							Early	Head Start			
Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
III. Impacts of Early Head Start participation on child and parent outcomes at ages 2, 3, and 5	Vogel, C., Brooks- Gunn, J., Martin, A., & Klute, M. M.		Monographs of the Society for Research in Child Development	1,658	Low-income families who applied to receive EHS services between July 1996 and September 1998	Early Head Start Research and Evaluation Project (EHSREP)	• EHS participation	Early childhood education participation at ages 3-5 Child social-emotional and approaches to learning outcomes Child language/cognitive/academic skills Child health outcomes Parenting and the home environment Family wellbeing and mental health Parent self-sufficiency	Increased likelihood of attending a formal child care program at ages 3-4 and 4-5; increased likelihood of attending Head Start and ever be in formal child care Child social-emotional and approaches to learning outcomes: mostly null impacts at age 2, mixed (positive and null) impacts at age 3 mixed you null impacts at age 5 Child hand null) impacts at age 5 Child health outcomes: mixed (positive and null) impacts at age 2, mixed impacts at age 3 and 5 Parenting and the home environment: mostly positive impacts at age 2, mixed (positive and null) impacts at age 3 and 5 Family wellbeing and mental health: mostly positive impacts at age 2, null impacts at age 3, mixed impacts (positive and null) at age 5 Parent self-sufficiency: mixed impacts at ages 2 and 3 (positive and null), null impacts at age 5		
IV. Family subgroups and impacts age ages 2, 3, and 5: Variability by race/ethnicity and demographic risk	Raikes, H. H., Vogel, C & Love. J. M.		Monographs of the Society for Research in Child Develonment	173	Low-income families who applied to receive EHS services between July 1996 and September 1998	Early Head Start Research and Evaluation Project (EHSREP)	• EHS demographics	Child social-emotional and approaches to learning outcomes Child language/cognitive/ academic skills Child health outcomes Parenting and the home environment Family wellbeing and mental health Parent self-sufficiency	Black families: At child age 2, beneficial impacts on child language/cognitive/academic skill outcomes; at child age 3, mostly positive impacts on child social-emotional and approaches to learning outcomes and mixed impacts on child language/cognitive/academic skill outcomes, parenting and the home environment, and parent self sufficiency; at child age 5, mixed impacts on child social-emotional and approaches to learning outcomes, child language/cognitive/academic skill outcomes, child health outcomes, parenting and the home environment, and family wellbeing and mental health. All other impacts (by age and outcome area) were mostly null. White families: Mostly null or null impacts for all outcome groups at all ages. Hispanic families: Mostly null or null impacts for all outcome groups at all ages. The greatest number of positive impacts were seen at child age 5, but impacts were scattered across outcome areas and were not consistent. Low-demographic-risk families: Mixed impacts at child age 3 for child social-emotional and approaches to learning outcomes. All other impacts (by age and outcome area) were mostly null. Medium-demographic-risk families: At child age 2, positive impacts on child language/cognitive/academic skills and mixed impacts on parenting and the home environment and family wellbeing and mental health; at child age 3, mixed impacts (by age and outcome area) were mostly null. High-demographic-risk families: At child age 5, mixed impacts on family wellbeing and mental health. All other impacts (by age and outcome area) were mostly null.		
V. Program subgroups: Patterns of impacts for home-based, center-based, and mixed-approach programs			Monographs of the Society for Research in Child Development		Low-income families who applied to receive EHS services between July 1996 and September 1998	Early Head Start Research and Evaluation Project (EHSREP)	EHS program approach EHS participation ages 0 to 3 only	Child social-emotional and approaches to learning outcomes Child language/cognitive/academic skills Child health outcomes Parenting and the home environment	Mostly null differences by program approach for safety net program participation, parent emploment, poverty, and parental health status Mixed approach programs: higher likelihood of participation in education or job training, beneficial impacts on parental emotional wellbeing at child age 2, small beneficial impacts on home environment and parenting practices at child ages 2 to 3, some small beneficial impacts on child social-emotional and cognitive outcomes Home-based programs: beneficial impacts on parental emotional wellbeing at child age 3, mostly null but some beneficial effects on child-parent relationship measures, null effects on child social-emotional and cognitive outcomes Center-based programs: null effects on child-parent relationship measures, null effects on child social-emotional and cognitive outcomes Hers + HS associated with better outcomes for parenting, home environment, and child academic functioning but not associated with better outcomes for child approaches to learning, social-emotional		
VI. Links between early care and education experiences birth to age 5 and prekindergarten outcomes	Chazan-Cohen, R., & Kisker, E. E.		Monographs of the Society for Research in Child Development	361	Low-income families who applied to receive EHS services between July 1996 and September 1998	Early Head Start Research and Evaluation Project (EHSREP)	• + Formal early care and education participation ages 3 to 5 • + Head Start	Parenting and the home environment Family wellbeing and mental health Parent self-sufficiency (All measured at kindergarten entry)	outcomes, or family wellbeing • EHS + ECE associated with better outcomes for parenting, home environment, and academic functioning but not associated with better outcomes for child approaches to learning or vocabulary	Participation in HS or ECE at child ages 3 to 5 not randomized	

