

# HEAD START PROGRAM INFORMATION REPORT 2007 - 2008

## REPORTING REQUIREMENTS

The annual Head Start Program Information Report (PIR) must be completed by *all* programs funded by the Federal government to operate Head Start and Early Head Start programs. A separate PIR must be completed for each grant holder and each delegate agency. Separate reports must also be completed for Head Start and Early Head Start Programs. Programs operating a "combined" Head Start/Early Head Start are required to submit two reports.

## **DEADLINE: The 2008 PIR is due to Xtria no later than August 29, 2008.**

Programs that do not operate year round are encouraged to submit their reports prior to this deadline.

## NOW AS EASY AS 1- 2 - 3 ...



### 1- COMPLETE YOUR PIR ON THE WEB

All programs are required to submit their PIR data electronically using the web-based PIR Reporting system at <https://www.pirweb.net>. The web-based PIR system makes the reporting process fast and convenient, and gives program staff a password-protected means to submit the data, PIR data files created in other data tracking systems can also be uploaded into the system. The online reporting system includes extensive error checking and provides program level reports based on your 2008 data. Alternative reporting using desktop PIR software will only be allowed in *unusual circumstances* for those programs who have no access to the Internet. Contact Xtria's PIR Helpdesk at (866) 517-1247 if you require assistance with reporting.

### 2 - GUIDANCE AND REFERENCE MATERIALS

This copy of the 2008 report is provided solely as a reference as you prepare your program's data for submission. Additional guidance is provided in the *2008 PIR Users Guide* which provides item-by-item definitions of terms and instruction on completing report items. The Users Guide and other reference materials are available for download at <https://www.pirweb.net>.

### 3 - COMPLETE ALL REQUIRED INFORMATION

Complete all questions in the PIR, unless otherwise indicated in the instructions for the item. Certain items should be completed by "*EHS Programs only*," "*EHS and Migrant Programs only*" and "*Preschool Head Start programs only*." Questions designated "*EHS Programs only*" or "*EHS and Migrant Programs only*" are to be completed by all EHS programs (*see special guidance for Migrant Programs below*)

- o Attention Migrant Programs: The term "migrant programs" includes only grants and delegates funded by the Migrant and Seasonal Program Branch. When completing items for "*EHS and Migrant Programs only*" report on children ages 0 through 2; when completing items for "Preschool" age children, report on children age 3 and older. Look for this symbol ***Migrant Programs*** for reminders of where special reporting rules apply.

Enter any comments regarding your responses to PIR items in the designated "Comments" box for the item or in the "General Comments" section of the report. Every PIR submitted must be approved by a representative of your agency. Enter the name of the approving official in the designated fields in the General Information section of the report. Note: Programs are no longer required to fax or mail the signature page.

*The Paperwork Reduction Act of 1995 (Public Law 104-13) Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information. The project description is approved under the Office of Management and Budget (OMB) control number 0980-0017 which expires April 30, 2008. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

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# General Program Information

<b>1. GRANT NUMBER</b> _____	<b>2. DELEGATE NUMBER<sup>1</sup></b> _____
3. THE PROGRAM DESCRIBED IN THIS REPORT IS A/AN: ("X" ONLY ONE): a) Head Start ___ b) Early Head Start ___ c) Migrant ___	
4. NAME OF PROGRAM:	
5. ADDRESS LINE 1 :	
6. ADDRESS LINE 2 :	
7. CITY :	8. STATE :
9. ZIP: _____ - _____	
10. PROGRAM'S PHONE NUMBER :	11. FAX NUMBER :

<b>12. HEAD START DIRECTOR OR EARLY HEAD START DIRECTOR</b>				
a. Mr./Ms./Dr./etc.	b. First Name	c. Middle Initial	d. Last Name	e. Sr./Jr./etc.
13. DIRECTOR'S E-MAIL :			14. AGENCY'S E-MAIL :	
15. AGENCY'S WEB SITE ADDRESS (IF APPLICABLE) :				
16. NAME AND TITLE OF APPROVING OFFICIAL: Enter the name of the Agency Director, Executive Director or other individual responsible for certifying that this form is the agency's authorized response. PLEASE PRINT.				
a. Mr./Ms./Dr./etc.	b. First Name	c. Middle Initial	d. Last Name	e. Sr./Jr./etc.
f. Title				

**AGENCY DESCRIBED IN THIS REPORT.**

*X only one*

17. SELECT THE ONE PHRASE THAT BEST DESCRIBES YOUR AGENCY:	
a. GRANT THAT DIRECTLY OPERATES PROGRAM(S) AND HAS NO DELEGATES. <i>Includes grants that both directly operate programs and maintain central office staff. Complete all sections of this report.</i>	
b. GRANT THAT DIRECTLY OPERATES PROGRAMS AND DELEGATES SERVICE DELIVERY. <i>Do not include data from delegates. Complete all sections of this report.</i>	
c. GRANT THAT MAINTAINS CENTRAL OFFICE STAFF ONLY AND OPERATES NO PROGRAM(S) DIRECTLY. <i>Complete "Program Information" (Items 1-20) Only.</i>	
d. DELEGATE AGENCY. <i>Complete all sections of this report.</i>	
e. GRANT THAT DELEGATES ALL OF ITS PROGRAMS; IT OPERATES NO PROGRAMS DIRECTLY AND MAINTAINS NO CENTRAL OFFICE STAFF. <i>Complete "Program Information" (Items 1-20) Only.</i>	

<sup>1</sup>Use the Delegate ID field to identify Early Head Start programs in combined HS/EHS grants; combined EHS programs have a "CH" or "CI" in their grant number. The combined EHS must report a Delegate ID Number of 200-299, by adding 200 to its current Delegate ID number (e.g., an EHS grant would convert its "000" Delegate ID to "200," an EHS delegate "002" would report its Delegate ID as "202").

<b>18. FOR GRANTEES ONLY, NUMBER OF DELEGATE AGENCIES.</b> <i>(If the answer is zero, enter 0. If you selected 17.a or 17.d above, this answer must be 0.)</i>	
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**TYPE OF AGENCY.**

*X only one*

<b>19. SELECT THE ONE PHRASE THAT BEST DESCRIBES YOUR AGENCY:</b>	
a. COMMUNITY ACTION AGENCY (CAA)	
b. SCHOOL SYSTEM	
c. PRIVATE/ PUBLIC NON-PROFIT (Non-CAA) (e.g., church or non-profit hospital)	
d. PRIVATE/ PUBLIC FOR-PROFIT (e.g., for-profit hospital)	
e. GOVERNMENT AGENCY (Non-CAA)	
f. TRIBAL GOVERNMENT OR CONSORTIUM (American Indian/ Alaska Native)	

**AGENCY AFFILIATION.**

*X only one*

<b>20. SELECT THE ONE PHRASE THAT BEST DESCRIBES YOUR AGENCY:</b>	
a. A SECULAR OR NON-RELIGIOUS AGENCY.	
b. A RELIGIOUSLY AFFILIATED AGENCY INSPIRED BY RELIGION, PROVIDING ESSENTIALLY SECULAR SERVICES.	
c. A RELIGIOUS ORGANIZATION WITH PRONOUNCED RELIGIOUS CHARACTERISTICS OR A HOUSE OF WORSHIP, PROVIDING ESSENTIALLY SECULAR SERVICES.	

# A. Enrollment & Program Options

## ENROLLMENT YEAR.

Information provided in this report is based on families and children served during the 2007-2008 Enrollment Year.

- **Enrollment Year** is defined as "the period of time, not to exceed twelve months, during which a Head Start program provides center or home-based services to a group of children and their families."
  - Programs with full-year options should define the enrollment year based on the significant turnover that tends to occur in conjunction with the beginning of the school year. Therefore, please define an enrollment year as a twelve-month period that must begin between August 1 and September 15.
  - The enrollment year start and end dates may not overlap with those reported in previous (or subsequent) program years
  - Programs with part-year options should use the first and last dates on which classes and/or home visits begin and end to specify their Enrollment Year.
  - **Migrant Programs** Note the following supplemental rules:  
Migrant programs may report both start and end dates either in the same calendar year or in different years, not to exceed a 12 month period.
 

Example 1: Enrollment Start date 4/25/07	Enrollment End date: 10/28/07
Example 2: Enrollment Start date 6/13/08	Enrollment End date: 8/26/08
Example 3: Enrollment Start date 8/22/07	Enrollment End date: 5/19/08
- **Operating Period** is the entire period in which the program operates, including the program's enrollment year and any days or months when enrollees do *not* attend the program (for example, holidays and summer months).
  - This report should NOT include children and families enrolled for the first time who will begin in the next enrollment year.

