation for Head Start's reauthorization, the Chairman and Ranking Minority Member, House Committee on Education and the Workforce; the Chairman and Ranking Minority Member, Subcommittee on Early Childhood, Youth and Families, House Committee on Education and the Workforce; Chairman and Ranking Minority Member, Subcommittee on Children and Families, Senate Committee on Labor and Human Resources; and Representatives Cunningham and Kildee asked us to describe the (1) number and characteristics of Head Start participants, (2) services provided and the way they are provided, (3) federal and nonfederal program dollars received and spent by programs delivering Head Start services, and (4) other programs providing similar—in part or in whole—early childhood services. As agreed with the requesters' offices, however, we did not comprehensively review other early childhood programs.

Scope

We focused on collecting information on Head Start's regular program; thus, programs serving special populations, such as migrant and Native American and pregnant women and infants, were excluded. About 85 percent of Head Start children are served through regular Head Start programs. Programs for special populations represent only a small portion of Head Start children served and each program is unique.

Methodology

We administered our survey about the same time Head Start conducted its annual survey (May 1997), which we also analyzed. Both surveys collected information on the 1996-97 program year, which spanned September 1996 to May 1997. Head Start refers to its annual survey as the Program Information Report (PIR).

Our survey was mailed to 1,783 regular Head Start programs; of these, 1,722 were determined to be active Head Start programs that served children.²³ The PIR was a second source of information on programs. (Both instruments are described in more detail in the following section.) Because the mailing list HHS provided us was the same one used for the PIR, all regular Head Start programs should have received both our survey and the PIR.

²³We omitted from our analyses those grantees who indicated on the survey that they did not directly operate a program that served children. We omitted 55 programs on the list we were given that we later discovered were inactive or were being deactivated as well as 6 programs that appeared inactive because they did not respond to our survey, the 1995-96 PIR, or the 1996-97 PIR.

Description of Our Survey

To obtain a broader understanding of Head Start, our questionnaire mostly avoided questions appearing on the PIR. For example, we asked respondents to report the number of months and hours of the day children attended centers, the number of classes operated on weekends, and whether Head Start programs paid for children to attend centers operated by someone else. We also asked them the number of months they provided services in their home-based programs. In addition, we asked how services are provided to enrolled children and their family members and the extent to which family members are served. We also asked them about the funds they received to operate their Head Start programs as well as their Head Start program expenditures. We asked Head Start programs if they served Head Start-eligible children through other early childhood programs they operated and about the services provided them and their families. Our complete survey appears in appendix III.

Description of the PIR

HHS requires that all grantees and delegate agencies complete annual PIRs. Although the questions asked in the report change somewhat from year to year, in general, the report asks about program management issues. Among other things, the 1996-97 report asked about the numbers of children served by the Head Start program in that program year, the number receiving particular kinds of services, and details about the Head Start staff, for example, the number of staff in various kinds of positions, their educational level, and so forth. All Head Start programs are required to complete a PIR; however, not all had done so at the time of our analyses.

Response Rates

Because we collected data from two major sources, response rates are shown in table I.1 in several ways. The overall response rate (98 percent) is based on the number of eligible respondents divided by the number from which information was obtained from at least one source. Our survey response rate is based on the number of eligible respondents divided by the number completing and returning our survey (86 percent). Finally, the PIR response rate (94 percent) is based on the number of eligible respondents for whom HHS provided us with completed 1996-97 PIR information.

Table I.1: Number Responding and Response Rates

Survey	Number responding	Response rate (percent)
GAO survey only	72	86
PIR only	206	94
Both GAO survey and PIR	1,412	98

Nonsampling Errors and Data Imputations

All surveys are vulnerable to some nonsampling errors, including errors due to imperfect population lists, measurement errors due to ambiguous questions or inaccurate responding, or errors due to lack of response. These errors may affect both our survey and the PIR to some unknown degree.

We took several steps to minimize the impact of these errors. First, we examined responses for extreme values. In many cases, we reviewed questionnaires for explanations of questionable responses. When we could not resolve questions, we called survey respondents for clarification. In a few cases, respondents had reported numbers incorrectly; and, in these cases, we corrected the data, or, if correction was not possible, we rejected the erroneous data. Second, we looked for a systematic pattern in the distribution of nonrespondents. Because we thought that program size (defined by total funded enrollment) might be related to response patterns, we examined whether programs of various sizes were more or less likely to respond. Although smaller programs tended to be somewhat less likely to respond, the difference in the response rate, coupled with the small number of the nonrespondents, yielded an inconsequential overall impact.

In most cases we based our analyses simply on the answers of survey respondents. No weighting for nonresponse was done because our response rate was so high that adjustments for nonresponse would have hardly affected our findings. In reporting total enrollment information, however, we adjusted the data so that more complete total enrollment could be reported. For those programs lacking enrollment data, we imputed enrollment from the 1996-97 PIR (or in cases where the 1996-97 PIR was not available, we used the 1995-96 PIR).

Telephone Interviews and Site Visits

To gather illustrative information, we conducted telephone interviews of nine Head Start programs in Florida, Iowa, Montana, New York, Ohio, Pennsylvania, Vermont, Arkansas, and Oregon, which were judgmentally

selected. We selected large and small programs in different parts of the country and programs representing a mixture of the types of program options Head Start offers such as centers and homes. We selected programs operated by different types of agencies—including community action agencies, universities, and nonprofit organizations. In addition, we selected grantees that operated the program directly as well as those that did not and programs that received funds from various sources to operate their program as well as those operating with only Head Start grant funds. Finally, we selected programs in which a portion of the total enrollment was funded with non-Head Start income. We asked Head Start program officials a number of questions, including whom they served, their funding sources, availability of other early childhood programs in their communities, and general questions about program operations. We also asked programs about further program expansion. Finally, we validated selected responses to our survey by visiting several Head Start programs, which we also wanted to observe. We visited programs in Philadelphia, Pennsylvania; Boston, Massachusetts; Kansas City, Missouri; Chicago, Illinois; Atlanta, Georgia; and Seattle, Washington.

We conducted our work between March 1997 and November 1997 in accordance with generally accepted government auditing standards.

Data on Head Start Programs

The tables in this appendix provide selected information on Head Start programs. Table II.1 presents data on Head Start enrollments by state. Tables II.2 provides data on the extent to which families received services, and tables II.3 and II.4 present information on how services are provided to enrolled children and their families. Table II.5 presents by state information on the average Head Start grant funding per child and the average funding per child from all sources, including Head Start grants. Table II.6 presents data on the variation in funds per child by and within state. Table II.7 presents information on the number of Head Start-eligible children receiving services through other early childhood programs that Head Start agencies operate.

Table II.1: Head Start Enrollment by State

State	Funded enrollments		Actual enrollment
	Head Start funded ^a	Total funded ^b	
Head Start-wide	666,695	701,029	781,889
Alabama	14,184	14,184	15,266
Alaska	1,173	1,509	1,759
Arizona	9,290	9,467	11,672
Arkansas	8,622	9,037	10,324
California	70,337	74,512	87,459
Colorado	5,580	5,969	6,671
Connecticut	5,556	5,892	6,555
Delaware	1,492	1,757	1,955
District of Columbia	2,867	2,869	3,267
Florida	26,545	26,807	28,330
Georgia	19,159	19,159	21,048
Hawaii	2,126	2,126	2,487
Idaho	1,872	2,027	2,106
Illinois	32,260	33,050	36,464
Indiana	9,993	10,059	11,224
Iowa	5,926	5,935	6,787
Kansas	5,574	5,723	6,344
Kentucky	13,737	14,205	15,738
Louisiana	18,388	18,388	19,938
Maine	2,781	3,144	3,511
Maryland	8,262	9,342	10,215
Massachusetts	10,497	11,086	12,170
Michigan	30,417	31,409	34,810
Minnesota	8,491	10,892	11,982

(continued)

Appendix II
Data on Head Start Programs

State	Funded enrollments		Actual enrollment
	Head Start funded ^a	Total funded ^b	
Mississippi	23,743	23,743	24,972
Missouri	13,774	13,953	16,514
Montana	2,257	2,257	2,538
Nebraska	3,477	3,517	3,991
Nevada	1,749	1,749	2,039
New Hampshire	1,122	1,122	1,206
New Jersey	12,349	12,676	13,646
New Mexico	5,997	6,002	6,262
New York	37,170	38,641	45,289
North Carolina	15,318	15,437	16,682
North Dakota	1,678	1,678	1,848
Ohio	34,218	47,550	51,286
Oklahoma	11,085	11,182	13,329
Oregon	4,700	5,701	6,486
Outer Pacific	5,860	6,040	6,216
Pennsylvania	24,617	24,623	27,242
Puerto Rico	31,012	31,012	33,393
Rhode Island	1,853	2,175	2,435
South Carolina	10,070	10,070	10,634
South Dakota	1,975	1,975	2,298
Tennessee	13,350	13,462	14,893
Texas	49,395	50,506	57,495
Utah	4,051	4,051	4,541
Vermont	1,078	1,078	1,182
Virginia	10,518	11,903	13,004
Virgin Islands	1,430	1,430	1,246
Washington	8,107	8,300	9,907
West Virginia	5,993	6,013	6,926
Wisconsin	12,341	13,346	14,820
Wyoming	1,279	1,289	1,487

^aHead Start-funded enrollment is an estimate of the number of children who can be served at any one time with Head Start grant funds only.

^bTotal funded enrollment is the number of children who can be served at any one time with Head Start grant funds as well as other sources of funds such as those received from state agencies. It includes children, regardless of funding source, who are an integral part of the Head Start program and who receive the full array of Head Start services.

Appendix II
Data on Head Start Programs

Table II.2: Percentages of Enrolled Children Whose Families Received Services

Services	None	Less than 25	25 to less than 50	50 to less than 75	75 or more
Education for siblings	50	33	10	4	3
Medical	56	33	7	2	2
Dental	64	28	5	2	2
Mental health	24	52	16	4	3
Immunizations	54	29	9	5	4
Social services	12	26	21	18	23
Meals/food	34	40	15	6	5
Other nutrition services	31	40	14	8	7
Child care	50	34	11	4	2
Parent literacy	11	44	25	12	9
Job training for parents	18	42	22	12	6

Note: Percentages may not add up to 100 due to rounding.

Table II.3: Who Delivered and Who Paid for Services for Enrolled Child

Services	Head Start delivered and funded	Head Start delivered; others funded	Head Start set up or referred; others funded^a	Others delivered; Head Start funded	Not provided
Education	88	3	6	2	1
Medical	6	7	73	12	2
Dental	7	7	69	17	1
Mental health	20	5	40	33	1
Immunizations	2	6	82	6	4
Social services	46	6	44	3	0
Meals/food	31	43	17	9	1
Other nutrition services	44	11	30	12	4
Child care	21	8	30	3	39

Note: Percentages may not add up to 100 due to rounding.

^aUnder this scenario, Head Start acts as a facilitator, neither delivering nor funding the service.

Appendix II
Data on Head Start Programs

Table II.4: Who Delivered and Paid for Services for Other Family Members

Services	Head Start delivered and funded	Head Start delivered; others funded	Head Start set up or referred; others funded	Others delivered; Head Start funded	Not provided
Education	16	3	31	1	48
Medical	1	3	48	1	46
Dental	1	3	42	2	53
Mental health	10	4	56	12	17
Immunizations	1	4	53	1	41
Social services	19	7	62	2	10
Meals/food	18	12	35	3	33
Other nutrition services	17	6	47	3	27
Child care	12	6	33	3	47
Job training	9	8	66	3	15
Parent literacy	17	8	62	5	8

Note: Percentages may not add up to 100 due to rounding.