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Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	L Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Building their futures: How Early Head Start programs are enhancing the lives of infants and toddlers in low- income families. Volume I: Technical report	Love et al.	2001	OPRE	3001	Low-income families who applied to receive EHS services	Early Head Start Research and Evaluation Project (EHSREP)	• EHS participation	Type and amount of program services used Parent ability to work Parent health and wellbeing Child social-emotional outcomes Child cognitive and language outcomes Parenting behaviors Father behaviors	Black families: positive impacts on parenting distress at age 2; positive impacts on supportive environments for language and literacy, less severe discipline strategies (ages 2 and 3), more supportiveness during play (ages 3 and 5), more likely to have a regular bedtime (age 3), demonstrated more warmth (age 3), and increased children's books in the home (age 5) Ability to work: positive impacts on EHS parents reported being in school or in job training programs at child ages 2 and 3; mostly null impacts on employment indicators for most subgroups and at most child ages (2, 3 and 5); negative impact on hours in employment for higher-risk families Education or training programs: positive impacts for parent participation at child ages 2 and 3; positive impacts for Black and Hispanic families participating in EHS at ages 2 and 3; positive impacts on depressive symptoms at child age 5; null impacts on parent health status at child age 2; positive impacts on depressive symptoms at child age 5; null impacts on parent health status at child age 2 and 3 Child cognitive and language outcomes: positive impacts for language and literacy at age 2 and 3; positive impacts for parents profit of the child (ages 2, 3, and 5) and at bedtime (ages 2 and 3) Parenting behaviors: null impacts for emotional responsivity, warmth, and maternal verbal-social skills at child ages 2 and 3; positive impacts for parent positive responses to hypothetical discipline strategies at age 2; positive impacts on parents on the Knowledge of Infant Development Inventory at child ages 2; null impacts were found for the absence of punitive interactions, parent-child dysfunctional interactions, and a number of positive safety practices		
Making a difference in the lives of infants and toddlers and their families: The Impacts of Early Head Start. Volume I: Technical report/Executive summary	Love, J. M., Eliason Kisker, E., Ross, C. M., Schochet, P. Z., Brooks-Gunn, J., Paulsell, D., Brady-		OPRE		Low-income families who applied to receive EHS services	Early Head Start Research and Evaluation Project (EHSREP)	• EHS participation	Type and amount of program services used Parent ability to work Parent health and wellbeing Child social-emotional outcomes Parenting behaviors Parenting behaviors Father behaviors Father behaviors	Safety net participation: null impacts overall at child ages 2 and 3; mostly null results for all subgroups; Hispanic families more likely to have reported receiving AFDC/TANF; Black families reported lower AFDC/TANF and total welfare benefits Ability to work: null impacts at child ages 2, 3, and 5 overall; greater percentage of EHS parents in school or job training programs at child ages 2, 3, and 5 overall; greater percentage of EHS parents in school or job training programs at child ages 2 and 3; null impacts on employment for most subgroups; at child age 3, Black parents and parents in mixed approach EHS programs more likely to report ever being employed Parent education and training: increased average hours per week at child ages 2 and 3 overall and for Black and Hispanic families Sufficient household resources: null impacts for any child age and any subgroups Parent health and wellbeing: null impacts at child age 2 or 3; mixed impacts for subgroups; lower parenting distress for moderate-risk EHS families at child age 3 Parent-child relationships: overall positive impacts; higher infant development knowledge scores; increased bedtime reading at child age 2; supportive home environment for language and literacy (age 2 and 5), reading daily (age 2 and 3), parent detachment during play (age 3), a regular bedtime (age 2), and teaching activities (ages 2 and 3) Black families: positive impacts on parenting distress at age 2; positive impacts on supportive environments, less severe discipline strategies (ages 2 and 3), more supportiveness during play (ages 3 and 5), more likely to have a regular bedtime (age 3), demonstrated more warmth (age 3), increased children's books in the home (age 5) White families: detrimental impacts on parent-child dysfunctional interaction at child age 3 Child social-emotional outcomes: less aggressive behavior, lower negativity toward their parent during play, higher engagement during play, and greater sustained attention with objects during play at age 3		
Early Head Start children in grade 5: Long-term follow- up of the Early Head Start Research and Evaluation Project Study sample	Vogel, C. A., Xue, Y., Moiduddin, E. M., & Lepidus Carlson, B.	2010	OPRE	1632	Low-income families who applied to receive EHS services	Early Head Start Research and Evaluation Project (EHSREP)	• EHS participation	Child academic outcomes Child academic outcomes Parenting and the home environment Family well-being and mental health Parent self sufficiency	Black families: at grade 5 follow-up, positive impact on school involvement and less use of alcohol compared to Black families in the control group Mostly null impacts on employment or education indicators, child-parent relationships, and overall at the grade 5 follow-up		
It takes time: Impacts of Early Head Start that lead to reductions in maternal depression two years later	Whiteside-Mansell,	2007	Infant Mental Health Journal	1002	Low-income families who applied to receive EHS services	Early Head Start Research and Evaluation Project (EHSREP) Early Head Start	• EHS participation	Maternal depression	EHS impacts on child outcomes (aggression, developmental functioning) and family outcomes (parenting distress, spanking the child) at ages 2 and 3 explained the connection between EHS participation and maternal depression at age 5 Simplificant interaction between EHS treatment and family conflict suggestion that EHS may halp.		
