



Young Children's Geographic Access to Head Start Preschool Programs, 2022

This brief describes the geographic access of three- and four-year old income-eligible children to Head Start preschool centers across the country.

Robin Ghertner and Alayna Schreier

KEY POINTS

- Nationally, more than eight in 10 income-eligible three- and four-year old children live within five miles of a Head Start preschool center. Generally, eligible children in non-rural areas, areas with larger Black and Hispanic populations, and areas with higher poverty rates live nearer to a center.
- Nationally, on average, there are 63 slots available to every 100 income-eligible children living within five miles of a Head Start preschool center. Available slots decline as the distance to a Head Start center increases.
- States vary in the geographic proximity of children to Head Start centers, ranging from 60 percent in South Carolina and Vermont to nearly 100 percent in Rhode Island and Washington DC of income-eligible children living within five miles of a center.
- Available slots also vary by state. Four states have fewer than 30 slots available to every 100 income-eligible children living within five miles of a Head Start, while seven states have more available slots than eligible children.
- Children living in areas with high Black populations and in areas of high poverty have more slots available to them, on average. Children living in more densely populated areas have fewer available slots compared to children living in rural areas.
- Geographic access is just one aspect of how Head Start reaches income-eligible families. Families may face a range of barriers to participating in Head Start, such as limited transportation. Family preferences for Head Start relative to other early care and education options also play a role. More research is needed to understand how these factors interact with geographic access to understand where future investments can be targeted.

BACKGROUND

Head Start preschool programs provide high-quality early childhood education (ECE) services for children ages three to five and engages families in comprehensive services to support health and well-being. Access to and participation in high-quality ECE like Head Start is a perennial concern for policymakers, researchers, community members, and families, particularly as the cost of child care has been rising (Swenson & Simms, 2021). Access to high-quality ECE can be measured in terms of geographic proximity, availability of an open slot, affordability, and transportation (Thomson et al., 2020). In this brief, we focus on geographic proximity and availability of an open slot. Because Head Start preschool programs are free for eligible families, cost is not

an issue for access, and we do not have data to assess transportation access. Previous research has found that center-based ECE for children ages three to five in families with incomes below the poverty line are, on average, 2.7 miles from their homes (NSECE Project Team, 2016). Geographic proximity to ECE varies across rural and urban areas. For example, among children receiving child care subsidies, the average distance to a child care center in an urban area is 3.5 miles, and 10 miles in a rural area (Bipartisan Policy Center, 2021). For the purposes of this brief, we refer to Head Start preschool programs serving children ages three to five as “Head Start”.

In this brief, we examine geographic access to Head Start in two ways. First, we examine the extent to which income-eligible children have a Head Start center near enough to attend, regardless of slot availability. Second, we estimate the potential slots available to those children living near a Head Start. This study does not examine the role of transportation or other services in supporting access to Head Start.

In FY2021, the Office of Head Start received \$7.1 billion in funding for Head Start. Head Start funding is delivered directly from the federal government to local communities; funds do not flow through states. Total funded enrollment for Head Start was approximately 644,000 slots for children ages three to five in all 50 states, the District of Columbia, six territories, and American Indian Alaska Native (AIAN) tribal governments.¹ Participation in Head Start has positive impacts on children’s preschool outcomes and school readiness (e.g., HHS 2010, Puma et al., 2012) and has been associated with long-term positive outcomes (e.g., Bauer & Schanzenbach, 2016, Bitler et al., 2014, Kline & Walters, 2016).

Head Start prioritizes serving children and families most in need of services. Children from families with incomes below the [HHS poverty guidelines](#) are eligible for Head Start. While most children are eligible for Head Start based on family income, some can be eligible through other criteria. Specifically, children in foster care, children experiencing homelessness, and families receiving public assistance (i.e., Temporary Aid for Needy Families, Supplemental Security Income, Supplemental Nutrition Assistance Program) are eligible for Head Start regardless of family income. Head Start programs are allowed to have up to 10 percent of enrollment comprised of children who would benefit from other program services, but do not meet other eligibility criteria, which may be used to enroll other children in need of services such as those with disabilities.² Programs establish selection criteria to prioritize enrolling children most in need of services, which means children that are both income-eligible and eligible through these other criteria will often be prioritized for enrollment.