Table II.5: Average Amount of Funding From Non-Head Start Sources Increased Amount Available per Child

State	Head Start grant funds per child (in dollars)	Total funds per child (in dollars)	Difference^a	
			Amount	Percent
Head Start-wide	\$4,637	\$5,186	\$549	12
Alabama	4,065	4,558	493	12
Alaska	6,296	7,862	1,566	25
Arizona	4,753	4,874	121	3
Arkansas	3,682	4,291	610	17
California	5,507	5,829	321	6
Colorado	4,214	4,458	244	6
Connecticut	5,335	6,551	1,216	23
Delaware	4,187	4,691	504	12
District of Columbia	4,402	6,583	2,181	50
Florida	4,671	5,743	1,072	23
Georgia	4,649	5,313	664	14
Hawaii	4,592	5,274	682	15
Idaho	5,255	5,640	386	7
Illinois	4,175	4,565	391	9
Indiana	4,266	4,579	313	7
Iowa	4,286	5,123	837	20

(continued)

Appendix II
Data on Head Start Programs

State	Head Start grant funds per child (in dollars)	Total funds per child (in dollars)	Difference ^a	
			Amount	Percent
Kansas	4,072	4,416	343	8
Kentucky	4,142	4,464	322	8
Louisiana	4,475	5,021	546	12
Maine	4,763	5,593	829	17
Maryland	3,968	4,971	1,004	25
Massachusetts	5,762	6,756	994	17
Michigan	4,271	4,926	655	15
Minnesota	4,597	4,796	199	4
Mississippi	4,069	4,596	527	13
Missouri	4,496	4,853	357	8
Montana	4,271	4,563	292	7
Nebraska	3,948	4,167	219	6
Nevada	4,859	5,156	296	6
New Hampshire	5,402	5,909	508	9
New Jersey	6,128	6,928	800	13
New Mexico	4,653	5,293	640	14
New York	5,519	6,259	741	13
North Carolina	4,625	5,226	601	13
North Dakota	4,069	4,312	243	6
Ohio	4,102	4,177	76	2
Oklahoma	3,736	4,281	545	15
Oregon	5,997	6,515	518	9
Outer Pacific	1,692	2,290	598	35
Pennsylvania	4,853	5,247	394	8
Puerto Rico	4,138	5,045	907	22
Rhode Island	4,922	5,864	942	19
South Carolina	4,766	5,708	941	20
South Dakota	4,125	4,375	249	6
Tennessee	4,657	5,317	660	14
Texas	4,758	5,362	603	13
Utah	3,985	4,148	163	4
Vermont	4,881	5,263	382	8
Virginia	4,572	5,103	531	12

(continued)

Appendix II
Data on Head Start Programs

State	Head Start grant funds per child (in dollars)	Total funds per child (in dollars)	Difference ^a	
			Amount	Percent
Washington	5,727	6,564	836	15
West Virginia	4,619	5,260	641	14
Wisconsin	4,447	4,719	273	6
Wyoming	4,108	4,458	350	9

^aBecause we rounded Head Start grant funds per child to the nearest dollar, our calculations of the difference between the two in some cases differ slightly from the relative difference calculated by others.

Table II.6: Funding per Child Varied by and Within State

State	Head Start funds per child			Total funds per child		
	Average (median)	Low	High	Average (median)	Low	High
Head Start-wide	\$4,450	\$792	\$16,206	\$4,932	\$1,081	\$17,029
Alabama	4,048	3,216	6,064	4,511	3,216	6,692
Alaska	6,689	2,615	8,618	7,693	3,131	10,455
Arizona	2,898	2,267	7,948	3,072	2,267	8,159
Arkansas	3,589	1,460	4,523	4,075	2,482	7,435
California	4,912	2,339	14,984	5,330	2,277	15,386
Colorado	4,420	3,166	5,591	4,774	3,414	9,542
Connecticut	5,111	3,846	7,839	6,253	4,693	8,445
Delaware	4,157	3,327	5,445	4,421	3,433	7,091
District of Columbia	4,493	3,144	9,077	7,914	4,447	15,203
Florida	4,547	2,122	6,147	5,302	3,909	7,898
Georgia	4,287	2,422	6,048	4,744	2,422	7,880
Hawaii	4,400	4,356	4,703	4,797	4,652	5,560
Idaho	5,231	4,664	5,734	5,615	4,715	6,192
Illinois	4,157	2,192	9,195	4,593	2,224	9,471
Indiana	4,238	3,033	6,583	4,443	3,033	12,724
Iowa	4,252	1,669	8,331	4,837	2,316	9,705
Kansas	4,110	2,725	5,453	4,508	2,725	5,768
Kentucky	4,076	2,403	7,339	4,388	2,610	8,356
Louisiana	4,179	3,207	7,347	4,740	3,326	8,082
Maine	4,749	3,903	6,489	5,659	4,907	6,668
Maryland	4,612	2,830	5,542	4,959	3,016	10,216
Massachusetts	5,707	3,606	11,697	6,739	4,461	11,752
Michigan	4,178	1,794	6,724	4,396	1,794	10,611
Minnesota	4,365	3,765	5,757	4,583	3,950	5,780

(continued)

Appendix II
Data on Head Start Programs

State	Head Start funds per child			Total funds per child		
	Average (median)	Low	High	Average (median)	Low	High
Mississippi	3,996	3,853	5,218	4,544	4,240	5,963
Missouri	4,319	1,727	9,518	4,641	2,074	7,905
Montana	4,431	3,802	5,356	4,684	4,146	5,570
Nebraska	4,025	3,268	5,368	4,148	3,274	6,710
Nevada	6,126	4,108	12,882	6,375	4,424	13,167
New Hampshire	5,535	4,710	6,246	6,021	5,067	7,131
New Jersey	5,890	4,108	9,760	6,426	4,108	10,409
New Mexico	4,240	3,099	7,963	4,626	3,099	9,029
New York	5,587	1,825	16,206	6,153	1,825	17,029
North Carolina	4,604	3,701	7,083	5,132	3,701	7,433
North Dakota	4,123	3,817	4,462	4,483	3,880	4,603
Ohio	4,001	2,835	8,936	4,170	2,413	7,615
Oklahoma	3,763	3,264	4,298	4,337	3,620	4,807
Oregon	6,162	3,894	8,625	6,326	4,920	8,041
Outer Pacific	2,217	792	4,071	2,217	1,305	5,633
Pennsylvania	4,815	3,528	6,640	5,206	3,708	9,684
Puerto Rico	4,085	3,556	5,585	4,790	4,071	7,350
Rhode Island	4,965	4,248	5,301	6,120	5,631	6,278
South Carolina	4,424	3,780	9,080	4,873	4,287	11,492
South Dakota	4,176	3,740	4,757	4,319	4,068	5,307
Tennessee	4,536	3,547	7,306	5,001	3,872	7,999
Texas	4,447	1,081	8,103	4,995	1,081	8,938
Utah	3,957	2,982	5,021	4,048	3,007	5,229
Vermont	4,785	4,691	5,557	5,075	4,854	6,914
Virginia	4,409	3,249	6,763	4,935	3,036	7,156
Washington	5,782	3,331	7,453	5,986	4,497	12,175
West Virginia	4,176	3,013	7,020	4,519	3,405	9,085
Wisconsin	4,513	2,614	6,175	4,625	2,662	7,151
Wyoming	4,328	3,693	4,708	4,385	3,693	5,522

Appendix II
Data on Head Start Programs

Table II.7: Head Start-Eligible Children Served by Head Start Agencies in Other Early Childhood Programs Received Some or Most of the Services Head Start Children Received

State	Receive some or most services
Alabama	^a
Alaska	48
Arizona	40
Arkansas	443
California	3,216
Colorado	24
Connecticut	128
Delaware	^a
District of Columbia	20
Florida	538
Georgia	467
Hawaii	51
Idaho	63
Illinois	341
Indiana	66
Iowa	41
Kansas	81
Kentucky	2,652
Louisiana	^a
Maine	129
Maryland	40
Massachusetts	111
Michigan	314
Minnesota	109
Mississippi	^a
Missouri	^a
Montana	31
Nebraska	58
Nevada	^a
New Hampshire	113
New Jersey	98
New Mexico	^a
New York	462
North Carolina	157
North Dakota	^a
Ohio	171
Oklahoma	^a

(continued)

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State	Receive some or most services
Oregon	137
Outer Pacific	^a
Pennsylvania	451
Puerto Rico	1,667
Rhode Island	34
South Carolina	^a
South Dakota	30
Tennessee	40
Texas	1,249
Utah	^a
Vermont	18
Virginia	37
Virgin Islands	^a
Washington	467
West Virginia	60
Wisconsin	175
Wyoming	14
Total	14,391

^aRespondents in these states and territories did not report serving children who received some or most Head Start-like services.


GAO's National Survey of Head Start Programs

Instructions

1. Please **read** each question **carefully** before choosing your response. You may use either a **pen or a pencil**.

2. Some questions ask you to choose a response by **checking the one answer** that applies. For example:

Did any of your classes routinely operate on weekends?

No  Go to question 25.

Yes

Sometimes, as in the illustration above, you will be given additional instructions to follow, depending on the answer you choose.

3. A few questions ask you to provide **multiple answers** for each item. For example:

With which of the following kinds of agencies, individuals and providers do you have formal (written) or informal agreements for collaboration/coordination and what is the level of collaboration?

Mental health providers

None	Information level	Referral level	Resource Sharing	Formal	Informal
0	1	②	3	1	②

4. Some questions ask you to **circle the number** indicating your response choice. In these cases, only **one** number should be circled unless you are given specific instructions otherwise. For example:

a. Medical services

None	Less than 25%	25% to less than 50%	50% to less than 75%	75% or more
0	1	2	③	4

6. Many questions ask you to **fill in a blank**. Simply **write** your answer in the **space provided**.

7. When you have completed the survey, please **place it** in the enclosed postage paid envelope and drop it in any mailbox. Return it to:

Head Start Survey Staff
 HEHS/E&E
 441 G Street, NW
 Washington, DC 20548

8. If you have any questions about responding to the survey, please call the Head Start Survey Staff at (202) 512-4501.

**Appendix III
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Survey of Head Start Grantees and Delegate Agencies

This survey is being conducted to provide descriptive information to the Congress on Head Start. Using the information your agency provides in this survey, along with information you supply on the Program Information Report (PIR), we will provide Congress a picture of how Head Start provides services to the children and families it serves.

In answering this survey, think about your Head Start program as you report it on the PIR. One survey must be completed for each Grantee, Delegate Agency, Parent Child Center (PCC), and Early Head Start Program (EHS).

Grant number: _____

Delegate ID number: _____

Agency name: _____

Number of years your agency has managed this grant: _____

Check the **ONE** phrase which best describes the agency above.

_____ Grantee which directly operates program(s) and has no delegates. *(Includes grantees which both directly operate programs and maintain central office staff. Complete all questions.)*

_____ Grantee which directly operates and delegates service delivery. *(Complete all questions for children directly served. Do not include children served by delegates.)*

_____ Grantee which maintains central office staff only, operates no programs directly. *(Complete Section V only.)*

_____ Delegate Agency. *(Complete all questions.)*

_____ Grantee which delegates all of its programs, operates no programs directly and maintains no central office staff. *(Complete Section V only.)*

_____ Parent Child Center. *(Complete all questions)*

_____ Early Head Start Program. *(Complete all questions)*

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Section I: General Program Questions

These questions ask about your agency's Head Start program as reported on the 1996-97 PIR for your grant. As on the PIR, **report only those programs you operate directly**. Your delegate will complete a separate form for those programs they operate.


Definitions of Terms

Total Funded Enrollment — The total funded enrollment from all sources as of the day classes or home visits began (see PIR question 9.A). This may be the same as your ACYF Funded Enrollment or it could include children funded by other sources (e.g., State agencies) that are not shown on your NFAA but are children *who are an integral part of the Head Start program and receive the full array of Head Start services.* See page 7 of the 1996-97 PIR for further information.

ACYF Funded Enrollment — The number of children you have been funded by ACYF to serve as of the day classes or home visits began (see PIR question 9.B). If you are a grantee who both directly operates and delegates service delivery, you should include only those children you serve directly. See page 7 of the 1996-97 PIR for further information.

