

Minnesota Early Head Start/ Head Start Facts 2022



Serving Pregnant Woman and Children Birth to the First day of Kindergarten

What the Needs are in Minnesota

Children in Poverty Under Five Years of Age

46,000 estimated children, roughly 12% of the children in MN
Source: 2021 Minnesota Kids Count Data and ACS Data

20% of these children were served by HS

9% of these children were served by EHS

Women in Poverty and Pregnancy

3% of babies are born to teen parents in MN – they automatically qualify for EHS

20% of the babies born in MN were born to mothers who came from outside of the US

7,000 estimated children were born to mothers living in poverty in MN, approximately 70% of these babies are babies of color
Source: MN Demographer data 2017

Enrollment for 2021–2022

294 Pregnant Women

3,587 Early Head Start Children Birth to 3 years of age

8,984 Head Start Children 3 to 5 years of age

42% of the children enrolled were dual language learners

10% of the children enrolled have chronic health conditions as identified by a medical professional

16% of the children have IEP's or IFSP's that are active with local school districts

How Families Qualify for EHS/HS

56% of families qualify for EHS/HS because they live below the federal poverty guidelines – in 2022 that is \$23,030 gross annual income for a family of three

15% qualify because the family receives the cash portion of public assistance or SNAP

12% qualify because the family meets the McKinney Vento Act definition homeless, or the child is in court appointed foster care

11% qualify because they fall between 100% and 130% of poverty and have addition risk factors

6% fall outside the federal income guidelines but have risk factors that meet agencies eligibility criteria. Agencies can fill 10% of their spaces with over Income families

Source: 2022 EHS/HS PIR Data was used for the EHS/HS numbers

How Pregnant Women and Children Receive Services

44% of EHS/HS children were served in full day center programming or in child care center partnerships

16% of HS children were served in part day center program models

15% of EHS/HS children were served in Locally Designed Option

14% of EHS/HS children and pregnant women were served in home based

5% of EHS/HS children were served in Family Child Care Partnerships

4% of EHS/HS children were served in Seasonal/Migrant EHS/HS programming

39% of the children Birth to 5 years of age need agency provided transportation to get to centers

Source: 2022 EHS/HS PIR Data used for the EHS/HS numbers



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How EHS and HS Services Are Provided in Minnesota

Child Care Partners

Partnerships comprise both Early Head Start and Head Start and typically operate full day and full year. These partnerships combine EHS/HS and child care services in local communities. Resources, training, staffing, and high-quality programming driven by the EHS/HS performance standards and Minnesota licensing are melded together at these sites. EHS/HS programs partnering with licensed child care providers brings high quality programming to all children and families in these sites and in many cases allows parents to work or go to school beyond typical program hours. MN EHS/HS programs partner with 25 Family Child Care Providers and 44 Child Care Center Providers.

Locally Designed Options

Locally Designed Options (Federally Approved Options) or Innovative Programming (State Approved Options) are options that fit the communities needs but fall outside the Federal Standards, all of these options must go through a review and approval process. These options are typically a variation on the types and locations of services. Many of these options are in partnerships with schools. Some combine classroom and home visiting models. They are designed to meet the needs of the local families and communities. For example, in a smaller community Head Start and the school district may work together to provide combined services for the 20 preschool children in the area. All of the children from the community learn and grow together. MN Head Start Programs partner with 44 school districts to provide joint services.

Services to Pregnant Women



Expecting moms were served in their homes for the most part, but some programs do serve expectant and parenting women in homeless shelters and residential drug treatment facilities. Services are based on the family's needs and a research-based

curriculum is used. Expectant moms typically get weekly check ins or visits. Depression screening. The staff provide resources around medical care, addiction, healthy lifestyle, smoking cessation, breast feeding, making community connections, postpartum depression, and caring for the mom and child after the baby is born.

Home Based Services



Children birth through the first day of Kindergarten were served in EHS and HS programs in MN. The bulk of these were in EHS. Home based services provide opportunities for families to engage in programming when other options in their communities are limited or because this model is best suited to meet the needs of the family. The home visiting

model allows programs to reach families in every part of the state no matter how rural or what the family dynamic is. Home visits occur weekly with socialization experiences planned typically 2 times per month. Early Head Start provides home visits year-round while Head Start is September to May. Home-visitors are trained in research-based curriculums, ongoing assessment, and in providing services to families in the family's home.

Center Based Services



Children 6 weeks old through the first day of Kindergarten were served in 746 EHS and HS classrooms in MN. The majority of the Head Start centers operate 9 months per year while the Early Head Start centers operate year-round. Early Head Start and Head Start classrooms are Parent Aware 4 Star Rated

and meet or exceed all Minnesota Child Care Licensing Regulations and Federal Program Performance Standards. MN EHS/HS Programs operate approximately 703 center-based classes. While many of these sites are in buildings owned by the programs or their agencies, programs do lease space from schools for approximately 66 sites, these are separate agreements from where Head Start and Schools partner.

