

# Connecticut Head Start Programs Analysis

Head Start programs prepare our most vulnerable young children to succeed in school and in life. Services are delivered to children and their families in the core areas of early learning, health, and family well-being and programs are engaging parents as partners every step of the way.

Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs which serve infants, toddlers, and pregnant women. Services are provided in public schools, child care centers, family child care homes, or in the family's own home through a home visiting model.

Head Start programs annually complete a Program Information Report (PIR) for the Office of Head Start, which provides comprehensive data on the services, staff, children, and families served by programs nationwide. The PIR is an important source of descriptive and service data for the Head Start community, their partners, Congress, and for the general public. PIR data is compiled for use at the federal, regional, state, and local levels.

Head Start Collaboration Offices (HSCOs) facilitate partnerships between Head Start agencies and other state entities that provide

services to benefit children and their families. Connecticut’s HSCO Director sits at the CT Office of Early Childhood.

In Connecticut, there were 20 Head Start and 14 Early Head Start programs in 2023, down from 21 Head Start and 16 Early Head Start programs in 2022 due to grant consolidation. In 2023, non-profits operated 17 programs, Community Action Agencies (CAA) operated 11 programs, and school systems operated 6 programs.

Note: when we refer to 2023 data, we are referring to the 2022-2023 school year. 2022 data refers to the 2021-2022 school year.



**Connecticut Office  
of Early Childhood**



**data**  
collaborative

# Enrollment, Attendance, and Turnover

## Overall Enrollment

Total funded enrollment in Early Head Start and Head Start programs increased by one percent, from 5,619 participants in 2022 to 5,662 participants in 2023.

### Enrollment by Program

Program Type	2022	2023	Change
Center-Based	5,027	5,123	2%
Home-Based	465	404	-13%
Family Child Care	103	103	0%
Locally Designed	8	16	100%
Pregnant Women Slots	16	16	0%
<b>Total</b>	<b>5,619</b>	<b>5,662</b>	<b>1%</b>

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By program type, center-based enrollment slots increased by 2% (96 slots) between 2022 and 2023, while home-based slots decreased by 13% (61 slots). Enrollment slots in locally designed options, which are programs that provide services through a combination of center-based, home-based, and alternative approaches to uniquely fit a community’s needs, doubled, from 8 to 16 slots.

Of center-based options, the number of slots available for at least 1,020 (Head Start) or 1,380 (Early Head Start) annual hours increased by 4% (208 slots), and 96% of center-based slots are available for at least these hours. However, the number of these slots available for the full working day and full calendar year decreased by 12% (304

slots). Of slots within center-based programs with fewer than 1,020 (Head Start) or 1,380 (Early Head Start) annual hours, the number of slots available for a full working day decreased from 59 to zero slots.

## Enrollment by Eligibility

The 2022-2023 school year was the first year in which [Supplemental Nutrition Assistance Program \(SNAP\) benefits were included in Head Start eligibility criteria](#). SNAP provides benefits to people to help to buy food. This change was part of a [national initiative](#) to better align federal public benefit programs and reduce the burden on individuals and families to prove their eligibility for services again and again. The new SNAP eligibility criteria resulted in the number of enrollees whose primary type of eligibility was through public assistance to nearly triple, from 414 to 1,588 enrollees. Primary type of eligibility through income at or below the federal poverty line decreased by 24%, meaning that families likely utilized the new option of showing eligibility through SNAP.

The CT Head Start Collaboration Office worked closely with the State's Department of Social Service (DSS), which administers SNAP benefits to ensure that SNAP recipients were aware of this change. Recipients were informed through a marketing campaign that included mailings, letters, flyers, and banners displayed in local DSS offices.