¹ AIAN programs can enroll up to 49 percent of their enrollment with over-income families if certain conditions are met, including that all eligible children who wish to be enrolled within the service area are served first. In 2019, about 28 percent of enrollees in AIAN programs were over-income. In 2022 there are over 200 American Indian/Native American Head Start programs, serving the 574 federally-recognized tribes.

² Head Start programs can also enroll up to 35 percent of enrollment with a family income between 100 to 130 percent of poverty if certain conditions are met, including if the program establishes selection criteria that ensures other eligible children are served first.

How do we measure geographic access?

We measure a child’s geographic access to Head Start in two ways. First, we identify whether a child lives within a given distance from any center. This tells us how many children could reasonably get to a center, regardless of that center’s capacity. We consider distances of two, five, and 10 miles.

Second, for each child with a center in the given distance, we estimate the slot rate available to that child – that is, the number of Head Start slots per 100 children. This is an *adjusted* slot rate, because it accounts for the fact that Head Start centers have different service areas, and that children may have access to more than one center (see Appendix Table B1). We use a commonly-used geospatial method known as “Two-Stage Floating Catchment Area.” More details can be found in the methodological appendix.

Recent investments in Head Start, including COVID-19 relief funding, have been used to reach more families and increase access. At the same time, policy conversations have focused on expanding Head Start within a comprehensive, mixed delivery system to achieve universal preschool coverage. Despite the recognized value of Head Start, and increased federal investments, little is known about the capacity of existing Head Start centers to serve children in their communities. This study addresses that gap by identifying the percentage of income-eligible children ages three and four who live within a given distance of a Head Start center. We explore how the results differ by key community characteristics as well as different distances to a center. We also provide state-level estimates of the percent of income-eligible children living within a given distance of a center.

This study relies on nationally representative data from the American Community Survey to identify income-eligible children living within different geographic distances from Head Start centers. For the purposes of this study, children are defined as eligible if they are three or four years old, and live in households with income under the Census poverty thresholds, using the official poverty measure. The analysis uses two, five, and ten miles of distance from a center consistent with prior research. In this analysis, we define communities as having a high Black or high Hispanic population, if more than a quarter of the population in that community identifies as Black or Hispanic, respectively. We define a high poverty community if more than 50 percent of the population is under 200 percent of the official poverty threshold.³ From the American Community Survey, we estimate that 12.6 percent of Census tracts have a high Black population, 15.5 percent have a high Hispanic population, and 13.7 percent have a high poverty population. Importantly, we lack sufficient sample sizes to conduct analysis of tribal and territorial Head Start programs. More details on the data and methods of the analysis can be found in Appendix A.

RESULTS

More than six in 10 income-eligible children live within two miles of a Head Start center, over eight in 10 live within five miles, and over nine in 10 live within ten miles of a Head Start center

In 2022, nationally 66 percent of income-eligible children live within two miles of a center, 85 percent live within five miles of a center, and 95 percent live within ten miles of a center. Table 1 shows the percent of eligible children that live within a given distance (two, five, and 10 miles) from at least one Head Start center.

The table also shows the median slot rate available for income-eligible children by centers within a given distance. These estimates focus only on children with a Head Start center within the given distance, because children who do not have any centers in that distance do not have access to available slots. Among the 86 percent of children with a Head Start center within five miles, Head Start has a slot rate of 63.1. In other words, there are 63 slots available to every 100 income-eligible children living within five miles of a Head Start center.⁴

As we broaden the geographic area of access from two to five and ten miles, the percentage of children with a center within that distance increases, as expected. The median slot rate declines, also as expected, because centers have to serve the population of eligible children in a broader geographic area.