"I had a trauma of losing my first-born baby in my teens at one month. It was due to the lack of not knowing about safe sleep, which I later discovered in the prenatal support group. Had I known that my child would have survived. When I got pregnant again, I was sick to my stomach thinking of not having any guidance and support in the pregnancy. I was offered the prenatal program at Head Start which has helped me go through my pregnancy and overcome the postnatal depression. Where would I be without Head Start? Head Start supported me in each trimester in my pregnancy. After having my baby, I was acknowledged and had my Head Start family check on me. I got a visit to check how I was doing. Getting checked on after having a baby is underestimated. I was so fortunate to be part of the prenatal support group as it has helped me become the mother that I'm today. Thank you Head Start!! I'm going to cry out of joy."

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Family and Community Support Services

41%	of the families received emergency services either directly or through referral from EHS/HS
26%	of families received housing type services either directly or through referral from EHS/HS
14%	of families received mental health services either directly or through referral from EHS/HS
45%	of families received intensive parent education from EHS/HS programs
51%	of families received nutrition education from EHS/HS programs
31%	of the HS children transitioned to kindergarten and all received, and all their families received transition support

Early Head Start and Head Start programs are based on a whole family approach. EHS and HS programs provide safe welcoming environments for all family members. EHS and HS programs are much more than Early Education/Child Care programs. There are elements of the program that address the physical health, oral health, mental health and nutritional needs of children and families. There are elements that specifically assess and provide services to the child's primary caregivers whether they be biological parents, foster parents, or other adult primary care providers like grandparents. The graph above is representative of some of the services the caregivers get assistance with through their EHS/HS programs. It is the combination of these targeted services that provides opportunities for families to be stable and successful.

"Head Start has been nothing but an amazing journey for my babies. My 18-month-old toddler, daughter, has improved dramatically with her language and ability to communicate her needs. She picks up on things so quickly and comes home with new words and things I am impressed by for not even a two-year-old. Our son a 3-month-old baby boy has also been able to attend Head Start and this has been an easy transition for me as a mom to have both my children in the same place & know that there is great teachers observing them and taking care of them. Head Start not only takes care of my kids, but they also have an amazing health assistant who looks out for them and has them routinely checked to make sure they are doing well with their milestones. This has been a relief as a mom to know my babies are in great hands. The front staff have been nothing short of amazing to welcome and greet my babies every morning, they have built such a beautiful and trusting relationship for my kids. We are forever thankful for Head Start and would highly recommend any other parents to consider this wonderful program for their children."

"I remember one day that I ran out of diapers for my son. I didn't have money to purchase it, I called Head Start and diapers were delivered right to my doorstep. I just can't get over how thankful that I am. My son had a series of appointments as he was going through a tough time medically, Head Start made a support team for my family to check on me. I wish I knew about Head Start when my other children were young, it would've helped me be a better father, speaking of that. The male involvement has been the best help. I'm able to connect with other fathers to bond through fatherhood. They say that it takes a village to raise a child. I'm thankful to call Head Start my village."

"Head Start has allowed me to go to work and to go to my medical appointments without thinking about who will take care of my child. I know that I can count on Head Start. Head Start has supported me in my homelessness days, without Head Start I would be able to get the new place I'm moving into on the December 1st, 2022. I have had the best support. I'm thankful for the Head Start family that I have and wouldn't trade it for the world."



EHS/HS as an Economic Driver

In 2021 Early Head Start and Head Start programs employed 3,086 staff and contract with 166 other professionals. 6,378 people volunteered their time and talents to EHS/HS, 5,102 of which were parents, with 2,910 fathers or primary male caregivers involved in the program. Roughly \$30 Million dollars of in-kind is generated by programs annually.

The Federal Government invests \$148,160,085 and Minnesota invests \$25,100,000 in Operational funding for EHS and HS Programs in MN. Approximately \$130,000,000 of that goes into wages and fringe paid to local employees'. Median income in MN in 2022, based on BLS data, is roughly \$65,000 for a full-time worker currently for EHS/HS staff it is roughly \$45,000 for a full-time worker. Many groups are working with the Office of Head Start and Federal Legislators to increase pay and benefits for EHS/HS Staff. The pay and benefit parity issue's between EHS/HS and schools continues to be an issue for recruitment and retention of staff given the educational requirements for HS staff are very similar to school staff.

Approximately \$35,000,000 is spent locally on goods and services like rent/ space costs, food, diapers, etc. Most of the rest goes into training of staff and infrastructure needs like buses and facilities.

Roughly 1/3 of staff are former parents or children who were enrolled in the program.

73% of staff identify as people of color.