## Enrollment by Eligibility

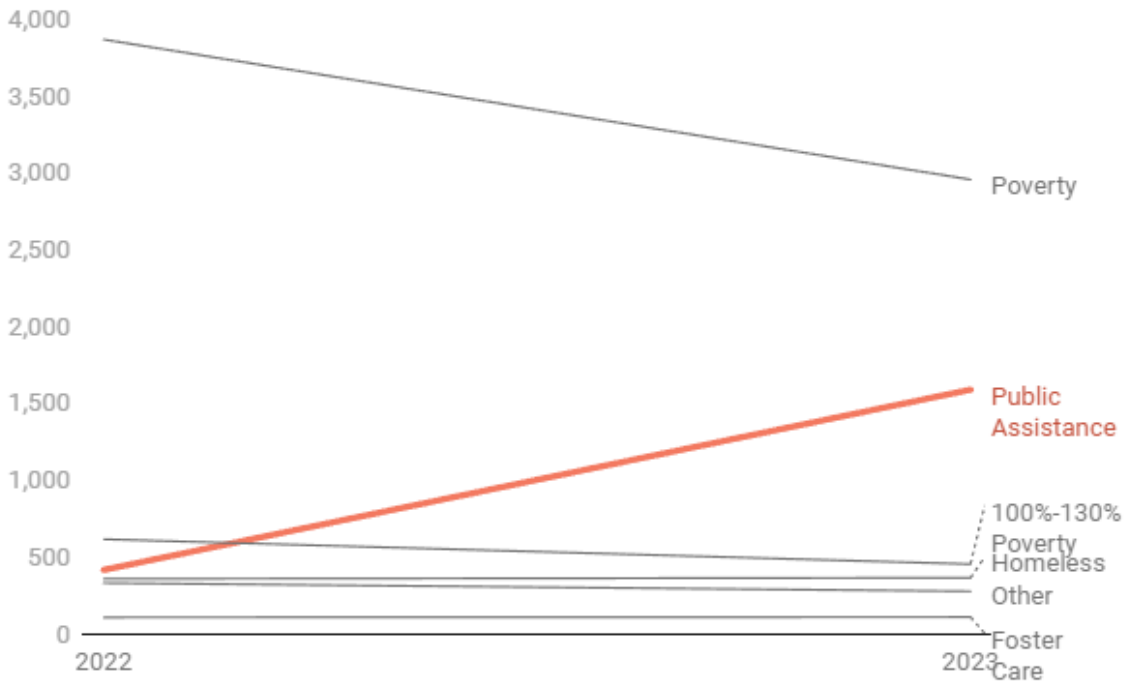


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## Cumulative Enrollment, Transition, and Turnover

Cumulative enrollment is the actual number of people served by Head Start and Early Head Start programs and includes children and pregnant people who were enrolled during the program year.

Cumulative enrollment increased by 3% for children enrolled in Head Start (from 3,946 to 4,046) and decreased by 2% for children enrolled in Early Head Start. Enrollment in Early Head Start for the second year increased by 17%, from 1,519 to 1,778, but enrollment for the three or more years decreased by 30%, from 671 to 471.

In Head Start Programs, there was a 13% increase, from 525 children in 2022 to 591 children in 2023, in the number of preschool children who left a program after it began and did not re-enroll. In 2023, 125 children were enrolled for less than 45 days, an 18% increase since 2022. The number of currently enrolled children projected to enter kindergarten in the following school year remained steady between 2022 and 2023.

In Early Head Start Programs, there was a 2% increase, from 674 in 2022 to 686 in 2023, in the number of infants and toddlers who left a program after it began without re-enrolling. The number of children who were enrolled for less than 45 days increased by 8%, from 125 in 2022 to 135 in 2023. This may be attributed to the start and end date of a program's "school year".

Of the 373 children who aged out of Early Head Start during the program year:

- 61% entered a Head Start program, a 9% increase since 2022
- 55% entered another early childhood program, an 8% increase since 2022
- 13% did not enter another early childhood program, a 43% decrease since 2022.

Of pregnant people receiving Early Head Start services, seven left before the birth of their infant and did not re-enroll. Of those enrolled when their infant was born, 78% enrolled their infant in Early Head Start in 2023 and 84% enrolled their infant in 2022.

## Attendance

Of the 5,144 children cumulatively enrolled in a center-based or family child care program, 3,849 were chronically absent (75%), meaning that they missed 10% or more of the school year. 72% of chronically absent children remained enrolled until the end of the year. Head Start programs are required to promote regular attendance, analyze the cause(s) of absenteeism, and implement effective attendance strategies.

## Demographics

### Race and Ethnicity

The race and ethnicity of children and pregnant people enrolled in Head Start and Early Head Start programs remained relatively consistent in 2022 and 2023. In 2023, the largest race groups 49% white, 27% Black or African American, and 11% multiracial. When looking at ethnicity, 59% of all clients were Hispanic or Latino (of any race).

In contrast, the largest race groups of Head Start and Early Head Start staff were 62% white, and 24% Black or African American, and 8% other race. In addition, only 39% of staff were Hispanic or Latino.