³ We focus on 200 percent poverty to increase reliability of survey estimates. Local estimates of the population under 100 percent of the poverty line can have high sampling error, reducing confidence in the estimates.

⁴ Not every geographic area has at least 100 children.

Table 1. National Access to Head Start, By Geographic Distance, 2022

	Head Start Centers within ...		
	... 2 miles	... 5 miles	... 10 miles
Percent of eligible children with a center within the distance	66%	86%	95%
Median slot rate per 100 eligible children with a center within the distance	78.6	63.1	52.5

Note: Analysis excludes blocks with no eligible children.

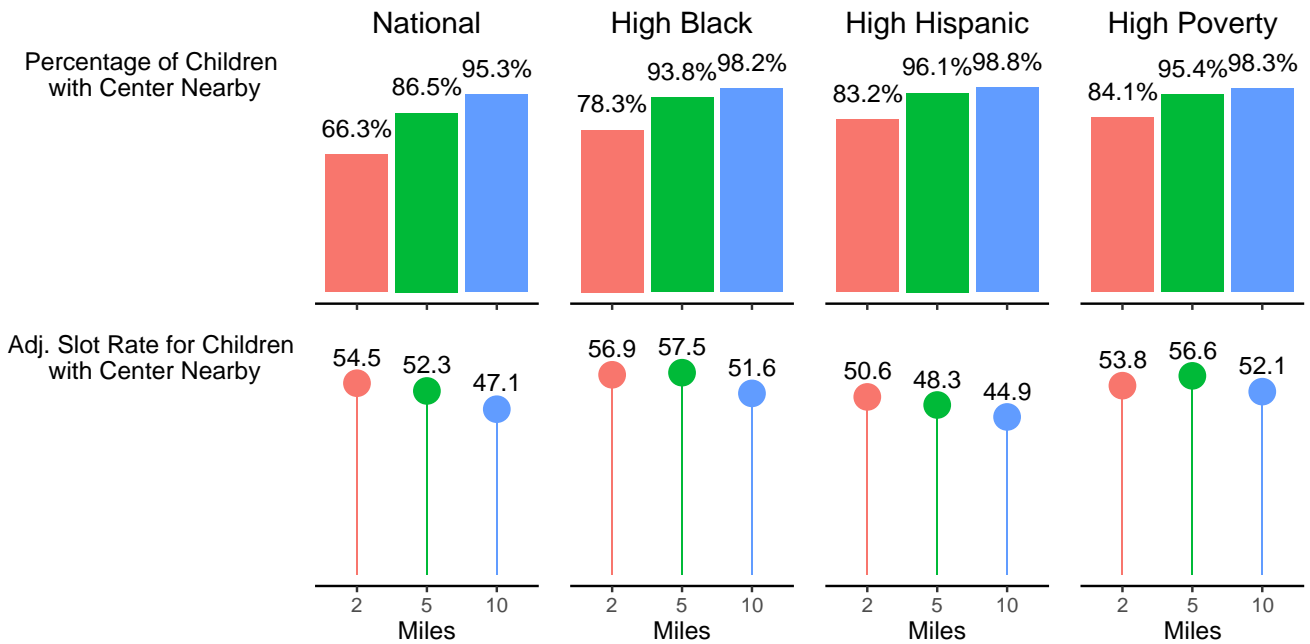
Eligible children in areas with larger Black, Hispanic or poverty populations live nearer to a center than other areas

Eligible children (of any race or ethnicity) living in tracts with high Black populations or high Hispanic populations, generally have better geographic access to centers, than children nationwide. Poverty rates are also associated with proximity to Head Start centers. Figure 1 shows estimates of geographic access to Head Start centers for all children nationally, and children living in areas with high populations that are Black, Hispanic, or in poverty. The figure present two rows of charts. Bar charts in the top row report the percentage of eligible children with a center within a given number of miles. The dot charts on the bottom row report the slot rate available to eligible children with at least one center within a given number of miles. The colors correspond to different geographic distances: two, five, and 10 miles.