Actual Enrollment — The total number of children who have been enrolled in your program for any length of time provided they have attended at least one class or, for home-based children, received at least one home visit. This includes children who have dropped out or enrolled late. Those children funded by other sources (such as Social Services Block Grant (Title XX) *who are part of the Head Start program and receive Head Start services*) are to be included in the actual enrollment figures. See page 7 of the 1996-97 PIR for further information.

1. Does your agency operate other programs from which your Head Start children and families sometimes receive services, but whose budgets are separate from Head Start?

_____ No  Go to question 3.
_____ Yes

2. How large a part of your agency's total budget does your Head Start program budget represent? *(This number should be a percentage of your agency's overall budget.)*

_____ %

3. What is the total funded enrollment for your 1996-97 Head Start program? *(This number should be the same as you recorded on question 9.A of the 1996-97 PIR.)*

4. What is the ACYF- funded enrollment for your 1996-97 Head Start program? *(This number should be the same as you recorded on question 9.B of the 1996-97 PIR.)*

5. What is the total actual enrollment for your 1996-97 Head Start program? *(This number should be the same as you recorded on question 9.F.8.(2) of the 1996-97 PIR.)*

6. What is the total number of people residing in your Head Start service area?

7. How many square miles does your Head Start service area cover?

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8. Within your Head Start service area, what other child development/child care programs are serving **Head Start-eligible** children of the same age as you serve under this grant? *(Unless you have more recent information, use information from your last needs assessment or update. If needed, add more lines for "others". Check all that apply.)*

Programs

- State-funded preschools
- Other preschools or child development centers
- Child care centers
- Family day care homes
- Other (specify _____)
- Other (specify _____)
- Other (specify _____)

9. In total, about how many **Head Start-eligible** children in your service area are served by the programs listed in question 8 above? *(If unable to provide an estimate, write in "Don't know.")*

10. About how many **Head Start-eligible** children are **not served** by Head Start or by other programs listed in question 8? *(If unable to provide an estimate, write in "Don't know.")*

11. How many children, if any, were on your Head Start waiting list when your 1996-97 operating year began? *(Write in a zero, if none.)*

12. How many children, if any, were on your waiting list at the end of the operating year? *(Write in a zero, if none.)*

13. What kinds of assistance did volunteers provide in your 1996-97 Head Start program? *(Check all that apply.)*

- They assisted in the classroom
- They assisted in field trips
- They provided/assisted with transportation
- They donated money/materials/supplies
- They provided medical/dental services
- They prepared or served food
- They provided financial or legal counseling for families
- They provided training for parents
- Other (specify _____)

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14. Thinking about the overall goals of your Head Start program, how important is each of the following outcomes to your Head Start program? (Circle one for each outcome.)

	Importance			
	Not at all	Somewhat	Moderately	Very
a. Health needs of the child are met.	1	2	3	4
b. Child is ready to enter school.	1	2	3	4
c. Child is able to succeed academically in school.	1	2	3	4
d. Child remains in school (does not drop out).	1	2	3	4
e. Parents learn how to be better parents.	1	2	3	4
f. Parents receive job training.	1	2	3	4
g. Parents receive education (e.g., literacy or GED).	1	2	3	4
h. Parents are provided with employment.	1	2	3	4
i. Child receives social experiences away from home.	1	2	3	4
j. Child is provided meals.	1	2	3	4
k. Child is provided a safe environment.	1	2	3	4
l. Parent receives prenatal care.	1	2	3	4
m. Parent is involved in child's education.	1	2	3	4
n. Other (specify _____) ..	1	2	3	4

15. Using the outcomes in the question above or others not mentioned, which 3 outcomes did your agency consider to be most important in your 1996-97 Head Start program?

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16. Does the Head Start program which your agency operates include a center-based and/or a combination option? (*Important! Combination option applies only to enrollment reported in question 9.F.6 of the 1996-97 PIR. Do not include home-based options. Check ONE.*)

- No  Go to question 29.
- Yes, center-based only
- Yes, combination only
- Yes, both center-based and combination

17. How many centers did your agency operate in 1996-97? (*Include both center-based and combination options.*)

18. On average, how often were the homes of children attending your centers visited in the 1996-97 operating year?

- Visits per year for center-based option
- Visits per year for combination option

19. How many centers operated on yearly schedules that generally paralleled the public school year in the areas they served (that is, roughly September to June)?

20. Referring to the total funded enrollment reported for your centers in questions 9.F.1.A(1), 9.F.1.B(1), 9.F.3(1), and 9.F.6(1) of the 1996-97 PIR, please break out that enrollment by the **yearly** schedules listed below. (*If your centers have classes with varying schedules, break out that enrollment separately.*)

Total funded enrollment	
Operated 6 months a year or less	_____
Operated about 7-8 months a year	_____
Operated about 9 months a year	_____
Operated about 10-11 months a year	_____
Operated 12 months a year	_____

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21. Referring to the total funded enrollment reported for your centers, as in question 20 above, now break out that enrollment for the **daily** schedules listed below.

	Total funded enrollment
Less than 3 hours per day	_____
3-4 hours per day	_____
5-6 hours per day	_____
7 hours per day	_____
8 hours per day	_____
9 hours per day	_____
10 hours per day or more	_____

22. How many total classes were operated? (*This number should correspond to question 8.A.1 on the 1996-97 PIR.*)

23. Did any of your classes routinely operate on weekends?

____ No  Go to question 25.

____ Yes

24. How many of these classes routinely operated on weekends?

25. Did any of your classes routinely operate before 7:00 a.m. or after 5:00 p.m.?


____ No  Go to question 27.

____ Yes

26. How many of these classes routinely operated before 7:00 a.m. or after 5:00 p.m.?

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27. In lieu of providing education services directly to children, did your 1996-97 Head Start program pay for any children to attend centers operated by someone else?

_____ No  Go to question 29.

_____ Yes

28. How many slots did your Head Start program pay for?

29. Does your 1996-97 Head Start program include a home-based option (as reported in question 9.F.5 of the 1996-97 PIR)?

_____ No  Go to question 32.

_____ Yes

30. How many months per year did your home-based option operate, providing the full range of services?

31. How many total enrolled children and families received services in your home-based option?

_____ Enrolled children

_____ Families

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32. With which of the following kinds of agencies, individuals and providers do you have formal (written) or informal agreements for collaboration/coordination and what is the level of collaboration? (Read the definitions below, then for each item listed, circle the ONE number that best describes the extent of your collaboration, AND the ONE number that describes whether it is formal (written) or informal.)

- 0 — None—you do not collaborate with this source
- 1 — Information level—you predominantly share information
- 2 — Referral level—you predominantly refer Head Start children/families for services
- 3 — Resource sharing—you predominantly share resources such as facilities, training, transportation, etc.

	None	Information level	Referral level	Resource Sharing	Formal	Informal
Health care providers (such as clinics, physicians, dentists, and other health professionals)	0	1	2	3	1	2
Mental health providers	0	1	2	3	1	2
Nutritional service providers	0	1	2	3	1	2
Individuals and agencies that provide services to children with disabilities and their families	0	1	2	3	1	2
Family preservation and support services	0	1	2	3	1	2
Child protective services and any other agency to which child abuse must be reported under state or tribal law	0	1	2	3	1	2
Local elementary schools and other educational and cultural institutions	0	1	2	3	1	2
Providers of child care services	0	1	2	3	1	2
Organizations or businesses that may provide support and resources to families	0	1	2	3	1	2
Job training organizations	0	1	2	3	1	2
Social services organizations	0	1	2	3	1	2
Other (specify _____)	0	1	2	3	1	2

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II. How Services Are Provided

IMPORTANT! Questions in this section ask about the **predominant** methods your Head Start program uses to provide services. Think about the ways children and families receive services through your Head Start program and the primary sources of funding for those services, including Head Start funds, collaborations with Medicaid and other programs or agencies, volunteer services, and in-kind contributions.

33. How are services made available to the **ENROLLED CHILD** in your Head Start program in the following areas, and what is the **primary** source of funding for those services? *(Use the methods listed below and circle ONLY ONE number for each service area.)*

- Method:** 1—Head Start primarily delivers services; Head Start is primary source of funds
 2—Head Start primarily delivers services; some other person/program/agency is primary source of funds
 3—Head Start sets up/refers/hosts services; some other person/program/agency primarily delivers services *and* is primary source of funds
 4—Some other person/program/agency primarily delivers services; Head Start is primary source of funds
 5—Does not apply; service not typically provided

Services for ENROLLED CHILD	Predominant Method (Circle only one for each area)				
a. Medical services	1	2	3	4	5
b. Dental services	1	2	3	4	5
c. Mental health services	1	2	3	4	5
d. Immunizations	1	2	3	4	5
e. Education services	1	2	3	4	5
f. Social services	1	2	3	4	5
g. Meals/food	1	2	3	4	5
h. Other nutrition services	1	2	3	4	5
i. Child care	1	2	3	4	5

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34. Sometimes Head Start programs may provide services to **SIBLINGS** of the enrolled child and **OTHER FAMILY MEMBERS**. For what percentage of enrolled children did your Head Start program provide services to **either siblings or other family members** in the following areas? (Circle only one number for each area.)

Services for SIBLINGS/OTHER FAMILY MEMBERS	Percentage of Enrolled Children				
	None	Less than 25%	25% to less than 50%	50% to less than 75%	75% or more
a. Medical services	0	1	2	3	4
b. Dental services	0	1	2	3	4
c. Mental health services	0	1	2	3	4
d. Immunizations	0	1	2	3	4
e. Education services for siblings	0	1	2	3	4
f. Social services	0	1	2	3	4
g. Meals/food	0	1	2	3	4
h. Other nutrition services	0	1	2	3	4
i. Child care	0	1	2	3	4
j. Job training for parents	0	1	2	3	4
k. Parent literacy/GED	0	1	2	3	4

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35. How are services predominantly made available to **SIBLINGS** and **OTHER FAMILY MEMBERS** in your Head Start program in the following areas, and what is the **primary** source of funding for those services? *(Use the methods listed below, and circle ONLY ONE number for each service area.)*

- Method:** 1—Head Start primarily delivers services; Head Start is primary source of funds
 2—Head Start primarily delivers services; some other person/program/agency is primary source of funds
 3—Head Start sets up/refers/hosts services; some other person/program/agency primarily delivers services *and* is primary source of funds
 4—Some other person/program/agency primarily delivers services; Head Start is primary source of funds
 5—Does not apply; service not typically provided

Services for SIBLINGS/OTHER FAMILY MEMBERS	Predominant Method (Circle only one for each area)				
a. Medical services	1	2	3	4	5
b. Dental services	1	2	3	4	5
c. Mental health services	1	2	3	4	5
d. Immunizations	1	2	3	4	5
e. Education services for siblings	1	2	3	4	5
f. Social services	1	2	3	4	5
g. Meals/food	1	2	3	4	5
h. Other nutrition services	1	2	3	4	5
i. Child care	1	2	3	4	5
j. Job training for parents	1	2	3	4	5
k. Parent literacy/GED	1	2	3	4	5

III. Funding and Budget Questions

IMPORTANT! In answering these questions, think about your **MOST RECENTLY COMPLETED** Head Start budget year and the **TOTAL FUNDED ENROLLMENT THAT BUDGET SUPPORTED**. Total funded enrollment is defined as in question 3, but note that total funded enrollment for your most recently completed budget year may be different from that reported in question 3.