Center-based Early Head Start and children exposed to family conflict	L., Bradley, R., McKelvey, L., & Lopez, M	2009	Early Education and Development	610		Research and Evaluation Project (EHSREP)	• Family conflict	Child aggressive behavior and emotional regulation	Significant interaction between EHS treatment and family conflict, suggesting that EHS may help buffer negative impacts of family conflict		

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			Publication	Sample Size			Independent			Limitations to Causal	Exclusion
Title	Author(s)	Year	Source	(N)	Sample Composition	Data Source	Variable(s)	Dependent Variable(s)	Summary of Findings	Inference	Criteria
The role of Early Head Start programs in addressing the child care needs of low- income families with infants and toddlers: Influences on child care use and quality	Love et al.	20	04 OPRE	297	Low-income families who applied to receive EHS services	Early Head Start Research and Evaluation Project (EHSREP); Parent Services Interview and birthday-related assessments	EHS participation Child care arrangement Child care quality	Child care use Parental satisfaction of child care Child care quality Child social-emotional outcomes Child language/cognitive skills	Child care quality: positive impacts at 14 months old, 24 months old, and at 36 months old Caregiver talk: positive impacts at center-based sites for child ages 24 and 36 months; positive impacts in mixed-approach sites, but the effects were not as consistent		
Impact of Early Head Start in North Carolina on dental care use among children younger than 3 years	Burgette et al.	20	American Journal	1178	EHS and non-EHS (Medicaid-enrolled) parent-child dyads in North Carolina	Zero Out Early Childhood Caries (ZOE) study 2010- 2012 (baseline, child < 19 months), 2012- 2014 (follow up, 24 months after baseline, at approximately 36 months)	• EHS participation	Child dental care	Positive impacts of EHS participation on oral health, including an increased likelihood of receiving dental care		
Enrollment in early head start and oral health-related quality of life	Burgette et al.		Quality of Life		EHS and non-EHS (Medicaid-enrolled) parent-child dyads in North Carolina	Cero Out Early Childhood Caries (ZOE) study, 2010- 2012 (baseline, child < 19 months), 2012- 2014 (follow up, 24 months after baseline, at approximately 36 months)	• EHS participation	Child oral health	Positive impact on oral-health related quality-of-life impacts		
Early Head Start and African American families: Impacts and mechanisms of child outcomes	Jones Harden, B.,	20	Early Childhood Research 12 Quarterly	778	Black families assigned to either the control group or EHS services	Early Head Start Research and Evaluation Project (EHSREP)	• EHS participation	Child cognitive development Child social-emotional development Parent and family functioning Parenting behaviors	EHS indirectly had positive effect on sustained attention, engagement with the parent, and negativity toward the parent during play through parent supportiveness during play		
Associations between child physical abuse potential, observed maternal parenting, and young children's emotion regulation: Is participation in Early Head Start	Paschall, K. W., Mastergeorge, A .M., Ayoub, C. C.		Infant Mental 19 Health Journal		EHS-eligible mother- child dyads (enrolled prenatally or before children turned one)	One site of EHSREP	High risk for child physical abuse EHS participation	Maternal sensitivity and positive regard Child emotional regulation	EHS participation buffered the negative impact of child abuse risk factors on positive parenting regard and children's emotion regulation		
Mental health moderators of Early Head Start on parenting and child development: Maternal depression and relationship attitudes	Robinson, J. L., & Emde, R.	20	Parenting: Science and 04 Practice	272	Women randomly assigned to either EHS program services plus developmental screenings or community services as usual plus developmental screenings	Two sites of EHSREP	Maternal depression Relationship insecurity EHS participation	Parent-child interaction Child cognitive outcomes	Positive impacts of EHS on maternal hostility, maternal sensitivity, and child interaction of a parent during play among mothers who were depressed and mothers who were both depressed and reported insecure relationship attitudes		
Buffering boys and boosting girls: The protective and promotive effects of Early Head Start for children's expressive language in the context of parenting stress	Vallotton et al.	20	Early Childhood Research 12 Quarterly		Study 1: children from the EHSREP sample with data from at least one wave on relevant variables; Study 2: children from 1 New England site	EHSREP	Parenting stress Child gender EHS participation	Productive vocabulary Expressed vocabulary	EHS participation affected child vocabulary through different pathways for boys and girls in the context of parenting stress: EHS participation reduced the impact of parenting stress on girls' vocabulary scores and was protective for boys' vocabulary growth from the effects of parenting stress		

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Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Early Head Start home visitation: The role of implementation in bolstering program benefits	Jones Harden, B., Chazan-Cohen, R., Raikes, H., & Vogel, C.	2012	Journal of Community Psychology	930	Families at 36-months old and families at pre- K in 7 home based EHS sites in the EHSREP	EHSREP	EHS participation Implementation status in 3 areas: child development and health services, family and community partnerships, and management systems and procedures	Child social-emotional outcomes Child language/academic outcomes Child health Parenting and the home environment Family well-being and mental health Parent self sufficiency	• Full implementation: null impacts on parent participation in employment or education/job training at program end or kindergarten entry; positive impact for parents less likely to report spanking their children at program end and provided more supportive environments for language and literacy, engaged in more teaching activities, and were more likely to read daily at pre-kindergarten entry • Incomplete implementation: EHS parents in home-based programs at program end were more likely to be in education or job training programs compared to parents in the control group		
