

Early Head Start and Head Start Community Needs Assessment: Executive Summary

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The federally funded Early Head Start (EHS) and Head Start (HS) programs have provided early childhood education opportunities and comprehensive supports for low-income children and families since 1995 and 1965, respectively. This report examines the strengths and needs of children and families served by EHS and HS in the District of Columbia. In alignment with the Head Start Program Performance Standards (HSPPS), which require grantees to conduct a community needs assessment every five years, this report will present information about the number of eligible children and families and their demographics, including children experiencing homelessness, children in foster care, and children with disabilities and developmental delays; the strengths and needs of the eligible population of children and families; and the resources available to these children and families. The report will conclude with considerations for the DC Office of the State Superintendent of Education (OSSE)—who oversees early childhood programs throughout DC—on approaches for allocating resources to best support the needs of EHS- and HS-eligible families.

Early Head Start and Head Start program participants

The District of Columbia's (DC) Early Head Start (EHS) and Head Start (HS) programs are offered through child care providers and pre-K programs, including child care centers, community-based organizations, family child care homes, DC Public Schools (DCPS), and a small number of programs at charter schools administered by United Planning Organization (UPO). In addition, four agencies offer the EHS Home-Based (EHS-HB) option, which provides home visiting services to children and families across the city.

Eligible children and families

In 2018, there were an estimated 45,490 children from birth to age 5 living in DC.¹ According to estimates from 2014-2018, 23 percent of children in this age range were living below 100 percent of the federal poverty line (FPL). For these young children, access to high-quality early care and education is a particularly important resource to support their healthy development and well-being. EHS and HS programs were designed to promote school readiness for children from low-income families, including children experiencing homelessness, children in foster care, and children with special needs, and to provide comprehensive services and supports to parents and caregivers.

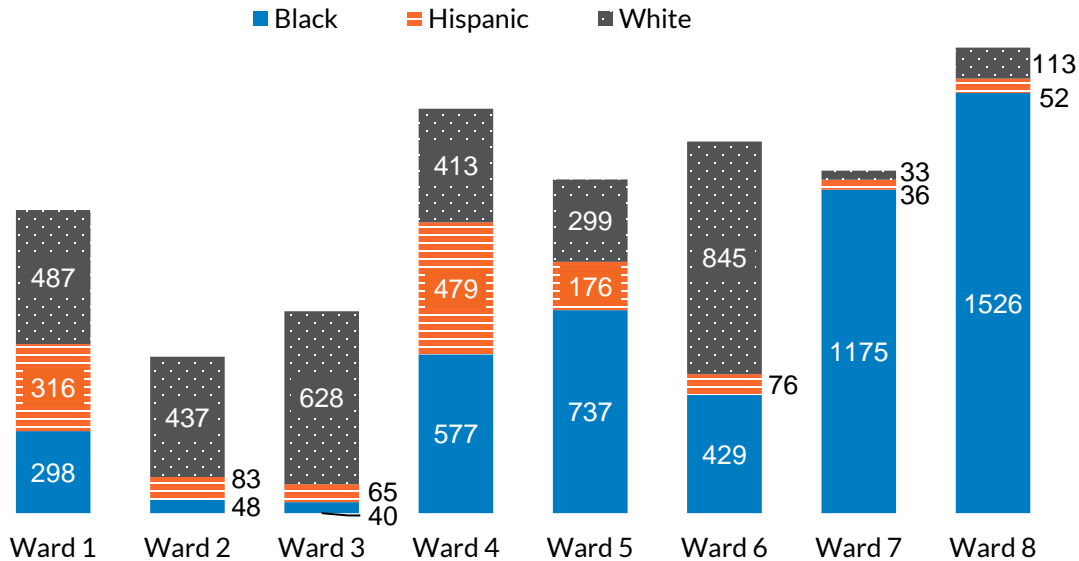


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For more information about the topics in this executive summary, visit <https://osse.dc.gov/qin>

The District of Columbia is a city of racial and ethnic diversity. The majority of DC residents are people of color, a trend that will be true across the nation by 2044.^{xiv} The same is true for children from birth to age 5 in DC, the majority (51%) of whom are Black or African American.ⁱⁱ

Figure A. Number of children from birth to age 5 in DC, by race

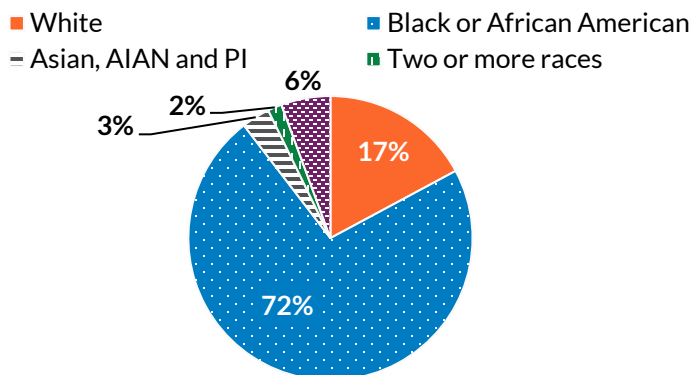


Note: Data in this figure comes from KIDSCOUNT, which reports race and ethnicity together. Data on Hispanic children includes Hispanic children of any race.