1. YOUR ENROLLMENT YEAR:    **a. START DATE (MM/DD/YYYY)**                      **b. END DATE (MM/DD/YYYY)**

## FUNDED ENROLLMENT.

- **Funded Enrollment** is the **total number of enrollees** (children and pregnant women) your program was funded to serve for the 2007-2008 enrollment year, regardless of funding source. Report the total number of enrollees funded to participate in the Head Start program, including those paid for by non-ACF funds (e.g., state or other non-Federal funds). Unless otherwise directed, enrollees include children and pregnant women.

NOTE: Programs that receive non-ACF funds as a supplement (i.e., to extend the hours of service for children/pregnant women) should count those slots as ACF Funded. Only when services to enrollees are fully supported by non-ACF funds should they report those participants as non-ACF Funded.

<i>Must be numeric</i>	
2. <b>ACF FUNDED HEAD START OR EARLY HEAD START ENROLLMENT.</b> The number of children (and pregnant women for EHS programs) that you have been funded by ACF to serve, as stated on the most recent Financial Assistance Award.	
3. <b>NON-ACF FUNDED HEAD START OR EARLY HEAD START ENROLLMENT.</b> The number of enrollees funded by a source other than ACF who receive comprehensive services in compliance with Head Start Program Performance Standards (e.g., slots funded by the state or local school district).	
4. <b>TOTAL FUNDED HEAD START OR EARLY HEAD START ENROLLMENT FROM ALL SOURCES (A.2 through A.3 above).</b>	

**FUNDED ENROLLMENT BY PROGRAM OPTION.**

**Definition of terms** used in the Funded Enrollment by Program Option table.

- Average Annual Days refers to the number of days that the program served children during the enrollment year. Do *NOT* average in days attended for pregnant women. Explain in "Comments" if necessary.
- Home Visits refers to the visits made by home visitors in a home-based option for the purpose of assisting parents in fostering the growth and development of their child. These visits may also be made to pregnant women in EHS programs.
- Child Care Partners are arrangements with child care centers or family child care homes to provide services to Head Start enrolled children. Services provided by the child care partners meet the Head Start Performance Standards. Examples include partnering child care centers or family child care homes where Head Start children receive the full package of Head Start services as well as child care. PIR questions regarding child care partnerships apply only to those providers with whom the Head Start or Early Head Start program has made such an arrangement.

To Determine Average Annual Days:  
 Multiply the number of days per week your program operated by the number of weeks in your enrollment year. If the program includes more than one center and each operates for a different number of days, determine the average number of days across centers (rounded to the nearest whole number). For example, if one center operates 4 days a week and one operates 5 days a week, both for 32 weeks, the average number of days equals  $(4 \times 32) = 128$ ;  $(5 \times 32) = 160$ ;  $(128 + 160)/2 = 144$ .

- Full-day and Part-day Enrollment is based on the number of hours per day children spend in the Head Start center, even if non-ACF funds contribute to the hours (e.g., Head Start and State Pre-K funds allow a program to operate full-day).
- Early Head Start programs should include pregnant women where applicable in Column 1; do not include pregnant women in Column 2.

<i>Type of Program</i>	(1) <i>Funded Enrollment</i>	(2) <i>Average Annual Days (Children Only)</i>
5. CENTER BASED PROGRAM - 5 DAYS PER WEEK		
a. Full day enrollment (6 hours or more per day).		
b. Part day enrollment (less than 6 hours per day).		
(i.) Of the funded enrollment reported in 5.b, the number of positions that are part of <i>DOUBLE SESSION CLASSES</i> .		
6. CENTER BASED PROGRAM - 4 DAYS PER WEEK		
a. Full day enrollment (6 hours or more per day).		
b. Part day enrollment (less than 6 hours per day).		
(i.) Of the funded enrollment reported in 6.b, the number of positions that are part of <i>DOUBLE SESSION CLASSES</i> .		
7. HOME-BASED PROGRAM – A program providing services primarily in the child's home.		
8. COMBINATION PROGRAM – A program providing service in both a center setting and in a home setting. (Refer to regulations on program option, 45 CFR Part 1306.)		
9. FAMILY CHILD CARE -- Head Start or Early Head Start services provided in a Family Child Care home.		
10. LOCALLY DESIGNED OPTIONS. Include only options that have been formally approved by ACF Headquarters to meet the particular needs of children and families in their communities.		
11. TOTAL. The total of Column 1 A.5-A.10, excluding double session enrollments [A.5.b(i) and A.6.b(i)], must equal the TOTAL FUNDED ENROLLMENT (A.4).		
a. Total number of pregnant women reported in funded enrollment.		

12. OF THOSE CHILDREN SERVED IN A CENTER-BASED PROGRAM, the number who received Head Start or Early Head Start services at a child care center partner. <sup>1</sup> (Include only those children served through a partner organization; not those in your own program's extended day or wrap-around care)	<i># of children</i>
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13. THE TOTAL NUMBER OF CHILDREN WHO WERE ENROLLED IN HEAD START OR EARLY HEAD START PROGRAM OPTIONS THAT PROVIDED SERVICE FOR 8 OR MORE HOURS PER DAY. <sup>1</sup>	<i># of children</i>
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<sup>1</sup>Items A.12 and A.13 are based on the actual number of children who received the services, not on funded enrollment.

**ACTUAL ENROLLMENT.**

- Actual Enrollment includes all children and, for Early Head Start programs only, all pregnant women who:
  - Have been enrolled in your program for any length of time provided they have attended at least one class or, for programs with home-based options, received at least one home visit
  - Have dropped out or enrolled late, but have attended at least one class or, for programs with home-based options, received at least one home visit
  - Participated in Head Start or Early Head Start programs and received the full range of Head Start services, *regardless of the funding source (ACF or non-ACF)*

14. <b>TOTAL ACTUAL ENROLLMENT.</b> <u>Include</u> preschool children, infants, toddlers and pregnant women in EHS programs.	<i># of children/women</i>
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15. <b>TOTAL ACTUAL ENROLLMENT OF CHILDREN.</b> <u>Include</u> children in preschool programs, and infants and toddlers in EHS and Migrant programs only.	<i># of children ONLY</i>
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**ACTUAL ENROLLMENT OF CHILDREN BY AGE.**

16. Use the age of the child as of the date used by the local school system in determining eligibility for public school<sup>1</sup>.

a. Under 1 year		d. 3 years old	
b. 1 year old		e. 4 years old	
c. 2 years old		f. 5 years and older	

<sup>1</sup>Note: Children who are age-eligible to attend kindergarten next year are considered four year olds for PIR purposes, even if they have already turned five at the time of the report.

**ACTUAL ENROLLMENT OF PREGNANT WOMEN.**

**EHS PROGRAMS ONLY**

*# of women*

17. Total actual enrollment of pregnant women.	
18. Of pregnant women enrolled, the number who were under 18 years of age.	

**ACTUAL ENROLLMENT BY TYPE OF ELIGIBILITY.**

- Report each enrollee only once by primary category of eligibility.
- The sum of Items A.19(a-d) must equal Item A.14 Total Actual Enrollment.

*# of children/  
pregnant women*

19. Of the Total Actual Enrollment (A.14):	
a. The number of children (and pregnant women in EHS programs) who were enrolled based on receipt of public assistance (i.e., TANF or SSI).	
b. The number of children (and pregnant women in EHS programs) who were enrolled based on income eligibility (below 100% of the federal poverty line).	
c. The number of children (and pregnant women in EHS programs) who were enrolled although their families were over-income (above 100% of the federal poverty line) and were not eligible for public assistance.	
d. The number of children who were enrolled due to status as a foster child.	

Eligibility Comments:
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- Comments are required if the number of over-income enrollees exceeds 10% (50% for AI/ANPB programs).

**PRIOR ENROLLMENT.**

*# of children*

20. OF THE TOTAL ACTUAL ENROLLMENT OF CHILDREN (A.15),	
a. The number of children who were enrolled in Head Start or Early Head Start for the <i>second year</i> . Children should be counted here only if in their first year of Head Start or Early Head Start they were enrolled for at least half of the time that classes were in session.	
b. The number of children who were enrolled in Head Start or Early Head Start for <i>three or more years</i> .	

- These questions refer to a child's total number of years enrolled in both Head Start and Early Head Start programs.

**ACTUAL ENROLLMENT BY ETHNICITY & BY RACE.**

**Please read the instructions for reporting of ethnicity and race carefully.**

Ethnicity and race category is determined according to the ethnicity or race that the family chooses.