Attachment, aggression, and family risk in a low-income sample	Roggman, L. A., & Cook, G. A.	2010	Family Science	161	Families randomized to EHS services (home based) or the control group, data collected at 18-, 24-, and 36-months		Attachment security EHS participation	Physical punishment Child aggressive behavior	EHS had no impact on physical punishment (spanking) at 36-months Null impacts on child social-emotional outcomes, including aggressive behavior		
Keeping kids on track: Impacts of a parenting- focused Early Head Start program on attachment security and cognitive development	Roggman, L., Boyce, L. K., & Cook, G.	2009	Early Education and Development	161	Families randomized to EHS services (home based) or the control group, data collected at 18-, 24-, and 36-months		• EHS enrollment	Child cognitive development Attachment security	Participation in EHS had positive impact on attachment security at 18 months old		
Examining long-term effects of an infant mental health home-based Early Head Start Program on family strengths and resilience	McKelvey et al.	2015	Infant Mental Health Journal	152	Families (75 EHS, 77 control) participating in study on EHS	1 study site in	Group assignment into EHS	Parent emotional wellbeing Parent stress Family coping Parent support seeking behaviors	Parent emotional wellbeing: small to moderate impacts observed two to four years after program completion Family coping: positive impacts on for EHS parents on empowerment on two aspects of the Psychological Empowerment Scale and higher levels of perceived mastery Parent support-seeking: less likely to seek support from neighbors relative to their control group counterparts Healthy family relationships: had higher scores on healthy functioning and lower scores on unhealthy functioning Parenting stress: null impact		
Child and parenting outcomes after 1 year of Educare	Yazejian et al.		Child Development		Families with infants younger than 19 months wanting to enroll in Educare schools in 2010	Baseline in-person parent interviews, telephone follow up interviews 3 and 6 months post randomization, in- person parent	• Enrollment in Educare	Child language outcomes Child social-emotional outcomes Parent-child interactions	Increased parent-positive parent-child interactions among families enrolled in the program relative to the control group, but null impacts of negative parent interactions. Child behavior problems: participating in Educare resulted in fewer parent-reported problem behaviors, but null impacts on child behavior during play and social-emotional competence when children were an average of 2 years old Child language skills: moderately-sized positive impacts with higher expressive and receptive English, but not Spanish		
The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes			Child and Youth		Children and their families from 7 sites in EHSREP; sample is not	Subsample of Early Head Start Research and Evaluation Project (EHSREP), state administrative child maltreatment data, January 1, 1996 - December 31, 2009		Likelihood of any child welfare encounter and first child welfare encounter and first child welfare encounters Number of child welfare encounters Reports of neglect Physical or sexual abuse reports Timing of subsequent child welfare encounters	EHS participation reduced the likelihood of a child welfare encounter between ages 5 and 9, but not at other child ages Positive impact on the length of time between first and second child welfare encounters		
Theories of change and outcomes in home-based Early Head Start programs			Early Education		Families served in 10 EHS-HB sites in EHSREP (7 programs provided only HB services and 3 sites provided HB services to 80% of	EHSREP	Theory of change Mediation by parenting outcomes	Parent and family wellbeing outcomes Child development outcomes	Child wellbeing: home visiting programs had positive outcomes	Families in home-based programs not representative of all families in EHS programs	

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Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Improving child care quality in Early Head Start programs: A partnership model	Ontai, L. L., Hinrichs, S., Beard, M., & Wilcox, B. L	2002	Infant Mental Health Journal	11	11 classrooms in a child care program partnering with EHS, including 6 infant classrooms with children ages 6-18 months, 5 toddler classrooms with children ages 18-36 months at 4 program sites		• EHS partnership participation	Quality of child care	There was significant improvement on the ITERS and Arnett scores at post-test for both infant and toddler classrooms	very small sample, pre- post test design, lack of control variables in analyses, short time period	
Caring for the caregiver: Early Head Start/family child care partnerships	Buell, M. J., Pfister, I., & Gamel-McCormick, M.	2002	Infant Mental Health Journal	4	4 family child care providers who partnered with EHS for at least 24 months	One-time semistructured, open- ended interviews with family child care providers	EHS and family child care partnerships	Services provided Community capacity	Benefits of EHS partnerships: instrumental support such as "assistance organizing all aspects of their program," curriculum development, material/equipment acquisition, financial support for providers' educational opportunities; and emotional benefits such as the mentoring relationship established with the ECE coordinator	Sample size, one point in time	
Early care and education partnerships: A review of the literature	Del Grosso, P., Akers, L., Mraz Esposito, A., & Paulsell, D.	2014	OPRE	78	between Head Start and Early Head Start grantees and child care providers, school districts and child care providers and Head	19 studies of HS/EHS partnerships with child care providers; 43 studies of partnerships between school districts, HS, and child care providers; and 16 studies examining other partnerships (including those with home-based providers)	Models or components of partnership models	• "Successful" ECE partnerships	Found "suggestive evidence of ECE partnerships' potential to improve the following: quality of care, availability of comprehensive services for families, staff knowledge and skills, staff access to professional development supports." This research is the basis for the EHS-CCP theory of change.	No assessment of study design/execution quality, some conclusions based on small number of studies, most evidence is observational/correlational, studies of outcomes do not use random assignment, most lack a comparison group, and have other limitations (small N, lack of baseline measures)	