Source: DC Department of Health, 2014 Infant Mortality Report (from KIDSCOUNT.org)ⁱⁱ

The District of Columbia—like many other cities in our nation—struggles with a long history of economic and racial inequality. In fact, in DC, residents who identify as Black or African American¹ are disproportionately represented (72%) among households living below 100 percent of the FPL. This disparity is even greater for DC’s youngest residents: 85 percent of children from birth to age 5 living in poverty in DC are Black or African American.

Figure B. Population under 100 percent of the FPL in DC, by race

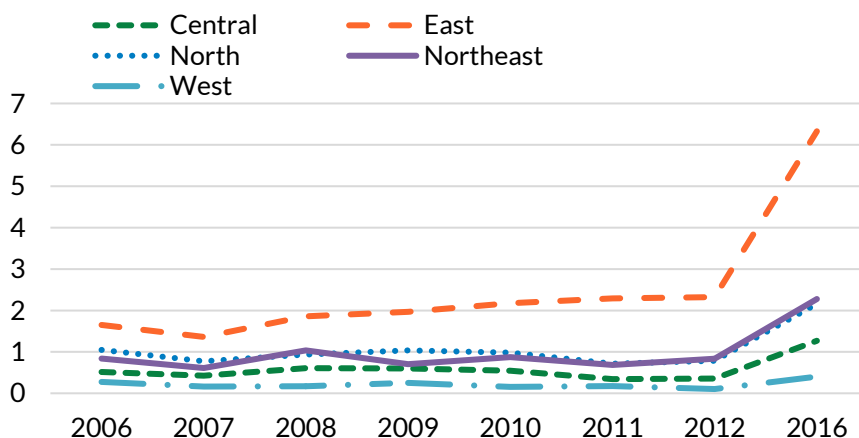


Source: IPUMS USA 5-year data (2014–2018)

¹ The Census questionnaire uses “Black or African American” instead of “Black.”

Families experiencing poverty face a range of challenges, including employment and housing instability. Housing instability has become a major challenge for families in certain parts of DC as the city increasingly gentrifies and rents rise. From 2006 to 2014, eviction rates increased across DC, with particularly high increases in the eastern parts of the city (Figure C).

Figure C. Mean eviction rate trend by Public Use Microdata Area (PUMA) in DC



Source: Eviction Lab National Database (2018).ⁱⁱⁱ

In addition to income eligibility, EHS and HS programs can reserve slots for children and pregnant women experiencing homelessness and for children in foster care. In addition, the HSPPS mandates that programs serve children with disabilities in at least 10 percent of its funded slots.^{iv} In 2017, DC served 846 children with disabilities, 461 children experiencing homelessness, and 35 children in foster care through EHS and HS.^v

In DC, during the 2018-2019 program year, there were 5,486 funded HS slots and 1,766 funded EHS slots. DCPS served most HS children while UPO served the majority of EHS children. A total of 5,462 children ages 3 to 5 enrolled in HS, while a total of 4,209 children enrolled in EHS.² Pregnant women are also served by EHS and HS programs. In total, grantees served 126 pregnant women during the 2018-2019 program year.

Strengths and needs

Information about the strengths and needs of Early Head Start (EHS) and Head Start (HS) programs comes from interviews with EHS and HS teachers, families, and key stakeholders.

Strengths

- Family and community strengths.** EHS and HS programs in the District of Columbia (DC) are situated in strong, tight-knit communities where neighbors support one another. Teachers often have the opportunity to work with multiple children from the same family and stay connected with families as children get older. In addition, EHS and HS families refer one another to the program, thereby facilitating enrollment. Families, many of whom are deeply invested in their children's learning and development, find opportunities to engage with their EHS and HS programs and to learn from their

² Enrollment totals do not match total funded slots. As children transition out of EHS and HS and slots open up, programs are able to serve additional children.

children's teachers. Programs are also often situated in communities that have a wealth of resources available to support families through community-based organizations (CBO) and social service agencies.

- **Program strengths.** Parents and caregivers identified EHS and HS teachers, staff, and curricula as key strengths of the program. EHS and HS also offer supportive services to children and families, including health screenings and services for children and connecting families with resources to assist with housing and employment.
- **Systems-level strengths.** Departments and agencies that serve families and children in DC share strong coordination. This facilitates information sharing and ensures that families are connected with the resources they need. For EHS teachers in particular, the Quality Improvement Network (QIN) provides critical support for their work; other agencies and departments also felt as though they had strong relationships with the QIN.