36. When did your **most recently COMPLETED** budget year begin?

_____ , _____
 month day year

37. When did your **most recently COMPLETED** budget year end?

_____ , _____
 month day year

38. Please provide actual income received from all sources to operate your Head Start program for the period indicated in questions 36 and 37. *(If you did not receive income from a particular source, please write "0" in the amount column for that source. Do not include non-monetary contributions.)*

Federal Sources	Amount
a. Your ACYF Head Start grant(s)	\$ _____
b. Federal Child Care Development Block Grant	\$ _____
c. USDA	\$ _____
d. Title XX	\$ _____
e. Other federal sources (specify _____) ...	\$ _____
f. Other federal sources (specify _____) ...	\$ _____
Non-federal sources	
g. State education/Head Start/child care funds	\$ _____
h. State lottery funds	\$ _____
i. Other state funds (specify _____)	\$ _____
j. Foundation/charitable/business funds	\$ _____
k. Tribal funds	\$ _____
l. Other sources (specify _____)	\$ _____
Total Head Start Income	\$ _____

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39. What kinds of non-monetary support did your Head Start program receive in the most recently completed budget year. *(Check all that apply.)*

- Building space
- Transportation
- Accounting services
- Supplies/materials
- Volunteer services
- Health services
- Advertising
- Training
- Other(s) (specify _____)

40. What is your **best estimate** of how you spent the income reported in question 38? Please think about your expenses by the following categories and give us your **best estimate** of expenses for each category. *(Include fringe benefits as well as salaries in personnel expenses. The salaries of personnel working across multiple categories should be distributed proportionately. Include in "other" expenses, except where noted, such expenses as equipment, supplies, etc. Do not include transportation/travel or facilities costs in "other" categories; report these amounts only in the specific categories provided for them.)*

- A. Transportation/Travel
 - a. Personnel (e.g., bus drivers).....\$ _____
 - b. Other transportation/travel expenses\$ _____

- B. Facilities costs (i.e., rent, maintenance, furniture and construction, etc.)\$ _____

- C. Education
 - a. Personnel.....\$ _____
 - b. Other education expenses\$ _____

- D. Health
 - a. Personnel.....\$ _____
 - b. Direct payments for health services\$ _____
 - c. Other health expenses\$ _____

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-
- E. Social services
 - a. Personnel\$ _____
 - b. Other social service expenses\$ _____

 - F. Nutrition
 - a. Personnel\$ _____
 - b. Cost of food for which you are not/will not
be reimbursed\$ _____

 - G. Parent involvement
 - a. Personnel\$ _____
 - b. Other parent involvement expenses\$ _____

 - H. Disability services
 - a. Personnel\$ _____
 - b. Other disability expenses\$ _____

 - I. Administration
 - a. Personnel\$ _____
 - b. Other administrative expenses\$ _____

 - J. Other personnel (if applicable)\$ _____

 - K. Other (include any other expenses not accounted
for in any of the above categories)\$ _____
-

Section IV — Other Children Served

IMPORTANT! Prior questions asked about your Head Start program as you report it on the PIR. This section asks about children you serve whom you do **not** report on the PIR.

41. Question 3 (and question 9A on the 1996-97 PIR) asks about total funded enrollment. Does your agency serve children who are receiving the **FULL ARRAY of Head Start-type services AND who are Head Start eligible**, but whom you did **NOT** count in the number reported in question 3?

___ No  go to question 46.

___ Yes

42. How many such children were served? _____

43. Did the siblings and other family members of children reported in question 42 above receive the same array of services that your ACYF-funded Head Start program provided to its families?

___ Yes  Go to question 45.

___ No

44. What types of services did these siblings and other family members receive?
(Check all that apply.)

___ Does not apply. Siblings and other family members not provided services.

___ Medical services

___ Job training for parents

___ Dental services

___ Parent literacy/GED

___ Mental health services

___ Meals/food

___ Immunizations

___ Other nutrition services

___ Education services for siblings

___ Child care


___ Social services

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45. Do the programs serving the children reported in question 42 operate under the Head Start performance standards? *(Check one.)*

- No
 Yes, but they use them as guidelines only
 Yes, they are required to meet them

46. Does your agency serve children **who are receiving SOME or MOST Head Start-type services and who are Head Start eligible**, but whom you did **NOT** count in the number reported in question 3? *(Do not include children here whom you counted in question 41.)*

- No  Go to question 50.
 Yes

47. How many such children were served? _____

48. What types of services did these children receive? *(Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Medical services | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Dental services | <input type="checkbox"/> Meals/food |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Other nutrition services |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Education services | |

49. What types of services did the **siblings and other family members** of these children receive? *(Check all that apply.)*

- Does not apply. Siblings and other family members not provided services.
- | | |
|--|---|
| <input type="checkbox"/> Medical services | <input type="checkbox"/> Job training for parents |
| <input type="checkbox"/> Dental services | <input type="checkbox"/> Parent literacy/GED |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Meals/food |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Other nutrition services |
| <input type="checkbox"/> Education services for siblings | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Social services | |
-

Section V — Performance Assessment

50. To whom are you accountable for your performance as a Head Start grantee or delegate?
(Check all that apply.)

- Head Start Bureau
- Head Start Policy Council
- Head Start Policy Committee
- Head Start Parent Committee
- Public officials
- HHS regional office
- Board of Directors/Tribal Council
- State regulatory agencies (health, fire, etc.)
- State licensing agency
- County/town/city regulatory agencies (health, fire, etc.)
- Grantee
- Other _____

51. To what standards or requirements are you held accountable? (Check all that apply.)

- Head Start Bureau performance standards
- State regulations (fire, building, health, etc.)
- Licensing requirements
- County/town/tribal ordinances (fire, building, health, etc.)
- Accreditation
- Federal grant requirements
- Operating standards from other funding sources
- Grantee standards
- Other _____

Appendix III
GAO's National Survey of Head Start
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52. Does any conflict exist in implementing these various standards and requirements to which you are held accountable?

___ No  Go to question 54.

___ Yes

53. Has this conflict ever caused you problems in meeting the federal Head Start performance standards?

___ No

___ Yes *(If you would like to provide an explanation of this conflict, please do so on the comments page at the end of this survey.)*

54. We have listed below several sources of information used by the Head Start Bureau to oversee the Head Start program. If you are provided reports or other information from these sources, how useful do you find them to be in assuring your own accountability to Head Start program standards and requirements? *(For each source applicable to your program, circle one answer to indicate whether or not you receive information—Y for yes or N for no—and one answer describing its usefulness.)*

	Not applicable	Receive Information?		Usefulness		
		Y	N	Not at all useful	Somewhat useful	Very useful
a. Federal review (OSPRI)	___	Y	N	1	2	3
b. PIR	___	Y	N	1	2	3
c. PC Cost	___	Y	N	1	2	3
d. Annual audits (A123 Single Audit Act)	___	Y	N	1	2	3
e. Annual state reviews	___	Y	N	1	2	3
f. Annual local self-assessment	___	Y	N	1	2	3
g. Other program audits	___	Y	N	1	2	3
h. Other fiscal audits	___	Y	N	1	2	3
i. Other _____	___	Y	N	1	2	3

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55. For each information system listed below, to what extent do you think each system provides an accurate picture of your program's performance in the area captured by the system?
(For each system that applies to your program, circle one answer.)

		Not at all	Small extent	Moderate extent	Great extent	Very great extent	Not applicable
a. Federal review (OSPRI).....	1	2	3	4	5	_____	_____
b. PIR	1	2	3	4	5	_____	_____
c. PC Cost	1	2	3	4	5	_____	_____
d. Annual audits (A123 Single Audit Act)	1	2	3	4	5	_____	_____
e. Annual state reviews	1	2	3	4	5	_____	_____
f. Annual local self-assessment	1	2	3	4	5	_____	_____
g. Other program audits	1	2	3	4	5	_____	_____
h. Other fiscal audits	1	2	3	4	5	_____	_____
i. Other _____ ...	1	2	3	4	5	_____	_____

56. When considered together, to what extent do you think the federal performance assessment tools (OSPRI, PC COST, PIR and annual audits (A123 Single Audit Act)) provide an accurate picture of your program's performance? *(Check one.)*

- ___ Not at all
- ___ Small extent
- ___ Moderate extent
- ___ Great extent
- ___ Very great extent

57. Are you a grantee who has delegate agencies?

___ No, I'm a grantee with no delegates



You have completed all applicable questions. Go to Comments, page 24.

___ No, I'm a delegate agency Go to question 63.

___ Yes

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58. How many staff in your agency perform Head Start delegate monitoring activities? *(Please indicate the number of staff who spend the following amounts of time on duties related to delegate monitoring.)*

_____ Number of staff spending 35 - 40 hours a week per year on monitoring duties

_____ Number of staff spending 20 - 34 hours a week per year

_____ Number of staff spending less than 20 hours a week per year


_____ Other (specify _____)

59. How frequently do you use the following activities to monitor/assess the performance of your delegates? *(Circle only one number for each activity.)*

	<i>More than once a year</i>	<i>Once a year</i>	<i>Once every 2 years</i>	<i>Once every 3 or more years</i>	<i>Never</i>
Conduct a review using OSPRI as a guide	1	2	3	4	5
Conduct a review using standards other than OSPRI as a guide	1	2	3	4	5
Conduct a review using a combination of OSPRI and other standards	1	2	3	4	5
Conduct a site visit using no written guide	1	2	3	4	5
Survey mailed to delegate	1	2	3	4	5
Training	1	2	3	4	5
Scheduled telephone monitoring	1	2	3	4	5
Other (specify _____)	1	2	3	4	5

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60. Have you ever terminated or relinquished a contract or negotiated a mutual agreement to end a contract with a delegate agency for not being in compliance with program standards or requirements?


___ No  You have completed all applicable questions.



Go to Comments, page 24.

___ Yes

61. In the past five years, how many times has this occurred?

___ 0  You have completed all applicable questions.



Go to Comments, page 24.

___ 1 - 5 times

___ 6 - 10 times

___ 11 times or more

62. In those cases where you had to terminate a contract, on average, about how long did delegate agencies have to address issues of noncompliance before their contract was terminated? (*Check one.*)

___ Less than 1 year

___ 1 year

___ 2 years

___ More than 2 years

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Delegate Agencies Only-- Grantees go to "Comments" on page 24.

63. How frequently does your grantee use the following activities to monitor/assess the performance of your program? (Circle one answer for each activity.)

	More than once a year	Once a year	Once every 2 years	Once every 3 or more years	Never
Conduct a review using OSPRI as a guide	1	2	3	4	5
Conduct a review using standards other than OSPRI as a guide	1	2	3	4	5
Conduct a review using a combination of OSPRI and other standards	1	2	3	4	5
Conduct a site visit using no written guide	1	2	3	4	5
Send a survey	1	2	3	4	5
Make monitoring telephone calls	1	2	3	4	5
Training	1	2	3	4	5
Other (specify _____)	1	2	3	4	5

64. How long ago was your most recent OSPRI-like review conducted by your grantee? (If necessary, please convert years to months in expressing your answer.)

_____ Months ago

65. What actions has your grantee taken when deficiencies have been identified in your program? (Check all that apply.)

_____ Assist in development of quality improvement plan

_____ Provide support (financial, technical, training) to address problem

_____ Assess penalty

_____ Other _____

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Comments Section

Use this section to provide further details or to tell us aspects of your Head Start program about which we did not ask.

Head Start's Survey

OMB NO. 0980-0017
EXPIRES: 6/30/97

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

PROJECT HEAD START
1996-1997 ANNUAL
PROGRAM INFORMATION REPORT

*** One PIR form must be completed for *each Grantee, Delegate Agency, Parent Child Center (PCC), and Early Head Start Program (EHS).* ***

*** Do not combine. ***

PLEASE TYPE OR CLEARLY PRINT YOUR RESPONSES IN THE BOXES. EXPLANATORY COMMENTS MAY BE SUBMITTED BY ATTACHING A SEPARATE PAGE TO THE PIR FORM.

IT IS ESSENTIAL YOU RETURN THIS COVER SHEET WITH EACH SET OF COMPLETED QUESTIONS.

I. GRANT NUMBER, DELEGATE ID., NAME OF GRANTEE, DELEGATE AGENCY, PARENT CHILD CENTER, OR EARLY HEAD START PROGRAM AND ADDRESS FOR WHICH THIS REPORT IS SUBMITTED.