Building partnerships between Early Head Start grantees and family child care providers: Lessons from the Early Head Start for Family Child Care project	Del Grosso, P., Akers, L., & Heinkel, L.	2011	Mathematica, ZERO TO THREE	13	13 (of 22 participating) partnership teams participating in a 10- month demonstration project, teams served 22 communities in 17 states; February - September 2011	8 months of administrative data from project system, telephone interviews, descriptive information in the Head Start Program Information Report, project documents	• EHS-CCP	Challenges, successes of implementing EHS-family child care partnerships	Challenges: ability to meet ratios and group size requirements in the HSPPS, challenges matching EHS and subsidy eligibility for those using subsidy dollars to fund the program, differences in licensing and HSPPS education standards meaning that teams had to help FCC providers meet education requirements. Successes: grantees that already had an FCC option reported a better ability to meet family needs; "increasing providers' professional credential by offering new or additional training opportunities and coursework directed at providers"	Observational/correlationa I, implementation focus, small sample (not generalizable), short project demonstration time	
Child care characteristics and quality in Nebraska	Edwards, C. P., Knoche, L, Raikes, A., Raikes, H., & Torquati, J. C.	2002	Publications of the Center on Children, Families, and the Law (and related organizations)	g	5 infant/toddler center- based providers, 1 preschool center-based provider and 3 family	10,000 providers in four Midwestern states were selected (randomly) from a list of 40,000 providers in four Midwestern states. Of these, the final sample included 2,022 - 508 in Nebraska	• Partnership status: EHS/HS partner vs. all other providers	Quality measures: Environment Rating Scales (ITERS, ECERS) and the Family Day Care Rating Scale (FDCRS), Arnett Caregiver Interaction Scale	EHS/Head Start (HS) partners had higher observed overall quality scores, higher ITERS quality scores among infant/toddler providers;part ner providers also scored significantly higher on the reading/learning centers factor, but EHS partners did not score significantly higher on the Arnett Caregiving interaction scale or on the parent communication and space/materials factors EHS/HS partners had a significantly higher amount of training hours, but were only slightly more likely to receive higher salaries than other providers; no more likely than other providers to receive paid time for training EHS/HS partners often had less positive views about their workplace than other providers	Very small subgroup sample size, point-in-time analyses, groups EHS/Head Start partnership providers together, correlational	

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Title	Author(s)	Year	Publication r Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Early Learning Venture Early Head Start-Child Care Partnership Model: Final evaluation report.	Etter, K., & Capizzano, J.		Policy Equity Group, Early n.d. Learning Ventures	32	32 care providers in 4 Colorado counties, quality data collected on 60 classrooms at baseline and 59 at follow up, 188 families for family outcomes in 2015-2016	Early Learning Ventures-CO data	• EHS-CCP	Compliance with Head Start Program Performance Standards Quality of child care Staff outcomes and work environment	Compliance: significant increase in the average score on overall compliance with HSPPS from pre- to post-test; significant increases between pre- and post-test timeframes; significant increase in programs offering parent education activities and parent engagement opportunities; significant increase in the percentage of programs who reported average full-time teacher salaries Business/administrative: overall PAS scores increased significantly at follow up; compensation increased significantly at follow up; null benefits for the item score; qualifications for all teaching positions remained below norms; overall BAS scores increased significantly during the study, along with average income and benefits scores Organizational climate: there were no statistically significant changes for most of the ECWES subscales, with the exception of professional growth	Short study duration, small sample sizes, classroom quality data issues, bivariate tests and no controls	
Mixed approach programs in the Early Head Start Research and Evaluation Project: An in-depth view	Robinson et al.	2	Parenting: Science		Women randomly assigned to either EHS program services plus developmental screenings or community services as usual plus developmental screenings	Two sites of EHSREP	Maternal depression Relationship insecurity	Parent-child interaction Child cognitive outcomes	Significant interaction between EHS participation and depression for maternal sensitivity and hostility Significant interaction between EHS participation and insecure attitudes for maternal sensitivity and child involvement (among insecure mothers, EHS improved these). No association was found with child outcomes or with time, suggesting no differential effects between 14 and 36 months. Three-way interaction between treatment, depression, and insecure attitudes was significant for maternal sensitivity and child involvement (difference was significant for the doubly affected only)	Lack of control group, some analyses lack controls, smaller sample size for some analyses, implementation focus	
Parenting classes, parenting behavior, and child cognitive development in Early Head Start: A longitudinal model			School Community 2009 Journal		643, 576, and 522 mothers participated in the 6-, 15-, and 26- month parenting classes; among all parenting class participants 665 were EHS families and 300 mothers were from the control group	EHSREP	Mothers attending parenting classes at 6, 15, and 26 months after enrollment	Parental language and cognitive stimulation Parent-child interaction activities	Participation in parenting classes: mothers showed increased cognitive and language stimulation; significant increase in parent-child activities, including parent-child play, reading bedtime routine, reading daily, and reading frequency; mothers demonstrated significantly higher MDI scores	Random assignment was not for parenting classes and control group mothers also participated in classes, effect is not EHS- specific; small effect sizes	