Both ethnicity and race must be reported for *all* children (and pregnant women enrolled in Early Head Start programs).

1. First, report the total number of enrollees whose ethnicity is Hispanic or Latino in A.21.a (i) below and the total number whose ethnicity is non-Hispanic in A.21.a (ii).

*HISPANIC OR LATINO ORIGIN* is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, *regardless of their race.*

2. Second, specify the race of all enrollees in A.21.b, *regardless of their ethnicity.*

For example, a Black Cuban child will be counted in the Ethnicity category as “*Hispanic or Latino*” and counted in the Race category as “*Black or African American.*”

<b>Example:</b> A Head Start program whose actual enrollment of 20 children included 2 Black Hispanic, 2 White Hispanic, 2 Biracial Hispanic children, 2 white Non-Hispanic and 12 Black Non-Hispanic children should report the following:		
<b>A.21.a Ethnicity</b>		
(i)	Hispanic or Latino	6
(ii)	Non-Hispanic/Non-Latino	14
<b>A.21.b Race</b>		
(i)	American Indian or Alaska Native	0
(ii)	Asian	0
(iii)	Black or African American	14
(iv)	Native Hawaiian/Pacific Islander	0
(v)	White	4
(vi)	Biracial or Multiracial	2
(vii)	Other	0
(viii)	Unspecified	0

21. OF THE TOTAL ACTUAL ENROLLMENT (A.14), the number of enrollees in the following categories of Ethnicity and Race:		
a. ETHNICITY		
The sum of A.21.a (i) and A..21.a (ii) must equal Total Actual Enrollment, A.14.		
i)	HISPANIC OR LATINO ORIGIN	
ii)	NON-HISPANIC/NON-LATINO ORIGIN	
b. RACE		
The sum of A.21.b (i) through A.21.b (viii) must equal TOTAL ACTUAL ENROLLMENT, A.14.		
i)	AMERICAN INDIAN OR ALASKA NATIVE. A person having origins in any of the original peoples of North and South America or Central America, and who maintains tribal affiliation or community attachment.	
ii)	ASIAN. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.	
iii)	BLACK OR AFRICAN AMERICAN. A person having origins in any of the Black racial groups of Africa.	
iv)	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
v)	WHITE. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
vi)	BIRACIAL/MULTI-RACIAL. A person of 2 or more races.	
vii)	OTHER. A person reporting a race other than those listed. (Specify in "Comments).	
viii)	UNSPECIFIED. A person whose race is unknown or whose parents declined to identify their race.	

Race Comments:

- Comments are required if any other races are reported in question A.21.b(vii)

#### ACTUAL ENROLLMENT BY PRIMARY LANGUAGE OF FAMILY AT HOME.

22. OF THE TOTAL ACTUAL ENROLLMENT (A.14), the number of enrollees using the following languages as their primary language at home:

a. ENGLISH		g. NATIVE NORTH AMERICAN/ALASKA NATIVE LANGUAGES	
b. SPANISH		h. PACIFIC ISLAND LANGUAGES (e.g., Palauan, Fijian)	
c. NATIVE CENTRAL AMERICAN, SOUTH AMERICAN & MEXICAN LANGUAGES (e.g., Mixteco, Quichean)		i. EUROPEAN & SLAVIC LANGUAGES (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	
d. CARIBBEAN LANGUAGES (e.g., Haitian-Creole, Patois)		j. AFRICAN LANGUAGES (e.g., Swahili, Wolof)	
e. MIDDLE EASTERN & SOUTH ASIAN LANGUAGES (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)		k. OTHER (SPECIFY IN "COMMENTS") (e.g., American Sign Language)	
f. EAST ASIAN LANGUAGES (e.g., Chinese, Vietnamese, Tagalog)		l. UNSPECIFIED (language is not known or parents declined identifying the home language)	

The sum of A.22.a through A.22.l must equal TOTAL ACTUAL ENROLLMENT, A.14.

Language Comments:

- Comments are required if any other languages are reported in question A.22.k.

**TURNOVER IN ENROLLMENT<sup>1</sup>.***Must be numeric*

23. TOTAL NUMBER OF ENROLLEES WHO RECEIVED SERVICES FROM HEAD START OR EARLY HEAD START BUT LEFT THE PROGRAM (DROPPED OUT) AND <u>DID NOT RE-ENROLL</u> .	
a. Of the children/pregnant women who dropped out, the number replaced during the enrollment year.	
b. THE NUMBER OF CHILDREN WHO WERE IN CLASS <u>LESS THAN 45 DAYS</u> . Count from the date the child began classes or, for home-based programs, the date home visits began. If the program operated for less than 45 days, do <i>not</i> count children here who completed the program; enter 0.	
c. THE NUMBER OF CHILDREN WHO RECEIVED SERVICES FROM HEAD START OR EARLY HEAD START BUT LEFT THE PROGRAM BEFORE CLASSES BEGAN OR, FOR HOME-BASED PROGRAMS, BEFORE RECEIVING A HOME VISIT. (These children should <i>not</i> be included in your Actual Enrollment totals).	

<sup>1</sup>EHS programs should include pregnant women.**CLASSES AND GROUPS.**

- A Class is a group of children that functions as a single unit, including preschool, infants/toddlers, and mixed-age groupings. Classes that share space should be counted as separate classes if they function as separate units for more than 50 percent of the time. Count double sessions as separate classes and include them.
- Double Session Classes are defined as two groups of children per day with *ONE* teacher. Count each session as a separate class. For example, if a program had 5 classes that operated mornings and 5 that operated afternoons with the same 5 teachers, this would count as 10 classes.
- Classrooms and Centers refer to actual physical space.
- Classes Operated in a Child Care Center Partnership are Head Start/Early Head Start classes located in a partnering child care center. Partner-operated classes are in addition to classes operated directly by Head Start or Early Head (not a subset of A.24).

24. TOTAL NUMBER OF CLASSES OPERATED DIRECTLY BY HEAD START OR EARLY HEAD START.	
a. OF THE TOTAL CLASSES, the number of <i>double session</i> classes operated. This must be evenly divisible by 2.	
b. Of the total classes operated by the Head Start/Early Head Start program, the number of classes in which <u>at least one</u> teacher (excluding assistant teachers) has an Associate, Baccalaureate, or advanced degree in Early Childhood Education or a degree in a related field.	

25. TOTAL NUMBER OF CLASSES IN WHICH HEAD START OR EARLY HEAD START CHILDREN ARE SERVED THROUGH A CHILD CARE CENTER PARTNERSHIP.	
a. OF THE TOTAL CLASSES, the number of <i>double session</i> classes operated. This must be evenly divisible by 2.	
b. Of the total Head Start/Early Head Start classes operated by a child care center partner, the number of classes in which <u>at least one</u> teacher (excluding assistant teachers) has an Associate, Baccalaureate, or advanced degree in Early Childhood Education or a degree in a related field.	

26. TOTAL NUMBER OF FAMILY CHILD CARE HOMES THAT SERVE HEAD START OR EARLY HEAD START CHILDREN (include <i>only</i> family child care homes staffed by HS/EHS employees and/or contracted teachers).	
27. TOTAL NUMBER OF HOME-BASED SOCIALIZATION GROUPS OPERATED (for home-based children only). Report the number of groups only, not the number of time the groups were held.	

**CENTERS.***# of centers*

28. TOTAL NUMBER OF HEAD START OR EARLY HEAD START CENTERS (do not include family child care homes or centers operated by child care partners).	
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**CHILD CARE.**

*# of children*

	<i>At enrollment</i>
29. THE NUMBER OF HEAD START OR EARLY HEAD START CHILDREN FOR WHOM <u>FULL-YEAR AND/OR FULL-DAY</u> CHILD CARE IS NEEDED (EXTENDED OPERATIONS TO MEET THE NEEDS OF PARENTS WHO ARE WORKING OR IN JOB TRAINING.) Include children whose families may already have found child care.	
a. OF THE CHILDREN IN A.29, the number of children who received full-year/full-day services through Head Start or Early Head Start (either directly or through a child care partner).	
<sup>b</sup> OF THE CHILDREN IN A.29, the number whose <i>primary</i> source of child care <u>during that part of the day when the child was <b>not</b> in Head Start or Early Head Start</u> was one of the following: <sup>1</sup>	
(Count each child only once under their <i>primary</i> source of child care)	
i. Received care at a family child care home <sup>1</sup>	
ii. Received care at a child care center or classroom <sup>1</sup>	
iii. Received care at home or at another home with a relative or unrelated adult	
iv. Received care through a public school pre-Kindergarten program	
v. Other (specify in "Comments")	

<sup>1</sup>Note: These child care arrangements are not affiliated with the Head Start or Early Head Start program or its partners.