GRANT NUMBER -- C -----	DELEGATE ID. ---
A. NAME :	
B. ADDRESS :	
C. CITY :	
D. STATE :	E. ZIP :

F. TELEPHONE NUMBER :		
G. HEAD START DIRECTOR: (CONTACT PERSON)		
FIRST NAME	LAST NAME	

I.H. NAME AND TITLE OF APPROVING OFFICIAL:
(Agency Director, Executive Director or other individual responsible for certifying that this form is the agency's authorized response.)

Mr/Ms	First Name	Last Name
Signature	Title	Date

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**Appendix IV
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2. AGENCY DESCRIBED IN THIS REPORT. (X only one phrase which best describes the agency named in Question 1. One must be selected.) X only one

A.	GRANTEE WHICH DIRECTLY OPERATES PROGRAM(S) AND HAS NO DELEGATES. (Includes grantees which both directly operate programs <i>and</i> maintain central office staff. Complete <i>all</i> questions.)	
B.	GRANTEE WHICH DIRECTLY OPERATES AND DELEGATES SERVICE DELIVERY. (Complete <i>all</i> questions for children directly served. Do not include children served by delegates.)	
C.	GRANTEE WHICH MAINTAINS CENTRAL OFFICE STAFF ONLY, OPERATES NO PROGRAMS DIRECTLY. (Complete Questions 1 through 5 <i>only</i> .)	
D.	DELEGATE AGENCY. (Complete <i>all</i> questions.)	
E.	GRANTEE WHICH DELEGATES ALL OF ITS PROGRAMS, OPERATES NO PROGRAMS DIRECTLY AND MAINTAINS NO CENTRAL OFFICE STAFF. (Complete Questions 1 through 4 <i>only</i> .)	
F.	PARENT CHILD CENTER. (Complete all questions except Questions 9.F.1 through 9.G.3.)	
G.	EARLY HEAD START PROGRAM. (Complete all questions except Questions 9.F.1 through 9.G.3.)	

Must be numeric

3. FOR GRANTEES ONLY, NUMBER OF DELEGATE AGENCIES.
(If answer is zero, enter 0. If you selected 2.A or 2.D, then the answer must be 0.)

4. TYPE OF AGENCY COMPLETING THIS REPORT. X only one

A.	COMMUNITY ACTION AGENCY (CAA)	
B.	SCHOOL SYSTEM (Public/Private)	
C.	PRIVATE/PUBLIC NON-PROFIT (Non-CAA, e.g., churches, universities.)	
D.	GOVERNMENT AGENCY (Non-CAA)	
E.	INDIAN TRIBE	

NOTE: If you selected 2.E stop here.

5. STAFF INFORMATION. Must be numeric

A.	NUMBER OF STAFF. (If answer is zero, enter 0. Enter the total number of all staff (combining part-time and full-time staff) paid from all sources (e.g., ACYF, USDA) who were employed in your Head Start program <i>for at least half</i> of the time your classrooms were in operation and for home-based programs half the time home visits were taking place. For example, if your classrooms operate eight months, you would count all staff who were employed for at least four months. Count all staff members regardless of hours worked. Include all classroom staff, home visitors, and others, e.g., bus drivers, office staff. Do not include substitutes, consultants, student interns, or trainees.)	
B.	OF THE NUMBER OF STAFF IN 5.A, THE NUMBER WHO LEFT YOUR PROGRAM AND WERE REPLACED DURING THE OPERATING YEAR. (If answer is zero, enter 0. This cannot be greater than 5.A, NUMBER OF STAFF)	
C.	OF THE NUMBER OF STAFF IN 5.A, THE NUMBER WHO ARE CURRENT HEAD START PARENTS. (This cannot be greater than 5.A, NUMBER OF STAFF.)	
D.	OF THE NUMBER OF STAFF IN 5.A, THE NUMBER WHO ARE FORMER HEAD START PARENTS. (This cannot be greater than 5.A, NUMBER OF STAFF. Do not count parents here who are already counted in 5.C.)	

NOTE: If you selected 2.C stop here.

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**Appendix IV
Head Start's Survey**

6. **CLASSROOM/EDUCATION STAFF QUALIFICATIONS INFORMATION.** (Include all education staff, both part-time and full-time, paid from all sources who were with your Head Start program for at least half of the time your classrooms were in operation. If answer is zero, enter 0.)

Definition of Early Childhood Education Degree - Associate, Baccalaureate or higher degree with a major in *early childhood education*. Teacher training institutions and departments of family studies or home economics (human ecology) offer a major in early childhood education in one, or a combination, of the following ways: child development, preschool education, nursery school education, pre-kindergarten education, or elementary education with a major in early childhood education/development.

CLASSROOM/EDUCATION STAFF QUALIFICATIONS INFORMATION	(1) TEACHERS	(2) TEACHERS' AIDES	(3) HOME VISITORS
A. NUMBER OF EDUCATION STAFF. (i.e., total number of teachers, teachers' aides, home visitors. The sum of 6.A.1 + 6.A.2 + 6.A.3 cannot be greater than 5.A, NUMBER OF STAFF.)			
B. OF THE EDUCATION STAFF IN 6.A, THE NUMBER WITH A DEGREE IN THE FOLLOWING AREAS. Count each person only once by the highest degree held. (This cannot be greater than the number in 6.A.)			
1. EARLY CHILDHOOD EDUCATION			
2. AN AGE-AND SETTING-APPROPRIATE CDA (CENTER BASED PRE-SCHOOL, CENTER BASED INFANT/TODDLER, OR HOME-BASED)			
3. STATE-AWARDED PRESCHOOL CERTIFICATE MEETING OR EXCEEDING THE CDA			
4. A DEGREE IN A FIELD RELATED TO ECE PLUS A STATE CERTIFICATE			
5. DEGREE IN CHILD AND FAMILY STUDIES, ADULT EDUCATION, HOME ECONOMICS, PSYCHOLOGY, OR SOCIAL WORK			
C. OF THE EDUCATION STAFF IN 6.A, THE NUMBER HIRED DURING THE PROGRAM YEAR DUE TO STAFF TURNOVER. (Only count staff hired between the dates in 8.B.1 and 8.B.2. Do not count staff added due to expansion.)			
D. OF THE EDUCATION STAFF IN 6.A WHO DO NOT HAVE ONE OF THE CREDENTIALS LISTED IN 6.B.1-5, THE NUMBER IN ANY TYPE OF CDA TRAINING AT THE CLOSE OF THE OPERATING PERIOD. (This cannot be greater than the number in 6.A.)			

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**Appendix IV
Head Start's Survey**

6.

QUALIFICATIONS FOR SUPERVISORY EDUCATIONAL STAFF	(1) EDUCATION COORDINATOR	(2) HOME-BASED SUPERVISOR
E. NUMBER OF SUPERVISORY EDUCATION STAFF. (i.e., total number of Supervisory Education Coordinators and Home Visitors Supervisors.)		
F. OF THE SUPERVISORY EDUCATION STAFF IN 6.E, THE NUMBER WITH A DEGREE IN THE FOLLOWING AREAS. Count each person only once by the highest degree held. (This cannot be greater than the number in 6.E.)		
1. EARLY CHILDHOOD EDUCATION		
2. AN AGE-AND SETTING-APPROPRIATE CDA (CENTER BASED PRE-SCHOOL, CENTER BASED INFANT/TODDLER, OR HOME-BASED)		
3. STATE-AWARDED PRESCHOOL CERTIFICATE MEETING OR EXCEEDING THE CDA		
4. A DEGREE IN A FIELD RELATED TO ECE PLUS A STATE CERTIFICATE		
5. DEGREE IN CHILD AND FAMILY STUDIES, ADULT EDUCATION, HOME ECONOMICS, PSYCHOLOGY, OR SOCIAL WORK		
G. OF THE SUPERVISORY EDUCATION STAFF IN 6.E, THE NUMBER NEW TO THEIR POSITION THIS YEAR. (This cannot be greater than the number in 6.E.)		

Mail WHITE copy to Ellsworth Associates, YELLOW copy to your ACYF Regional Head Start Office, and retain PINK copy for your files.

**Appendix IV
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6.H. HEAD START STAFF - IF POSITION IS FILLED IN YOUR PROGRAM ANSWER ALL THREE COLUMNS.

For positions 1 through 5 listed below, (A) give the full annual salary *from all sources (do not annualize)*, (B) the level of education **using only the numeric codes indicated below**, and (C) the number of years in position of the individual currently holding the position. If a staff member is in a dual position, give the *full* annual salary and other requested information **only once** for the position in which the staff member spends the most time. *Salaries are not annualized.*

Teacher, aide, and home visitor averages are computed by calculating the total salaries of **all** full-time teachers, aides, or home visitors in your program and then dividing by the total number of full-time teachers, aides, or home visitors in your program. **If your program uses no full-time teachers, aides, or home visitors use part-time information and attach comments.**

† **Level of Education Codes** - Put an X in the proper column '1' for less than high school graduate; '2' for high school graduate; '3' for associates degree or at least two years of college completed; '4' for college degree; '5' for graduate degree. **Only one level of education column must be marked.**

POSITION	(A) ANNUAL SALARY	(B) †LEVEL OF EDUCATION X ONLY ONE COLUMN					(C) NUMBER OF YEARS IN POSITION
		1	2	3	4	5	
1. HEAD START DIRECTOR							
2. EDUCATION COORDINATOR							
3. HEALTH COORDINATOR							
4. SOCIAL SERVICES COORDINATOR							
5. PARENT INVOLVEMENT COORDINATOR							
6. TEACHER AVERAGE (full-time)							
7. AIDE AVERAGE (full-time)							
8. HOME VISITOR AVERAGE (full-time)							

Mail WHITE copy to Ellsworth Associates, YELLOW copy to your ACYF Regional Head Start Office, and retain PINK copy for your files.

**Appendix IV
Head Start's Survey**

7. VOLUNTEER SERVICES INFORMATION. (If answer is zero, enter 0.)

Must be numeric

A. THE TOTAL NUMBER OF PERSONS PROVIDING ANY VOLUNTEER SERVICES TO YOUR PROGRAM THIS OPERATING PERIOD. (Count each volunteer only once, regardless of the number of times volunteered.)	
B. OF THE NUMBER OF CLASSES OPERATED IN 8.A.1, THE NUMBER WITH AT LEAST ONE VOLUNTEER PRESENT AT LEAST HALF THE DAYS OF THE YEAR IN WHICH CLASSES WERE IN SESSION. (Count each double session class with a volunteer as <i>one</i> class with a volunteer. If one volunteer stays all day for a double session, count as two (2) classes with a volunteer. This cannot be greater than 8.A.1, NUMBER OF CLASSES OPERATED. See Question 8 for definition of double session class.)	
C. TOTAL NUMBER OF VOLUNTEER HOURS IN THE OPERATING PERIOD. (To compute, add the total number of hours volunteers worked during the operating period. Include volunteer hours outside the classroom, e.g., bus drivers or riders, office help, people who help prepare materials for class.)	
D. OF THE NUMBER OF VOLUNTEERS IN 7.A, THE NUMBER WHO ARE CURRENT OR FORMER HEAD START PARENTS. (This cannot be greater than the number in 7.A.)	

8. CLASSROOM INFORMATION.

A *class* is a group of children who function as a single unit including cross-age groupings. Classes that share space should be counted as separate classes if they function as separate units for more than 50 percent of the time. Count double sessions as separate classes and include them.

A *double session class* is defined as two groups of children per day with one teacher. Count each session as a separate class; for example, if a program had 5 classes that operated mornings and 5 that operated afternoons with the same 5 teachers, that would count as 10 classes. (If answer is zero, enter 0. Do *not* count home-based classes.)