Challenges

- **Family and community challenges.** Families served by EHS and HS face a range of challenges. Most notably, many families struggle to find secure and stable housing, particularly in light of rising rents stemming from gentrification. Parents and caregivers also expressed concerns about safety in their communities. In addition, families face challenges with accessing transportation and stable physical and mental health care. Finally, EHS and HS teachers noted emerging challenges with substance use in the home when children are present, in light of DC's decision to legalize marijuana in 2015.
- **Program challenges.** Teachers and program staff are working to adjust to growth in the number of children and families whose primary language is not English, with increases noted particularly in the number of children and families who speak Spanish. While teachers have some supports available for translation, they noted a need for more on-site program staff who speak Spanish to more effectively meet the day-to-day needs of children and families. Teachers also expressed an interest in expanded professional development opportunities, particularly those that address working with children and families experiencing trauma and with children who have behavioral challenges.
- **Systems-level challenges.** Stakeholders expressed a need for more support to connect with families whose contact information changes frequently, including families experiencing homelessness and children in the foster care system. In addition, stakeholders indicated a need for more child care slots across DC that meet the needs of children with special needs and infants and toddlers. Parents and caregivers echoed this need, sharing challenges with finding open child care slots. Parents and caregivers also had some challenges navigating the child care subsidy and voucher system. Finally, stakeholders, parents, and caregivers noted some challenges with siloed services or being asked to submit the same information multiple times during the enrollment process.

Program needs and future planning considerations

The District of Columbia (DC) has long been a leader in access to early childhood education opportunities for its residents. To continue supporting children and families and to meet their changing needs, we highlight several key considerations for the Office of the State Superintendent of Education (OSSE).

- **Continue to expand the number of child care slots available in DC, particularly at sites that accept subsidy.** Early Head Start (EHS) and Head Start (HS) are meeting the needs of children and families across DC, and OSSE and DC have grants and initiatives underway aimed at increasing slots. However, further expansion efforts or investment in child care partnerships could help meet enrollment needs for children and families.
- **Require standardized data reporting at multiple intervals throughout the school year.** To better capture the changes that families experience between enrollment and the rest of the EHS and HS year

across programs, requiring Program Information Report (PIR) updates throughout the year would ensure that family information is up to date.

- **Conduct a professional development needs assessment that examines differences across sites and wards.** Surveying EHS and HS teachers and program staff can inform new professional development opportunities. In addition, surveying families about their needs may also provide insight into emerging areas where programs may require additional professional development (e.g., needs that change in the aftermath of COVID-19).
- **Offer additional training and professional development opportunities focused on trauma and behavioral challenges.** EHS and HS teachers expressed an interest in more training focused on addressing trauma and behavioral challenges in the classroom.
- **Support programs with additional resources for communicating with linguistically diverse children and families.** As the number of children and families who speak Spanish and other languages grows within programs, prioritizing the hiring of teachers and staff who speak these languages will help programs better meet their needs.
- **Seek out partnerships to expand availability and access to mental health services for young children and families.** Partnering with institutes of higher education, developing contracts with mental health providers, and exploring telehealth options may help provide programs with the mental health resources they need to meet the needs of families.
- **Seek out partnerships to provide additional support for transportation for families.** Some families, especially those in wards 7 and 8 and families of children with special needs, face challenges with accessing transportation. Seeking out partnerships with community organizations that can provide transportation or provide funding for transportation may help fill this need.
- **Seek partnerships with community-based economic development initiatives to ensure an EHS and HS voice in changes.** Families face many challenges, including challenges finding stable employment. Partnering with community-based economic development initiatives can help ensure that the needs of EHS and HS families and providers are reflected in plans for community economic development.
- **Coordinate with health care providers to support access to services for families and information sharing.** There can be a gap in communication between health care providers and families. Training EHS and HS program staff to support families with communication could help fill this gap, as could providing information to health care providers about EHS and HS.
- **Share findings from this community needs assessment with key stakeholders, including EHS and HS teachers and families.** Sharing information will allow for collaborative planning around next steps to further support communities and families served by EHS and HS in DC.
- **Monitor and assess the impact of COVID-19 on children, families, and teachers.** Report recommendations reflect broader needs identified by the community prior to the COVID-19 pandemic. Ongoing monitoring and assessment of program and family needs can identify new areas for support during the pandemic and in its aftermath.

ⁱ Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Matthew Sobek (2020). IPUMS USA: Version 10.0 [2014–18 American Community Survey five-year estimates]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V10.0>

ⁱⁱ KIDSCOUNT, DC Department of Health (2014) Infant Mortality Report. Retrieved from <https://datacenter.kidscount.org/data/tables/7450-births-by-race-ethnicity-by-ward#detailed/3/any/false/869.36.868.867.133.38.35.18.17.16/2159,2157,2664,2160,2973,2319,2322/14539>

ⁱⁱⁱ Desmond, M., Gromis, A., Edmonds, L., Hendrickson, J., Krywokuski, K., Leung, L., and Porton, A. Eviction Lab National Database: Version 1.0. Princeton University. Retrieved from www.evictionlab.org.

^{iv} Head Start Program Performance Standards, 45 CFR § 1302.14

^v The National Head Start Association (2017). *2017 District of Columbia Head Start Profile*. NHSA.