

2013 Program Report Card: Head Start (Connecticut State Department of Education)

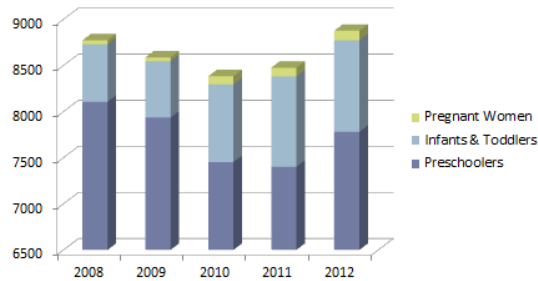
Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Head Start is a federal program that provides comprehensive, two-generational services to pregnant women, infants and toddlers (Early Head Start) and preschoolers (Head Start) and their families, primarily those with incomes at or below the federal poverty line.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$5.66M	\$58.6M	\$14.7M	\$78.99M
Estimated SFY 13	\$5.66M	\$58.6M	\$14.7M	\$78.99M

Partners: Departments of Social Services, Children and Families, Development Services, Head Start Directors Associations, Early Childhood Cabinet, school districts

How Much Did We Do? Cumulative Enrollment

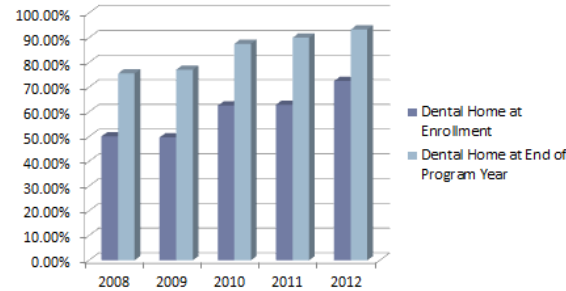


Story behind the baseline:

Head Start funds go directly to local communities and do not flow through the state. Because Head Start recognizes the complexity of factors that face families in deep poverty and that can interfere with disadvantaged children's school attendance and success, Head Start offers a comprehensive array of health, dental, mental health, nutrition, education, disability, and family support services. State funding of the Head Start State Supplement through the State Department of Education and recently federal Maternal Infant and Early Childhood Home Visiting funds through the Department of Public Health help extend Head Start services to additional families in Connecticut with incomes below the federal poverty line and who experience complex challenges. Last year nearly 9,000 children were served by Head Start programs in Connecticut.

Trend: ◀▶

How Well Did We Do It? The percentage of children enrolled in Head Start/Early Head Start who obtained continuous accessible dental services (Dental Home) within the prior 12 months of the closing of the program year.



Story behind the baseline:

Due to the high incidence of dental disease in young children living in poverty and the negative impact this can have on children's health and learning, oral health is a national priority in Head Start. Children who live with dental pain are less likely to focus on learning and thus are less likely to be ready for school. In 2008 CT Head Start programs began working to establish partnerships with dental providers and to improve oral health education and access to dental evaluations and treatment. Over the past five years, data have consistently indicated that 17% of Head Start children require treatment for dental disease. Attention to these needs has resulted in greater access to dental services. During the 2012 program year, nearly 2,000 additional children in Connecticut gained access to a dental home.

Trend: ▲

How Well Did We Do It?: The percentage of families determined through the Family Partnership Agreement process to be in need of services who were referred to and received social service assistance during the Head Start program year.



Story behind the baseline:

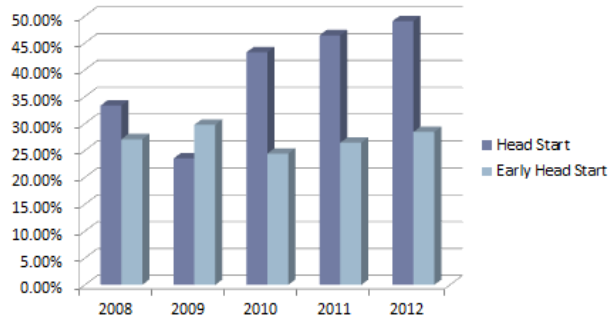
Head Start is a two-generational model that provides supports and opportunities for parents. These include social services that address family needs including those for fathers and other male family members. Many supports address issues of economic security and involve accessing services like housing, medical care, and jobs. Others focus on intervention and services to improve the social and emotional wellbeing, e.g., those aimed at alleviating domestic violence, substance abuse or child abuse and neglect. Parent, family and community engagement are key aspects of quality Head Start programs and strong and healthy families are critically important to ensure that children are healthy and able to learn. Data demonstrate an increase in the number of families seeking and receiving the supports they need.

