



## 2025-2026 HEAD START PROGRAM INFORMATION REPORT

### Background and Purpose

In 1978, Head Start began the first uniform collection of Head Start program data to describe the nation's programs. From the mid-1980s on, the Head Start Program Information Report (PIR) has been the principal source of basic information about Head Start services. The PIR is not intended to assess compliance with the Head Start Program Performance Standards or other regulations. The primary purpose of the PIR is to make data available about local Head Start programs to a broad audience including the public, researchers, policymakers, Congress, local and state early childhood entities, Head Start staff, and many others. For example, the PIR makes data publicly available on the number of enrolled children experiencing homelessness, in foster care, and with disabilities. The PIR shows how program data changes or remains stable over time, which may impact policies, research papers, public perception, federal initiatives, and much more.

Head Start programs are flexible by design and in their approach to meet the needs of their community. Head Start programs gather data via self-assessments, set goals and track progress towards those goals, and use data to continuously improve. As such, the PIR provides data on select foundational elements of the program and is not intended to reflect the robust data individual programs collect and track to inform their operations and long-term planning. For example, the PIR provides general information about teacher qualifications, but local Head Start programs collect more detail about their staffing credentials and professional development.

### Reporting Requirements

The annual Head Start PIR must be completed by all programs funded by the federal government to operate Head Start programs. A separate PIR must be completed for each grant recipient and each delegate agency. Separate reports must be completed for Head Start Preschool and Early Head Start programs.

### Deadline

The 2025-2026 PIR is due no later than **August 31, 2026**. Programs are encouraged to submit their reports as soon as their program year is complete.

### Submitting the PIR

All programs are required to submit PIR data electronically using the Head Start Enterprise System (HSES), located at <http://hses.ohs.acf.hhs.gov/hsprograms>.

Delegate programs submit PIRs to the grant recipient for review and approval in HSES. Grant recipients submit their grant recipient and delegate program PIRs through HSES.

There are three steps to submitting the PIR:

1. Input or upload the PIR, review and answer all questions
2. Use the system validation functions to check the program's PIR for errors and make any necessary corrections
3. If validation is successful, mark the PIR complete

### Guidance and Reference Materials

2025-2026 PIR guidance, reference materials, change highlights, and frequently asked questions are available at <https://headstart.gov/program-data/article/program-information-report-pir>.

Programs are encouraged to reference this copy of the 2025-2026 PIR Form as they are collecting and preparing their data for submission.

### Assistance and Support

Please contact the HSES Help Desk at [help@hsesinfo.org](mailto:help@hsesinfo.org) or (866) 771-4737 if you require assistance with reporting.

# CONTENTS

|                                                                                                  |    |
|--------------------------------------------------------------------------------------------------|----|
| 2025-2026 Head Start Program Information Report.....                                             | 1  |
| A. Program Information.....                                                                      | 4  |
| General Information.....                                                                         | 4  |
| PIR Reporting Timeframes.....                                                                    | 5  |
| Funded Enrollment.....                                                                           | 6  |
| Funded enrollment by funding source.....                                                         | 6  |
| Funded enrollment by program option.....                                                         | 6  |
| Funded slots at child care partner.....                                                          | 7  |
| Classes in Center-based.....                                                                     | 8  |
| Cumulative Enrollment.....                                                                       | 8  |
| Children by age.....                                                                             | 8  |
| Pregnant women (EHS programs).....                                                               | 8  |
| Total cumulative enrollment.....                                                                 | 9  |
| Primary type of documentation used for determining eligibility.....                              | 9  |
| Prior enrollment.....                                                                            | 10 |
| Transition and turnover (HS Preschool programs).....                                             | 10 |
| Transition and turnover (EHS programs).....                                                      | 12 |
| Transition and turnover (Migrant and Seasonal programs).....                                     | 13 |
| Attendance.....                                                                                  | 13 |
| Child care subsidy.....                                                                          | 13 |
| Race and/or ethnicity.....                                                                       | 14 |
| Primary language of family at home.....                                                          | 16 |
| Dual language learners.....                                                                      | 16 |
| Transportation.....                                                                              | 17 |
| Record Keeping.....                                                                              | 17 |
| Management information systems.....                                                              | 17 |
| B. Program Staff & Qualifications.....                                                           | 18 |
| Total Staff.....                                                                                 | 18 |
| Staff by type.....                                                                               | 18 |
| Total Volunteers.....                                                                            | 18 |
| Volunteers by type.....                                                                          | 18 |
| Education and Child Development Staff.....                                                       | 19 |
| Preschool classroom and assistant teachers (HS Preschool and Migrant and Seasonal programs)..... | 19 |
| Preschool classroom teachers program enrollment.....                                             | 20 |
| Preschool classroom assistant teachers program enrollment.....                                   | 20 |
| Infant and toddler classroom teachers (EHS and Migrant and Seasonal programs).....               | 21 |
| Home visitors and family child care provider staff qualifications.....                           | 22 |
| Classroom teacher salary by level of education.....                                              | 23 |
| Average salary.....                                                                              | 23 |
| Race and/or ethnicity.....                                                                       | 24 |
| Language.....                                                                                    | 26 |
| Staff Turnover.....                                                                              | 27 |
| All staff turnover.....                                                                          | 27 |
| Education and child development staff turnover.....                                              | 27 |
| C. Child & Family Services.....                                                                  | 29 |
| Health Services.....                                                                             | 29 |
| Health insurance – children.....                                                                 | 29 |
| Health insurance - pregnant women (EHS programs).....                                            | 29 |
| Medical.....                                                                                     | 30 |
| Accessible health care - children.....                                                           | 30 |
| Accessible health care - pregnant women (EHS Programs).....                                      | 30 |
| Medical services – children.....                                                                 | 30 |
| Body Mass Index (BMI) –children (HS Preschool and Migrant and Seasonal programs).....            | 32 |
| Immunization services - children.....                                                            | 32 |
| Medical and wellbeing services – pregnant women (EHS programs).....                              | 33 |
| Prenatal health – pregnant women (EHS programs).....                                             | 33 |
| Newborn visit – pregnant women (EHS programs).....                                               | 33 |
| Oral health.....                                                                                 | 34 |

|                                                                                                    |    |
|----------------------------------------------------------------------------------------------------|----|
| Accessible dental care – children.....                                                             | 34 |
| Mental health consultation.....                                                                    | 35 |
| Disabilities Services.....                                                                         | 35 |
| IDEA eligibility determination.....                                                                | 35 |
| Preschool disabilities services (HS Preschool and Migrant and Seasonal programs).....              | 36 |
| Infant and toddler Part C early intervention services (EHS and Migrant and Seasonal programs)..... | 36 |
| Preschool primary disabilities (HS Preschool and Migrant and Seasonal programs).....               | 37 |
| Education and Development Tools/Approaches.....                                                    | 38 |
| Screening.....                                                                                     | 38 |
| Assessment.....                                                                                    | 39 |
| Curriculum.....                                                                                    | 40 |
| Classroom and home visit observation tools.....                                                    | 44 |
| Family and Community Partnerships.....                                                             | 44 |
| Number of families.....                                                                            | 44 |
| Parent/guardian education.....                                                                     | 45 |
| Employment, Job Training, and School.....                                                          | 46 |
| Federal or other assistance.....                                                                   | 47 |
| Family services.....                                                                               | 47 |
| Father / male caregiver engagement.....                                                            | 48 |
| Homelessness services.....                                                                         | 49 |
| Foster care and child welfare.....                                                                 | 49 |
| D. Grant Level Questions.....                                                                      | 50 |
| Intensive coaching.....                                                                            | 50 |
| Management Staff Salaries.....                                                                     | 50 |
| Education Management Staff Qualifications.....                                                     | 51 |
| Family Services Staff Qualifications.....                                                          | 51 |
| Formal Agreements for Collaboration.....                                                           | 52 |

The Paperwork Reduction Act of 1995 (Public Law 104-13) Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing collection information. The project description is approved under the Office of Management and Budget (OMB) control number 0970-0427 with an expiration date of 6/30/2025. An agency may not collect or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## A. PROGRAM INFORMATION

### GENERAL INFORMATION

The General Information data already exists in HSES. HSES provides the ability for programs to update this information as changes occur. Programs are asked to verify the accuracy and, if necessary, update the following information.

Note: Programs can make changes to Agency Type and Agency Description, if incorrect, by sending an email to the HSES Help Desk at [help@hsesinfo.org](mailto:help@hsesinfo.org) and copying the assigned Program Specialist.

| HSES Data                                     | Value Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grant Number                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Delegate Number                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Program Type                                  | <ul style="list-style-type: none"> <li>• Head Start Preschool</li> <li>• Early Head Start</li> <li>• Migrant &amp; Seasonal Head Start</li> </ul>                                                                                                                                                                                                                                                                                                                                             |
| Program Name                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Program Address                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Program City, State, Zip Code (5+4)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Program Phone Number                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Head Start or Early Head Start Director Name  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Head Start or Early Head Start Director Email |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Agency Email                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Agency Web Site Address                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name and Title of Approving Official          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unique Entity Identifier (UEI)                | On April 4, 2022, the Data Universal Numbering System (DUNS) Number was replaced by a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). This identifier is the Unique Entity Identifier (UEI).                                                                                                                                                                                                                                      |
| Agency Type                                   | <ul style="list-style-type: none"> <li>• Community Action Agency (CAA)</li> <li>• School System</li> <li>• Charter School</li> <li>• Private/Public Non-Profit (Non-CAA) (e.g., church or non-profit hospital)</li> <li>• Private/Public For-Profit (e.g., for-profit hospitals)</li> <li>• Government Agency (Non-CAA)</li> <li>• Tribal Government or Consortium (American Indian/Alaska Native)</li> </ul>                                                                                 |
| Agency Description                            | <ul style="list-style-type: none"> <li>• Grant recipient that directly operates program(s) and has no delegates</li> <li>• Grant recipient that directly operates programs and delegates service delivery</li> <li>• Grant recipient that maintains central office staff only and operates no program(s) directly</li> <li>• Grant recipient that delegates all of its programs; it operates no programs directly and maintains no central office staff</li> <li>• Delegate agency</li> </ul> |

## PIR REPORTING TIMEFRAMES

There are three different timeframes for reporting PIR, which include “at enrollment,” “at end of enrollment,” or “during the program year.” These are defined below.

Note that if a PIR question does NOT specify a timeframe, then the “During the Program Year” definition applies.

| Timeframe                      | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>At Enrollment</b>           | For returning enrollees, report their status at the start of their 2025-26 program year. For new enrollees or those who enrolled after the program began, report their status at the time of their enrollment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>At End of Enrollment</b>    | Report the status of each enrollee at the end of their 2025-26 program year. For enrollees who leave during the program year, include their most recent known status prior to leaving.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>During the Program Year</b> | <p>Report on services that directly relate to the 2025-26 program year. This may not align with the start and end dates of classes or home visits. Programs have flexibility in reporting program services that occur before and after those dates. For example:</p> <ul style="list-style-type: none"> <li>• If a newly enrolling child receives a developmental screening prior to their first day of class in the 2025-26 program year, this would be included in this PIR because it is tied to their 2025-26 program year.</li> <li>• If a child completes a medical screening as they transition to public school following their 2025-26 program year, this would be included in this PIR because it is tied to their 2025-26 program.</li> </ul> <p>Note that programs do <b>not</b> report on program services related to children and families enrolling to begin services in the next program year. These services would be included in the next PIR.</p> <p><b>Exception on child turnover question:</b> The question on child turnover excludes turnover that occurs before the start and after the end of the program year, i.e., when the program is not in session.</p> |
| <b>None Specified</b>          | Use the “During the Program Year” definition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

*Note: More than 20 PIR questions request data programs collect **At Enrollment** and **At End of Enrollment** and the status collected should reflect the start or end date of the program year as best possible.*

### Guidance on Enrollees that Leave the Program and then Return During the Program Year

Enrollees may leave the program and then return during the same program year. For these enrollees, programs should not duplicate data.