Must be numeric

A.1. NUMBER OF CLASSES OPERATED.	
A.2. OF THE NUMBER OF CLASSES IN 8.A.1, THE NUMBER OF <i>DOUBLE</i> SESSION CLASSES OPERATED. (This cannot be greater than the number in 8.A.1 and must be evenly divisible by 2.)	
B.1. EARLIEST DATE CLASSES OR HOME VISITS BEGAN.	/ / MM DD YY
B.2. LATEST DATE CLASSES OR HOME VISITS END.	/ / MM DD YY

Mail WHITE copy to Ellsworth Associates, YELLOW copy to your ACYF Regional Head Start Office, and retain PINK copy for your files.

**Appendix IV
Head Start's Survey**

9. **ENROLLMENT AND ATTENDANCE INFORMATION.** (If answer is zero, enter 0. If 9.A, TOTAL FUNDED ENROLLMENT, equals 9.B, ACYF FUNDED ENROLLMENT, enter the number in both places.)

Total Funded Enrollment - The total funded enrollment from all sources as of the day classes or home visits began (8.B.1). This may be the same as your ACYF Funded Enrollment or it could include children funded by other sources (e.g., State agencies) that are not shown on your NFAA but are children *who are an integral part of the Head Start program and receive the full array of Head Start services.*

ACYF Funded Enrollment - The number of children you have been funded by ACYF to serve as of the day classes or home visits began (8.B.1). If you selected 2.B, you should include in 9.B only those children you serve directly — your delegates will include their funded enrollment in 9.B and the total for you and your delegates will be the number on the NFAA. Delegate agencies should address any questions to their grantee regarding what number to use here.

Must be numeric

A.	TOTAL FUNDED ENROLLMENT.	
B.	ACYF FUNDED ENROLLMENT. (This cannot be greater than the number in 9.A, TOTAL FUNDED ENROLLMENT.)	

Actual Enrollment - The total number of children who have been enrolled in your program for any length of time provided they have attended at least one class or, for home-based children, received at least one home visit. This includes children who have dropped out or enrolled late. Those children funded by other sources (such as Social Services Block Grant (Title XX)) *who are part of the Head Start program and receive Head Start services* are to be included in the actual enrollment figures.

9.C. **ACTUAL ENROLLMENT BY AGE COMPOSITION.** (Use the age of the child as of the date used by your local school system in determining eligibility for public school. If answer equals zero, enter 0. **The sum of 9.C.1 through 9.C.7 must equal 9.C.8.**)

Actual enrollment

Actual enrollment

1. UNDER 1 YEAR		5. 4 YEARS OLD	
2. 1 YEAR OLD		6. 5 YEARS OLD	
3. 2 YEARS OLD		7. 6 YEARS AND OLDER	
4. 3 YEARS OLD		8. TOTAL (Sum of 9.C.1 - 9.C.7.)	

OF THE TOTAL ACTUAL ENROLLMENT IN 9.C.8:

D.	THE NUMBER OF CHILDREN WHO ARE ENROLLED IN HEAD START FOR THE <i>SECOND</i> YEAR. (Children should be counted here only if, in their first year of Head Start, they were enrolled for at least half of the time classes were in session. This cannot be greater than the number in 9.C.8.)	
E.	THE NUMBER OF CHILDREN WHO ARE ENROLLED IN HEAD START FOR THE <i>THIRD</i> YEAR. (This cannot be greater than the number in 9.C.8.)	

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**Appendix IV
Head Start's Survey**

9.F. ENROLLMENT BY TYPE OF PROGRAM OPTION. (Funded Enrollment means the number of children you have been funded to serve regardless of funding source (9.A). PCC and EHS Programs should NOT complete Questions 9.F.1 through 9.G.3.D. If the program option does not apply to you, enter 0.)

† *Average days* — Indicate the number of days of classroom service you provided the children enrolled during the 1996-97 program year for each option. If different centers operated a different number of days, please provide an average number of days. For example, if a center operated 4 days a week and one operated 5 days a week, both for 32 weeks: $(4 \times 32) = 128$; $(5 \times 32) = 160$; $(128 + 160)/2 = 144$. **NOTE: If column 1 and column 2 for an option equals 0, AVERAGE DAYS must also equal 0.** AVERAGE DAYS should be rounded to the nearest whole number, e.g. 106.34 should be rounded to 106; 106.67 should be rounded to 107.

‡ *Double sessions* — For PIR purposes, count children as enrolled in double sessions *only* if the same teacher is used for both groups of children. For example, if a teacher has 17 children in the morning and 17 children in the afternoon, the count of children in double session is 34. If different teachers are used, count the children as enrolled in part day; but not in double sessions. Refer to question 8.A.2, on page 6.

TYPE OF PROGRAM	(1) FUNDED ENROLLMENT	(2) ACTUAL ENROLLMENT	(3) †AVERAGE DAYS
1. CENTER BASED PROGRAM OPTION - 5 days per week.			
A. FULL DAY ENROLLMENT (longer than 6 hours per day).			
B. PART DAY ENROLLMENT			
2. OF THOSE CHILDREN REPORTED IN 9.F.1.B, THE NUMBER WHO ARE ENROLLED IN <i>DOUBLE SESSIONS</i> . ‡ (This cannot be greater than the number in 9.F.1.B.)			
3. CENTER BASED PROGRAM OPTION - 4 days per week or combination of 4 and 5 days per week.			
4. OF THOSE CHILDREN REPORTED IN 9.F.3, THE NUMBER WHO ARE ENROLLED IN <i>DOUBLE SESSIONS</i> . ‡ (This cannot be greater than the number in 9.F.3.)			
5. HOME-BASED PROGRAM OPTION - A program providing services primarily in the child's home.			
6. COMBINATION PROGRAM OPTION - A program providing service in both a center setting and in a home setting. (Refer to regulations on program option, 45 CFR Part 1306.)			
7. LOCALLY DESIGNED OPTIONS. (ACYF Headquarters approved options to meet the particular needs of children and families in their communities.)			
8. TOTAL (9.F.1.A + 9.F.1.B + 9.F.3 + 9.F.5 + 9.F.6 + 9.F.7. Do not include 9.F.2 or 9.F.4 in total.)			

*** NOTE ***

9.F.8.1 TOTAL FUNDED ENROLLMENT must equal 9.A on page 7

9.F.8.2 TOTAL ACTUAL ENROLLMENT must equal 9.C.8 on page 7

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9.G. **AVERAGE ATTENDANCE.** (See below for calculating these numbers. **Do NOT include home-based children. PCC and EHS programs should not complete 9.G.**)

Selected Month - All grantees are to use November (11), February (02) and March (03) for completing this question *except* for programs not operating during one or more of these months. These programs should *choose alternate months* in completing this question and enter the two digit code for the chosen month, e.g. August = 08.

Total Funded Enrollment - The number of children you have been funded to serve (**minus those funded for home based option**), *regardless of funding source* (9.A, on page 7), as of the selected month. Delegate agencies should address any questions to their grantee regarding what number to use here.

End-of-Month Enrollment - The number of children actually enrolled, *regardless of funding source* (9.A), by your program on the last operating day of the selected month. That is, of those children reported in total funded enrollment above, how many did you actually enroll as of the selected month.

Average Attendance for the Selected Month - This figure is calculated by first determining for each day of the selected month in which classes were held (excluding holidays, weekends, etc.), the number of children enrolled who were present. Then, the number of children present for each class day of the month should be totalled and this total should be divided by the number of class days in the selected month. **Do not count excused absences as present. Do not calculate as a percent.** If a program conducts alternate schedule programs e.g., 4-day and 5-day programs, the average attendance should be calculated, as described above, for each alternate schedule separately with the results of each calculation added together to arrive at the Average Attendance for the Selected Month.

For Migrant Grantees - If you are not operational for at least two months, please place [00] in all three selected month fields (9.G.1.A, 9.G.2.A, and 9.G.3.A) and leave the remaining fields in the row blank. If you are not operational in the standard months insert the two digit code for the months you are in operation, e.g., August = 08. **NOTE: Average attendance should not be less than one-half of Total Funded Enrollment as of the Selected Month, column (B), or greater than 9.C.8, TOTAL ACTUAL ENROLLMENT (page 7).**

DO NOT USE PERCENTAGES

(A) SELECTED MONTHS	(B) TOTAL FUNDED ENROLLMENT AS OF SELECTED MONTH	(C) END OF MONTH ENROLLMENT	(D) AVERAGE ATTENDANCE FOR SELECTED MONTH
1. NOVEMBER or ()			
2. FEBRUARY or ()			
3. MARCH or ()			

9.H. ETHNICITY

OF THE TOTAL ACTUAL ENROLLMENT IN 9.C.8, THE NUMBER OF CHILDREN IN THE FOLLOWING ETHNIC CATEGORIES. (If an answer is zero, enter 0. **The sum of 9.H.1 through 9.H.5 must equal 9.C.8, on page 7.**)

Must be numeric

1. AMERICAN INDIAN OR ALASKAN NATIVE. (All persons having origins in any of the original peoples of North America.)	
2. ASIAN OR PACIFIC ISLANDER. (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.)	
3. BLACK. (Not of Hispanic origin — all persons having origins in any of the Black racial groups of Africa.)	
4. HISPANIC. (Spanish origin.)	
5. WHITE. (Not of Hispanic origin — all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)	

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9.I DOMINANT LANGUAGE

OF THE TOTAL ACTUAL ENROLLMENT IN 9.C.8, THE NUMBER OF CHILDREN USING THE FOLLOWING LANGUAGES AS THEIR DOMINANT LANGUAGE. (IF AN ANSWER IS ZERO, ENTER 0. **The sum of 9.I.1 through 9.I.5 must equal 9.C.8, on page 7.**) *Must be numeric*

1. ENGLISH		4. NATIVE AMERICAN LANGUAGES	
2. SPANISH		5. OTHER	
3. ASIAN LANGUAGES			

9.J. KINDERGARTEN

Must be numeric

OF THE NUMBER OF CHILDREN ENROLLED IN HEAD START AT THE END OF THE CURRENT PROGRAM YEAR, THE NUMBER OF CHILDREN PROJECTED TO BE ENTERING KINDERGARTEN THE FOLLOWING SEPTEMBER.	
--	--

10. CHILD TURNOVER. (If answer is zero, enter 0.)

Must be numeric

A. THE TOTAL NUMBER OF CHILDREN WHO DROPPED OUT ANY TIME AFTER CLASSES OR HOME VISITS BEGAN AND WHO DID NOT RE-ENROLL. (This cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT ON PAGE 7.)	
B. OF THE CHILDREN IN 10.A, THE NUMBER REPLACED DURING THE PROGRAM OPERATING YEAR. (This cannot be greater than the number in 10.A.)	
C. OF THE CHILDREN REPLACED IN 10.B, THE NUMBER REPLACED WITHIN 30 DAYS. (This cannot be greater than the number in 10.B.)	
D. THE NUMBER OF CHILDREN WHO WERE IN CLASS LESS THAN 45 DAYS. (Count from the date the child began classes or, for home-based programs, the date home visits began. If the program operated for less than 45 days, do <i>NOT</i> count children here who completed the program, enter 0. This cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT.)	

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11. **HEALTH SERVICES INFORMATION.** **NOTE:** This information should be obtained from records of all the children served for any length of time during your operating period regardless of funding source. All programs should answer the following questions related to medical screening and immunizations applicable to age groups as indicated in the Head Start Performance Standards/Guidance 1304.3-3(b) & 1304.3-4(2).

A. **MEDICAID/EPSDT.** (If answer is zero, enter 0.)

1. THE NUMBER OF CHILDREN ENROLLED IN MEDICAID/EPSDT. ("Medicaid/EPSDT enrolled" means that the child has been officially certified as eligible for Medicaid/EPSDT paid services. It does not include children who are thought to be eligible but have not been officially certified. Include children who were enrolled in Medicaid/EPSDT for any length of time during this operating period. NOTE: Medicaid/EPSDT (Early Periodic Screening, Diagnosis and Treatment) may be known in your state by another name such as the Child Health Assurance Program (CHAP), Child Health Disability Prevention Program (CHDP), MEDICHECK or MEDI-CAL.)	
2. OF THE CHILDREN IN 11.A.1, THE NUMBER RECEIVING SOME MEDICAL/DENTAL SERVICES PAID FOR BY MEDICAID/EPSDT. (This cannot be greater than the number in 11.A.1.)	