#### **Note:**

The race categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander,

white, multiracial, and other race. The ethnicity categories are either Hispanic/Latino or not Hispanic/Latino. Race and ethnicity are two separate categories.

For example, Asian respondents who indicated their ethnicity as Hispanic/Latino *and* those who indicated their ethnicity as not Hispanic/Latino are added up to represent the total number of Asian respondents.

This means the percentages of the race categories will add up to 100%, but adding up all race and ethnicity categories will result in a total of over 100%.

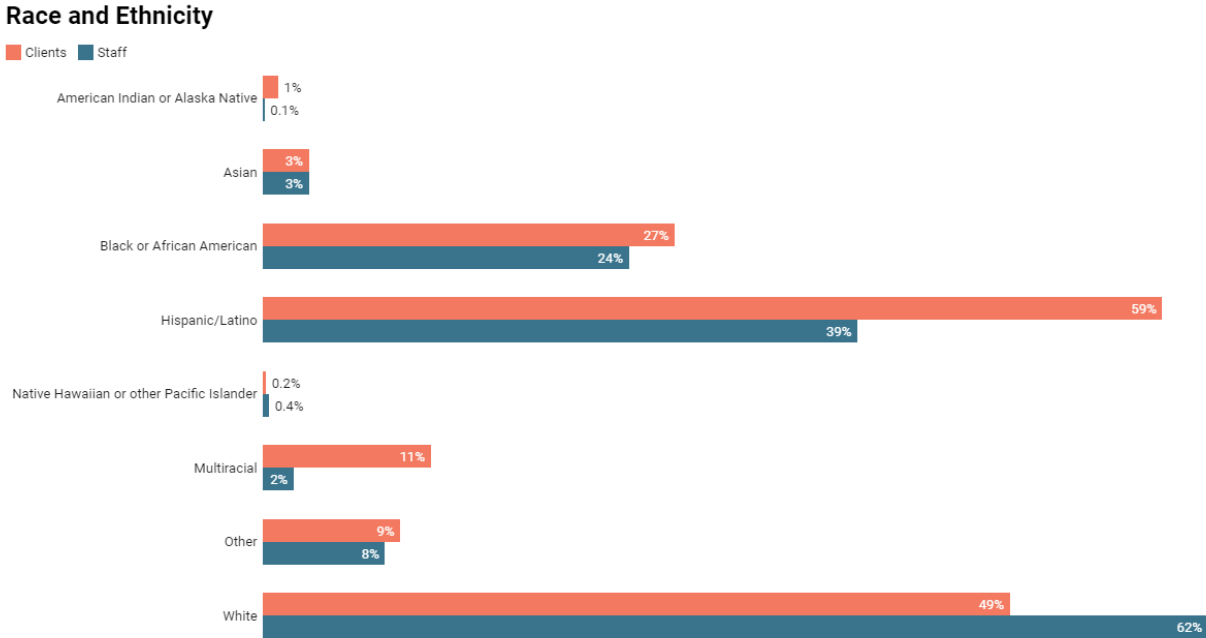


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## Languages Spoken by Staff and Children

Half of enrolled children were dual language learners in 2023, an increase of two percentage points since 2022. In 2023, 58% of children spoke English at home, 12% of whom were learning another



language in addition to English. 34% of children spoke Spanish at home, while 3% spoke Middle Eastern and South Asian languages, 2% spoke European and Slavic languages, and 1% spoke Caribbean languages, Native Central American, South American, and Mexican languages and African languages.

Between 2022 and 2023, the number of children whose primary language at home was a Caribbean language increased by 58%, whose primary language at home was a Middle Eastern and South Asian languages increased by 24%, and whose primary language at home was a European and Slavic language increased by 23%.

Of the 348 non-supervisory and child development staff proficient in a language other than English, 86% were proficient in Spanish, 9% were proficient in Middle Eastern and South Asian languages, 5% in European and Slavic languages, 4% in Caribbean languages, and 1% in African languages. One staff member was proficient in American Sign Language. Language groups in which staff were proficient in 2023 were consistent with language groups in 2022.

## Families

### Parent Type and Composition

There were 5,306 families engaged in Head Start and Early Head Start programs in 2023, a 2% increase from 2022. In both 2022 and 2023, 62% of families were single-parent families and 38% were two-parent families. Most families were headed by a parent/guardian figure (97%), including biological, adoptive, and stepparents. Nine out of

every ten families headed by a single parent were headed by mothers. One percent of families were headed by grandparents, other relatives, or foster parents.