- The **At Enrollment** and **At End of Enrollment** follow the definitions above, regardless of the period of time when they were not attending the program.
- **During the Program Year** would capture services provided across any period of time when they were enrolled and participating in the program during the program year.

## FUNDED ENROLLMENT

Funded Enrollment is the total number of enrollees the program was funded to serve during the program year.

Head Start Preschool/Early Head Start Funded Enrollment - The total number of Head Start Preschool children and/or Early Head Start children and pregnant women identified on the grant recipient's Notice of Award (NOA) that captures the greatest part of the program year.

Funded Enrollment from Non-Federal Sources - The total number of children and pregnant women fully funded by a non-federal source who receive comprehensive services in compliance with Head Start Program Performance Standards. This may include, for example, slots fully funded by the state or local school district.

Funded Enrollment from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grant Program using the EHS home visiting model - The total number of children and pregnant women funded through the MIECHV grant program to receive services that follow the Early Head Start home visiting model and are in compliance with the Head Start Program Performance Standards.

### Funded enrollment by funding source

| A.1 Funded Enrollment:                                                                                                                                     | # of children / pregnant women |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| a. Head Start Preschool/Early Head Start Funded Enrollment, as identified on the Notice of Award (NOA) that captures the greatest part of the program year |                                |
| b. Funded Enrollment from non-federal sources, i.e., state, local, private                                                                                 |                                |
| c. Funded Enrollment from the MIECHV Grant Program using the Early Head Start home visiting model                                                          |                                |

### Funded enrollment by program option

Report funded enrollment slots (slots) for the program option(s) used during the 2025-2026 program year. If more than one program option applied to a group of children, report on the program option used for the greatest part of the year.

**Center-based option** – Delivery of services primarily in classroom settings.

- Head Start Preschool – services must be provided for at least 160 days per year for a program that operates 5 days a week and 128 days per year for a program that operates 4 days a week.
- Early Head Start – services must be provided for at least 1,380 annual hours.
- Annual hours are calculated by multiplying days per year by hours per day (i.e., excluding days when the program is not in session such as summer break, weekends, and holidays). Include any hours funded by another source including state or local preschool to offer additional hours of services that meet the Head Start Program Performance Standards.
- For example, a Head Start Preschool program that provided services for 180 days per year, for 6 hours per day, would operate for  $180 * 6 = 1,020$  annual hours.
- For example, an Early Head Start program that provided services for 230 days per year, for 6 hours per day, would operate for  $230 * 6 = 1,380$  annual hours.
- **Full-working-day** classes/groups operate 10 hours per day and **full-calendar-year** classes/groups operate all days of the year other than Saturday, Sunday, holidays, and 15 or fewer vacation days.

**Home-based option** – Delivery of services through visits with the child's parents, primarily in the child's home and through group socialization opportunities.

- Head Start Preschool – program must provide a minimum of one 90-minute home visit per week and 32 visits per year as well as 16 group socializations per year.
- Early Head Start – program must provide a minimum of one 90-minute home visit per week and 46 visits per year as well as 22 group socializations per year.

**Family child care option** – Delivery of services to children receiving child care primarily in the home of a family child care provider or other family-like setting. Providers must operate sufficient hours to meet the child care needs of the families and not less than 1,380 hours per year.

**Locally designed option** – By waiver, programs may request to operate a locally-designed program option including a combination of program options to better meet the needs of their communities or demonstrate or test alternative approaches for providing program services. Any locally-designed option must be formally approved by the responsible HHS official and such approval period indicated in the Notice of Award. All program options deliver a full range of services, consistent with §1302.20(b). Refer to [45 CFR § 1302 Subpart B – Program Structure](#) for additional information.

| A.2 Center-based option                                                                                                                                          | # of slots |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| a. Number of slots equal to or greater than 1,020 annual hours for Head Start Preschool children or 1,380 annual hours for Early Head Start infants and toddlers |            |
| 1. Of these, the number that are available for the full-working-day                                                                                              |            |
| 2. Of these, the number that are available for the full-calendar-year                                                                                            |            |
| 3. Of these, the number that are available for the full-working-day and full-calendar-year                                                                       |            |
| b. Number of slots with fewer than 1,020 annual hours for Head Start Preschool children or 1,380 annual hours for Early Head Start infants and toddlers          |            |
| 1. Of these, the number that are available for 3.5 hours per day for 128 days                                                                                    |            |
| 2. Of these, the number that are available for a full working day                                                                                                |            |
| A.3 Home-based option                                                                                                                                            |            |
| A.4 Family child care option                                                                                                                                     |            |
| A.5 Locally designed option                                                                                                                                      |            |

|                          | # of pregnant women slots |
|--------------------------|---------------------------|
| A.6 Pregnant women slots |                           |

## Funded slots at child care partner

**Child Care Partners** - An individual child care center, umbrella organization operating multiple child care centers, child care resource and referral (CCR&R) network, or other entity with whom the Head Start program has formal contractual agreements to provide child care services to enrolled children that meet the Head Start Program Performance Standards.

Include only those children served through a partner organization; not those in your own program's extended day or wrap-around care.

|                                                                                                                                     | # of slots                                      |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| A.7 Total number of slots in the center-based or locally designed option                                                            | <i>System calculates as A.2.a + A.2.b + A.5</i> |
| a. Of these, the total number of slots at a child care partner                                                                      |                                                 |
| A.8 Total funded enrollment at child care partners (includes center-based, locally designed, and family child care program options) | <i>System calculates as A.4 + A.7.a</i>         |

## CLASSES IN CENTER-BASED

**Class** - A group of children that functions as a single unit, including preschool, infants/toddlers, and mixed-age groupings in a center-based setting.

**Double Session Classes** - A center-based option that employs a single teacher to work with one group of children in the morning and a different group of children in the afternoon.

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, this would count as 10 classes in A.9 and A.9.a.

Include both classes directly operated by the program, as well as those operated by child care partners.

|                                                   | # of classes |
|---------------------------------------------------|--------------|
| A.9 Total number of center-based classes operated |              |
| a. Of these, the number of double session classes |              |

## CUMULATIVE ENROLLMENT

### Children by age

**Cumulative Enrollment** - Include ALL children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit. Include ALL pregnant women who have been enrolled in the program and received Early Head Start services.

**Age of Child** - Use the age of the child according to the date used by the local school system in determining eligibility for public school.

| A.10 Children by age:                      | # of children                                       |
|--------------------------------------------|-----------------------------------------------------|
| a. Under 1 year                            |                                                     |
| b. 1 year old                              |                                                     |
| c. 2 years old                             |                                                     |
| d. 3 years old                             |                                                     |
| e. 4 years old                             |                                                     |
| f. 5 years and older                       |                                                     |
| g. Total cumulative enrollment of children | System calculates as<br>Sum {A.10.a through A.10.f} |

### Pregnant women (EHS programs)

|                                              | # of pregnant women |
|----------------------------------------------|---------------------|
| A.11 Cumulative enrollment of pregnant women |                     |

## Total cumulative enrollment

|                                  | # of children / pregnant women     |
|----------------------------------|------------------------------------|
| A.12 Total cumulative enrollment | System calculates as A.10.g + A.11 |

## Primary type of documentation used for determining eligibility

Report each enrollee only once, in A.13, by primary type of documentation used for determining eligibility [per 45 CFR § 1302.12\(i\)](#) for eligibility criteria outlined in [45 CFR § 1302.12\(c\) through \(f\)](#).

This question only represents the type of documentation used to determine eligibility for a child or pregnant women when they enrolled into their Head Start Preschool or Early Head Start program. Per [45 CFR 1302.12\(j\)](#), a child remains eligible while they participate in their program. Eligibility must be verified again when a child moves from an Early Head Start program to a Head Start Preschool program. This means that the eligibility verification represents a single point in time. For example, a child determined to be eligible since they were in foster care at enrollment may no longer be in foster care in a subsequent year while participating in the same program, but this child may continue to be reported as such in this question since a program is not required to verify eligibility for this child again.

Migrant Seasonal Head Start (MSHS) programs, per [45 CFR § 1302.12\(f\)](#), may determine any age-eligible child or pregnant woman to be eligible for services if they have at least one family member whose income comes primarily from agricultural employment. These children and pregnant women can be counted in A.13.g.

American Indian and Alaska Native (AIAN) Head Start programs, per [45 CFR § 1302.12\(e\)\(1\)](#), may determine any age-eligible child or pregnant woman in the approved service area to be eligible for services regardless of income. These children and pregnant women can be counted in A.13.h.

Additionally, children and pregnant women may be eligible for the program through multiple eligibility categories, but this question only captures the primary type of documentation used for their eligibility determination record.

Questions on the ongoing status of homelessness, public assistance receipt, and children in foster care during the program year are reported separately in Section C.

| A.13 Report each enrollee only once by primary type of documentation used for determining eligibility:                  | # of children / pregnant women |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| a. Income at or below 100% of federal poverty line*                                                                     |                                |
| b. Public assistance*                                                                                                   |                                |
| 1. TANF documentation                                                                                                   |                                |
| 2. SSI documentation                                                                                                    |                                |
| 3. SNAP documentation                                                                                                   |                                |
| c. Foster care*                                                                                                         |                                |
| d. Homeless*                                                                                                            |                                |
| e. Eligibility based on other type of need, but not counted in A.13.a through d (commonly referred to as over-income)** |                                |
| f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e***                    |                                |
| g. MSHS program: at least one family member whose income is primarily from agricultural employment                      |                                |
| h. AIAN Head Start program: in the approved service area of the program                                                 |                                |

\* [Section 1302.12\(c\)\(1\)](#) of the Head Start Program Performance Standards specifies a pregnant woman or child is eligible if they meet one of these requirements.

\*\* [Section 1302.12\(c\)\(2\)](#) of the Head Start Program Performance Standards specifies that a program may enroll a child who would benefit from services but does not meet eligibility requirements describe in A.13.a through d, provided that these participants only make up to 10 percent of a program's enrollment.

\*\*\* [Section 1302.12\(d\)](#) of the Head Start Program Performance Standards specifies that a program may enroll an additional 35 percent of participants whose families do not meet a criteria described A.13.a through e and whose incomes are below 130 percent of the poverty line.

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A.14 If the program serves enrollees under A.13.f, specify how the program has demonstrated that all children in their area that would be eligible under A.13.a to A.13.d are being served. |
|                                                                                                                                                                                             |

A program may make an adjustment to a family's gross income calculation for the purposes of determining eligibility to account for excessive housing costs, per [45 CFR § 1302.12\(i\)\(1\)\(ii\)](#). The use of the housing adjustment is optional; some agencies may decide not to use the housing adjustment if the program is fully enrolled with eligible families in need of program services without factoring in housing costs. For A.15, report the number of children and pregnant women counted in A.13.a or A.13.f whose income was adjusted for excessive housing costs.

|                                                                                                            | # of children / pregnant women |
|------------------------------------------------------------------------------------------------------------|--------------------------------|
| A.15 Of those counted in A.13.a. and A.13.f., number whose income was adjusted for excessive housing costs |                                |

## Prior enrollment

Include children who were enrolled previously in Early Head Start, Head Start Preschool or some combination. For example, a child enrolled at birth in Early Head Start who is now in his or her second year of Head Start Preschool should be counted in "Three or more years."