Trend: ▲

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Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

How Well Did We Do It? The percentage of Head Start and Early Head Start classroom teachers with a Bachelor Degree or higher.

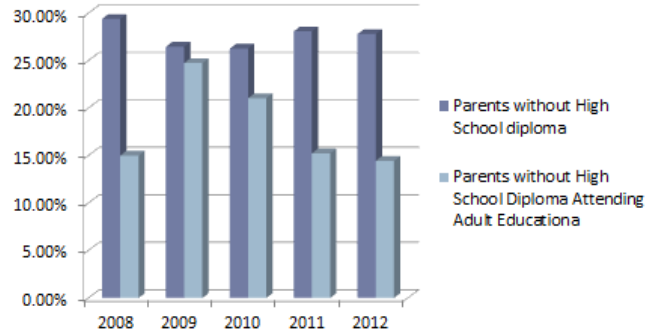


Story behind the baseline:

The Head Start Act requires that by September 30, 2013 half of preschool teachers nationwide must possess a bachelor degree. In 2012 49% held a bachelor degree and each year programs have made strong gains to meet this national goal in our state and Head Start programs are well positioned to meet the 2015 Connecticut goal. In contrast, Early Head Start teachers must possess at least a CDA infant toddler credential and about 25% hold a bachelor degree. Looking ahead to meeting Connecticut standards, despite gains made, Head Start preschool programs will be challenged to reach Connecticut goals for 2020 of 100% with a bachelor degree and Early Head Start will be hard pressed to meet Connecticut's 2015 (50%) and 2020 (100%) goals. Low salaries, insufficient scholarship assistance, limited time available to participate in courses, compressed time to complete necessary coursework to obtain degrees, as well as attrition will be major barriers to meeting state goals. Fifty-nine percent of home visitors possess at least a bachelor degree.

Trend: ▲

Is Anyone Better Off? The percentage of Head Start parents lacking a high school diploma who received Basic Adult Education services.



Story behind the baseline:

Parent educational attainment remains the most potent predictor of a child's school success. About a quarter of parents in Head Start do not have a high school diploma and helping parents continue their education is important. Data indicate that although in prior years participation in Basic Adult Education had been increasing, since 2009 the trend has reversed and fewer are taking advantage of this resource to complete their high school degree. Because of competing economic demands, parents may not be able to focus on furthering their education, especially while they have young children in the home. It would be helpful for Head Start programs to explore barriers and potential strategies for changing this downward trend.

Trend: ▼

Is Anyone Better Off? Percent of kindergarteners in 13 districts needing substantial instructional support in at least one area – see Population Indicator which includes children who attend Head Start.

Proposed Actions to Turn the Curve:

- Continue to support families to obtain dental and other health care to both identify and treat health/dental care needs in a timely manner.
- Continue to provide social supports for parents and families and strengthen partnerships with community providers to best serve families so they can be healthy and strong and provide safe and nurturing homes for their children.
- Explore ways to enhance supports for parents who lack a high school diploma and revisit partnership with such supports as Basic Adult Education and Even Start.
- Continue to work with higher education and the Office of Early Childhood on the design and expansion of higher education programs to meet the needs of teachers and create the supports that ensure a strong and quality workforce for all of our youngest children.

Data Development Agenda:

- Continue to analyze Head Start Program Information Report (PIR) data annually to track progress and monitor trends
- Closely monitor data on degree attainment of teachers and assistant teachers through the PIR and when available CT's ECE Registry along with the capacity data on higher education availability and accessibility.
- Work with Office of Early Childhood to monitor Kindergarten Inventory data for progress on meeting state goals for children's school readiness.