For example, 94 percent of eligible children in areas with high Black populations live within five miles of a center, compared to 86 percent nationally. For example, 84 percent of eligible children living in high poverty Census tracts live within two miles of a center, compared with 66 percent nationally.

Areas with large Black populations not only have greater geographic proximity to a center than areas with smaller Black populations, but they also have more available slots on average. The median slot rate for children living within 5 miles of a center in areas of high Black populations is 57.5, compared to 52.3 available nationally. The pattern is similar for children living in high poverty areas. Children near a Head Start center in high Hispanic population areas, however, have fewer available slots than the national median.

Figure 1. Access to Head Start, by Geographic Distance and Community Characteristics, 2022



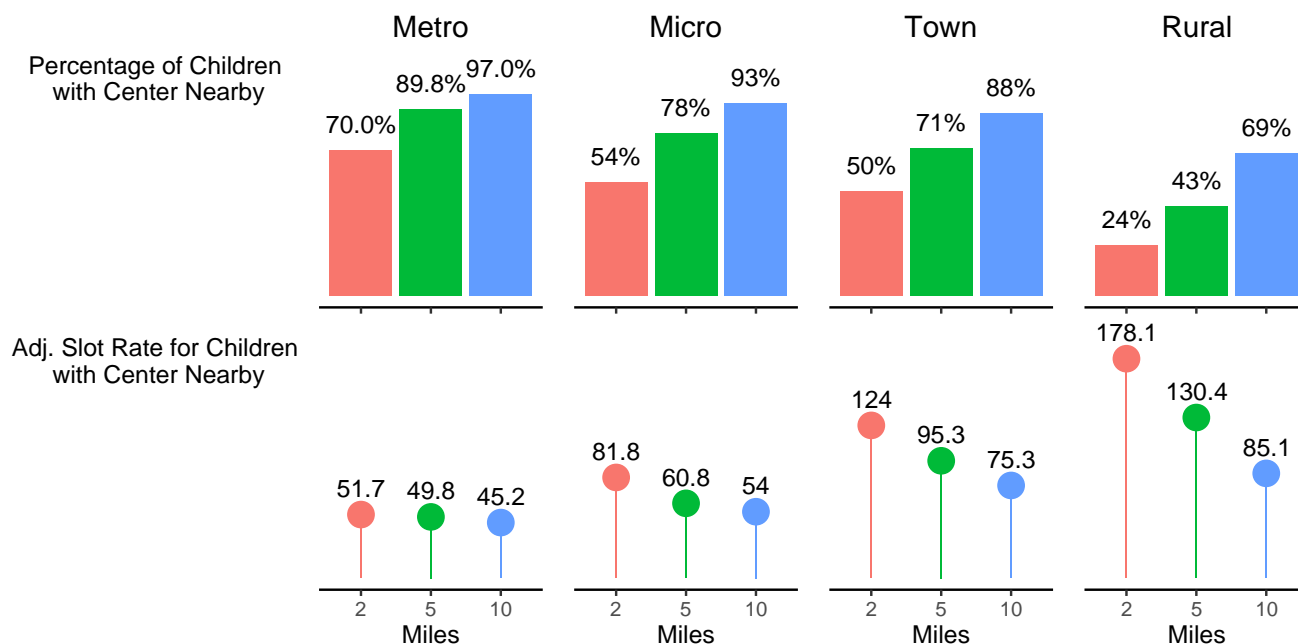
Notes: Analysis excludes areas with no eligible children. High Black or Hispanic population defined as at least 25 percent of the population identifies as Black or Hispanic, respectively. High poverty defined as at least 50 percent of the population is below 200% of the federal poverty line.