Prior enrollment includes only those children who, in their previous year of Head Start Preschool or Early Head Start, were enrolled for at least half of the time that classes or home visits were in session.

| A.16 Enrolled in Head Start Preschool or Early Head Start for: | # of children |
|----------------------------------------------------------------|---------------|
| a. The second year                                             |               |
| b. Three or more years                                         |               |

## Transition and turnover (HS Preschool programs)

When counting the number of children who were enrolled less than 45 days, count from the date the child began classes or, for home-based programs, the date home visits began. Grant recipients should include **all** children who have been enrolled in the program and have attended at least one class. Programs with home-based options should include children who have received at least one home visit during that month.

|                                                                                                                                                 | # of children |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| A.17 Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll                  |               |
| a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days |               |

For Question A.18, report on all preschool children enrolled in Head Start Preschool at the end of the current enrollment year. If a child left the program prior to the end of the current enrollment year, do not report on that child.

|                                                                                                                                                                                                    | # of preschool children |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| A.18 Of the number of preschool children enrolled in Head Start Preschool at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year |                         |

## Transition and turnover (EHS programs)

When counting the number of children who were enrolled less than 45 days, count from the date the child began classes or, for home-based programs, the date home visits began. Grant recipients should include all children who have been enrolled in the program and have attended at least one class. Programs with home-based options should include children who have received at least one home visit during that month.

Grant recipients should also include all pregnant women who have been enrolled in their program and received Early Head Start services. Pregnant women who gave birth and subsequently enrolled their infant in an Early Head Start program should not be included in turnover.

|                                                                                                                                   | # of children |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------|
| A.19 Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll  |               |
| a. Of the infants and toddlers who left the program above, the number of infants and toddlers who were enrolled less than 45 days |               |
| b. Of the infants and toddlers who left the program during the program year, the number who aged out of Early Head Start          |               |
| 1. Of the infants and toddlers who aged out of Early Head Start, the number who entered a Head Start Preschool program            |               |
| 2. Of the infants and toddlers who aged out of Early Head Start, the number who entered another early childhood program           |               |
| 3. Of the infants and toddlers who aged out of Early Head Start, the number who did not enter another early childhood program     |               |

|                                                                                                                                                                | # of pregnant women                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| A.20 Total number of pregnant women who left the program after receiving Early Head Start services but before the birth of their infant, and did not re-enroll |                                           |
| A. 21 Number of pregnant women receiving Early Head Start services at the time their infant was born                                                           |                                           |
| a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in the program                                 |                                           |
| b. Of the pregnant women enrolled when their infant was born, the number whose infant was not subsequently enrolled in the program                             | <i>System calculates as A.21 - A.21.a</i> |

## Transition and turnover (Migrant and Seasonal programs)

When counting the number of children who were enrolled less than 45 days, count from the date the child began classes. Grant recipients should include **all** children who have been enrolled in the program and have attended at least one class.

If the program operated for less than 45 days, do not include children who completed the program in turnover.

|                                                                                                                                                                        | # of children |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| A.22 Total number of children who left the program any time after classes or home visits began and did not re-enroll                                                   |               |
| a. Of the children who left the program during the program year, the number of children who were enrolled less than 45 days                                            |               |
| b. Of the children who left the program during the program year, the number of preschool children who aged out, i.e., left the program in order to attend kindergarten |               |

## Attendance

**Chronically absent** – missing 10 percent or more of program days due to absence for any reason

According to [45 CFR 1302.16](#), programs are required to use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve individual attendance among identified children. The Office of Head Start understands that children may become chronically absent for reasons such as chronic illnesses.

|                                                                                                                 | # of children |
|-----------------------------------------------------------------------------------------------------------------|---------------|
| A.23 The total number of children cumulatively enrolled in the center-based or family child care program option |               |
| a. Of these children, the number of children that were chronically absent                                       |               |
| 1. Of the children chronically absent, the number that stayed enrolled until the end of enrollment              |               |

|                                                         |
|---------------------------------------------------------|
| A.24 Comments on children that were chronically absent: |
|                                                         |

## Child care subsidy

Report the number of enrolled children for whom the program and/or its partners received a child care subsidy.

|                                                                                                                                     | # of children |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------|
| A.25 The number of enrolled children for whom the program and/or its partners received a child care subsidy during the program year |               |

## Race and/or ethnicity

A.26 collects information on the race/ethnicity of children and pregnant women enrolled during the program year including A.26.a through g for those that self-identify as a single race and/or ethnicity and A.26.h for those with more than one race and/or ethnicity. A.27 collects more detailed information on children and pregnant women who self-identify as more than one race and/or ethnicity counted in A.26.h.

When collecting this information, programs should allow families to self-report their own race and/or ethnicity and allow families to select multiple races and/or ethnicities. If a family selects more than one race and/or ethnicity, programs should report the detailed multi-selected categories in A.27 and also count them in A.26.h. For example, if a family self-identifies their child as Black and Cuban, the child will be counted in the “Black or African American” box A.27.c and in the “Hispanic or Latino” box A.27.d, while also counted in the A.26.h category.

### Race and/or ethnicity

**American Indian or Alaska Native** - Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

**Asian** - Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

**Black or African American** - Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

**Hispanic or Latino** - Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

**Middle Eastern or North African** - Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

**Native Hawaiian or Pacific Islander** - Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

**White** - Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

**Multiracial and/or Multiethnic** - A person of more than one race and/or ethnicity.

**Unspecified** - A person whose ethnicity or race is unknown or whose parents declined to identify their ethnicity or race.

| A.26 Race and/or ethnicity<br># of children / pregnant women that self-identify as one race and/or ethnicity:                                                                                                                        | # of children / pregnant women |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| a. American Indian or Alaska Native alone<br><i>Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> |                                |
| b. Asian alone<br><i>Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Another group (for example, Pakistani, Hmong, Afghan, etc.)</i>                                                                                  |                                |
| c. Black or African American alone<br><i>African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group (for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.)</i>                                    |                                |

|                                                                                                                                                                                       |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| A.26 Race and/or ethnicity<br># of children / pregnant women that self-identify as one race and/or ethnicity:                                                                         | # of children / pregnant women |
| d. Hispanic or Latino alone<br><i>Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group (for example, Colombian, Honduran, Spaniard, etc.)</i>               |                                |
| e. Middle Eastern or North African alone<br><i>Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group (for example, Moroccan, Yemeni, Kurdish, etc.)</i>                  |                                |
| f. Native Hawaiian or Pacific Islander alone<br><i>Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group (for example, Chuukese, Palauan, Tahitian, etc.)</i> |                                |
| g. White alone<br><i>English, German, Irish, Italian, Polish, Scottish, Another group (for example, French, Swedish, Norwegian, etc.)</i>                                             |                                |
| # of children / pregnant women that self-identify as more than one race and/or ethnicity:                                                                                             | # of children / pregnant women |
| h. Multiracial and/or Multiethnic                                                                                                                                                     |                                |
| # of children / pregnant women that did not specify their race and/or ethnicity                                                                                                       | # of children / pregnant women |
| i. Unspecified race and/or ethnicity                                                                                                                                                  |                                |
| 1. Explain:                                                                                                                                                                           |                                |

|                                                                                                                                                                                                                                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| A.27 Of those children/pregnant women who self-identify as more than one race and/or ethnicity in A.26.h, report the race/ethnicity for those children/pregnant women.                                                         | # of children / pregnant women |
| a. American Indian or Alaska Native<br><i>Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> |                                |
| b. Asian<br><i>Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Another group (for example, Pakistani, Hmong, Afghan, etc.)</i>                                                                                  |                                |
| c. Black or African American<br><i>African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group (for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.)</i>                                    |                                |
| d. Hispanic or Latino<br><i>Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group (for example, Colombian, Honduran, Spaniard, etc.)</i>                                                              |                                |
| e. Middle Eastern or North African<br><i>Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group (for example, Moroccan, Yemeni, Kurdish, etc.)</i>                                                                 |                                |
| f. Native Hawaiian or Pacific Islander                                                                                                                                                                                         |                                |

|                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group (for example, Chuukese, Palauan, Tahitian, etc.) |  |
| g. White<br>English, German, Irish, Italian, Polish, Scottish, Another group (for example, French, Swedish, Norwegian, etc.)   |  |

## Primary language of family at home

If available, select the appropriate primary language spoken at home, to help ensure consistency in reporting. If the language does not fit in the available categories, please select "Other" and enter the language(s) in its entirety. Note the languages specified in parentheses are examples only and are not a comprehensive list.

| A.28 Primary language of family at home:                                                               | # of children |
|--------------------------------------------------------------------------------------------------------|---------------|
| a. English                                                                                             |               |
| 1. Of these, the number of children acquiring/learning another language in addition to English         |               |
| b. Spanish                                                                                             |               |
| c. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean.)           |               |
| d. Caribbean Languages (e.g., Haitian-Creole, Patois)                                                  |               |
| e. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)                 |               |
| f. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)                                           |               |
| g. Native North American/Alaska Native Languages                                                       |               |
| h. Pacific Island Languages (e.g., Palauan, Fijian)                                                    |               |
| i. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) |               |
| j. African Languages (e.g., Swahili, Wolof)                                                            |               |
| k. American Sign Language                                                                              |               |
| l. Other                                                                                               |               |
| 1. Specify:                                                                                            |               |
| m. Unspecified (language is not known or parents declined identifying the home language)               |               |

## Dual language learners

**Dual language learner** means a child who is acquiring two or more languages at the same time, or a child who is learning a second language while continuing to develop their first language. The term "dual language learner" may encompass or overlap substantially with other terms frequently used, such as bilingual, English language learner (ELL), Limited English Proficient (LEP), English learner, and children who speak a Language Other Than English (LOTE).

|                                             | # of children                                                  |
|---------------------------------------------|----------------------------------------------------------------|
| A.29 Total number of Dual Language Learners | System calculates as A.28.a.1 + Sum of {A.28.b through A.28.m} |

## Transportation

A response is required from all programs, including those that do not provide transportation. This is for transportation to and from classes and does not include transportation only for field trips, family events, or other one-time occasions.

|                                                                                 | # of children |
|---------------------------------------------------------------------------------|---------------|
| A.30 Number of children for whom transportation is provided to and from classes |               |

## RECORD KEEPING

### Management information systems

A.31 List the management information system(s) your program uses to support tracking, maintaining, and using data on enrollees, program services, families, and program staff.

| List primary system first | Name/title |
|---------------------------|------------|
| a. Enter name/title       |            |
| b. Enter name/title       |            |
| c. Enter name/title       |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- CAP60
- CAPTAIN
- ChildPlus
- COPA
- Microsoft Office (e.g., Excel, Access)
- PROMIS
- Shine Insight

The specific edition or version of the platform is NOT needed. If your system is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific systems.

## B. PROGRAM STAFF & QUALIFICATIONS

This section of the PIR is used to describe all staff involved in the Head Start Preschool or Early Head Start program.

Programs should include all staff on the payroll at any time during the program year.

- If more than one individual held the position during the program year, provide information for the person who was in the position at the time the PIR is submitted.
- If the position is vacant at the time the PIR is submitted, provide information on the last person to hold the position during the program year.
- Head Start Preschool and Early Head Start programs must report separately. Report staff members who work with both programs on both PIRs.
- Grant recipients and delegate agencies must also report staff separately.