B. **MEDICAL SERVICES.**

1. NUMBER OF ALL CHILDREN (including those enrolled in Medicaid/EPSDT) WHO HAVE COMPLETED MEDICAL SCREENING, INCLUDING ALL APPROPRIATE TESTS AND PHYSICAL EXAMINATIONS. (Re-enrolled children who were screened the preceding operating period through Head Start, should also be counted if they have completed all required screening. Include drop-outs (10.A on page 10) and late enrollees if they have completed all required screening. Do NOT include children who are missing any of the required screening. This cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT on page 7.)	
A. OF THE CHILDREN SCREENED IN 11.B.1, THE NUMBER OF CHILDREN DIAGNOSED AS NEEDING TREATMENT. (Treatment is defined to be any service that is required to improve the physical condition of the child, including all forms of medical follow-up. This cannot be greater than the number in 11.B.1.)	
B. OF THE CHILDREN DIAGNOSED IN 11.B.1.A, THE NUMBER OF CHILDREN WHO HAVE COMPLETED TREATMENT. (Children receiving ongoing treatment at the end of the operating period should be counted here along with children whose treatment is finished.)	

2. NUMBER OF CHILDREN WHO RECEIVED TREATMENT FOR THE FOLLOWING CONDITIONS. Children may be counted in more than one category but only count each child once in a given category.

A. ANEMIA		G. SEIZURE	
B. SICKLE CELL		H. OVERWEIGHT	
C. HIGH LEAD LEVELS		I. UNDERWEIGHT	
D. HEARING DIFFICULTIES		J. ASTHMA	
E. VISION PROBLEMS		K. CHILD ABUSE AND NEGLECT	
F. DIABETES		L. HIV/AIDS	

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11.C. DENTAL SERVICES.

1. NUMBER OF ALL CHILDREN (INCLUDING THOSE ENROLLED IN MEDICAID/EPSDT) WHO HAVE COMPLETED A PROFESSIONAL DENTAL EXAMINATION DURING YOUR OPERATING PERIOD. (Count only those children who received a professional dental examination during the operating period. A professional dental examination is one done by a dentist. This cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT ON PAGE 7.)	
A. OF THE CHILDREN EXAMINED IN 11.C.1, THE NUMBER OF CHILDREN DIAGNOSED AS NEEDING TREATMENT. (Treatment includes restoration, pulp therapy, or extraction. It does NOT include fluoride application or cleaning. This cannot be greater than 11.C.1.)	
B. OF THE CHILDREN DIAGNOSED IN 11.C.1.A, THE NUMBER OF CHILDREN WHO HAVE COMPLETED TREATMENT. (Treatment does NOT include fluoride application or cleaning. Children receiving ongoing treatment at the end of the operating period should be counted here along with children whose treatment is finished.)	
C. OF THE CHILDREN EXAMINED IN 11.C.1, THE NUMBER OF CHILDREN WHO RECEIVED PREVENTIVE CARE. (e.g., fluoride application, cleaning, etc.. This cannot be greater than 11.C.1.)	

D. IMMUNIZATION SERVICES. (COUNT EACH CHILD ONLY ONCE. If answer is zero, enter 0. Count children by their immunization status as of the end of the operating period. NOTE: The sum of 11.D.1 + 11.D.2 cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT on page 7).

1. NUMBER OF CHILDREN WHO HAVE RECEIVED ALL IMMUNIZATIONS REQUIRED BY TABLE 1 OF THE HEAD START IMMUNIZATION SCHEDULE [PROGRAM INSTRUCTION ACYF-PI-94-13] FOR THE CHILD'S AGE.	
2. NUMBER OF CHILDREN WHO HAVE NOT RECEIVED ALL IMMUNIZATIONS APPROPRIATE FOR THEIR AGES BUT HAVE BEEN GIVEN ALL IMMUNIZATIONS POSSIBLE AT THIS TIME ACCORDING TO TABLE 2 OF THE HEAD START IMMUNIZATION SCHEDULE [PROGRAM INSTRUCTION ACYF-PI-94-13].	

E. MENTAL HEALTH SERVICES.

1. THE PROFESSIONAL STATUS OF THE MENTAL HEALTH PROFESSIONAL(S) USED BY YOUR PROGRAM. *X all that apply*

A. NONE USED. (if selected go to question 12.)		D. PSYCHIATRIC NURSE	
B. PSYCHIATRIST		E. SOCIAL WORKER	
C. PSYCHOLOGIST		F. MARRIAGE AND FAMILY THERAPIST	

2. NUMBER OF HOURS PER WEEK THE MENTAL HEALTH PROFESSIONAL SPENDS IN YOUR HEAD START PROGRAM. (If more than one mental health professional is available to your program, use the total weekly hours for all professionals. If your program has a mental health professional on staff who has other responsibilities, count only the time spent on mental health activities.) *X only one*

A. MORE THAN 20 HOURS		C. LESS THAN 6 HOURS	
B. 6 TO 20 HOURS		D. ON CALL (NOT REGULARLY SCHEDULED)	

Must be numeric

3. THE NUMBER OF CHILDREN REFERRED FOR MENTAL HEALTH TREATMENT DURING THE PROGRAM YEAR.	
4. OF THE CHILDREN REPORTED IN 11.E.3, THE NUMBER OF CHILDREN WHO RECEIVED MENTAL HEALTH TREATMENT DURING THE CURRENT PROGRAM YEAR. (This cannot be greater than the number in 11.E.3.)	

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12. **SOCIAL SERVICES INFORMATION.** (These questions refer to families of children enrolled in Head Start as indicated in 9.C, ACTUAL ENROLLMENT, on page 7. If answer is zero, enter 0.) *Must be numeric*

A. TOTAL NUMBER OF HEAD START FAMILIES. (Count families, not children. Families with more than one child enrolled should be counted only once. This cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT, ON PAGE 7.)	
B. OF THE TOTAL NUMBER OF HEAD START FAMILIES IN 12.A, THE NUMBER OF FAMILIES FOR WHOM YOU HAVE COMPLETED A FAMILY ASSESSMENT. (This cannot be greater than the number in 12.A.)	

C. OF THE TOTAL NUMBER OF HEAD START FAMILIES IN 12.A, THE NUMBER OF FAMILIES IN WHICH THE FOLLOWING NEEDS WERE IDENTIFIED (COLUMN A), AND THE NUMBER WHICH RECEIVED SERVICES EITHER DIRECTLY OR BY REFERRAL FOR THOSE NEEDS (COLUMN B). (NOTE: This includes families for whom needs have been identified at any time during the operating period, whether or not a family assessment was completed. The same family may be counted in more than one category, but only count each family once in a given category.) *Must be numeric*

SERVICE	(A) FAMILIES WITH NEED IDENTIFIED	(B) FAMILIES WHICH RECEIVED SERVICES
1. EMERGENCY OR CRISIS ASSISTANCE, INCLUDING THE NEED FOR FOOD, HOUSING, CLOTHING, OR TRANSPORTATION.		
2. COUNSELING PROGRAMS OR INFORMATION ON MENTAL HEALTH ISSUES THAT PLACE THE FAMILY AT RISK, INCLUDING SUBSTANCE ABUSE, CHILD ABUSE AND NEGLECT, AND DOMESTIC VIOLENCE.		
3. EDUCATION OR EMPLOYMENT TRAINING.		

Must be numeric

D. THE NUMBER OF FAMILY SERVICE WORKERS. This would include anyone in the Social Service Component working directly with families. Include directors and coordinators in the calculation only if they work directly with families.	
E. OF THE TOTAL NUMBER OF HEAD START FAMILIES IN 12.A, THE NUMBER OF FAMILIES WHOSE INCOME EXCEEDS THE OMB POVERTY GUIDELINES - OVER INCOME. (This cannot be greater than the number in 12.A.)	
F. THE TOTAL NUMBER OF HEAD START FAMILIES RECEIVING BENEFITS UNDER THE FEDERAL TEMPORARY ASSISTANCE TO NEEDY FAMILIES PROGRAM. (Formerly AFDC Program)	

12.G. THE TOTAL NUMBER OF HEAD START FAMILIES BY FAMILY INCOME. (Use the definition of income in Transmittal Notice 79.1. The sum of 12.G.1 through 12.G.6 must equal 12.A, TOTAL NUMBER OF HEAD START FAMILIES.) *Must be numeric*

1. \$ 0 - 2,999		4. \$ 9,000 - 11,999	
2. \$ 3,000 - 5,999		5. \$ 12,000 - 14,999	
3. \$ 6,000 - 8,999		6. \$ 15,000 and over	

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H. THE TOTAL NUMBER OF HEAD START FAMILIES BY FAMILY TYPE. (Choose the most appropriate description of the immediate Head Start family. **The sum of 12.H.1 through 12.H.5 must equal 12.A, TOTAL NUMBER OF HEAD START FAMILIES.**) *Must be numeric*

1. TWO PARENT FAMILY		4. FOSTER FAMILY	
2. ONE PARENT FAMILY		5. OTHER LIVING ARRANGEMENT	
3. FAMILY HEADED BY OTHER RELATIVE(S)			

I. THE TOTAL NUMBER OF HEAD START FAMILIES BY TOTAL NUMBER OF CHILDREN IN THE FAMILY. (**The sum of 12.I.1 through 12.I.5 must equal 12.A, TOTAL NUMBER OF HEAD START FAMILIES.**) *Must be numeric*

1. ONE CHILD		4. FOUR CHILDREN	
2. TWO CHILDREN		5. FIVE OR MORE CHILDREN	
3. THREE CHILDREN			

J. OF THE TOTAL NUMBER OF HEAD START FAMILIES, THE NUMBER OF FAMILIES FOR WHICH THE EMPLOYMENT STATUS OF THE HEAD OF HOUSEHOLD IS AS FOLLOWS. Count each head of household in only one category. (**The sum of 12.J.1 through 12.J.6 must equal 12.A, TOTAL NUMBER OF HEAD START FAMILIES.**) *Must be numeric*

1. EMPLOYED FULL-TIME (35 HOURS PER WEEK OR MORE, YEAR AROUND)	
2. EMPLOYED PART-TIME OR SEASONALLY	
3. UNEMPLOYED	

K. OF THE TOTAL NUMBER OF HEAD START FAMILIES, THE NUMBER OF FAMILIES IN WHICH THE HEAD OF HOUSEHOLD IS IN TRAINING OR SCHOOL.	
--	--

L. CHILD CARE

1. THE NUMBER OF HEAD START FAMILIES IN WHICH FULL DAY, FULL-YEAR CHILD CARE IS NEEDED FOR THE ENROLLED HEAD START CHILD. (Include here all families in which the parents or other care givers are working or in training at least eight consecutive hours per day, including travel time.)	
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2. OF THE FAMILIES IDENTIFIED IN 12.L.1, THE NUMBER OF FAMILIES IN THE FOLLOWING CATEGORIES. *Must be numeric*

A. RECEIVE CHILD CARE THROUGH A FULL-YEAR, FULL-DAY HEAD START PROGRAM DESIGNED TO MEET THE CHILD CARE NEEDS OF THE PARENTS.	
B. RECEIVE CHILD CARE THROUGH THE HEAD START PROGRAM (OR ITS PARENT AGENCY), USING PRIMARILY NON-HEAD START FUNDS.	
C. RECEIVE PUBLICLY SUBSIDIZED CHILD CARE THROUGH AN AGENCY OTHER THAN THE HEAD START PROGRAM.	
D. RECEIVE CHILD CARE AT A PRIVATE DAY CARE CENTER OR HOME.	
E. LEAVE THEIR CHILD(REN) AT THE HOME OF A RELATIVE OR UNRELATED ADULT DURING THAT PART OF THE DAY THE CHILD IS NOT IN HEAD START	

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13. SERVICES FOR CHILDREN WITH DISABILITIES.