Child Care Comments:
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*Comments are required if any other types of child care are reported in question A.29.b(v)*

*# of children*

30. THE NUMBER OF HEAD START OR EARLY HEAD START-ENROLLED CHILDREN WHO RECEIVED A CHILD CARE SUBSIDY (VOUCHER OR CONTRACTED SLOT), WHETHER THE CARE WAS PROVIDED THROUGH HEAD START OR ANOTHER PROVIDER.	
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## B. Program Staff & Qualifications

This section of the PIR should be used to describe all staff involved in your Head Start or Early Head Start program. Head Start and Early Head Start programs must report separately. Grant holders and delegate agencies must also report staff separately.

- Staff includes all administrative, management, child development, content area, and support staff (such as custodians), regardless of the funding source for their salaries.
  - Include contracted providers in Column 2. Contracted staff includes individuals who are not Head Start/Early Head Start employees that the program has contracted with to provide an ongoing service (e.g., Disabilities Specialists and Mental Health professionals, child care providers or bus drivers). Contracted providers may include:
    - Disabilities Specialists and Mental Health professionals
    - Child care providers
    - Bus drivers
    - Family child care teachers/ providers
  - Include collaboration partners. Total staff should include the staff of any partner organizations that provide Head Start or Early Head Start services as part of a partnership arrangement with your program. For collaboration partners report only staff members who provide direct services.
  - Do not include consultants (individuals providing short-term services to the program), volunteers, student interns, or trainees. Substitutes should not be counted unless they replaced a staff member for an extended period of time (e.g., due to turnover, maternity or other extended leave).

### TOTAL STAFF.

	(1) <i>Head Start/Early Head Start Staff</i>	(2) <i>Contracted Staff</i>
1. TOTAL STAFF. Number of all staff members, <u>regardless of the funding source</u> for their salary or number of hours worked. Refer to the definition of staff, above, for additional guidance.		
a. OF THE TOTAL STAFF, the number who are current or former Head Start parents. <sup>1</sup>		
b. OF THE TOTAL STAFF, the number who left and were replaced during the year (include those who left during the enrollment year and any non-operating summer months before the enrollment year began). <sup>1</sup>		

<sup>1</sup>If known, report for contracted staff.

### VOLUNTEER INFORMATION.

*# of volunteers*

2. THE TOTAL NUMBER OF PERSONS PROVIDING ANY VOLUNTEER SERVICES TO YOUR PROGRAM THIS ENROLLMENT YEAR. Include both classroom and non-classroom volunteers. Count each volunteer only once, regardless of the number of times volunteered.	
a. OF THE VOLUNTEERS, the number who are current or former Head Start parents.	

**EDUCATION, EXPERIENCE & SALARY OF MANAGEMENT STAFF.**

- Complete the table below for executive staff and the individual staff persons with lead responsibility for each content area. Do not use averages.
- Enter the **highest level of education completed** by the staff member who holds the position. Report the education level for each position using the following codes:

Level of Education Codes:     **1** for GED or high school graduate  
   **2** for Associate degree or at least two years of college completed  
   **3** for Baccalaureate degree  
   **4** for Graduate degree

<i>Position</i>	(1) <i>Level of Education</i> <i>(Enter code 1-4)</i>	(2) <i>Number of Years in Position</i>	(3) <i>Annual Salary<sup>1</sup></i> <i>(Regardless of funding source)</i>	(4) <i>Percentage of Salary Funded by Head Start<sup>2</sup></i>
3.a. Executive Director				
3.b. HS, EHS or MHS Program Director				
4. Child Development & Education Manager				
5. Health Services Manager				
6. Family & Community Partnerships Manager				

High Salary Comments:

- Enter any comments here regarding high salary levels for any of the management salaries reported above (B.3 thru B.6)

<sup>1</sup>Report the staff member’s full annual salary for this 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.

<sup>2</sup>Report the percentage of the staff member’s salary that is paid by Federal Head Start funds or program income. Enter the percentage (%); do *not* enter the dollar amount. For example, the Program Director’s annual salary is \$75,000. One-third of their salary is paid for by the local school district and two-thirds is paid by Head Start. Report the full salary of “\$75,000” in Column 3 and “66%” in Column 4.

**DISABILITY SERVICES MANAGER.**

*# of hours per week*

7. ON AVERAGE, HOW MANY HOURS <u>PER WEEK</u> DOES THE DISABILITY SERVICES MANAGER SPEND COORDINATING DISABILITIES SERVICES? If more than one person has lead responsibility for this role, provide the combined number of hours per week devoted, on average, to coordinating disabilities services.	
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**QUALIFICATIONS OF CHILD DEVELOPMENT STAFF.**

Early Childhood Education Degree is an Associate, Baccalaureate or advanced degree in Early Childhood Education.

Related Degree is an Associate, Baccalaureate or advanced degree with a program of study that included six or more courses in Early Childhood Education and/or Child Development.

- Include all child development staff, both part-time and full-time, regardless of the funding source for their salaries.
- Include contracted child development staff and the child development staff of partnering agencies that provide direct services to Head Start and Early Head Start children.

Teachers Report all lead teachers and co-lead teachers in Column 1.

Assistant Teachers and Teacher Aides should be reported in Column 2.

Home-based Visitors. Report child development staff only in Column 3. (Do not include Family & Community Partnerships staff who conduct home visits in this item; FCP staff are reported in Item B.22).

	(1) <i>Teachers</i>	(2) <i>Assistant Teachers</i>	(3) <i>Home-Based Visitors</i>	(4) <i>Family Child Care Teachers/ Providers</i>	(5) <i>Child Development Supervisors</i>	(6) <i>Home-Based Supervisors</i>
8. TOTAL NUMBER OF CHILD DEVELOPMENT STAFF BY CATEGORY.						
9. OF THE CHILD DEVELOPMENT STAFF, (ITEM B.8) the number with the following a degrees or credentials. Count each person only once by the <i>highest degree or credential held.</i>						
a. An <u>Associate degree</u> in Early Childhood Education or a related field.						
i) Of child development staff with an Associate degree, the number enrolled in a Baccalaureate degree program in Early Childhood Education or a related field.						
b. A <u>Baccalaureate degree</u> in Early Childhood Education or a related field.						
c. A <u>Graduate degree</u> in Early Childhood Education or a related field.						
d. A <u>Child Development Associate (CDA)</u> credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements.						
10. OF THE CHILD DEVELOPMENT STAFF, (ITEM B.8) the number who <i>do not</i> have degree:						
a. The number <u>with a CDA or equivalent credential</u> , enrolled in an Early Childhood Education or related degree program.						
b. The number <u>without a CDA or equivalent credential</u> enrolled in an Early Childhood Education or related degree program.						
c. The number <u>without a CDA or equivalent credential</u> enrolled in any type of CDA training for preschool, infant/toddler or family child care certification, or home-based credential at the close of the operating period.						

	(1) <i>Teachers</i>	(2) <i>Assistant Teachers</i>	(3) <i>Home– Based Visitors</i>	(4) <i>Family Child Care Teachers/ Providers</i>	(5) <i>Child Development Supervisors</i>	(6) <i>Home- Based Supervisors</i>
11. OF THE TOTAL CHILD DEVELOPMENT STAFF (ITEM B.8), the number who are the staff of a child care center partnering with Head Start or Early Head Start.						

**12. AVERAGE (ANNUAL) TEACHER SALARY BY LEVEL OF EDUCATION.**

*Avg. Annual Salary*<sup>1</sup>

a. An <u>Associate degree</u> in Early Childhood Education or related degree.	
b. A <u>Baccalaureate degree</u> in Early Childhood Education or related degree.	
c. A <u>Graduate degree</u> in Early Childhood Education or related degree.	
d. A <u>Child Development Associate (CDA)</u> credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements.	

<sup>1</sup>Average annual salary: Report the average annual salary for 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 for the teachers as reported in B.9(a-d) Column #1, not the pay scale for teachers with this degree or credential.

**AVERAGE SALARY OF DIRECT CHILD DEVELOPMENT STAFF**

*Avg. Annual Salary*<sup>1</sup> *Avg. Hourly Rate*<sup>2</sup>

13. Average Salary – Teachers (include all teachers as reported in B.8(1))		
14. Average Salary – Assistant Teachers (include all as reported in B.8(2))		
15. Average Salary – Home-based Visitors (include all as reported in B.8(3))		

<sup>1</sup>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.