Staff to include or not to include in the PIR counts.

|                        |                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Included</b>        | <b>Head Start Preschool or Early Head Start Staff</b> - Includes all administrative, management, education and child development, content area, and support staff such as custodians, regardless of the funding source for their salaries or number of hours worked.                                                                                          |
|                        | <b>Contracted Staff</b> - Includes individuals who are not Head Start Preschool or Early Head Start employees, with whom the program has contracted to provide an ongoing service (e.g., disabilities specialists and mental health professionals, child care providers, collaborative teaching staff, family child care providers, coaches, or bus drivers). |
| <b>May be included</b> | <b>Substitutes</b> - For PIR purposes, include only those substitutes that replaced a staff member for an extended period. Examples include turnover, maternity, or other extended leave.                                                                                                                                                                     |
| <b>Not included</b>    | <b>Consultants</b> - Individuals providing short-term services to the program are not to be counted as staff.<br><b>Volunteers, student interns, or trainees</b> are not to be counted as staff.                                                                                                                                                              |

## TOTAL STAFF

### Staff by type

|                                                                                                                | (1)<br># of Head Start<br>Preschool or Early<br>Head Start staff | (2)<br># of contracted<br>staff |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|
| B.1 Total number of staff members, regardless of the funding source for their salary or number of hours worked |                                                                  |                                 |
| a. Of these, the number who are current or former Head Start Preschool or Early Head Start parents             |                                                                  |                                 |

## TOTAL VOLUNTEERS

### Volunteers by type

Include both classroom and non-classroom volunteers. Count each person only once, regardless of the number of times they have volunteered in the program.

|                                                                                                    | # of volunteers |
|----------------------------------------------------------------------------------------------------|-----------------|
| B.2 Number of persons providing any volunteer services to the program during the program year      |                 |
| a. Of these, the number who are current or former Head Start Preschool or Early Head Start parents |                 |

## EDUCATION AND CHILD DEVELOPMENT STAFF

### Preschool classroom and assistant teachers (HS Preschool and Migrant and Seasonal programs)

Include **all** preschool education and child development staff providing direct services to Head Start Preschool children in classroom settings, both part-time and full-time, regardless of the funding source for their salaries. Include contracted education and child development staff and the education and child development staff of partnering agencies that provide direct services to Head Start Preschool children.

Count each preschool education and child development staff person by the highest degree or credential held. Staff persons that are continuing their education in pursuit of a higher degree or credential should also be reported in the relevant subsections of that category.

**Preschool Education and Child Development Staff** - Refers to education and child development staff serving Head Start Preschool program children, including those serving Migrant and Seasonal Head Start program children ages 3 to 5.

**Early Childhood Education Degree** - Is an associate, bachelor's, or advanced (e.g., master's, doctoral) degree in early childhood education.

**Classroom Teachers** - Includes all lead teachers and co-lead teachers.

**Assistant Teachers** - For preschool classes, this refers to either the second paid staff in the classroom or, when two teachers are present, the third paid staff working as an assistant teacher.

|                                                                                                                                                                                                                                                                                                                                                                                                 | (1)<br># of classroom<br>teachers | (2)<br># of assistant<br>teachers |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| B.3 Total number of preschool education and child development staff by position                                                                                                                                                                                                                                                                                                                 |                                   |                                   |
| Of the number of preschool education and child development staff by position, the number with the following:                                                                                                                                                                                                                                                                                    |                                   |                                   |
| a. An advanced (e.g., master's, doctoral) degree in: <ul style="list-style-type: none"> <li>early childhood education or</li> <li>any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children</li> </ul>                                                                                                              |                                   |                                   |
| b. A bachelor's degree in one of the following: <ul style="list-style-type: none"> <li>early childhood education</li> <li>any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children or</li> <li>any field and is part of the Teach for America program and passed a rigorous early childhood content exam</li> </ul> |                                   |                                   |

|                                                                                                                                                                                                                                                                                            | (1)<br># of classroom<br>teachers | (2)<br># of assistant<br>teachers |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| B.3 Total number of preschool education and child development staff by position                                                                                                                                                                                                            |                                   |                                   |
| c. An associate degree in: <ul style="list-style-type: none"> <li>early childhood education or</li> <li>a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children</li> </ul> |                                   |                                   |
| d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements                                                                                                                                          |                                   |                                   |
| 1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working                                                                                              |                                   |                                   |
| e. None of the qualifications listed in B.3.a through B.3.d                                                                                                                                                                                                                                |                                   |                                   |

## Preschool classroom teachers program enrollment

|                                                                                                                                                   | # of classroom teachers                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| B.4 Total number of preschool classroom teachers that do not meet qualifications listed in B.3.a or B.3.b                                         | <i>System calculates as<br/>Sum of {B.3.c(1) through<br/>B.3.e(1)}</i> |
| a. Of these preschool classroom teachers, the number enrolled in a degree program that would meet the qualifications described in B.3.a or B.3.b. |                                                                        |

## Preschool classroom assistant teachers program enrollment

|                                                                                                                                                                                                     | # of assistant teachers              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| B.5 Total number of preschool assistant teachers that do not have any qualifications listed in B.3.a through B.3.d                                                                                  | <i>System calculates as B.3.e(2)</i> |
| a. Of these preschool assistant teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.3.a through B.3.d. |                                      |

## Infant and toddler classroom teachers (EHS and Migrant and Seasonal programs)

Include education and child development staff, both part-time and full-time in classroom settings, regardless of the funding source for their salaries, who provide services to infants, toddlers, and pregnant women.

Include contracted education and child development staff and the education and child development staff of partnering agencies that provide services to infants, toddlers, and pregnant women.

Count each education and child development staff person by the highest degree or credential held. Staff persons that are continuing their education in pursuit of a higher degree or credential should also be reported in the relevant subsections of that category.

**Early Childhood Education Degree** - Is an associate, bachelor's, or advanced (e.g., master's, doctoral) degree in early childhood education.

**Classroom Teachers** - Includes all lead teachers and co-lead teachers. Each center-based infant and toddler class must provide one teacher for each group of four children, with a total group size of no more than eight infants and/or toddlers. All infant and toddler classrooms must be staffed by two teachers; a group of nine children must be staffed by three teachers.

Do not include individuals that do not fit the definition of classroom teachers. For example, do not include the third person in an EHS classroom of eight infants and toddlers that may be assisting a classroom teacher.

|                                                                                                                                                                                                                                                                                                                                            | # of classroom teachers |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| B.6 Total number of infant and toddler classroom teachers                                                                                                                                                                                                                                                                                  |                         |
| Of the number of infant and toddler classroom teachers, the number with the following:                                                                                                                                                                                                                                                     |                         |
| a. An advanced (e.g., master's, doctoral) degree in: <ul style="list-style-type: none"> <li>early childhood education with a focus on infant and toddler development or</li> <li>any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers</li> </ul>         |                         |
| b. A bachelor's degree in: <ul style="list-style-type: none"> <li>early childhood education with a focus on infant and toddler development or</li> <li>any field and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers</li> </ul>                                    |                         |
| c. An associate degree in: <ul style="list-style-type: none"> <li>early childhood education with a focus on infant and toddler development or</li> <li>a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers</li> </ul> |                         |
| d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements                                                                                                                                                                                          |                         |
| 1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working                                                                                                                                              |                         |
| e. None of the qualifications listed in B.6.a through B.6.d                                                                                                                                                                                                                                                                                |                         |

|                                                                                                                                                                                                              | # of classroom teachers           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| B.7 Total number of infant and toddler classroom teachers that do not have any qualifications listed in B.6.a through B.6.d                                                                                  | <i>System calculates as B.6.e</i> |
| a. Of these infant and toddler classroom teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.6.a through B.6.d. |                                   |

## Home visitors and family child care provider staff qualifications

Include all home visitors and family child care providers, both part-time and full-time, regardless of the funding source for their salary.

Count each staff person **once** by the highest degree or credential held.

**Home Visitors** - The staff member in the home-based program option assigned a caseload of families, to work with parents to provide comprehensive services to children and their families through home visits and group socialization activities.

**Family Child Care Providers** - Includes the provider of services in his or her place of residence or in another family-like setting.

**(Family Child Care) Child Development Specialist** - A specialist that supports family child care providers and ensures the provision of quality services at each family child care home.

|                                                                                                                                                                                                                        | # of home visitors |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| B.8 Total number of home visitors                                                                                                                                                                                      |                    |
| a. Of these, the number of home visitors that have a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's, bachelor's, or advanced (e.g., master's, doctoral) degree |                    |
| 1. Of these, the number of home visitors that hold a bachelor's or advanced (e.g., master's, doctoral) degree                                                                                                          |                    |
| b. Of these, the number of home visitors that do not meet one of the qualifications described in B.8.a.                                                                                                                |                    |
| 1. Of the home visitors in B.8.b, the number enrolled in a degree or credential program that would meet a qualification described in B.8.a.                                                                            |                    |

|                                                                                                                                                                                                                                                       | # of family child care providers |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| B.9 Total number of family child care providers                                                                                                                                                                                                       |                                  |
| a. Of these, the number of family child care providers that have a Family Child Care CDA credential or state equivalent, or an associate, bachelor's, or advanced (e.g., master's, doctoral) degree in child development or early childhood education |                                  |
| 1. Of these, the number of family child care providers that hold a bachelor's or advanced (e.g., master's, doctoral) degree in child development or early childhood education                                                                         |                                  |
| b. Of these, the number of family child care providers that do not meet one of the qualifications described in B.9.a.                                                                                                                                 |                                  |
| 1. Of the family child care providers in B.9.b, the number enrolled in a degree or credential program that would meet a qualification described in B.9.a.                                                                                             |                                  |

|                                                                                                                                                               | # of child development specialists |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| B.10 Total number of child development specialists that support family child care providers                                                                   |                                    |
| a. Of these, the number of child development specialists that have a bachelor's degree in child development, early childhood education, or a related field    |                                    |
| b. Of these, the number of child development specialists that do not meet one of the qualifications described in B.10.a.                                      |                                    |
| 1. Of the child development specialists in B.10.b, the number enrolled in a degree or credential program that would meet a qualification described in B.10.a. |                                    |

## Classroom teacher salary by level of education

**Average Annual Salary** - Report the average annual salary for classroom teachers with each listed degree or credential type, even if part or all of their salaries are funded by a non-ACF source. Report the actual average salaries, not the pay scale for teachers with this degree or credential.

| B.11 Classroom teacher salary by level of education:                                                                                                                                                         | Average annual salary |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| a. Advanced (e.g., master's, doctoral) degree in early childhood education or related degree                                                                                                                 | \$                    |
| b. Bachelor's degree in early childhood education or related degree                                                                                                                                          | \$                    |
| c. Associate degree in early childhood education or related degree                                                                                                                                           | \$                    |
| d. A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements | \$                    |
| e. Classroom teachers that do not have the qualifications listed in B.11.a through B.11.d                                                                                                                    | \$                    |

## Average salary

**Average Annual Salary** - Report the average annual salary for all staff in each position, even if part or all of the salary is funded by a non-ACF source or if the position is split between programs. Calculate the average using actual salary per year. **Do not** annualize this figure if staff members work less than 12 months of the year.

**Average Hourly Rate** - Report the average annual salary as an hourly dollar amount. For example, an average annual of salary of \$30,000 in a 36-week, 40-hour per week program equals an average hourly rate of \$20.83.

| B.12 Average salary:           | (1)<br>Average annual salary | (2)<br>Average hourly rate |
|--------------------------------|------------------------------|----------------------------|
| a. Classroom Teachers          | \$                           | \$                         |
| b. Assistant Teachers          | \$                           | \$                         |
| c. Home-Based Visitors         | \$                           | \$                         |
| d. Family Child Care Providers | \$                           | \$                         |

## Race and/or ethnicity

B.13 collects information on the race/ethnicity of staff including B.13.a through g for those that self-identify as a single race and/or ethnicity and B.13.h for those with more than one race and/or ethnicity. B.14 collects more detailed information on children and pregnant women who self-identify as more than one race and/or ethnicity counted in B.13.h.

When collecting this information, programs should allow staff to self-report their own race and/or ethnicity and allow staff to select multiple races and/or ethnicities. If a staff member selects more than one race and/or ethnicity, programs should report the detailed multi-selected categories in B.14 and also count them in B.13.h. For example, if a staff member self-identifies as Black and Cuban, the staff member will be counted in the “Black or African American” box B.14.c and in the “Hispanic or Latino” box B.14.d, while also counted in the B.13.h category.