145 children were in foster care at any point during the 2023 enrollment year, a 7% decrease from 156 children in 2022. In 2023, 303 children were referred to Head Start or Early Head Start services by a child welfare agency. In 2022, 319 children were referred.

Number of Parents

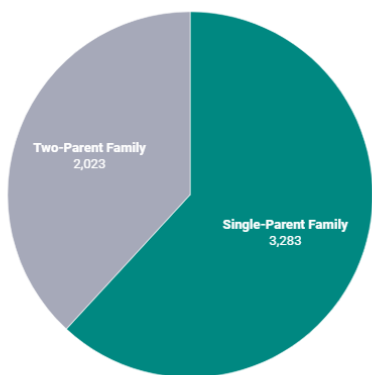


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Types of Parents or Guardian Figures

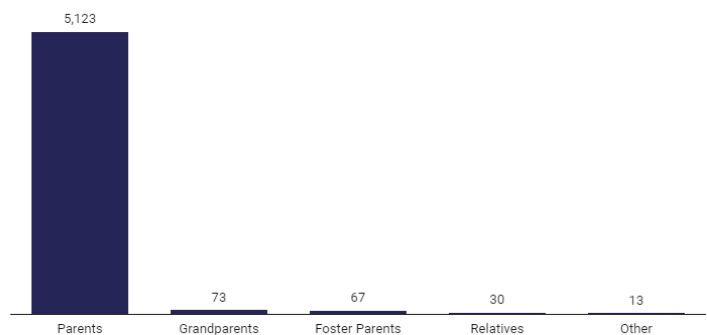


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## Education and Employment

In 2023, the highest level of education obtained by a child’s parent or guardian was most frequently a high school diploma or GED (47%). 15% had an associate degree, vocational school, or had attended some college, and 12% had an advanced or baccalaureate degree. In 26% of families, the child’s parent or guardian did not graduate high school. This may include child’s parent or guardian who is currently enrolled in high school but has not yet graduated.

Between 2022 and 2023, there was a 5% increase in the number of families in which at least one parent or guardian is employed, in job

training, or in school at the start of enrollment – 68% of families fit these criteria in 2023. There was a 9% increase in the number of families in which at least one parent or guardian is employed and a 19% increase in the number of families in which at least one parent or guardian is in school.

At the start of enrollment in 2023, 68% of families had at least one parent or guardian employed, in job training, or in school, up from 65% in 2022. There was a 19% increase in the number of families in which at least one parent or guardian is in school between 2022 and 2023. In 31% of families, parents or guardians were unemployed, retired, or disabled and not working or in a training or education program. At the end of enrollment, 367 additional families (7%) reported having at least one parent or guardian employed, in job training, or in school.

Additionally, 1% of families have at least one parent/guardian who is a US military veteran, and 19 families have at least one parent/guardian on active duty, down from 36 families on active duty in 2022.

## Staff

### Overview of Program Staff

Between 2022 and 2023, there was a 4% decrease in the total number of Head Start and Early Head Start staff and a 30% decrease in the number of contracted staff. The number of staff who were current or

former Head Start or Early Head Start parents remained steady between 2022 and 2023 (22% of 2023 staff).

## Staff of Programs

Type	2022	2023	Change
Head Start & Early Head Start	1,752	1,677	-4%
Contracted	136	95	-30%

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## Qualifications by Role

The number of Head Start classroom teachers decreased from 267 to 260. In 2023, 76% of classroom teachers had an advanced or baccalaureate degree in early childhood education or any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children, compared to 73% in 2022. In 2023, 20% of classroom teachers had an associate degree or equivalent coursework and experience in early childhood education. Two percent of classroom teachers had a Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements. Three percent of classroom teachers did not have any of the above-mentioned qualifications, up from 1% of 2022 classroom teachers.

### Qualifications: Head Start Teachers

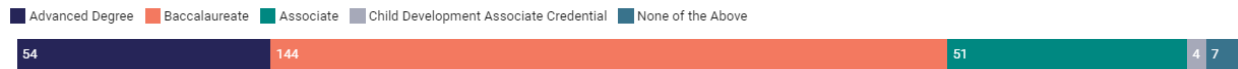


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The number of Head Start assistant teachers decreased 6% between 2022 and 2023, from 309 to 291. In 2023, 17% of assistant teachers had an advanced or baccalaureate degree or equivalent coursework and experience in early childhood education, 22% had an associate degree, 28% had a CDA credential or similar, and 32% had none of the above qualifications. Of those without qualifications, 14% were enrolled in a program that would meet one of the qualifications, a 48% increase since 2022.