Descriptive study of continuity of care practice and children's experience of stability of care in Early Head Start	Choi, J. Y., Horm, D., & Jeon, S.	2	Child & Youth 2018 Care Forum	72	72 EHS programs, 196 children who were in EHS programs until age 3 and received center- based services for at least two years (from 57 programs)	Baby FACES	Continuity of care	Share of centers implementing continuity of care Characteristics of EHS program centers Children's experience of stability of care	Program characteristics: comparing programs where all centers implemented continuity of care (CoC) (57% of EHS centers) vs. programs where no centers implemented CoC (29%), directors were more likely to leave centers in a non-CoC EHS program; no other differences based on program characteristics. Child outcomes: children who had no teacher changes were more likely to be in programs with CoC than non-CoC programs as compared to children who had more teacher changes; no significant differences by number of teacher changes in regard to child and family characteristics	Descriptive, small sample, limitations in detail of measurement of CoC	
Do stability of care and teacher-child interaction quality predict child outcomes in Early Head Start?	Choi, J. Y., Horm, D., Jeon, S., & Ryu, D.	2	Early Education 2019 and Development	196	196 children who were in EHS programs until age 3 and received center-based services for at least two years (from 57 programs)	Baby FACES	Stability of care Quality teacher-child interactions Interaction of stability and quality-child interactions	Child social-emotional development Child social-cognitive development Child language development	Social-emotional outcomes: one or two or more teacher changes relative to no teacher changes was associated with more problem behaviors; no statistically significant difference for the effect of one versus two or more changes on problem behaviors; two or more teacher changes were associated with lower social competence; no statistically significant associations of quality teacher-child interactions with outcome measures Social-cognitive outcomes: engaged support for learning was positively associated with orientation/engagement and emotional regulation; no significant associations were found for teacher stability or emotional and behavioral support and social-cognitive outcomes Language outcomes: teacher stability and quality teacher-child interactions were not associated with receptive vocabulary Interaction models: among children with low stability, higher quality teacher child-interactions reduced problem behaviors; higher quality teacher-child interactions improved social competence for children with low stability; null interactions between stability and quality of teacher-child interactions in models predicting social-cognitive or language outcomes	No comparison group (only among EHS participants), small sample, limitations in detail of measurement of stability of care and quality teacher-child interaction	
Early Head Start relationships: Association with program outcomes	Elicker, J., Wen, X., Kwon, JA., & Sprague, J. B.	2	Early Education 2013 and Development	49	71 children and their parents, 32 program caregivers in 3 EH programs at Time 1; 49 parent-child dyads participated at Time 2	EHS programs in Lafayette, Kokomo, and Marion Indiana	Program, caregiver and, family characteristics EHS relationship quality	EHS relationship quality caregiver-child relationships Child social competence Child cognitive skills Parenting behaviors	Relationships over time: moderately positive relationship between EHS caregivers and children Relationship quality and outcomes: no relation to any of the child or parent outcomes at the initial assessment after child, parent, and program characteristics were controlled; caregiver-parent relationship quality was significantly associated with three child outcomes - object play, early learning composite, parent-rated social competence, and observed positive parenting behaviors	Small sample, short follow- up period, no comparison group, high attrition prevented analyses at both time periods for some research questions (NOTE: Does not pass HomVEE screens)	

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Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Early Head Start start-up planning: Implications for staff support, job satisfaction, burnout, and turnover	Gill, S., Nathans, L. L., Seidel, A. J, & Greenberg, M. T.	2016	Community Psychology	65	16 administrators, 49 direct service staff (home visitors and those serving in center-based settings) in 2 agencies (25 in agency 1, 23 in agency 2)	Two programs in Pennsylvania	Quality of start-up planning in EHS service:	Staff satisfaction, burnout, and turnover	EHS-1 (more detailed approach): better job satisfaction and support scores at T1 and T2; reported less burnout (emotional exhaustion and depersonalization); lower staff turnover in the initial service delivery period, with turnover stabilizing in the next period EHS-2 (less detail and time to plan): continued high turnover after the initial service delivery period, but lower than T1	Small sample, cross- sectional analyses	