### Race and/or ethnicity

**American Indian or Alaska Native** - Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.

**Asian** - Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

**Black or African American** - Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

**Hispanic or Latino** - Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

**Middle Eastern or North African** - Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.

**Native Hawaiian or Pacific Islander** - Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

**White** - Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

**Multiracial and/or Multiethnic** - A person of more than one race and/or ethnicity.

**Unspecified** - A person whose ethnicity or race is unknown or whose parents declined to identify their ethnicity or race.

| B.13 Race and/or ethnicity<br># of nonsupervisory education and child development staff that self-identify as one race and/or ethnicity:                                                                                             | # of nonsupervisory education and child development staff |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| a. American Indian or Alaska Native alone<br><i>Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> |                                                           |
| b. Asian alone<br><i>Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Another group (for example, Pakistani, Hmong, Afghan, etc.)</i>                                                                                  |                                                           |

|                                                                                                                                                                                                              |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <p>B.13 Race and/or ethnicity</p> <p># of nonsupervisory education and child development staff that self-identify as one race and/or ethnicity:</p>                                                          | <p># of nonsupervisory education and child development staff</p> |
| <p>c. Black or African American alone</p> <p><i>African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group (for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.)</i></p> |                                                                  |
| <p>d. Hispanic or Latino alone</p> <p><i>Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group (for example, Colombian, Honduran, Spaniard, etc.)</i></p>                           |                                                                  |
| <p>e. Middle Eastern or North African alone</p> <p><i>Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group (for example, Moroccan, Yemeni, Kurdish, etc.)</i></p>                              |                                                                  |
| <p>f. Native Hawaiian or Pacific Islander alone</p> <p><i>Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group (for example, Chuukese, Palauan, Tahitian, etc.)</i></p>             |                                                                  |
| <p>g. White alone</p> <p><i>English, German, Irish, Italian, Polish, Scottish, Another group (for example, French, Swedish, Norwegian, etc.)</i></p>                                                         |                                                                  |
| <p># of nonsupervisory education and child development staff that self-identify as more than one race and/or ethnicity:</p>                                                                                  | <p># of nonsupervisory education and child development staff</p> |
| <p>h. Multiracial and/or Multiethnic</p>                                                                                                                                                                     |                                                                  |
| <p># of nonsupervisory education and child development staff that did not specify their race and/or ethnicity:</p>                                                                                           | <p># of nonsupervisory education and child development staff</p> |
| <p>i. Unspecified race and/or ethnicity</p>                                                                                                                                                                  |                                                                  |
| <p>1. Explain:</p>                                                                                                                                                                                           |                                                                  |

|                                                                                                                                                                                                                                           |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <p>B.14 Of those nonsupervisory education and child development staff who self-identify as more than one race and/or ethnicity in B.13.h, report the race/ethnicity those staff members.</p>                                              | <p># of nonsupervisory education and child development staff</p> |
| <p>a. American Indian or Alaska Native</p> <p><i>Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i></p> |                                                                  |
| <p>b. Asian</p>                                                                                                                                                                                                                           |                                                                  |

|    |                                                                                                                                                                                         |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|    | <i>Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Another group (for example, Pakistani, Hmong, Afghan, etc.)</i>                                                       |  |
| c. | Black or African American<br><i>African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group (for example, Trinidadian and Tobagonian, Ghanian, Congolese, etc.)</i> |  |
| d. | Hispanic or Latino<br><i>Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group (for example, Colombian, Honduran, Spaniard, etc.)</i>                          |  |
| e. | Middle Eastern or North African<br><i>Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group (for example, Moroccan, Yemeni, Kurdish, etc.)</i>                             |  |
| f. | Native Hawaiian or Pacific Islander<br><i>Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group (for example, Chuukese, Palauan, Tahitian, etc.)</i>            |  |
| g. | White<br><i>English, German, Irish, Italian, Polish, Scottish, Another group (for example, French, Swedish, Norwegian, etc.)</i>                                                        |  |

## Language

Report each non-supervisory education and child development staff member. This includes classroom teachers, preschool assistant teachers, home-based visitors, and family child care providers.

If available, select the appropriate language, to help ensure consistency in reporting. If the language does not fit in the available categories, please select "Other" and enter the language(s) in its entirety. Note the languages specified in parentheses are examples only and are not a comprehensive list.

|                                                                                         | # of non-supervisory education and child development staff |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------|
| B.15 The number who are proficient in a language(s) other than English                  |                                                            |
| a. Of these, the number who are proficient in more than one language other than English |                                                            |

|                                                                                              | # of non-supervisory education and child development staff |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| B.16 Language groups in which staff are proficient:                                          |                                                            |
| a. Spanish                                                                                   |                                                            |
| b. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean.) |                                                            |
| c. Caribbean Languages (e.g., Haitian-Creole, Patois)                                        |                                                            |
| d. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)       |                                                            |

| B.16 Language groups in which staff are proficient:                                                    | # of non-supervisory education and child development staff |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| e. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)                                           |                                                            |
| f. Native North American/Alaska Native Languages                                                       |                                                            |
| g. Pacific Island Languages (e.g., Palauan, Fijian)                                                    |                                                            |
| h. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) |                                                            |
| i. African Languages (e.g., Swahili, Wolof)                                                            |                                                            |
| j. American Sign Language                                                                              |                                                            |
| k. Other                                                                                               |                                                            |
| 1. Specify:                                                                                            |                                                            |
| l. Unspecified (language is not known or staff declined identifying the language)                      |                                                            |

## STAFF TURNOVER

### All staff turnover

|                                                                                                                                                          | (1)<br># of Head Start<br>Preschool or<br>Early Head<br>Start staff | (2)<br># of contracted<br>staff |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| B.17 Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g., summer months) |                                                                     |                                 |
| a. Of these, the number who were replaced                                                                                                                |                                                                     |                                 |

### Education and child development staff turnover

|                                                                                                                                                                                                                                                                       | # of staff |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| B.18 The number of classroom teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g., during summer months) |            |
| a. Of these, the number who were replaced                                                                                                                                                                                                                             |            |
| b. Of these, the number who left while classes and home visits were in session                                                                                                                                                                                        |            |
| c. Of these, the number that were classroom teachers who left the program                                                                                                                                                                                             |            |

| B.19 Of the number of education and child development staff that left, the number that left for the following primary reason: | # of staff |
|-------------------------------------------------------------------------------------------------------------------------------|------------|
| a. Higher compensation                                                                                                        |            |
| 1. Of these, the number that moved to state pre-k or other early childhood program                                            |            |
| b. Retirement or relocation                                                                                                   |            |
| c. Involuntary separation                                                                                                     |            |
| d. Other (e.g., change in job field, reason not provided)                                                                     |            |

|                                                                                                                               |            |
|-------------------------------------------------------------------------------------------------------------------------------|------------|
| B.19 Of the number of education and child development staff that left, the number that left for the following primary reason: | # of staff |
| 1. Specify:                                                                                                                   |            |
| B.20 Number of vacancies during the program year that remained unfilled for a period of 3 months or longer                    |            |

## C. CHILD & FAMILY SERVICES

### HEALTH SERVICES

Health information should be obtained from medical, dental, and immunization records of all children and pregnant women.

Refer to the State EPSDT schedules – [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#)

**Medicaid enrolled** - The child or pregnant woman has been officially certified as eligible for Medicaid paid services. Do not include children or pregnant women who have not been officially certified. Include children or pregnant women enrolled in Medicaid for any length of time during the program year.

**Children's Health Insurance Program** - A federal-state partnership administered by the state under broad federal guidelines. The program may be known as "CHIP" or function under a different name.

**CHIP enrolled** - The child has been officially certified as eligible to receive services covered by the Children's Health Insurance Program. Include children enrolled in CHIP for any length of time.

#### Health insurance – children

Count each child only once.

In Question C.1.a, report children enrolled in Medicaid, CHIP, or a program jointly-funded by Medicaid and CHIP, which is sometimes referred to as a Medicaid expansion program.

|                                                                                                                                                    | (1)<br># of children at enrollment            | (2)<br># of children at end of enrollment     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| C.1 Number of all children with health insurance                                                                                                   |                                               |                                               |
| a. Of these, the number enrolled in Medicaid and/or CHIP                                                                                           |                                               |                                               |
| b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance | <i>System calculates as C.1(1) – C.1.a(1)</i> | <i>System calculates as C.1(2) – C.1.a(2)</i> |
| C.2 Number of children with no health insurance                                                                                                    | <i>System calculates as A.10.g. – C.1(1)</i>  | <i>System calculates as A.10.g. – C.1(2)</i>  |

#### Health insurance - pregnant women (EHS programs)

|                                                                                                                                                    | (1)<br># of pregnant women at enrollment      | (2)<br># of pregnant women at end of enrollment |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| C.3 Number of pregnant women with at least one type of health insurance                                                                            |                                               |                                                 |
| a. Of these, the number enrolled in Medicaid                                                                                                       |                                               |                                                 |
| b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance | <i>System calculates as C.3(1) – C.3.a(1)</i> | <i>System calculates as C.3(2) – C.3.a(2)</i>   |

|                                                       | (1)<br># of pregnant women<br>at enrollment   | (2)<br># of pregnant women<br>at end of enrollment |
|-------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| C.4 Number of pregnant women with no health insurance | <i>System calculates as<br/>A.11 – C.3(1)</i> | <i>System calculates as<br/>A.11 – C.3(2)</i>      |

## Medical

For assistance identifying federally qualified Health Centers, see <https://findahealthcenter.hrsa.gov/>. For assistance identifying Indian Health Service, Tribal or Urban Indian Health Program facility, see <https://www.ihs.gov/findhealthcare/>.

### Accessible health care - children

|                                                                                                                                                                                                                                       | (1)<br># of children at<br>enrollment | (2)<br># of children at<br>end of enrollment |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| C.5 Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care |                                       |                                              |
| a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility                                           |                                       |                                              |

### Accessible health care - pregnant women (EHS Programs)

|                                                                                                                                                                                                                                       | (1)<br># of pregnant<br>women at<br>enrollment | (2)<br># of pregnant<br>women at end of<br>enrollment |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| C.6 Number of pregnant women with an ongoing source of continuous, accessible health care provided by a health care professional that maintains their ongoing health record and is not primarily a source of emergency or urgent care |                                                |                                                       |

### Medical services – children

**Medical Treatment** - Any service that is required to improve the physical condition of the child, including all forms of medical follow-up.

**Chronic health condition** is an "umbrella" term. Children with chronic illnesses may be ill or well at any given time, but they are always living with their condition.

Include children who left the program, if they were up-to-date when they left the program, when counting children who are up-to-date on a schedule of age-appropriate preventive and primary health care.

Question C.8.a and C.8.b ask specifically about children with any chronic condition needing medical treatment by a health care professional, regardless of when the condition was first diagnosed.

Question C.9 asks about all children with the specific chronic conditions listed, regardless of when the condition was first diagnosed by a health care professional and regardless of whether they are receiving medical treatment. For C.9, only report on children that were diagnosed by a health care professional. Additional information from the Centers for Disease Control and Prevention (CDC) is available on ASD at <https://www.cdc.gov/ncbddd/autism/screening.html> and on ADHD at <https://www.cdc.gov/ncbddd/adhd/diagnosis.html>.



|                                                                                                                                                                                     | (1)<br># of children at<br>enrollment | (2)<br># of children at<br>end of enrollment |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| C.7 Number of children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's EPSDT schedule for well child care |                                       |                                              |

|                                                                                                                                                   | # of children |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| C.8 Number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed   |               |
| a. Of these, the number who received medical treatment for their diagnosed chronic health condition                                               |               |
| b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment: | # of children |
| 1. No medical treatment needed                                                                                                                    |               |
| 2. No health insurance                                                                                                                            |               |
| 3. Parents did not keep/make appointment                                                                                                          |               |
| 4. Children left the program before their appointment date                                                                                        |               |
| 5. Appointment is scheduled for future date                                                                                                       |               |
| 6. Other                                                                                                                                          |               |
| 1. Specify:                                                                                                                                       |               |

| C.9 Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed: | # of children |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| a. Autism spectrum disorder (ASD)                                                                                                                          |               |
| b. Attention deficit hyperactivity disorder (ADHD)                                                                                                         |               |
| c. Asthma                                                                                                                                                  |               |
| d. Seizures                                                                                                                                                |               |
| e. Life-threatening allergies (e.g., food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis)                         |               |
| f. Hearing Problems                                                                                                                                        |               |
| g. Vision Problems                                                                                                                                         |               |
| h. Blood lead level test with elevated lead levels >3.5 µg/dL                                                                                              |               |
| i. Diabetes                                                                                                                                                |               |

## Body Mass Index (BMI) –children (HS Preschool and Migrant and Seasonal programs)

Migrant and Seasonal programs should report on children age 3 and older only when completing this item.