A. LOCAL EDUCATION AGENCY (LEA) *Must be numeric*

1. THE NUMBER OF LEAS SERVING CHILDREN FROM YOUR HEAD START SERVICE AREA.	
2. THE NUMBER OF LEAS SERVING CHILDREN IN YOUR SERVICE AREA THAT YOU HAVE A FORMAL WRITTEN AGREEMENT WITH ON DISABILITIES SERVICES.	

B. DOES A COORDINATOR FOR DISABILITY SERVICES WORK FULL-TIME OR PART-TIME FOR YOUR PROGRAM? (If your program has more than one coordinator for disability services, and one or more works full-time while the other(s) works part-time, X both 13.B.1 and 13.B.2.) *At least one box must be selected*

1. YES, FULL-TIME	
2. YES, PART-TIME	
3. (For Delegate Agencies only) NO COORDINATOR FOR DISABILITY SERVICES SPECIFICALLY FOR THIS PROGRAM, BUT THERE IS ONE AT THE GRANTEE LEVEL WHO SERVES THIS PROGRAM. (Only select this answer if you selected 2.D, on page 2. <i>If selected, skip question 13.C, go to question 13.D.</i>)	
4. NO COORDINATOR FOR DISABILITY SERVICES. (<i>If selected, skip question 13.C, go to question 13.D.</i>)	

C. WHICH OF THE FOLLOWING DEGREES OR LICENSES ARE HELD BY THE COORDINATOR(S) FOR DISABILITY SERVICES IN YOUR PROGRAM: (If you selected 13.B.3 or 13.B.4 do not answer this question, go to question 13.D.)

X all that apply

1. EARLY CHILDHOOD EDUCATION		4. PSYCHOLOGY	
2. SPECIAL EDUCATION		5. OTHER DEGREE OR LICENSE	
3. SPEECH PATHOLOGY/AUDIOLOGY		6. NO DEGREE OR LICENSE	

D. STEPS YOU HAVE TAKEN THIS YEAR TO ENROLL AND SERVE CHILDREN WITH MORE SIGNIFICANT DISABILITIES.

X all that apply. At least one box must be selected

1. OUTREACH TO AND RECRUITMENT FROM LOCAL PART H COORDINATOR.	
2. TRAIN STAFF ON RECRUITMENT AND ENROLLMENT STRATEGIES.	
3. MAKE ACCOMMODATIONS IN PROGRAM FACILITIES OR PRACTICES TO ENABLE PARTICIPATION OF CHILDREN WITH MORE SIGNIFICANT DISABILITIES.	
4. SHARING SERVICES WITH OTHER AGENCIES (E.G., JOINT PLACEMENT, TRANSPORTATION, JOINT FUNDING).	
5. NO STEPS TAKEN.	

NOTE: If you selected 13.D.5, 13.D.1 through 13.D.4 must be blank.

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13.E. NUMBER OF CHILDREN ENROLLED IN YOUR PROGRAM WHO WERE DETERMINED BY A MULTI-DISCIPLINARY TEAM TO HAVE A DISABILITY(IES) DURING THE FOLLOWING TIME PERIODS: (If answer is zero, enter 0. **The sum of 13.E.1 through 13.E.4 must equal 13.E.5.**)

Must be numeric

1. PRIOR TO RECRUITMENT INTO THE HEAD START PROGRAM FOR THIS OPERATING YEAR.	
2. BETWEEN TIME OF RECRUITMENT AND JANUARY 31, 1997.	
3. FROM FEBRUARY 1, 1997 THROUGH THE END OF THE OPERATING PERIOD.	
4. CHILDREN IN THEIR SECOND OR THIRD YEAR OF HEAD START WHO WERE DETERMINED TO HAVE A DISABILITY(IES) IN A PREVIOUS OPERATING PERIOD.	
5. TOTAL CHILDREN DETERMINED TO HAVE A DISABILITY(IES). (The sum of Question 13.E.1 through 13.E.4.)	
6. OF THE TOTAL CHILDREN DETERMINED TO HAVE A DISABILITY(IES) IN 13.E.5, THE NUMBER WHO DROPPED OUT AT ANY TIME DURING THIS OPERATING PERIOD. (Do not count as drop-outs children who dropped out during this operating and later re-enrolled. This cannot be greater than 13.E.5, nor can it be greater than 10.A, NUMBER OF CHILDREN WHO DROPPED OUT, on page 10.)	
7. OF THE TOTAL CHILDREN DETERMINED TO HAVE A DISABILITY(IES) IN 13.E.5, THE NUMBER WITH AN INDIVIDUAL EDUCATION PLAN.	
8. OF THE CHILDREN REPORTED IN 13.E.7, THE NUMBER WITH AN INDIVIDUAL EDUCATION PLAN COSIGNED BY A REPRESENTATIVE OF THE LOCAL EDUCATION AGENCY (LEA). (This cannot be greater than 13.E.7.)	

F. NUMBER OF CHILDREN ACTUALLY ENROLLED WHO WERE DETERMINED BY A MULTI-DISCIPLINARY TEAM TO HAVE A DISABILITY(IES) IN EACH OF THE FOLLOWING AGE GROUPS: (Use the age of the child as of the date used by your local school system in determining eligibility for public school. If answer is zero, enter 0. **The sum of 13.F.1 through 13.F.7 must equal 13.E.5 above, TOTAL CHILDREN DETERMINED TO HAVE A DISABILITY(IES).**)

NOTE: The number of children having a disability(ies) for an age group cannot be greater than the number of children actually enrolled for that age group. For example, 13.F.1, the number of children having a disability(ies) under 1 year cannot be greater than 9.C.1, the number of children actually enrolled under 1 year. This logic applies for Questions 13.F.1 through 13.F.7. **Refer to 9.C.1 through 9.C.7, ACTUAL ENROLLMENT BY AGE COMPOSITION, on page 7.**

Number of Children with a disability(ies)

1. UNDER 1 YEAR		5. 4 YEARS OLD	
2. 1 YEAR OLD		6. 5 YEARS OLD	
3. 2 YEARS OLD		7. 6 YEARS AND OLDER	
4. 3 YEARS OLD			

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13.G. IN COLUMN (A) INDICATE THE NUMBER OF CHILDREN ENROLLED DURING THIS OPERATING PERIOD WHOSE PRIMARY OR MOST SIGNIFICANT DISABILITY HAS BEEN DETERMINED TO BE ONE OF THOSE LISTED BELOW. (If there are no children with that particular disability in your program, enter 0.)

NOTE: The sum of 13.G.1.A through 13.G.12.A, column A, must equal 13.E.5, the TOTAL CHILDREN DETERMINED BY A MULTI-DISCIPLINARY TEAM TO HAVE A DISABILITY(IES), on page 16.

IN COLUMNS (B), (C), AND (D) INDICATE THE NUMBER WHO, ACCORDING TO THE IEP (INDIVIDUAL EDUCATION PLAN) OR THE IPP (INDIVIDUAL PROGRAM PLAN), RECEIVE SPECIAL EDUCATION OR RELATED SERVICES BY SOURCE.

NOTE: The sum of the number of children receiving services by disability cannot be greater than the number of children with that disability. For example the sum of children with health impairment receiving services from HEAD START ONLY [column (B)] + OTHER AGENCY ONLY [column (C)] + BOTH HEAD START AND OTHER AGENCY [column (D)] cannot be greater than the number of children with health impairment [column (A)].

Number of children receiving special services by source

DIAGNOSED DISABILITY	(A) NO. OF CHILDREN	(B) HEAD START ONLY	(C) OTHER AGENCY ONLY	(D) BOTH HEAD START AND OTHER AGENCY
1. HEALTH IMPAIRMENT				
2. EMOTIONAL/BEHAVIORAL DISORDER				
3. SPEECH OR LANGUAGE IMPAIRMENTS				
4. MENTAL RETARDATION				
5. HEARING IMPAIRMENT INCLUDING DEAFNESS				
6. ORTHOPEDIC IMPAIRMENT				
7. VISUAL IMPAIRMENT INCLUDING BLINDNESS				
8. LEARNING DISABILITIES				
9. AUTISM				
10. TRAUMATIC BRAIN INJURY				
11. NON-CATEGORICAL/DEVELOPMENTAL DELAY				
12. MULTIPLE DISABILITIES INCLUDING DEAF-BLIND				

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14. TYPE OF FACILITIES (The sum of 14.B, 14.C, and 14.D must equal 14.A.)

Must be numeric

A. THE TOTAL NUMBER OF CENTERS USED BY YOUR PROGRAM	
B. OF THE TOTAL NUMBER OF CENTERS IN 14.A, THE NUMBER OF CENTERS YOUR PROGRAM OWNS.	
C. OF THE TOTAL NUMBER OF CENTERS IN 14.A, THE NUMBER OF CENTERS YOUR PROGRAM RENTS.	
D. OF THE TOTAL NUMBER OF CENTERS IN 14.A, THE NUMBER OF CENTERS YOUR PROGRAM USES FOR FREE OR AT A REDUCED PRICE.	
E. OF THE TOTAL NUMBER OF CENTERS IN 14.A, HOW MANY ARE MODULAR BUILDINGS?	

15. TRANSPORTATION

Must be numeric

A. THE NUMBER OF CHILDREN FOR WHOM YOUR PROGRAM PROVIDES TRANSPORTATION TO AND FROM THE CLASSROOM. (This cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT.)	
B. OF THE NUMBER OF CHILDREN IN 15.A, THE NUMBER OF CHILDREN TRANSPORTED IN EACH OF THE FOLLOWING CATEGORIES. (The sum of 15.B.1 through 15.B.5 cannot be greater than 9.C.8, TOTAL ACTUAL ENROLLMENT.)	

Must be numeric

1. AGENCY-OWNED VEHICLES		4. PUBLIC SCHOOL BUS	
2. LEASED VEHICLES		5. OTHER	
3. CONTRACT WITH COORDINATED TRANSPORTATION SYSTEM			

C. THE NUMBER OF VEHICLES CURRENTLY OWNED BY YOUR PROGRAM AND USED DURING THE PROGRAM YEAR TO TRANSPORT CHILDREN TO AND FROM THE CLASSROOM. In the *Needs Replacement* category (D), indicate the number of vehicles that will need replacement in the next year, regardless of the age or mileage of the vehicles. **NOTE:** For each type of vehicle, the columns (B), (C), and (D) cannot be greater than column (A).

Must be numeric

TYPE OF VEHICLE	(A) TOTAL NUMBER	(B) OVER 100,000 MILES	(C) OVER 5 YEARS OLD	(D) NEEDS REPLACEMENT
1. BUS, GWVR > 10,000 LBS				
2. MINI-BUS, GWVR < 10,000 LBS				
3. VAN				
4. CAR				
5. OTHER				

D. THE NUMBER OF AGENCY-OWNED OR LEASED VEHICLES USED FOR PURPOSES *OTHER THAN TRANSPORTING CHILDREN TO AND FROM THE CLASSROOM*. **NOTE:** Multipurpose vehicles that are used primarily for transportation to and from the center should be counted in question 15.C. **Do not include vehicles here that are counted in 15.C.**

Must be numeric

1. STAFF TRAVEL ONLY	
2. MEDICAL AND OTHER SERVICES	
3. HOME VISITOR (HOME-BASED PROGRAMS)	

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GAO Contacts and Staff Acknowledgments

GAO Contacts

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Staff Acknowledgments

In addition to those named above, the following individuals made important contributions to this report: Deborah Edwards developed the survey, performed the statistical analyses, and co-wrote the report; Donnesha Correll co-wrote the report and managed survey operations; Wayne Dow performed the statistical analyses; Liz Williams edited the report; and Ann McDermott created the report graphics.

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