Implementation lessons from six Early Head Start- Child Care Partnerships	Halle et al.	7040	Early Education and Development	414	Participants including 6 grantee directors, 18 EHS-CCP staff, 18 child care partner directors, 27 center-based partner teacher, 6 family child care partner teachers, and 36 parents of children in the programs from 6 EHS-CCP programs that range in partnership characteristics (2-70 partners, 38-566 funded slots)	June - August 2017, parent survey, key informant interviews and focus groups with various participant	• EHS-CCP	Partnership implementation characteristics Quality improvement approaches Benefits/challenges of collaboration Lessons for success	Partnership implementation characteristics: recruited by outreach to familiar centers, having other partners spread the word, or by looking for high quality partners (by QRIS or licensing information); criteria varied, some prioritized higher quality partners who displayed the potential for improvement, some chose geographically or for their service of specific populations; collaborative agreement process led by EHS grantees; most allocated funding on a per child basis Quality improvement approaches: all partnerships offered training to child care partners and established processes for monitoring quality improvement at partners (4 had formal processes, 2 had informal processes); some identified difficulty providing comprehensive services (costly, lack of community resources) Perceived benefits and challenges: benefits to partners include professional development opportunities, resources and materials; benefits to children and families include positive development of children and their families, more comprehensive services received, greater access to quality, affordable care; challenges include administrative burden (paperwork), meeting the Head Start Program Performance Standards, maintaining enrollment, difficulty with availability of grantee staff, funding challenges (inadequate funding particularly for teacher wages) Lessons learned: Two key themes - (1) "Relationship-building and flexibility are keys to partnership success and sustainability." (2) "It is important to introduce child care partners to the HSPPS early in the collaboration process."	Small, convenience sample; descriptive only; data collected at a single point in time (retrospective)	
Early Head Start dosage: The role of parent-caregiver relationships and family involvement	Jeon, S., Choi, J. Y., Horm, D. M., & Castle, S.		Children and Youth Services Review		Children: 136 in newborn cohort, 779 in 1-year old cohort	Baby FACES	Parent-caregiver relationship Family involvement	• EHS dosage	Total enrollment: null impact of parent-caregiver relationships; positive impacts of family characteristics; positively associated with family involvement Lardy leavers: less likely to experience a positive parent-caregiver relationship; more likely to experience maternal demographic risk and moving experience in the first year of EHS"; less likely to have higher income to need ratio	Family involvement definition, correlational	
The role of teachers' depressive symptoms in classroom quality and child developmental outcomes in Early Head Start programs	Kown, KA., Jeon, S., Jeon, L., & Castle, S.	2019	Learning and Individual Differences	275	275 toddlers and 197 teachers in 72 programs (center-based only)	Baby FACES, spring 2009 and spring 2011	Teacher depressive symptoms Classroom quality	Child behavior outcomes Child social competence Child orientation/engagement Child emotional regulation Child receptive vocabulary	Direct effects: teachers' depressive symptoms directly linked to teacher-report child behavior problems; no support for any other direct link between teacher depressive symptoms and child outcomes Indirect effects: teachers' depressive symptoms were significantly associated with emotional and behavioral support (EBS); EBS associated with teacher-reported toddler behavior problems; teacher depressive symptoms were not associated with engaged support for learning (ESL), but ESL was associated with several child outcomes	Subsample of main study, inability to account for earlier child outcome measures, correlational	
Approaches to collaboration: Experiences of the Early Head Start-Child Care Partnerships	Levere et al.	2019	Early Education and Development	220	Web survey sample: 220 grantees (88% response rate), 386 child care partners (255 centers, 131 family care providers; random sample)	National Descriptive Study of Early Head Start-Child Care Partnerships	• EHS-CCP	Implementation measures	EHS partnerships duration: many programs engaged partners in the planning process for the grant and recruited partners through a variety of strategies; most programs maintained partnerships through regular meetings and the vast majority of participants in partnerships reported mutually respectful partnerships; about a third terminated a partnership with at least one partner within a year of grant awards, most frequently due to the partner's difficulty complying with the HSPPS (e.g., ratios, group size) Partnership services: most offered professional development and many provided materials or other resources to partners; most partners offered screenings (developmental and health) to enrolled children as comprehensive services	Descriptive (observational, point in time), implementation focused	,
Findings from the Survey of Early Head Start programs: Communities, programs, and families	Vogel et al.	2006	ACF		660 surveys from EHS programs (representing 88 percent of all EHS programs), site visits to 17 sites	Survey of Early Head Start Programs	• EHS	EHS program characteristics	Most EHS programs are run by nonprofits, use outside funding to supplement EHS funding, use a multiple service delivery model, and partner with other organizations Most children enter either prenatally or between birth and age 2 All programs maintain a waiting list (most programs are at capacity or overenrolled) Demographic and psychological risk factors are common among EHS families	Cross-sectional, correlational (descriptive)	
Early Head Start and access to early intervention Services: A qualitative investigation.	Wall et al.	2005	Topics in Early Childhood Special Education	32	Children with identified or suspected disabilities or delays from families eligible for EHS	Virginia site of EHSREP	• EHS participation	Access to early intervention services	A greater percentage of EHS families contacted early intervention services than the control group and a larger number of families persisted through the evaluation process, were found eligible, and had services initiated	Very small sample, correlational	

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Leading the way: Characteristics and early experiences of selected Early Head Start programs. Executive summary, volumes I, II, and III	Paulsell, D., Kisker, E. E., Love, J. M., Raikes, H.	2000	OPRE	1	17 EHS programs, some report measures are based on classroom or teacher data, which have different sample 7 sizes	Early Head Start Research and Evaluation Project (EHSREP), late summer 1996 to fall 1997	• EHS participation	Family characteristics Quality of care	Program populations: substantial variation in family structure, race/ethnicity, age of parents, and language spoken; most families enrolled in EHS by the time their child was age 6, but about one-quarter enrolled while pregnant Center-based program: observational data of children suggests care good at 14 and 24 months Community based program: care was minimal to good, on average at 14 and 24 months	Descriptive (implementation study)	