Body Mass Index (BMI) is a number calculated from a child's weight and height. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. For children, BMI is used to screen for underweight, healthy weight, overweight, or obese.

For more information, including [BMI-for-age growth charts](#), see the Centers for Disease Control and Prevention (CDC) website, at [About BMI for Children and Teens](#)

| C.10 Number of children who are in the following weight categories according to the 2022 CDC BMI-for-age growth charts | # of children at enrollment |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a. Underweight (BMI less than 5th percentile for child's age and sex)                                                  |                             |
| b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)                       |                             |
| c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)                      |                             |
| d. Obese (BMI at or above 95th percentile for child's age and sex)                                                     |                             |

## Immunization services - children

|                                                                                                                                                                                                                | (1)<br># of children at enrollment | (2)<br># of children at end of enrollment |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|
| C.11 Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age                                                                 |                                    |                                           |
| C.12 Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age |                                    |                                           |
| C.13 Number of children who meet their state's guidelines for an exemption from immunizations                                                                                                                  |                                    |                                           |

## Medical and wellbeing services – pregnant women (EHS programs)

Enrolled pregnant women may be counted in more than one category if more than one type of service was received.

Include pregnant women that received services directly through the program or through program referrals. In terms of services, please count only those enrolled pregnant women that actually received the services, not those that were referred and either did not go or were not yet able to receive the services due to denial or postponement.

Pregnant women who attend educational presentations including those provided through electronic means (e.g., online training modules) may be counted as receiving a service. Informational brochures and pamphlets distributed to all pregnant women are not counted in the PIR.

| C.14 Indicate the number of pregnant women who received the following services while enrolled in EHS: | # of pregnant women |
|-------------------------------------------------------------------------------------------------------|---------------------|
| a. Prenatal health care                                                                               |                     |
| b. Postpartum health care                                                                             |                     |
| c. Scheduled a newborn visit within two weeks after the infant's birth                                |                     |
| d. A professional oral health assessment, examination, and/or treatment                               |                     |
| e. Mental health interventions and follow up                                                          |                     |
| f. Education on fetal development                                                                     |                     |
| g. Education on the benefits of breastfeeding                                                         |                     |
| h. Education on the importance of nutrition                                                           |                     |
| i. Education on infant care and safe sleep practices                                                  |                     |
| j. Education on the risks of alcohol, drugs, and/or smoking                                           |                     |
| k. Facilitating access to substance abuse treatment (i.e., alcohol, drugs, and/or smoking)            |                     |

## Prenatal health – pregnant women (EHS programs)

| C.15 Trimester of pregnancy in which the pregnant women served were enrolled:                                                        | # of pregnant women |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| a. 1 <sup>st</sup> trimester (0-3 months)                                                                                            |                     |
| b. 2 <sup>nd</sup> trimester (3-6 months)                                                                                            |                     |
| c. 3 <sup>rd</sup> trimester (6-9 months)                                                                                            |                     |
| C.16 Of the total served, the number whose pregnancies were identified as medically high risk by a physician or health care provider |                     |

## Newborn visit – pregnant women (EHS programs)

According to [45 CFR 1302.80\(d\)](#), a program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth. The following questions collect information about when the scheduled newborn visit occurred.

| C.17 Indicate the number of pregnant women that received a newborn visit | # of pregnant women |
|--------------------------------------------------------------------------|---------------------|
| a. Within two weeks after the infant's birth                             |                     |
| b. Between two to six weeks after the infant's birth                     |                     |
| c. After six weeks following the infant's birth                          |                     |

## Oral health

According to [45 CFR 1302.42\(b\)\(i\)](#), programs must obtain determinations from oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary oral health care based on the dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate.

Questions C.18 and C.19 collect information about oral health preventive care and oral examinations that would occur as part of staying up to date on the state's dental periodicity schedule

**Oral Health Preventive Care** - Includes cleaning, fluoride varnish application, silver diamine fluoride application (prevents decay), or dental sealant application.

**Oral Treatment** - Includes restoration, pulp therapy, silver diamine fluoride (manages decay), and extraction.

### Accessible dental care – children

|                                                                                                                                                                                    | (1)<br># of children at enrollment | (2)<br># of children at end of enrollment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|
| C.18 Number of children with continuous, accessible oral care provided by an oral health care professional which includes access to oral health preventive care and oral treatment |                                    |                                           |

|                                                                                                        | # of children |
|--------------------------------------------------------------------------------------------------------|---------------|
| C.19 Number of children who received oral health preventive care during the program year               |               |
| C.20 Number of all children who have completed a professional oral examination during the program year |               |
| a. Of these, the number of children diagnosed as needing oral treatment during the program year        |               |
| 1. Of these, the number of children who received oral treatment during the program year                |               |

| b. Specify the primary reason that children who needed oral treatment did not receive it: | # of children |
|-------------------------------------------------------------------------------------------|---------------|
| 1. Health insurance doesn't cover oral treatment                                          |               |
| 2. No oral care available in local area                                                   |               |
| 3. Medicaid not accepted by dentist                                                       |               |
| 4. Dentists in the area do not treat 3- to 5-year-old children                            |               |
| 5. Dentists in the area do not treat children below age 3                                 |               |
| 6. Parents did not keep/make appointment                                                  |               |
| 7. Children left the program before their appointment date                                |               |
| 8. Appointment is scheduled for future date                                               |               |
| 9. No transportation                                                                      |               |
| 10. Other                                                                                 |               |
| 1. Specify:                                                                               |               |

## Mental health consultation

**Mental Health Consultant** – Licensed or certified mental health professionals that provide assistance to teachers, preschool assistant teachers, home visitors, and family child care providers to meet children's mental health and social and emotional needs through strategies that include observation and consultation.

|                                                                                                                                                                                           | # of staff                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| C.21 Total number of classroom teachers, home visitors, and family child care providers                                                                                                   | System calculates as B.3(1) + B.6 + B.8 + B.9 |
| a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation |                                               |

## DISABILITIES SERVICES

Children in Head Start programs may be determined eligible to receive special education and related services under the Individuals with Disabilities Education Act (IDEA). Report on children referred for an evaluation to determine IDEA eligibility during the program year in questions C.22 and C.23. Report on children determined to be eligible to receive these services under IDEA in questions C.24 and C.25, regardless of when the determination was made.

### IDEA eligibility determination

|                                                                                                                                                                                                                                       | # of children                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| C.22 The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year                                                            |                                    |
| a. Of these, the number who received an evaluation to determine IDEA eligibility                                                                                                                                                      |                                    |
| 1. Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA                                                                                                                           |                                    |
| 2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA                                                                                                                       |                                    |
| 1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act. |                                    |
| b. Of these, the number who did not receive an evaluation to determine IDEA eligibility                                                                                                                                               | System calculates as C.22 – C.22.a |

|                                                                                                                            |               |
|----------------------------------------------------------------------------------------------------------------------------|---------------|
| C.23 Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it: | # of children |
| a. The responsible agency assigned child to Response to Intervention (RTI)                                                 |               |
| b. Parent(s) refused evaluation                                                                                            |               |
| c. Evaluation is pending and not yet completed by responsible agency                                                       |               |
| d. Other                                                                                                                   |               |
| 1. Specify:                                                                                                                |               |

## Preschool disabilities services (HS Preschool and Migrant and Seasonal programs)

|                                                                                                                                        |               |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                                                        | # of children |
| C.24 Number of children enrolled in the program who had an Individualized Education Program (IEP), at any time during the program year |               |
| a. Of these, the number who were determined eligible to receive special education and related services:                                | # of children |
| 1. Prior to this program year                                                                                                          |               |
| 2. During this program year                                                                                                            |               |
| b. Of these, the number who have not received special education and related services                                                   |               |

## Infant and toddler Part C early intervention services (EHS and Migrant and Seasonal programs)

|                                                                                                                                           |               |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                                                           | # of children |
| C.25 Number of children enrolled in the program who had an Individualized Family Service Plan (IFSP), at any time during the program year |               |
| a. Of these, the number who were determined eligible to receive early intervention services:                                              | # of children |
| 1. Prior to this program year                                                                                                             |               |
| 2. During this program year                                                                                                               |               |
| b. Of these, the number who have not received early intervention services under IDEA                                                      |               |

## Preschool primary disabilities (HS Preschool and Migrant and Seasonal programs)

Migrant and Seasonal Programs should report on children age 3 and older only when completing this item.

Report the number of children with an Individualized Education Program (IEP), enrolled during this enrollment year, whose primary or most significant disability was determined by a multidisciplinary team to be one of the following disabilities as categorized and defined in regulations for the Individuals with Disabilities Education Act (IDEA).

Report each child only once, by primary disability.

| C.26 Diagnosed primary disability:                                                | (1)<br># of children<br>determined to<br>have this disability | (2)<br># of children<br>receiving special<br>services |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| a. Health impairment (i.e., meeting IDEA definition of “other health impairment”) |                                                               |                                                       |
| b. Emotional disturbance                                                          |                                                               |                                                       |
| c. Speech or language impairments                                                 |                                                               |                                                       |
| d. Intellectual disabilities                                                      |                                                               |                                                       |
| e. Hearing impairment, including deafness                                         |                                                               |                                                       |
| f. Orthopedic impairment                                                          |                                                               |                                                       |
| g. Visual impairment, including blindness                                         |                                                               |                                                       |
| h. Specific learning disability                                                   |                                                               |                                                       |
| i. Autism                                                                         |                                                               |                                                       |
| j. Traumatic brain injury                                                         |                                                               |                                                       |
| k. Non-categorical/developmental delay                                            |                                                               |                                                       |
| l. Multiple disabilities (excluding deaf-blind)                                   |                                                               |                                                       |
| m. Deaf-blind                                                                     |                                                               |                                                       |

## EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

### Screening

The Head Start Act requires all children to receive a developmental, sensory, and behavioral screening within 45 days of entering the program, in order to determine if further evaluation is needed. If a child was enrolled in Head Start Preschool as a 3-year-old, received the screening, and is returning to Head Start Preschool as a 4-year-old, that child does NOT need to be re-screened.

This question asks about the initial screenings within 45 days of entry for children who are enrolled in the program for the first time. These screenings may take place prior to the child receiving services, for example, developmental screening of children during summer months before classes start at the beginning of fall.

This does not include ongoing screenings that children may receive as part of their regularly scheduled EPSDT visits nor does it include ongoing assessment of children's health and development.