Eligible children in non-rural areas live nearer to a Head Start center than those in rural areas, but generally have fewer available slots

Eligible children living in rural areas tend to live farther from Head Start centers than those living in metropolitan areas, micropolitan areas (tracts near an urban area 10,000 to 49,999 residents), and towns. Figure 2 shows estimates of geographic access to Head Start centers for children living in different areas based on urbanicity. For example, 69 percent of eligible children living in a rural Census tract live within ten miles of a center, compared to 97 percent of eligible children living in metropolitan areas and 88 percent of eligible children living in towns.

Yet, Head Start has a much higher slot rate to eligible children living in rural areas who do live near a center. On average, a child in a rural area living within two miles of a center has almost two slots available to them (slot rate of 178.1) and a child living within five miles of a center has more than one slot available to them (slot rate of 130.4). For a child living within 10 miles of a center in a rural area – the average distance to a child care center in a rural area – the slot rate is 85.1. Children living in a micropolitan area with a center within two miles have a slot rate of 81.8 on average, more comparable to the slot rate at a 10-mile distance in a rural area.

Figure 2. Access to Head Start, by Geographic Distance and Urban-Rural Status, 2022



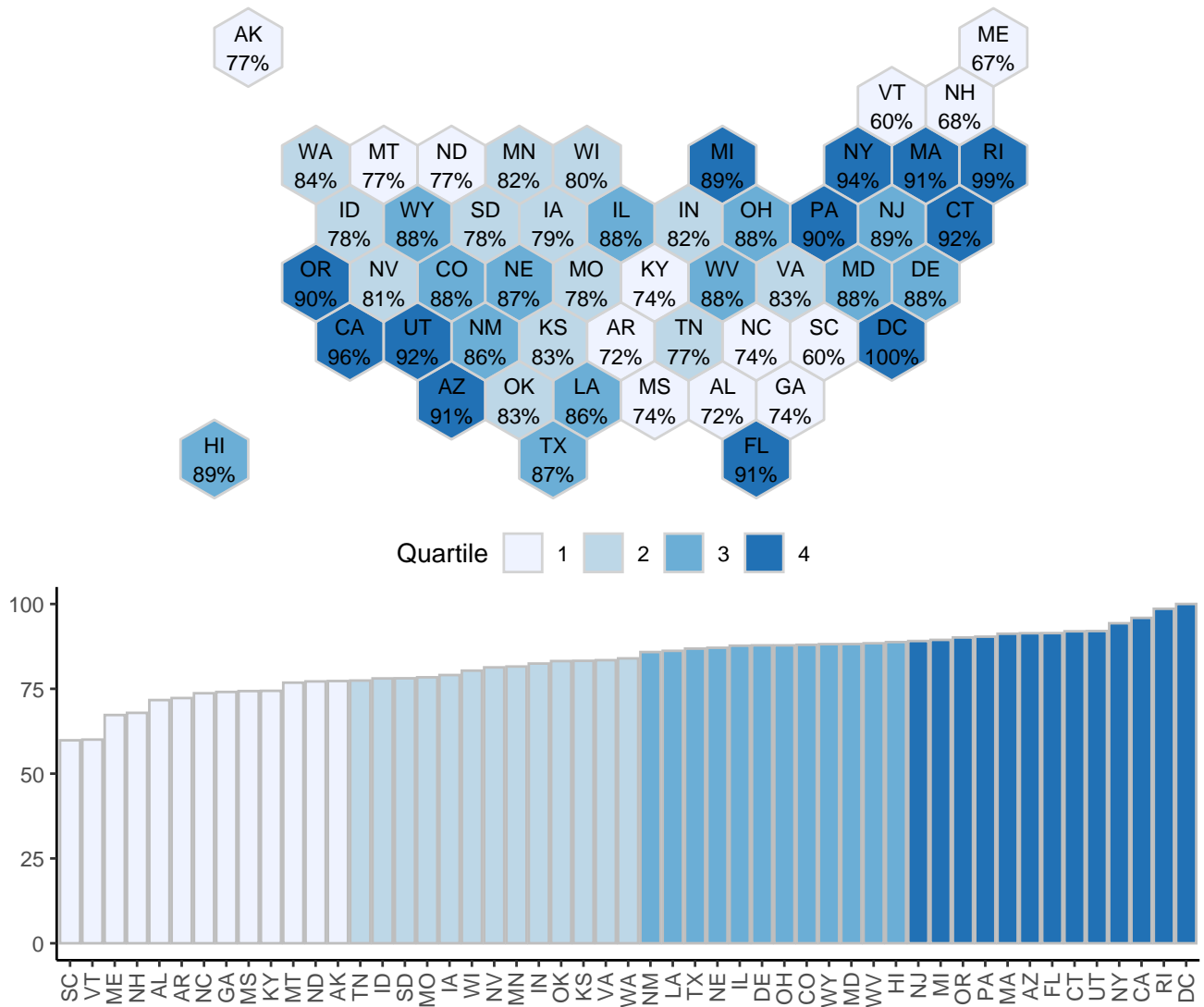
Notes: Analysis excludes areas with no eligible children.