Leading the way: Characteristics and early experiences of selected Early Head Start programs. Volume III: Program implementation	Paulsell, D., Kisker, E. E., Love, J. M., Raikes, H.,	2000	OPRE	24	162 classrooms in 9 programs serving center- based care, 79 classroom observations in community child care centers caring for EHS children from 14	Early Head Start Research and Evaluation Project (EHSREP), late summer 1996 to fall 1997	• EHS participation	Degree of implementation Quality of care	Center-based quality: child care provided by the programs during their first two years of serving families was good (5.4 average ITERS score), but varied from the lower end of the good range to excellent; scored the best on personal care routines, interactions, and program structure subscales, and the lowest on adult needs, learning activities, and furnishings Community child care center quality: average quality of child care provided ranged from minimal to excellent (3.8 average ITERS score); tend to score highest in interactions and program structures and lowest in adult needs, learning activities, and furnishings	Descriptive (implementation study)	
Learning as we go: A first snapshot of Early Head Start programs, staff, families, and children (Executive summary)	Vogel et al.	2011	OPRE	97	89 programs (nationally representative sample), 976 parents of children (184 newborns = pregnant women/children up to 8 weeks and 782 1-year '6 olds = 10-15 months)	Early Head Start Family and Child Experiences Study (Baby FACES), families enrolled in 2009, data collected in spring 2009	EHS participation	Program characteristics Performance	Program characteristics: commonly have low to moderate concentrations of highest-risk families; high turnover rates (17 percent of teachers in centers and 16 percent of home visitors in the last year); most teachers have a child development associate (CDA) credential or similar certificate from the state Performance: children in center classrooms are better served in terms of ratios and group sizes; most children score within the range of national norms on measures of health and development, however children in families with higher psychological risk and those who are dual language learners tend to score worse on some metrics of health and wellbeing	Descriptive (point-in-time), no control group	
Toddlers in Early Head Start: A portrait of 2-year- olds, their families, and the programs serving them (Executive summary)	Vogel et al.	2015	OPRE	73	89 programs (nationally representative sample), 735 children in sample in spring 2010 (715 still enrolled in EHS, 20	Early Head Start Family and Child Experiences Study (Baby FACES), spring 2009-2012	• EHS participation	Program characteristics Performance	Program characteristics: staff turnover rates were lower than the previous report; high rates of leadership turnover, 72 percent of children served have a teacher with at least an associate's degree and several years of experience Performance: generally exceed performance standards with low ratios and small group sizes, but most children are served in classrooms of midrange quality; physical health and development indicators on track, but are below national norms for language development; mixed results of children's socialemotional development		
Toddlers in Early Head Start: A portrait of 3-year- olds, their families, and the programs serving them	Vogel et al.	2015	OPRE	56	89 programs (nationally representative sample), 569 children in sample in spring 2010 (715 still enrolled in EHS, 20 99 recently exited)	Early Head Start Family and Child Experiences Study (Baby FACES), spring 2009-2012	Time Time Child and program characteristics EHS participation	Child language outcomes Child social-emotional outcomes Parent stress Classroom quality measures	Engaged support for learning, an item that EHS classrooms scored lower on for quality measures, did improve somewhat over time, but emotional and behavioral support did not change over time Teacher characteristics: having a bachelor's degree or higher was associated with higher scores on engaged support for learning, but not emotional and behavioral support; no other teacher qualification characteristics were associated with quality; job satisfaction and staff-parent relationships (positive) were positively associated with classroom quality Null effects for other program characteristics and quality; null effects for child outcomes and factors including pregnancy at enrollment, length of enrollment, average home visit quality, and program implementation	No control group	
Early Head Start home visits and classrooms: Stability, predictors, and thresholds of quality	Aikens, N., Xue, Y., Bandel, E., Caronongan, P., Vogel, C. A., & Boller, K.	2015	OPRE	36	Teachers (251 observed once, 106 observed twice, 7 observed three times); The CLASS-T analyses include 361 children in 243 classrooms at age 2 and 317 children in 226 declared in 226 declare	Early Head Start Family and Child Experiences Study (Baby FACES), spring 2009-2012	Staff/classroom time- varying characteristics Characteristics of staff and program Classroom quality	Class quality Child language outcomes Child social-emotional outcomes Parent outcomes	Class quality: positive effects of teachers having a BA or higher, staff-parent relationships, and staff job satisfaction; staff depressive symptoms were negatively associated with emotional and behavior support; no other staff or program characteristics were associated with quality Child social-emotional outcomes: "Emotional and Behavioral Support quality above a 5 is more strongly associated with social-emotional child outcomes and is the minimum level at which significant associations may be found" for BRS orientation/engagement age 2, BITSEA problem age 3; no threshold effects were found between emotional and behavioral support quality and language outcomes	No control group	