Report on **all** children enrolled for the first time, including children who were screened but then left the program prior to 45 days.

|                                                                                                                                                                                    | # of children |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| C.27 Number of all newly enrolled children since last year's PIR was reported                                                                                                      |               |
| C.28 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported |               |
| a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability                                                 |               |

|                                                                         |
|-------------------------------------------------------------------------|
| C.29 The instrument(s) used by the program for developmental screening: |
|-------------------------------------------------------------------------|

| Enter primary tool first | Name/title |
|--------------------------|------------|
| a. Enter name/title      |            |
| b. Enter name/title      |            |
| c. Enter name/title      |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Acuscreen
- AGS Screening Profile
- Ages and Stages Questionnaire (ASQ; all editions)
- Battelle Developmental Inventory (BDI; all editions)
- BRIGANCE (all editions)
- Chicago Early Screening
- Child Behavioral Checklist (CBCL; all editions)
- Comprehensive Identification Process (CIP)
- Denver Developmental Screening Test II (DDST II)
- Developmental Indicators for the Assessment of Learning (DIAL; all editions)
- Early Screening Profile (ESP)
- Evaluacion Desarrollo Del Nino (EDEN)
- Early Screening Inventory Revised – Preschool (ESI-R)
- First Step
- Learning Accomplishment Profile – Diagnostic Screener (LAP-D)
- Strengths and Difficulties Questionnaire (SDQ; all editions)

If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. The specific edition of screening instrument(s) is **not** needed. If your screening instrument is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific screening instruments.

## Assessment

Head Start regulations at [45 CFR 1305.2](#) define **child-level assessment data** as the data collected by an agency on an individual child from one or more valid and reliable assessments of a child's status and progress, including but not limited to direct assessment, structured observations, checklists, staff or parent report measures, and portfolio records or work samples.

|                                                                                   |            |
|-----------------------------------------------------------------------------------|------------|
| C.30 Approach or tool(s) used by the program to support ongoing child assessment: |            |
| Enter primary tool first                                                          | Name/title |
| a. Enter name/title                                                               |            |
| b. Enter name/title                                                               |            |
| c. Enter name/title                                                               |            |

Common titles have been pre-populated in a dropdown for your convenience and are listed below.

- Assessment Evaluation and Program System (AEPS)
- BRIGANCE (all editions)
- Child Development Checklist
- Child Observation Record (COR) High Scope
- Child Outcomes Measurement System
- Creative Curriculum (all editions)
- Desired Results Developmental Profile (DRDP; all editions)
- Early Learning Accomplishment Profile (E-LAP)
- Galileo Pre-K Online Curriculum
- Hawaii Early Learning Profile (HELP)
- High Reach Learning - GRO
- LAP: Learning Accomplishment Profile (all editions)
- Ounce Scale
- Portage
- Portfolios
- Pre-K Success
- Teaching Strategies GOLD Observational Assessment Tool
- Work Sampling

If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. The specific edition of assessment tool(s) is **not** needed. If your assessment tool is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific assessment tools.

## Curriculum

Programs should select the curriculum/curricula used. For EHS programs, if no specific curriculum is used for pregnant women services (C.31.d), leave the item blank.

C.31 Curriculum used by the program:

a. For center-based services:

| Enter curriculum used as primary foundation first | Name/title |
|---------------------------------------------------|------------|
| 1. Enter name/title:                              |            |
| 2. Enter name/title:                              |            |
| 3. Enter name/title:                              |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Assessment, Evaluation and Programming System (AEPS) Core Knowledge
- Beautiful Beginnings: A Developmental Curriculum for Infants and Toddlers
- Big Day for PreK
- Connect4Learning
- Core Knowledge Preschool Sequence
- Creative Curriculum (Early Childhood)
- Creative Curriculum (Infant and Toddler)
- Creative Curriculum (PreSchool)
- Creative Curriculum for Infants, Toddlers, and Twos
- Curiosity Corner
- DLM (Developmental Learning Materials)
- DLM Early Childhood Express
- Domains Based Curriculum
- Frog Street Infant
- Frog Street Threes
- Frog Street Toddler
- Frog Street Pre-K
- Galileo Pre-K Online Curriculum
- High Reach
- High Scope (Infant & Toddler)
- High Scope (Preschool)
- Innovations
- Learn Every Day: The Preschool Curriculum
- Opening the World of Learning
- Pre K for ME
- The InvestiGator Club Just for Threes 2018 Learning System
- The InvestiGator Club PreKindergarten Learning System 2018
- Scholastic
- Tools of the Mind
- World of Wonders

*If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. If your curriculum is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific curricula.*

b. For family child care services:

| Enter curriculum used as primary foundation first | Name/title |
|---------------------------------------------------|------------|
| 1. Enter name/title                               |            |
| 2. Enter name/title                               |            |
| 3. Enter name/title                               |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Born to Learn (Parents as Teachers)
- Creative Curriculum for Family Child Care
- Creative Curriculum (Other)
- Growing Great Kids
- High Scope (Infant & Toddler)
- High Scope (Preschool)
- Partners for a Healthy Baby (Florida State University)
- The Gee Whiz Curriculum for Family Child Care

*If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. If your curriculum is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific curricula.*

c. For home-based services:

| Enter curriculum used as primary foundation first | Name/title |
|---------------------------------------------------|------------|
| 1. Enter name/title                               |            |
| 2. Enter name/title                               |            |
| 3. Enter name/title                               |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Baby TALK
- Born to Learn (Parents as Teachers)
- Creative Curriculum (Early Childhood)
- Creative Curriculum (Infant & Toddler)
- Creative Curriculum (PreSchool)
- Creative Curriculum for Infants, Toddlers, and Twos
- Growing Great Kids for Preschoolers
- Growing Great Kids: Prenatal-36 Months
- High Reach
- High Scope (Infant & Toddler)
- High Scope (PreSchool)
- Parents as Teachers Foundational 2 Curriculum: 3 Years Through Kindergarten
- Parents as Teachers Foundational Curriculum: Prenatal to 3
- Partners for A Healthy Baby (Florida State University)

*If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. If your curriculum is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific curricula.*

d. For pregnant women services:

| Enter curriculum used as primary foundation first | Name/title |
|---------------------------------------------------|------------|
| 1. Enter name/title                               |            |
| 2. Enter name/title                               |            |
| 3. Enter name/title                               |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Becoming A Mom (March of Dimes)
- Born to Learn (Parents as Teachers)
- Comenzando Bien (March of Dimes)
- Great Beginnings
- Growing Great Kids
- Partners for A Healthy Baby (Florida State University)

*If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. If your curriculum is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific curricula.*

e. For building on the parents' knowledge and skill (i.e., parenting curriculum)

| Enter curriculum used as primary foundation first | Name/title |
|---------------------------------------------------|------------|
| 1. Enter name/title                               |            |
| 2. Enter name/title                               |            |
| 3. Enter name/title                               |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Abriendo Puertas
- Active Parenting
- Conscious Discipline Parenting Curriculum
- Love and Logic
- Parents as Teachers
- Positive Solutions for Families
- Ready Rosie

*If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. If your curriculum is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific curricula.*

## Classroom and home visit observation tools

|                                                                                                  | Yes (Y) /<br>No (N) |
|--------------------------------------------------------------------------------------------------|---------------------|
| C.32 Does the program routinely use classroom or home visit observation tools to assess quality? |                     |

|                                                                                |
|--------------------------------------------------------------------------------|
| C.33 If yes, classroom and home visit observation tool(s) used by the program: |
|--------------------------------------------------------------------------------|

| Enter tool(s) used to observe staff-child interactions in each setting offered | Name/title |
|--------------------------------------------------------------------------------|------------|
| a. Center-based settings                                                       |            |
| b. Home-based settings                                                         |            |
| c. Family child care settings                                                  |            |

*Common titles have been pre-populated in a dropdown for your convenience and are listed below.*

- Arnett Caregiver Interaction Scale (CIS)
- Classroom Assessment Scoring System (CLASS: Infant, Toddler, or Pre-K)
- Family Child Care Environmental Rating Scale-Revised (FCCERS-R)
- HighScope Program Quality Assessment (PQA)
- Home Visiting Rating-Scales (HOVRS)
- HOVRS-Adapted and Extended (HOVRS-A+)
- Original ECERS or ITERS (not revised)
- Original FCCERS (not revised)
- Teaching Pyramid Observation Tool (TPOT)
- The Early Childhood or Infant/Toddler Environment Rating Scale-Revised (ECERS-R or ITERS-R)

*If available, please select the appropriate title from the dropdown, to help ensure consistency in reporting. If your observation tool is not available in the common titles, please select "Other (Please Specify)" and enter the title in its entirety. The Office of Head Start does not endorse specific observation tools.*

## FAMILY AND COMMUNITY PARTNERSHIPS

The following questions refer to the families of children and pregnant women enrolled in Head Start Preschool and Early Head Start.

**Parents/guardians** – Throughout this question (except for C.34 and C.35), include the biological or non-biological person(s) identified as the primary caregiver(s). Include, for example, custodial grandparents, stepparents, guardians, and foster parents.

### Number of families

Count families, not children. Families with more than one child enrolled should be counted only once.

Count dual-custody families as two families.

|                                                | # of families at enrollment |
|------------------------------------------------|-----------------------------|
| C.34 Total number of families:                 |                             |
| a. Of these, the number of two-parent families |                             |

|                                                   |                             |
|---------------------------------------------------|-----------------------------|
|                                                   | # of families at enrollment |
| b. Of these, the number of single-parent families |                             |

|                                                                                                              |                             |
|--------------------------------------------------------------------------------------------------------------|-----------------------------|
| C.35 Of the total number of families, the number in which the parent/guardian figures are best described as: | # of families at enrollment |
| a. Parent(s) (e.g., biological, adoptive, stepparents)                                                       |                             |
| 1. Of these, the number of families with a mother only (biological, adoptive, stepmother)                    |                             |
| 2. Of these, the number of families with a father only (biological, adoptive, stepfather)                    |                             |
| b. Grandparents                                                                                              |                             |
| c. Relative(s) other than grandparents                                                                       |                             |
| d. Foster parent(s) not including relatives                                                                  |                             |
| e. Other                                                                                                     |                             |
| 1. Specify:                                                                                                  |                             |

## Parent/guardian education

Count each family only once. For example, if one parent completed high school and one has an associate degree, count this family once under associate degree.

|                                                                                                                       |                             |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------|
| C.36 Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s): | # of families at enrollment |
| a. An advanced (e.g., master's, doctoral) degree or bachelor's degree                                                 |                             |
| b. An associate degree, vocational school, or some college                                                            |                             |
| c. A high school graduate or GED                                                                                      |                             |
| d. Less than high school graduate                                                                                     |                             |

## Employment, Job Training, and School

Count each family only **once** in the appropriate category according to their status at enrollment for C.37 and C.39 and at end of enrollment for C.38. Employed and unemployed definitions used by the U.S. Census Bureau and U.S. Bureau of Labor Statistics. See the [Census Bureau's glossary](#), [BLS's glossary](#), and [BLS's frequently asked questions](#) for more information.

**Employed** - Employed people are those who (a) did any work at all (for at least 1 hour) in the prior week as paid employees; worked in their own businesses, professions, or on their own farms; or worked 15 hours or more as unpaid workers in an enterprise operated by a family member or (b) were not working in the prior week, but who had a job or business from which they were temporarily absent because of vacation, illness, bad weather, childcare problems, maternity or paternity leave, labor-management dispute, job training, or other family or personal reasons whether or not they were paid for the time off or were seeking other jobs.

Excluded are people whose only activity consisted of work around their own house (painting, repairing, cleaning, or other home-related housework) or volunteer work for religious, charitable, or other organizations.