<sup>2</sup>Average hourly rate: Report the average annual salary as an hourly dollar amount. (For example, Average Annual of Salary of \$30,000 in a 36 week (40hr/week) program equals an Average Hourly Rate of \$20.83).

**ETHNICITY & RACE OF CHILD DEVELOPMENT STAFF.**

- This item refers only to non-supervisory child development staff, which includes teachers, assistant teachers, home-based visitors, and family child care teachers. Do *NOT* include supervisory staff (Child Development Supervisors or Home-Based Supervisors).
- Please read the instructions for reporting of ethnicity and race carefully.
- Both ethnicity and race must be reported for *all* non-supervisory child development staff.

1) First, report the total number of non-supervisory child development staff whose ethnicity is Hispanic or Latino in B.16.a (i) below and the total number whose ethnicity is non-Hispanic in B.16.a (ii).

2) Second, specify the race of all non-supervisory child development staff in B.16.b, regardless of their ethnicity.

	<i># of staff</i>
16. OF THE <u>CHILD DEVELOPMENT STAFF</u> REPORTED IN ITEM B.8(1) - B.8(4), the number of staff in the following categories of Ethnicity and Race:	
a. ETHNICITY	
i) HISPANIC OR LATINO ORIGIN	
ii) NON-HISPANIC/NON-LATINO ORIGIN	
b. RACE	
i) AMERICAN INDIAN OR ALASKA NATIVE. A person having origins in any of the original peoples of North and South America or Central America, and who maintains tribal affiliation or community attachment.	
ii) ASIAN. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.	
iii) BLACK OR AFRICAN AMERICAN. A person having origins in any of the Black racial groups of Africa.	
iv) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
v) WHITE. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
vi) BIRACIAL/MULTI-RACIAL. A person reporting 2 or more races.	
vii) OTHER. A person reporting an ethnicity/race other than those listed. (specify in "Comments).	
viii) UNSPECIFIED. A person whose ethnicity is unknown or who has declined to identify their ethnicity.	

Race Comments:

- Comments are required if any other races are reported in question B.16.b(vii)

**LANGUAGE OF CHILD DEVELOPMENT STAFF.**

- This item refers only to non-supervisory child development staff, which includes teachers, assistant teachers, home-based visitors, and family child care teachers. Do *NOT* include supervisory staff (Child Development Supervisors or Home-Based Supervisors).

	<i># of staff</i>
17. OF THE <u>CHILD DEVELOPMENT STAFF</u> REPORTED IN ITEM B.8(1) - B.8(4), the number who are proficient in a language other than English.	

**TEACHER TURNOVER.**

- This item applies to teachers only. Do not include assistant teachers, home-based visitors and family child care teachers.

*# of teachers*

18. THE NUMBER OF TEACHERS WHO LEFT YOUR PROGRAM DURING THE YEAR (including those who left during the enrollment year and any non-operating summer months before the enrollment year).	
19. OF THE TEACHERS WHO LEFT THE PROGRAM, the number who left for the following reasons:	
a. Higher compensation/benefits package in the same field (e.g., teacher left to school system)	
b. Change in job field	
c. Other (specify in "Comments")	
20. NUMBER OF TEACHER VACANCIES IN YOUR PROGRAM THAT REMAINED UNFILLED FOR A PERIOD OF 3 MONTHS OR LONGER.	
21. NUMBER OF TEACHERS HIRED DURING THE YEAR DUE TO TURNOVER. Do not count staff added due to expansion.	

Teachers Leaving the Program Comments:
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- Comments are required if other reasons for teachers leaving the program are reported in question B.19.c

**QUALIFICATIONS OF FAMILY & COMMUNITY PARTNERSHIPS AND SUPERVISORY STAFF**

Related Degree is an Associate, Baccalaureate or graduate degree with a major in such fields as Social Work, Sociology, Psychology, Family Studies, Counseling, Family Development, Family Systems Theory, or Human Resources Development.

- Include all Family Service staff, both part-time and full-time, regardless of the funding source for their salary.
- Include Family Service staff shared by Head Start and Early Head Start programs on the PIR of the program in which the majority of their time is spent. (Explain in the general "Comments" section).

	(1) <i>Family Workers</i>	(2) <i>Family &amp; Community Partnerships Supervisors</i>
22. a. Total number of Family & Community Partnerships staff.		
b. Number of case managers and other staff members who work directly with families (i.e., staff with a family caseload).		
23. OF THE FAMILY & COMMUNITY PARTNERSHIPS STAFF, the number with the following education: (Count each staff member only once by the highest level of education completed).		
a. <u>GED or High School Diploma</u> .		
b. A related <u>Associate degree</u> .		
c. A related <u>Baccalaureate degree</u> .		
d. A related <u>Graduate degree</u> .		
24. OF THE FAMILY & COMMUNITY PARTNERSHIPS STAFF WHO <i>DO NOT</i> HAVE A DEGREE (B.23.a), the number in training leading to a related degree or credential.		

**FAMILY WORKER EXPERIENCE.**

	(a) < 1 year	(b) 1 to 5 years	(c) 6 to 10 years	(d) > 10 years
25. REPORT THE NUMBER OF <u>FAMILY WORKERS</u> , <u>B.22.a(1)</u> , WITH THE FOLLOWING YEARS OF EXPERIENCE IN THIS POSITION:				

## C. Child & Family Services

- Selected items in this section require data to be reported at two points in time during the operating period – at the time of enrollment and at the end of the enrollment year.
  - Report on ALL children enrolled during the course of the enrollment year in both columns, including drop-outs and late enrollees.
  - At Enrollment refers to the status of the individual enrollee at the time of his or her enrollment in the program (i.e., include the status of children who enrolled mid-year).
  - At End of Enrollment refers to the status of each enrollee at the end of his or her enrollment in the program (i.e., include the status of enrollees who dropped mid-year).

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### HEALTH SERVICES

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- Health information should be obtained from the medical, dental, and immunization records of all children served for any length of time during this operating period.
  - Medicaid enrolled means that the child has been officially certified as eligible for Medicaid paid services. It does not include children who are thought to be eligible but have not been officially certified. Include children enrolled in Medicaid for any length of time during this operating period.
  - SCHIP enrolled means that the child has been officially certified as eligible to receive services covered by the State Children's Health Insurance Program, a federal-state partnership administered by the state under broad federal guidelines. The program may be known as "SCHIP" or function under a different name. Include children enrolled in SCHIP for any length of time. Refer to the Center for Medicare & Medicaid Services (CMS) <http://www.cms.hhs.gov/home/schip.asp> to determine the name of the program in your state.
  
- Several items request information on child health status “within the operating period or within the last 12 months.” Note when responding to these items that the intent is to determine the number of children who were up-to-date on their exams through the end of the enrollment year; not at the time when the PIR is being completed, which is likely to be after the enrollment year has ended.

Examples:

- In a program whose enrollment year was from September 1, 2007 through May 15, 2008, a child whose physical exam was complete as of June 15, 2007 would be up-to-date throughout the enrollment year; regardless of when the PIR report is being completed.
  - In a program whose enrollment year was from September 1, 2007 through May 15, 2008, a child that was enrolled until the end of the enrollment year whose physical exam was complete as of April 15, 2007 would not be up-to-date, unless a new exam was completed
- If applicable, use the "Comments" section to explain why children are not receiving medical, dental, or immunization services.

**HEALTH INSURANCE.**

	<i># of children</i>	
	(1) <i>At enrollment</i>	(2) <i>At end of enrollment year</i>
Please note: In each column, the sum of C.1. and C.3. must equal the total number of children served (A.15). In each column, the sum of C.2 (a-f) must equal the NUMBER OF CHILDREN WITH HEALTH INSURANCE (C.1).		
1. NUMBER OF ALL CHILDREN WITH HEALTH INSURANCE. This cannot be greater than TOTAL ACTUAL ENROLLMENT OF CHILDREN (A.15).		
2. OF THE CHILDREN WITH HEALTH INSURANCE, the number of children whose primary health insurance fits into the following categories: (If answer is zero, enter 0)		
a. The number enrolled in Medicaid/EPSDT		
b. The number enrolled in the State Child Health Insurance Program (SCHIP) if the State operates a separate program		
c. The number enrolled in a combined SCHIP/Medicaid Program if the State operates a Medicaid expansion		
d. The number enrolled in state-only funded insurance (for example, medically indigent insurance)		
e. The number with private health insurance (for example, parent's insurance)		
f. The number with other health insurance not listed, for example, Military (Tri-Care Military Health/CHAMPUS), Indian Health Service, Migrant Health Service. Specify other insurance types in "Comments".		
3. NUMBER OF CHILDREN WITH NO HEALTH INSURANCE		

Other Insurance Types Comments:

- Comments are required if other types of insurance were reported in question C.2.f. (Columns 1 or 2)

**HEALTH INSURANCE OF PREGNANT WOMEN.****EHS PROGRAMS ONLY***# of women*

The sum of C.4 and C.5 must equal TOTAL ACTUAL ENROLLMENT OF PREGNANT WOMEN (A.17).	<i>At Enrollment</i>
4. NUMBER OF PREGNANT WOMEN WITH AT LEAST ONE TYPE OF HEALTH INSURANCE.	
5. NUMBER OF PREGNANT WOMEN WITH NO HEALTH INSURANCE.	