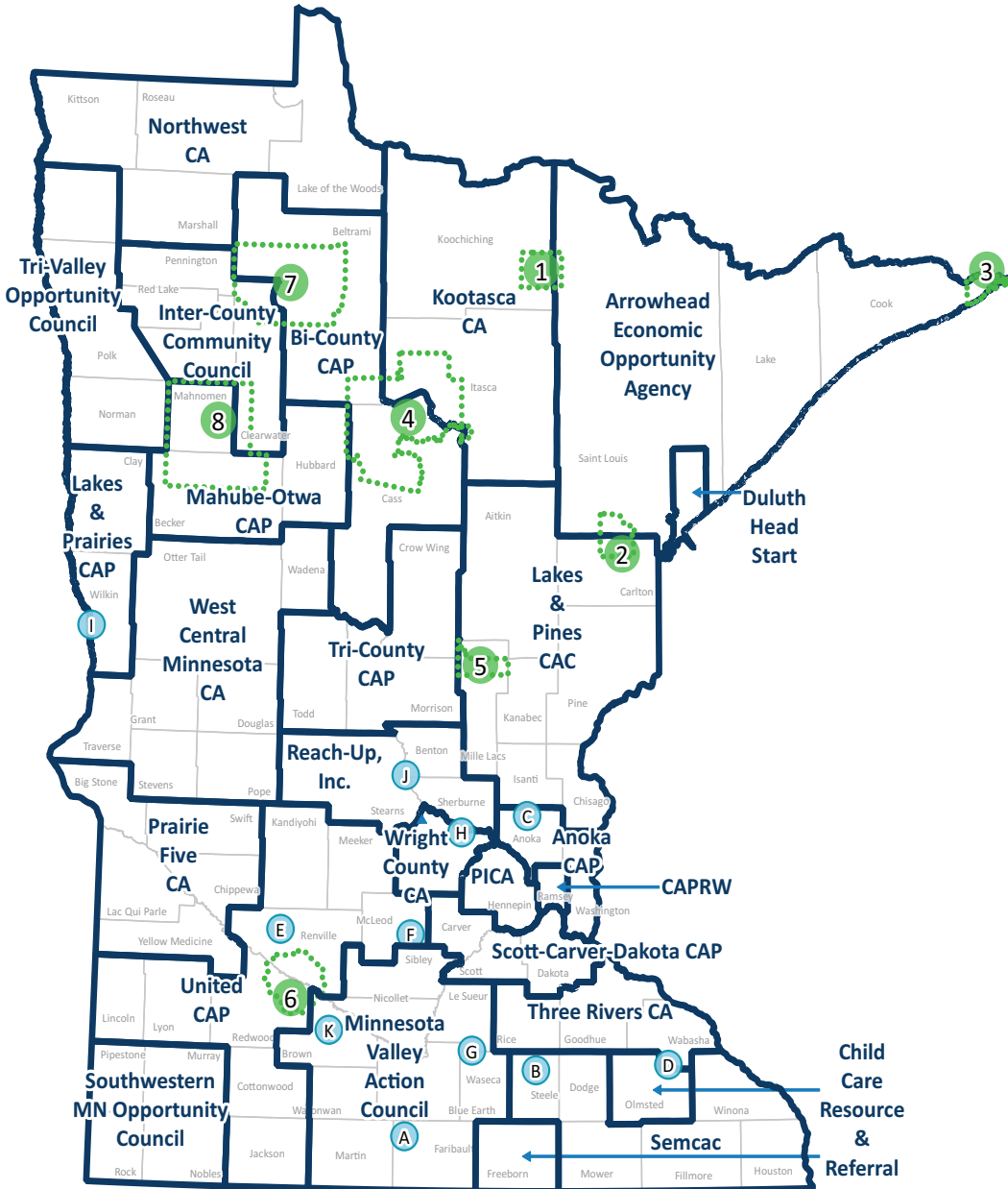
Over 90% of staff identify as women.

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Head Start Programs and Service Areas



Tri-Valley Opportunity Council, Inc. Migrant & Seasonal Head Start Sites

- A. Winnebago Head Start
- B. Owatonna Head Start
- C. Bethel Head Start
- D. Elgin Head Start
- E. Danube Head Start
- F. Glencoe Head Start
- G. Elysian Head Start
- H. Monticello Head Start
- I. Breckenridge Head Start
- J. St. Cloud Head Start
- K. Sleepy Eye Head Start

Tribal Head Start Programs

- 1. Bois Forte Reservation Tribal Council
- 2. Fond du lac Band of Lake Superior Chippewa
- 3. Grand Portage Reservation Tribal Council
- 4. Leech Lake Band of Ojibwe
- 5. Mille Lacs Band of Ojibwe
- 6. Lower Sioux
- 7. Red Lake Band of Chippewa Indians
- 8. White Earth Band of Chippewa Indians

For a listing of Head Start programs by county go to:
<http://www.mnheadstart.org/grantees.html>

For more information contact:
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