A single family can be counted in more than one category for C.37.a.1 through C.37.a.3.

| C.37 Total number of families in which:                                                                                                                                                  | # of families at enrollment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a. At least one parent/guardian is employed, in job training, or in school at enrollment                                                                                                 |                             |
| 1. Of these families, the number in which one or more parent/guardian is employed                                                                                                        |                             |
| 2. Of these families, the number in which one or more parent/guardian is in job training (e.g., job training program, professional certificate, apprenticeship, or occupational license) |                             |
| 3. Of these families, the number in which one or more parent/guardian is in school (e.g., GED, associate degree, bachelor's, or advanced (e.g., master's, doctoral) degree)              |                             |
| b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g., unemployed, retired, or disabled)                                                          |                             |

| C.38 Total number of families in which:                                                                                                                         | # of families at end of enrollment |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| a. At least one parent/guardian is employed, in job training, or in school at end of enrollment                                                                 |                                    |
| 1. Of these families, the number of families that were also counted in C.37.a (as having been employed, in job training, or in school at enrollment)            |                                    |
| 2. Of these families, the number of families that were also counted in C.37.b (as having <b>not</b> been employed, in job training, or in school at enrollment) |                                    |
| b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g., unemployed, retired, or disabled)                          |                                    |
| 1. Of these families, the number of families that were also counted in C.37.a                                                                                   |                                    |
| 2. Of these families, the number of families that were also counted in C.37.b                                                                                   |                                    |

| C.39 Total number of families in which:                                                  | # of families at enrollment |
|------------------------------------------------------------------------------------------|-----------------------------|
| a. At least one parent/guardian is a member of the United States military on active duty |                             |
| b. At least one parent/guardian is a veteran of the United States military               |                             |

## Federal or other assistance

|                                                                                                                                                      | (1)<br># of families at<br>enrollment | (2)<br># of families at<br>end of enrollment |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| C.40 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance for Needy Families (TANF) Program |                                       |                                              |
| C.41 Total number of families receiving Supplemental Security Income (SSI)                                                                           |                                       |                                              |
| C.42 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)             |                                       |                                              |
| C.43 Total number of families receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps     |                                       |                                              |

## Family services

Head Start programs provide program services that relate to family engagement outcomes as described in [the Head Start Parent, Family, and Community Engagement \(PFCE\) Framework](#), including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders. This PIR question collects information on families receiving a selection of many possible family services to promote progress toward child and family outcomes.

Report the number of families that received the following program services. Families may be counted in more than one category. Only include families that received services directly through the program or through program referrals. Please count only those families that actually received the services, not those that were referred and either did not go or were not yet able to receive the services.

Families who attend educational presentations including those provided through electronic means (e.g., online training modules) may be counted as receiving a service. Informational brochures and pamphlets distributed to all families are not counted in the PIR.

| C.44 The number of families that received the following program service to promote family outcomes:    | # of families |
|--------------------------------------------------------------------------------------------------------|---------------|
| a. Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter)        |               |
| b. Housing assistance (e.g., subsidies, utilities, repairs)                                            |               |
| c. Asset building services (e.g., financial education, debt counseling)                                |               |
| d. Mental health services                                                                              |               |
| e. Substance misuse prevention                                                                         |               |
| f. Substance misuse treatment                                                                          |               |
| g. English as a Second Language (ESL) training                                                         |               |
| h. Assistance in enrolling into an education or job training program                                   |               |
| i. Research-based parenting curriculum                                                                 |               |
| j. Involvement in discussing their child's screening and assessment results and their child's progress |               |
| k. Supporting transitions between programs (i.e., EHS to HS Preschool, HS Preschool to kindergarten)   |               |
| l. Education on preventive medical and oral health                                                     |               |

|                                                                                                     |               |
|-----------------------------------------------------------------------------------------------------|---------------|
| C.44 The number of families that received the following program service to promote family outcomes: | # of families |
| m. Education on health and developmental consequences of tobacco product use                        |               |
| n. Education on nutrition                                                                           |               |
| o. Education on postpartum care (e.g., breastfeeding support)                                       |               |
| p. Education on relationship/marriage                                                               |               |
| q. Assistance to families of incarcerated individuals                                               |               |
| C.45 Of these, the number of families who were counted in at least one of the services listed above |               |

## Father / male caregiver engagement

This section examines the participation of fathers/male caregivers across program activities open to all parents/guardians including expectant father/male caregivers in the pregnant services program option.

|                                                                                                                                  |                             |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| C.46 Number of fathers/male caregivers who were engaged in the following activities during this program year:                    | # of father/male caregivers |
| a. Family assessment                                                                                                             |                             |
| b. Family goal setting                                                                                                           |                             |
| c. Involvement in child's Head Start child development experiences (e.g., home visits, parent-teacher conferences, volunteering) |                             |
| d. Head Start program governance, such as participation in the Policy Council or policy committees                               |                             |
| e. Parenting education workshops                                                                                                 |                             |

## Homelessness services

**Homeless** - The lack of a fixed, regular, and adequate nighttime residence including:

- a. children who are sharing housing with others due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- b. children who have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- c. children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- d. migratory children who are living in one of the circumstances described in a through c.

Children experiencing homelessness are eligible for Head Start.

|                                                                                                     | # of families |
|-----------------------------------------------------------------------------------------------------|---------------|
| C.47 Total number of families experiencing homelessness that were served during the enrollment year |               |

|                                                                                                     | # of children |
|-----------------------------------------------------------------------------------------------------|---------------|
| C.48 Total number of children experiencing homelessness that were served during the enrollment year |               |

|                                                                                                          | # of families |
|----------------------------------------------------------------------------------------------------------|---------------|
| C.49 Total number of families experiencing homelessness that acquired housing during the enrollment year |               |

## Foster care and child welfare

Children in foster care are categorically eligible for Head Start. In C.50, report the number of ALL enrolled children who were referred by a child welfare agency, regardless of whether that child was in foster care.

|                                                                                                                                      | # of children |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------|
| C.50 Total number of enrolled children who were in foster care at any point during the program year                                  |               |
| C.51 Total number of enrolled children who were referred to Head Start Preschool/Early Head Start services by a child welfare agency |               |

## D. GRANT LEVEL QUESTIONS

This section of the PIR contains questions where only one response is submitted per grant and the responses represent HS Preschool, EHS, and delegate programs, as applicable. Grant recipients should work directly with delegate agencies to ensure their information is included in this section. Delegates do not have these questions on their PIR.

### INTENSIVE COACHING

|                                                                                                                                                                                            | # of education and child development staff |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| D.1 The number of education and child development staff (i.e., teachers, preschool assistant teachers, home visitors, family child care providers) that received <b>intensive</b> coaching |                                            |

|                                                                                                                              | # of coaches |
|------------------------------------------------------------------------------------------------------------------------------|--------------|
| D.2 The number of individuals that provided <b>intensive</b> coaching, whether by staff, consultants, or through partnership |              |

### MANAGEMENT STAFF SALARIES

**Annual Salary** - Report the staff member's full annual salary for each position, even if part or all of the salary is funded by a non-ACF source or if the position is split between programs. Specify the actual salary per year. **Do not** annualize this figure if the staff member works less than 12 months of the year. If there is more than one management staff in a position, then average the salaries of the staff for that position. For example, if a grant has two Program Directors, one with a \$75,000 annual salary and another with a \$70,000 annual salary, then report the average annual salary as \$72,500.

**Percentage of Salary Funded by Head Start Preschool or Early Head Start** - Report the percentage of the staff member's salary that is paid by Federal Head Start Preschool or Early Head Start funds. For example, if the Program Director's annual salary is \$75,000 and one-third of their salary is paid for by the local school district and two-thirds is paid by Head Start, then report the full annual salary of "\$75,000" and report the percentage funded by Head Start as "67 percent", whether funded as direct or indirect cost. If there is more than one management staff in a position, then average the percent of the salaries funded by Head Start Preschool or Early Head Start. For example, if a grant has two Head Start Program Directors, one with 80 percent of their annual salary paid by Head Start and another with 60 percent of their annual salary paid by Head Start, then report the average percentage of salary funded by Head Start as 70 percent.

**Number of Management Staff in this Role** - The Office of Head Start recognizes that in many programs, management staff have multiple roles or there may be multiple managers. Report on the number of management staff for each position in the column provided. Do not count part-time staff as less than one person in the staff count.

| D.3 Management staff:                                    | (1)<br>Annual salary | (2)<br>% of salary funded by<br>Head Start Preschool<br>or Early Head Start | (3)<br>Number of<br>Management Staff<br>in this Position |
|----------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|
| a. Executive Director                                    | \$                   | %                                                                           |                                                          |
| b. Head Start Preschool and/or Early Head Start Director | \$                   | %                                                                           |                                                          |
| c. Education Manager/Coordinator                         | \$                   | %                                                                           |                                                          |
| d. Health Services Manager/Coordinator                   | \$                   | %                                                                           |                                                          |
| e. Family & Community Partnerships Manager/Coordinator   | \$                   | %                                                                           |                                                          |

| D.3 Management staff:                      | (1)<br>Annual salary | (2)<br>% of salary funded by<br>Head Start Preschool<br>or Early Head Start | (3)<br>Number of<br>Management Staff<br>in this Position |
|--------------------------------------------|----------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|
| f. Disability Services Manager/Coordinator | \$                   | %                                                                           |                                                          |
| g. Fiscal Officer                          | \$                   | %                                                                           |                                                          |

## EDUCATION MANAGEMENT STAFF QUALIFICATIONS

|                                                                                                                                                                                                                                                                                                                      | # of education<br>managers/coordinators  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| D.4 Total number of education managers/coordinators                                                                                                                                                                                                                                                                  | <i>System calculates as<br/>D.3.c(3)</i> |
| a. Of these, the number of education manager/coordinators with a bachelor's or advanced (e.g., master's, doctoral) degree in early childhood education or a bachelor's or advanced (e.g., master's, doctoral) degree and equivalent coursework in early childhood education with early education teaching experience |                                          |
| b. Of these, the number of education manager/coordinators that do not meet one of the qualifications in D.4.a                                                                                                                                                                                                        |                                          |
| 1. Of the education manager/coordinators in D.4.b, the number enrolled in a program that would meet a qualification described in D.4.a                                                                                                                                                                               |                                          |

## FAMILY SERVICES STAFF QUALIFICATIONS

Include all family service staff, those that also work as teachers and home visitors and both part-time and full-time, regardless of the funding source for their salary.

**Family Services Staff** – staff who work directly with families on the family partnership process including management staff with a family caseload.

For D.5, count each staff member only **once** by the highest level of education completed. For example:

- A family services staff with a bachelor's degree or associate degree in social work would be counted in D.5.a.
- A family services staff with only an associate degree in an unrelated field and enrolled in a certification in family services would be counted in D.5.b and D.5.b.1.

|                                                                                                                                                                                                                     | # of family<br>services staff |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| D.5 Total number of family services staff:                                                                                                                                                                          |                               |
| a. Of these, the number that have a credential, certification, associate, bachelor's, or advanced (e.g., master's, doctoral) degree in social work, human services, family services, counseling, or a related field |                               |
| b. Of these, the number that do not meet one of the qualifications described in D.5.a                                                                                                                               |                               |
| 1. Of the family services staff in D.5.b, the number enrolled in a degree or credential program that would meet a qualification described in D.5.a.                                                                 |                               |
| 2. Of the family services staff in D.5.b, the number hired before November 7, 2016                                                                                                                                  |                               |

## FORMAL AGREEMENTS FOR COLLABORATION

List the number of child care partners, local educational agencies (LEAs), and Part C Agencies in which a formal agreement was in effect with the grant recipient.

**Child Care Partners** - An individual child care center, umbrella organization operating multiple child care centers, child care resource and referral (CCR&R) network, or other entity with whom the Head Start program has formal contractual agreements to provide child care services to enrolled children that meet the Head Start Program Performance Standards.

|                                                                                                                                                  | # of partners or agencies |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| D.6 Total number of child care partners in which a formal agreement was in effect                                                                |                           |
| D.7 Total number of LEAs in the service area                                                                                                     |                           |
| a. Of these, the total number of LEAs in which a formal agreement was in effect to coordinate services for children with disabilities            |                           |
| b. Of these, the total number of LEAs in which a formal agreement was in effect to coordinate transition services                                |                           |
| D.8 Total number of Part C agencies in the service area                                                                                          |                           |
| a. Of these, the total number of Part C agencies in which a formal agreement was in effect to coordinate services for children with disabilities |                           |