- **Medical Home** is an ongoing source of routine, preventive and acute health care. Examples include family doctors, health clinics, health maintenance organizations.

**MEDICAL HOME.**

	<i># of children</i>	
	(1) <i>At enrollment</i>	(2) <i>At end of enrollment year</i>
6. NUMBER OF CHILDREN WITH AN ONGOING SOURCE OF CONTINUOUS AND ACCESSIBLE ROUTINE, PREVENTIVE AND ACUTE MEDICAL CARE.		
7. NUMBER OF CHILDREN RECEIVING MEDICAL SERVICES THROUGH THE INDIAN HEALTH SERVICE.		
8. NUMBER OF CHILDREN RECEIVING MEDICAL SERVICES THROUGH A MIGRANT COMMUNITY HEALTH CENTER.		

**MEDICAL SERVICES.**

	<i># of children</i>
9. NUMBER OF ALL CHILDREN WHO ARE UP-TO-DATE ON A SCHEDULE OF AGE-APPROPRIATE PREVENTIVE AND PRIMARY HEALTH CARE <sup>(i)</sup> , INCLUDING ALL APPROPRIATE TESTS AND PHYSICAL EXAMINATIONS <sup>(ii)</sup> , DURING THE CURRENT OPERATING PERIOD OR WITHIN THE LAST 12 MONTHS. <u>Include</u> dropouts, re-enrolled children and late enrollees if they have completed all required tests. <u>Do not include</u> children who are missing any of the required tests. This cannot be greater than TOTAL ACTUAL ENROLLMENT OF CHILDREN (A.15).	
a. OF THE CHILDREN REPORTED IN C.9, the number of children <u>diagnosed</u> with a chronic condition within the current operating period or within the last 12 months as needing medical treatment. <i>Medical treatment</i> is defined as any service that is required to improve the condition of the child.	
b. OF THE CHILDREN DIAGNOSED within the current operating period or within the last 12 months (C.9.a), the number of children who have received or are receiving medical treatment.	

(i) Normally this is the State EPSDT schedule

(ii) Tests required by the State EPSDT schedule, include any other tests required by your grants Health Service Advisory committee.

10. NUMBER OF CHILDREN WHO RECEIVED MEDICAL TREATMENT FOR THE FOLLOWING CONDITIONS:

			<i># of children</i>
a. Anemia		e. Vision Problems	
b. Asthma		f. High Lead Levels	
c. Hearing Difficulties		g. Diabetes	
d. Overweight			

**IMMUNIZATION SERVICES.**

	<i># of children</i>	
	(1) <i>At enrollment</i>	(2) <i>At end of enrollment year</i>
Please note: In each column, the sum of C.11 and C.12 cannot be greater than the TOTAL ACTUAL ENROLLMENT OF CHILDREN (A.15).		
11. NUMBER OF CHILDREN WHO HAVE BEEN DETERMINED BY A HEALTH CARE PROFESSIONAL TO BE <u>UP-TO-DATE</u> ON ALL IMMUNIZATIONS APPROPRIATE FOR THEIR AGE.		
12. NUMBER OF CHILDREN WHO HAVE BEEN DETERMINED BY A HEALTH CARE PROFESSIONAL TO HAVE RECEIVED <u>ALL IMMUNIZATIONS POSSIBLE AT THIS TIME</u> BUT WHO HAVE NOT RECEIVED ALL IMMUNIZATIONS APPROPRIATE FOR THEIR AGE.		

**PROGRAM SERVICES FOR PREGNANT WOMEN.****EHS PROGRAMS ONLY** # of women

13. INDICATE THE NUMBER OF PREGNANT WOMEN WHO RECEIVED THE FOLLOWING WHILE ENROLLED IN THE EHS PROGRAM:	
a. Prenatal and postpartum health care.	
b. Mental health interventions and follow-up including substance abuse prevention and treatment.	
c. Prenatal education on fetal development.	
d. Information on the benefits of breastfeeding.	

**PRENATAL HEALTH.****EHS PROGRAMS ONLY** # of women

14. IN WHICH TRIMESTER OF PREGNANCY DID THE PREGNANT WOMEN SERVED ENROLL?	
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)	
15. OF THE TOTAL NUMBER OF PREGNANT WOMEN SERVED (A.17), the number whose pregnancies were identified as medically "high risk" by a physician or health care provider.	

The sum of C.14.a through C.14.c must equal the TOTAL NUMBER OF PREGNANT WOMEN ENROLLED (A.17).

- Dental Home is an ongoing source of routine, preventive, and acute dental care under the supervision of a dentist. Examples include family dentists and dental clinics.

**DENTAL HOME.**

	<i># of children</i>	
	(1) <i>At enrollment</i>	(2) <i>At end of enrollment year</i>
16. NUMBER OF CHILDREN WITH AN ONGOING SOURCE OF CONTINUOUS AND ACCESSIBLE ROUTINE, PREVENTIVE AND ACUTE DENTAL CARE.		

**DENTAL SERVICES.**

**PRESCHOOL PROGRAMS ONLY<sup>1</sup>** *# of children*

17. NUMBER OF ALL CHILDREN, INCLUDING THOSE ENROLLED IN MEDICAID OR SCHIP, WHO HAVE COMPLETED A <u>PROFESSIONAL DENTAL EXAMINATION</u> DURING THE CURRENT OPERATING PERIOD OR WITHIN THE LAST 12 MONTHS (e.g., children examined during the summer months prior to the start of the class session). <u>Include</u> dropouts, re-enrollees, and late enrollees if they have completed a professional dental examination. (This cannot be greater than TOTAL ACTUAL ENROLLMENT OF CHILDREN, A.15).	
a. OF THE CHILDREN EXAMINED (C.17), the number of children who received preventive care. <u>Preventive care</u> includes fluoride application, cleaning, sealant application, etc.	
b. OF THE CHILDREN EXAMINED (C.17), the number of children diagnosed within the current operating period or within the last 12 months as needing treatment. <u>Treatment</u> includes restoration, pulp therapy, or extraction. It does <i>NOT</i> include fluoride application or cleaning.	
c. OF THE CHILDREN DIAGNOSED within the current operating period or within the last 12 months (C.17.b), the number of children who have received or are receiving treatment. Treatment does <i>NOT</i> include fluoride application or cleaning.	
(i.) If C.17.c is less than 90% of children diagnosed as needing treatment (C.17.b), please specify the primary reason below. Check one <i>primary</i> reason: (specify any additional reasons in the general "Comments" section). <ul style="list-style-type: none"> <li>a. Health insurance for children doesn't cover dental treatment <input type="checkbox"/></li> <li>b. No dental care available in local area <input type="checkbox"/></li> <li>c. Medicaid not accepted by dentist <input type="checkbox"/></li> <li>d. Dentist does not treat 3 – 5 year old children <input type="checkbox"/></li> <li>e. Parents did not keep/make appointment <input type="checkbox"/></li> <li>f. Child dropped out before appointment date <input type="checkbox"/></li> <li>g. Appointment is scheduled for future date <input type="checkbox"/></li> <li>h. Other (please specify) _____ <input type="checkbox"/></li> </ul>	

<sup>1</sup> **Migrant Programs** should report on children age 3 and older only when completing this item.

**PREVENTIVE DENTAL SERVICES.**

**EHS AND MIGRANT PROGRAMS ONLY<sup>1</sup>** *# of children*

18. NUMBER OF CHILDREN WHO RECEIVED ORAL HEALTH SCREENINGS AS PART OF THE SERIES OF WELL-BABY EXAMINATIONS (MANDATED BY MEDICAID/EPSDT).	
19. NUMBER OF CHILDREN WHO RECEIVED A PROFESSIONAL ORAL EXAMINATION(S) DURING THE OPERATING PERIOD OR WITHIN THE LAST 12 MONTHS.	