### Qualifications: Head Start Assistant Teachers



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There were 9% fewer Early Head Start classroom teachers in 2023 than in 2022. The distribution of experience was similar between 2022 teachers and 2023. In 2023, 41% of infant and toddler classroom teachers had an advanced or baccalaureate degree or similar experience, 21% had an associate degree or similar experience, 32% had a CDA or equivalent, and 5% did not have any of these qualifications. In 2023, 67% of teachers without these qualifications were enrolled in a program that would meet qualifications, compared to 14% of teachers without them in 2022.

### Qualifications: Early Head Start Program Teachers

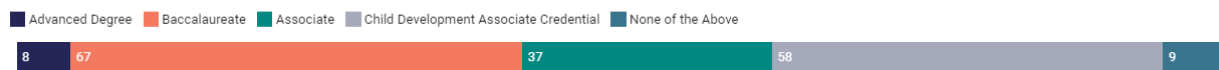


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Of home visitors, 97% had a home-based CDA or equivalent in 2023, up from 92% in 2022. All family child care providers had a Family Child Care CDA or state equivalent, and all child development specialists that support family child care providers had a baccalaureate degree in child development or a related field.

The number of education managers and coordinators increased 28% between 2022 and 2023, and all had a baccalaureate degree in child development or a related field. The number of family services staff increased 15% between 2022 and 2023, and 95% had a degree, certification, or credential in social work, family services, counseling, or a related field.

## Staff Turnover and Replacement

In 2023, 257 Head Start or Early Head Start staff left during the program year, including summer months while a program may not have been in session. 63% of staff were replaced. In 2022, 313 staff left during the year and 53% were replaced. About half of the contracted staff who left during the program year were replaced: in 2023, 8 contracted staff left and 4 were replaced, and in 2022, 10 contracted staff left and 6 were replaced.

In 2023, 19% of teachers, assistant teachers, family child care providers, and home visitors left during the program year. While 53% were replaced, 43% of vacancies during the program year remained unfilled for three months or longer. Of those who left, 71% left while classes and home visits were in session. The most common reported reasons for leaving were higher compensation (28%), involuntary

separation (11%), retirement or relocation (10%), or another unspecified reason (41%).

## Staff Support

In 2023, 163 child education and development staff received intensive coaching, up 18% from 2022. In 2023, there were 44 coaches, including staff, consultants, and partners; in 2022, there were 37 coaches.

The number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant increased from 252 (47%) in 2022 to 295 (58%) in 2023.

## Child and Family Services

Head Start and Early Head Start provide a range of services to children and their families, including support related to housing and housing assistance, disabilities, health and dental care, and education to support family outcomes.

## Housing Services

In 2023, 420 families and 441 children experiencing homelessness during the enrollment year were served. This is an increase of 21% from 2022, when 348 families and 371 children experiencing homelessness were served during the enrollment year. In 2023, 28% of these families acquired housing during the enrollment year (119

families). In 2022, 32% of families acquired housing during the enrollment year (112 families).

### Housing Services



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Stable housing is crucial for child development and family success. Connecticut is implementing a first-in-the-nation program, [Head Start on Housing](#). This program provides housing vouchers to Connecticut Early Head Start and Head Start families as a step towards ending homelessness and supporting family success.

## Screening

Since the 2022 PIR, 70% of the 3,330 newly-enrolled children completed screenings within 45 days of enrollment for developmental, sensory, and behavioral concerns. Of those screened, 17% of children were identified as needing a follow-up assessment or formal evaluation to determine if the child has a disability. This may be attributed to the start and end date of a program’s “school year”, and/or children enrolled less than 45 days. Children screened post 45 days enrollment are not included in this data.

## Immunizations

In 2023, 87% of children were up-to-date on all immunizations appropriate for their age, up three percentage points from 2022. Another 10% of children had received all immunizations possible at the time of enrollment but had not received all age-appropriate



immunizations. At the end of enrollment, 87% of children were up-to-date on all immunizations and 6% had received all immunizations possible at that time.

## Dental Care

In both 2022 and 2023, 79% of children had continuous, accessible dental care, including access to preventative care and dental treatment. From the start to end of enrollment, 317 additional children acquired access to continuous dental care in 2023, and 251 additional children acquired access in 2022.