States range in the geographic access of eligible children to Head Start centers

Children’s geographic proximity to centers varies on a state-by-state basis, as does the available slot rates to children. The relationship between proximity and slot rate seen at the national level – areas with greater geographic proximity having lower slot rates – generally holds across all states with some exceptions, discussed below. This analysis focuses on states, and not tribes and territories, as data limitations did not permit examining these entities.

States ranged between having 60 percent (South Carolina and Vermont) and 100 percent (Washington, D.C.) of eligible children living within five miles of a center. As shown in Figure 3, a quarter of states had at least nearly nine out of 10 eligible children living within five miles of a Head Start center. These states were geographically diverse, some located in the Northeast, Mid-Atlantic, South, Southwest, and Pacific. The general proximity of eligible children to centers in states does not have a strong relationship with state poverty rates or rural population. States with larger Hispanic populations tend to have a larger share of eligible children living closer to centers, though there isn’t a strong relationship with the relative size of other major race or ethnic groups. See Appendix Table B2 for states estimates at different geographic distances.

Figure 3: Percent of Eligible Children Living within Five Miles of a Head Start Center, by State, 2022

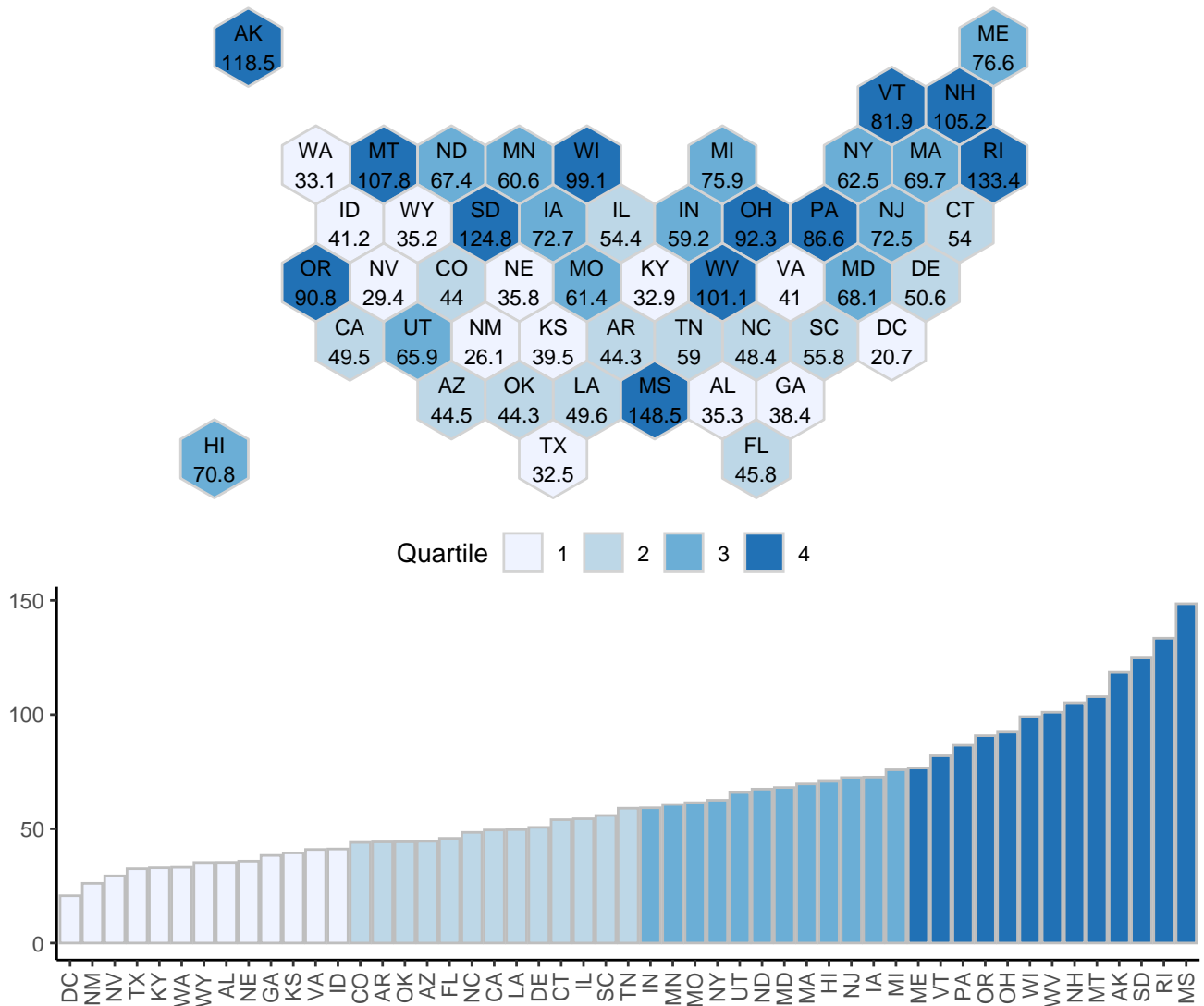


Note: Detailed estimates for two, five, and 10-mile distances can be found in Appendix Table B2.

Many of the states with the greatest percentage of children living near a center had the lowest available slots for those children. This trend follows the national results presented earlier – where more children live near a center, those centers collectively have fewer slots for children. Figure 4 shows median slot rates for eligible children living within five miles of a center. For example, DC, California and Wyoming have relatively high percentages of children living within five miles of a center, but have relatively lower slot rates for those children. Some states that have fewer children living near a center offer higher slot rates to those children – for example, New Hampshire and Vermont have relatively few children near a center, but those children near a center have slot rates of 80 or higher. States with median slot rates over 100 (i.e., Alaska, Montana, Mississippi, New Hampshire, Rhode Island, and West Virginia) have more slots available than eligible children living within five miles from a center.

The negative relationship between children living near a center and slot rates does not hold for all states. Rhode Island, Oregon, Pennsylvania, and West Virginia, for example, have over 80 percent of children living within five miles of a center, and some of the highest slot rates for those children.

Figure 4: Median Slot Rate Available to Eligible Children Living within Five Miles of a Head Start Center, by State, 2022



Note: Detailed estimates for two, five, and 10-mile distances can be found in Appendix Table B2.