<sup>1</sup> **Migrant Programs** should report on children age 0 through 2 only when completing this item.

**DENTAL SERVICES FOR PREGNANT WOMEN.****EHS PROGRAMS ONLY**

# of women

20. OF THE NUMBER OF PREGNANT WOMEN SERVED IN YOUR EHS PROGRAM (A.17), the number who received a dental examination(s) and/or treatment within the last 12 months.	
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**MENTAL HEALTH SERVICES**

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**MENTAL HEALTH PROFESSIONAL.**

# of hours

21. AVERAGE TOTAL HOURS <u>PER OPERATING MONTH</u> A MENTAL HEALTH PROFESSIONAL(S) SPENDS ON-SITE. Report the number of hours spent (e.g., with children, parents and families, within or outside of the classroom, and in training or consultation with the Head Start staff.)	
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**MENTAL HEALTH SERVICES.**

# of children

22. INDICATE THE NUMBER OF ENROLLED CHILDREN WHO WERE SERVED BY THE MENTAL HEALTH (MH) PROFESSIONAL(S) IN THE FOLLOWING WAYS DURING THE OPERATING PERIOD <sup>1</sup> : a. Number of children for whom the MH professional <u>consulted with program staff</u> about the child's behavior/mental health.	
(i) OF THE CHILDREN IN C.22.a, the number for whom the MH professional provided <u>three or more</u> consultations with program staff during the operating period.	
b. Number of children for whom the MH professional <u>consulted with the parent(s)/guardian(s)</u> about their child's behavior/mental health.	
(i) OF THE CHILDREN IN C.22.b, the number for whom the MH professional provided <u>three or more</u> consultations with the parent(s)/guardian(s) during the operating period.	
c. Number of children for whom the MH professional provided an individual mental health assessment.	
d. Number of children for whom the MH professional facilitated a referral for mental health services.	

<sup>1</sup>Do not include routine communication with staff or parents or routine child screenings and assessments in the counts above.

**MENTAL HEALTH REFERRALS.**

# of children

23. NUMBER OF CHILDREN WHO WERE <u>REFERRED</u> FOR MENTAL HEALTH SERVICES OUTSIDE OF THE HEAD START PROGRAM DURING THE OPERATING PERIOD.	
a. OF THE CHILDREN REFERRED, the number who <u>received</u> mental health services during the operating period.	

## DISABILITIES SERVICES

### LOCAL EDUCATION AGENCY (LEA).

*Must be numeric*

24. THE NUMBER OF LEAs (or Part C agencies for those programs serving infants and toddlers) IN YOUR HEAD START OR EARLY HEAD START SERVICE AREA.	
25. THE NUMBER OF LEAs (or Part C agencies for those programs serving infants and toddlers) THAT YOUR PROGRAM HAS A FORMAL AGREEMENT WITH TO COORDINATE SERVICES FOR CHILDREN WITH DISABILITIES.	

### DISABILITY DETERMINATION.

*# of children*

26. THE NUMBER OF CHILDREN ENROLLED IN YOUR PROGRAM WHO WERE DETERMINED BY A MULTI-DISCIPLINARY team to have a disability(ies) during the following time periods: a. <u>Prior to enrollment</u> into Head Start or Early Head Start program for this enrollment year.	
b. <u>Between the time of enrollment and the end of the enrollment year.</u>	
27. TOTAL CHILDREN DETERMINED TO HAVE A DISABILITY(IES). Sum of C.26.a and C.26.b.	
a. OF THE TOTAL CHILDREN DETERMINED TO HAVE A DISABILITY, the number of children with an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).	
b. OF THE TOTAL CHILDREN REPORTED IN C.27.A, the number determined eligible by the LEA or Part C Agency to receive special education and related services or Part C services under the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).	
28. THE NUMBER OF CHILDREN DETERMINED TO HAVE A DISABILITY WHO HAVE <u>NOT</u> RECEIVED SPECIAL EDUCATION AND RELATED SERVICES.	

### PRIMARY DISABILITIES.

### PRESCHOOL PROGRAMS ONLY<sup>1</sup>

29. DIAGNOSED DISABILITY	(1) NUMBER OF CHILDREN DETERMINED TO HAVE THIS DISABILITY <sup>2</sup>	(2) NUMBER OF CHILDREN RECEIVING SPECIAL SERVICES
a. Health impairment		
b. Emotional/behavioral disorder		
c. Speech or language impairments		
d. Mental retardation		
e. Hearing impairment (including deafness)		
f. Orthopedic impairment		
g. Visual impairment (including blindness)		
h. Learning disabilities		
i. Autism		
j. Traumatic brain injury		
k. Non-categorical/developmental delay		
l. Multiple disabilities (including deaf-blind)		

<sup>1</sup> **Migrant Programs** should report on children age 3 and older only when completing this item.

<sup>2</sup> Report the number of children enrolled during this enrollment year whose primary or most significant disability was determined by a multidisciplinary team to be one of the above. *Report each child only once, by primary disability.*

**PART C OF IDEA.****EHS AND MIGRANT PROGRAMS ONLY<sup>1</sup>**

# of children

30. THE NUMBER OF CHILDREN RECEIVING SERVICES UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA).	
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<sup>1</sup> **Migrant Programs** should report on children age 0 through 2 only when completing this item.

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<b>EDUCATION</b>
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**TRANSITION ACTIVITIES.****PRESCHOOL PROGRAMS ONLY<sup>1</sup>**

31. THE NUMBER OF LOCAL SCHOOL DISTRICTS IN YOUR HEAD START SERVICE AREA.	
a. OF THE NUMBER OF LOCAL SCHOOL DISTRICTS, the number with whom you have a formal agreement to coordinate transition services for children and families.	
32. OF THE NUMBER OF CHILDREN ENROLLED IN HEAD START <u>AT THE END OF THE CURRENT ENROLLMENT YEAR</u> , the number that you project to be entering Kindergarten in the following school year.	

<sup>1</sup> **Migrant Programs** should report on children age 3 through 5 only when completing this item.**EARLY HEAD START TRANSITION.****EHS AND MIGRANT PROGRAMS ONLY<sup>1</sup>**

# of children

33. THE NUMBER OF CHILDREN LEAVING EARLY HEAD START AND ENTERING:	
a. Head Start program	
b. Other early childhood program	

<sup>1</sup> **Migrant Programs** should report only on children age 0 through 2 who are leaving their program to go to another agency.**CURRICULUM, SCREENING, AND ASSESSMENT .**

# of children

34. THE NUMBER OF ALL CHILDREN WHO COMPLETED ROUTINE SCREENINGS FOR DEVELOPMENTAL, SENSORY, AND BEHAVIORAL CONCERNS DURING THE OPERATING PERIOD. Report on all children, including those who dropped out of the program within 45 days.	
a. OF THE CHILDREN SCREENED, the number identified as needing follow-up assessment or formal evaluation (e.g., to determine if a child has a disability).	

35. WHAT CURRICULUM MODEL DOES YOUR PROGRAM USE AS ITS PRIMARY FOUNDATION? (Enter <u>one</u> /primary <sup>1</sup> model only)
a. For center-based services: _____
b. For home-based services: _____
36. WHAT INSTRUMENT DOES YOUR PROGRAM USE FOR DEVELOPMENTAL SCREENING? (Enter <u>one</u> /primary <sup>1</sup> instrument only)
_____
37. WHAT APPROACH OR TOOL DOES YOUR PROGRAM USE FOR ONGOING CHILD ASSESSMENT? (Enter <u>one</u> /primary <sup>1</sup> tool only)
_____
a. Is this tool locally designed?      Yes _____      No _____      (X only one)

<sup>1</sup> Additional models or instruments can be noted in the "General Comments" section.

# FAMILY & COMMUNITY PARTNERSHIPS

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

- Parents 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.

*# of families*

38. TOTAL NUMBER OF HEAD START OR EARLY HEAD START FAMILIES. <u>Count families</u> , not children. Families with more than one child enrolled should be counted only once. Count dual-custody families as two families.	
39. OF THE TOTAL NUMBER OF FAMILIES, the number of <u>two-parent</u> families.	
40. OF THE TOTAL NUMBER OF FAMILIES, the number of <u>single-parent</u> families.	

The sum of C.39 and C.40 must equal the TOTAL NUMBER OF FAMILIES (C.38).

## 41. EMPLOYMENT

- Count each family only once in the appropriate category.