In Head Start programs, 2,350 children received preventive care during the program year in 2023, a 1% increase since 2022. In 2023, 42% of children completed a professional dental exam during the program, compared to 44% in 2022. Of children diagnosed as needing dental treatment, 57% had received or were receiving treatment by the end of the program year in 2023, compared to 56% in 2022. Of those who had not received treatment who needed it, the most common primary reasons were: parents did not keep or make an appointment, and appointments were scheduled for future dates. In 2023, 810 children were up-to-date according to the [EPSDT dental periodicity schedule](#) at the end of enrollment, a 2% increase since 2022.

## Health Care Services: Insurance

In both 2022 and 2023, 97% of children had health insurance at enrollment. In 2022, 85 fewer children had health insurance at the end of enrollment; in 2023, 60 fewer children had health insurance at

the end of enrollment. The decrease was seen in both children enrolled in Medicaid/CHIP and in other types of insurance. Of children enrolled in insurance, 92% were enrolled in Medicaid/CHIP.

In 2023, 91% of pregnant people had at least one type of insurance, down from 94% in 2022. Of those with insurance, most were enrolled in Medicaid (97% in 2023 and 78% in 2022).

**Insurance Enrollment**

Group	2022			2023		
	Start of Enrollment	End of Enrollment	Change	Start of Enrollment	End of Enrollment	Change
Children with Insurance	5,446	5,361	-85	5,490	5,430	-60
Children without Insurance	159	244	85	177	237	60
Pregnant Women with Insurance	76	77	1	67	69	2
Pregnant Women without Insurance	5	4	-1	7	5	-2

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## Health Care Services: Chronic Conditions and Access to Care

In both 2022 and 2023, 96% of children had 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 a source of emergency or urgent care. Of these children, 10% had accessible health care through a [Federally Qualified Health Center](#), which fill healthcare gaps by providing comprehensive services in underserved areas and offer sliding scale fees.

The percentage of children up-to-date on a schedule of age-appropriate preventive and primary health care, according to the [EPSDT schedule for well child care](#), increased by more than 20

percentage points from the start to the end of enrollment, from 57% to 81% in 2023 and from 65% to 87% in 2022.

The number of children with a chronic condition diagnosis increased by 25% from 2022 (713 children) to 2023 (891 children). Of children with a diagnosis, 70% received medical treatment for their condition in 2023, compared to 58% in 2022. The most common reasons for not receiving treatment were that no treatment was needed, parents did not keep or make an appointment, and the child left the program before their appointment data. An increased number of children had appointments scheduled for future dates in 2023 (10 children) than in 2022 (1 child).

Of children diagnosed with chronic conditions and were enrolled in 2023, 441 were diagnosed with asthma (6% increase since 2022), 214 were diagnosed with vision problems (3% increase), 141 with life-threatening allergies (37% increase), 80 with autism spectrum disorder (ASD) (29% increase).

**Chronic Conditions Diagnosed in Children**

Condition	2022	2023	Change
Autism Spectrum Disorder	62	80	29%
Attention Deficit Hyperactivity Disorder	4	7	75%
Asthma	415	441	6%
Diabetes	4	3	-25%
Elevated Lead Levels in Blood	47	45	-4%
Hearing Problems	65	31	-52%
Life-Threatening Allergies	103	141	37%
Seizures	29	36	24%
Vision Problems	208	214	3%

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A higher proportion of pregnant people had access to an ongoing source of continuous, accessible health care professionals that maintain their ongoing health record, 92% in 2023 and 84% in 2022. In

2023, the number of pregnant people with access increased by three from the start of enrollment to the end.

## Disability Services: IDEA Eligibility

The [Individuals with Disabilities Education Act](#) (IDEA) is a law that ensures public special education and related services are available to children with disabilities. The number of children referred for an evaluation to determine eligibility under IDEA increased 7% from 2022 to 2023, from 378 children to 406. In both years, 75% of referred students received an evaluation. In 2023, 87% (263) of children were diagnosed with a disability, a 9% increase in number of children since 2022 (242 children). Of children who were not diagnosed with a disability, the program provided or facilitated individualized services and supports to 28% (11) in 2023 and 40% (16) of children. These supports could include an [individual learning plan or other supports as described under Section 504 of the Rehabilitation Act](#), which requires schools to provide accommodations to students with disabilities.