*At time of enrollment*

a. OF THE NUMBER OF <u>TWO-PARENT</u> FAMILIES (C.39), the number of families in which:	
i) Both parents/guardians are employed	
ii) One parent/guardian is employed	
iii) Both parents/guardians are not working (unemployed, retired, disabled)	
b. OF THE NUMBER OF <u>SINGLE-PARENT</u> FAMILIES (C.40), the number of families in which:	
i) The parent/guardian is employed	
ii) The parent/guardian is not working (unemployed, retired, disabled)	

The sum of C.41.a (i – iii) must equal C.39 (total Two-parent families); C.41.b (i – ii) must equal C.40 (total Single-parent families).  
The sum of C.41.a through C.41.b must equal the TOTAL NUMBER OF FAMILIES (C.38).

## 42. JOB TRAINING/SCHOOL

- Count each family only once in the appropriate category.

*At time of enrollment*

a. OF THE NUMBER OF <u>TWO-PARENT</u> FAMILIES (C.39), the number of families in which:	
i) Both parents/guardians are in job training or school	
ii) One parent/guardian is in job training or school	
iii) Neither parent/guardian is in job training or school	
b. OF THE NUMBER OF <u>SINGLE-PARENT</u> FAMILIES (C.40), the number of families in which:	
i) The parent/guardian is in job training or school	
ii) The parent/guardian is not in job training or school	

The sum of C.42.a (i – iii) must equal C.39 (total Two-parent families); C.42.b (i – ii) must equal C.40 (total Single-parent families).  
The sum of 42.a through 42.b must equal the TOTAL NUMBER OF FAMILIES (C.38).

**EDUCATION.**

# of families

43. OF THE TOTAL NUMBER OF FAMILIES (C.38), <u>THE HIGHEST LEVEL OF EDUCATION OBTAINED BY THE CHILD'S PARENT(S)/GUARDIAN(S).</u> <u>Count each family only once.</u> For example, if one parent completed high school and one has an Associate degree, count this family once under "Associate Degree," C.43.c.	
a. Less than high school graduate	
b. High school graduate or GED	
c. Some college, vocational school, or an Associate degree	
d. Bachelor's or advanced degree	

**FEDERAL OR OTHER ASSISTANCE.**

# of families

44. TOTAL NUMBER OF FAMILIES RECEIVING ANY CASH BENEFITS OR OTHER SERVICES UNDER THE FEDERAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM.	
45. TOTAL FAMILIES RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI).	

**FAMILY PARTNERSHIP PROCESS.**

# of families

46. OF THE TOTAL NUMBER OF FAMILIES (C.38), the number participating in a family goal setting process which results in an individualized family partnership agreement.	
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**FAMILY SERVICES.**

47. Report the number of families who received the following services during the operating period:  
(Families may be counted in more than one category if more than one type of service was received)

SERVICE TYPE	NUMBER OF FAMILIES THAT RECEIVED SERVICES THROUGH HEAD START/EARLY HEAD START OR THROUGH REFERRALS
a. Emergency/crisis intervention (meeting immediate needs for food, clothing, or shelter)	
b. Housing assistance (subsidies, utilities, repairs, etc.)	
c. Transportation assistance (subsidizing public transportation, driving parents to Policy Council meetings)	
d. Mental health services	
e. English as a Second Language (ESL) training	
f. Adult education (GED programs, college selection)	
g. Job training	
h. Substance abuse prevention or treatment	
i. Child abuse and neglect services	
j. Domestic violence services	
k. Child support assistance	
l. Health education (including prenatal education)	
m. Assistance to families of incarcerated individuals	
n. Parenting education	
o. Marriage education services	
p. Number of families that received <i>at least one</i> of the services listed above.	

**WIC PARTICIPATION.**

# of families

48. TOTAL NUMBER OF FAMILIES RECEIVING SERVICES UNDER THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC).	
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**FATHER INVOLVEMENT.**

49. DOES YOUR PROGRAM HAVE ORGANIZED AND REGULARLY SCHEDULED ACTIVITIES DESIGNED TO INVOLVE FATHERS/FATHER FIGURES IN HEAD START OR EARLY HEAD START? Yes _____ No _____ (X only one)
---

# of children

50. THE NUMBER OF ENROLLED <u>CHILDREN</u> WHOSE FATHERS/FATHER FIGURES PARTICIPATED IN THESE ACTIVITIES.	
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**SERVICES TO HOMELESS FAMILIES.**

- "Homeless" includes, for example, families living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends.

51. THE TOTAL NUMBER OF HOMELESS FAMILIES SERVED DURING THE ENROLLMENT YEAR.	
52. THE TOTAL NUMBER OF HOMELESS CHILDREN SERVED DURING THE ENROLLMENT YEAR.	
53. THE TOTAL NUMBER OF HOMELESS FAMILIES WHO ACQUIRED HOUSING DURING THE ENROLLMENT YEAR.	

# SPECIAL ITEMS:

## TRANSPORTATION.

54. ENTER BELOW THE NUMBER OF BUSES, IF ANY, THAT WERE PURCHASED BY YOUR PROGRAM DURING THE OPERATING PERIOD.

- Include only buses purchased with ACF grant funds that will be used to support the operation of your Head Start or Early Head Start program. Indicate, by month, the number of buses purchased. Use the month in which you signed the agreement to purchase the bus rather than the month in which the bus was actually delivered.

Month	Number of Buses Purchased	Month	Number of Buses Purchased
a. AUGUST 2007		f. JANUARY 2008	
b. SEPTEMBER		g. FEBRUARY	
c. OCTOBER		h. MARCH	
d. NOVEMBER		i. APRIL	
e. DECEMBER		j. MAY	
		k. JUNE	
		l. JULY	

55. DO YOU LEASE ANY OF THE BUSES USED BY YOUR PROGRAM?      Yes \_\_\_\_\_      No \_\_\_\_\_      (X only one)

a. If yes, how many buses? \_\_\_\_\_

56. DO YOU PROVIDE TRANSPORTATION TO SOME OR ALL OF YOUR ENROLLED CHILDREN (*either directly or through a formal contractual agreement with a transportation provider*)?      Yes \_\_\_\_\_      No \_\_\_\_\_      (X only one)

a. If yes, how many children are transported? \_\_\_\_\_

## COLLABORATION AGREEMENTS.

57. DO YOU HAVE FORMAL COLLABORATION AND RESOURCE SHARING AGREEMENTS WITH PUBLIC SCHOOL PRE-KINDERGARDEN PROGRAMS?      Yes \_\_\_\_\_      No \_\_\_\_\_      (X only one)

a. If yes, how many (*count agreements not children*)? \_\_\_\_\_

## FEDERAL INTEREST IN HEAD START FACILITIES.

58. PLEASE CONFIRM THAT AN APPROPRIATE FEDERAL INTEREST HAS BEEN ESTABLISHED BY LISTING BELOW EVERY FACILITY WHICH HAS BEEN PURCHASED, CONSTRUCTED, OR RECEIVED MAJOR RENOVATIONS USING HEAD START FUNDS DURING THE 2007-2008 OPERATING PERIOD.

- Report the physical addresses of program centers that were purchased, constructed or received major renovations using Head Start funds during the 2007-2008 operating period (secondary addresses such as P.O. Box numbers may be reported on address line #2).
- Then, indicate in the corresponding check box whether the Federal Interest has been formally established.
- Refer to 45 CFR Part 1309 of the Head Start Performance Standards for additional guidance on Federal Interest and facilities.

a. CENTER 1

1. CENTER NAME (OPTIONAL):		
2. ADDRESS LINE 1 :		
3. ADDRESS LINE 2 :		
4. CITY :	5. STATE:	6. ZIP : _____ - _____

PLEASE CHECK:  FEDERAL INTEREST HAS BEEN ESTABLISHED

b. CENTER 2

1. CENTER NAME (OPTIONAL):		
2. ADDRESS LINE 1 :		
3. ADDRESS LINE 2 :		
4. CITY :	5. STATE:	6. ZIP : _____ - _____

PLEASE CHECK:  FEDERAL INTEREST HAS BEEN ESTABLISHED

c. CENTER 3

1. CENTER NAME (OPTIONAL):		
2. ADDRESS LINE 1 :		
3. ADDRESS LINE 2 :		
4. CITY :	5. STATE:	6. ZIP : _____ - _____

PLEASE CHECK:  FEDERAL INTEREST HAS BEEN ESTABLISHED

*(Space will automatically expand for additional centers in the Web application).*

**THANK YOU FOR SUBMITTING YOUR 2008 HEAD START PIR**