For children who did not receive an evaluation to determine IDEA eligibility, 58% in 2023 and 67% in 2022 provided a primary reason for not yet receiving an evaluation: 25% of children had an evaluation pending and not yet completed (34% in 2022), 15% of children's parents refused an evaluation (8% in 2022), 2% of children were assigned to [Response to Intervention](#) (RTI) (13% in 2022), and 17% provided a different reason (11% in 2022).

## Disability Services: Early Intervention Services

In 2023, 586 preschool children had an Individualized Education Program (IEP) at any time during the program year, an 18% increase since 2022, when 498 children had an IEP. In 2023, 63% of children were determined eligible to receive special education services prior to the program year, compared to 60% of children in 2022. Of eligible children, three children had not received special education and related services in 2023, compared to zero in 2022.

Under the IDEA, children determined eligible by the Part C Agency to receive early intervention services have an Individualized Family Service Plan (IFSP). There was a 12% increase in the number of children with an IFSP between 2022 and 2023, from 278 children to 312 children. In 2023, 60% of children were determined eligible prior to the program year, compared to 63% in 2022. In 2023, six children had not received early intervention services, an increase of five children since 2022.

## Disability Services: Preschool Primary Disabilities

The number of children with a non-categorical/developmental delay increased by 12% between 2022 (312 children) and 2023 (349 children). In 2023, 84% of children received special services, compared to 99% of children in 2022.

In 2023, 160 children were determined to have speech or language impairments, 159 of whom received special services. In 2022, of the 134 children determined to have speech or language impairments, 128 received special services.

The number of children with autism increased 36%, from 45 in 2022 to 61 in 2023. In 2022, 100% of children received special services, compared to only 82% (50) in 2023.

The Head Start Collaboration Office works to support Early Head Start and Head Start programs serving children with disabilities.

There is a statewide MOU in place between Early Head Start and Birth to Three, the State agency responsible for implementing Part C of IDEA and work is currently underway with the CT State Department of Education's Part B 619 Coordinator to strengthen relationships between Head Starts and Local Education Agencies (LEAs).

## Family Program Services

In 2023, 89% of families participated in at least one program service to promote family outcomes, up from 84% of families in 2022 (an increase of 321 families).

In 2023, 76% of families (4,034) were involved in discussing their child's screening and assessment results and progress. This is a 37% increase from the 2,935 families involved in 2022. Programs with high participation included supporting transitions between programs – Head Start to kindergarten for example (47%), education on preventative medical and oral health (47%), research-based parenting curriculum (43%), emergency/crisis intervention – meeting needs for food, clothing, or shelter (43%), and education on nutrition (42%).

## Family Program Services Received

Service	2022	2023	Change
Assessment of Child Screening Results and Progress	2,935	4,034	37%
Asset Building Services	446	473	6%
Assistance to Families of Incarcerated Individuals	34	39	15%
Emergency/Crisis Intervention	2,272	2,263	0%
English as a Second Language	853	701	-18%
Enrollment in Education or Job Training	1,071	882	-18%
Housing Assistance	1,047	793	-24%
Mental Health Services	668	747	12%
Nutrition Education	2,116	2,218	5%
Parenting Curriculum	1,998	2,259	13%
Postpartum Care Education	191	250	31%
Preventive Medical and Oral Health Education	2,481	2,518	1%
Program Transition	1,992	2,502	26%
Relationship Education	148	201	36%
Substance Misuse Prevention	76	75	-1%
Substance Misuse Treatment	59	60	2%
Tobacco Use Education	442	393	-11%

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Program services that had increased participation in 2023 include education on relationship/marriage (36% increase), education on postpartum care (31%), supporting transitions between programs—for example, Early Head Start to Head Start or Head Start to kindergarten (26%). Programs with decreased participation included housing assistance (-24%), English as a Second Language training (-18%), assistance enrolling into an education or job training program (-18%), and education on consequences of tobacco product use (-11%).

Additionally, there were increases in the number of fathers and father figures who engaged in activities throughout the year, including a 49% increase in fathers involved in Head Start program governance.

## Looking Forward

We are grateful to Connecticut Head Start programs and their staff for providing comprehensive early care and education and family

support services to children and their families despite the challenges programs may face, including staffing.

The Head Start Collaboration Office is committed to partnering with programs to better serve children and their families, working together to formulate, implement, improve, and align state and local policies and practices.