DISCUSSION

Overall, this analysis finds that more than eight in 10 eligible children nationwide live within five miles of a Head Start center. There are 63 slots available to every 100 income-eligible children living within five miles of a Head Start center. When we look at each state, we see substantial variation in the geographic proximity of children to centers. Specifically, states range from 60 percent to 100 percent of eligible children living within five miles of the nearest center. In four states, fewer than seven in 10 eligible children live within five miles of a Head Start center. We also see substantial state-by-state variation in available slots. For example, three states have fewer than 30 slots available to every 100 income-eligible child, while seven states have more slots available than eligible children living within five miles of a center.

Across the nationwide and state-by-state analyses, the percentage of children with a center nearby increases as the geographic area of access increases, but the median slot rate declines, because those nearby centers

serve the population of eligible children in a broader geographic area. This likely reflects the fact that the number of centers and slots in a larger geographic area does not increase at the same rate as the population of eligible children. Children living in more densely populated areas, areas with large Black and Hispanic populations, and in areas with high poverty generally have greater geographic proximity to Head Start centers. In addition to having greater geographic proximity to Head Start centers, children living in areas with high Black populations and in areas with high poverty also have more slots available to them, on average. This pattern does not hold for children living in high Hispanic areas; despite having greater geographic proximity to Head Start centers, there are fewer available slots. Similarly, children in more densely populated areas have greater geographic access to Head Start compared to children living in rural areas, but have fewer slots available to them. Children living in rural areas within five miles of a center have over twice the number of slots available to them as compared to children living in a micropolitan area.

These results are consistent with research finding that Black and Hispanic populations are more likely to live in neighborhoods with concentrated poverty than White families (Butler & Grabinsky, 2000). Some of our findings align with other research on Head Start. Morrissey et al. (2022) found that in 2010-2011, Head Start had a larger role in providing ECE in nonmetropolitan areas relative to metropolitan areas, suggesting that Head Start is addressing inequities in access to ECE programs in non-metropolitan areas where there is less access to other preschool programs.

Our analysis focuses on one aspect of access to Head Start – the geographic proximity of Head Start centers and availability of slots for income-eligible children. Families with eligible children may also face barriers in accessing Head Start services. For example, geographic proximity to Head Start does not ensure the availability of a slot for each child. Further, despite geographic proximity to a Head Start program, many families may not have access because of lack of consistent and reliable transportation. Although some Head Start programs provide transportation services, it is not required. More research is needed to understand the interaction between slot availability and transportation. This analysis did not measure demand for Head Start by income-eligible children or children eligible due to other considerations (e.g. children in foster care or unhoused). Interpretation of the slot rate for income-eligible children should take into account that not all income-eligible families choose to participate in Head Start. Families may choose from a range of available and accessible ECE options that meet their needs. Research is needed to understand how family preference for center-based care may have changed due to the COVID-19 pandemic and related impacts such as on employment.

It is important to note that Head Start is not designed – nor is it funded – to serve every eligible child, so our findings should be interpreted in that context. Head Start is part of a mixed-delivery system of ECE programs. Young children in low-income families can receive child care subsidies from the Child Care and Development Fund, participate in subsidized or free publicly funded pre-K programs, or be a part of other care options available to families. Rather, as policymakers consider options for moving towards universality and improving the availability of high quality ECE for families of all incomes, these results provide a clear picture of Head Start's current reach and can inform where future investments and expansion can be targeted.

APPENDIX A: DATA AND METHODOLOGY

Data on Head Start centers were drawn from administrative records held by the Office of Head Start in the Administration for Children and Families, in January 2022. These administrative records include the geocoordinates of each center as well as the number of total slots as of the date of data extraction. We included centers for Head Start programs as well as Migrant and Seasonal Head Start programs and American Indian and Alaska Native Head Start preschool programs. Migrant and Seasonal Head Start programs have the flexibility to serve children ages birth to five which means some of their capacity included in the analysis is being used for children under the age of three. We excluded family-based Head Start providers, as they represented less than two percent of all providers in January 2022. Early Head Start, which is designed to serve children under three, was excluded from the analysis. Data on the total population were drawn from the 2020 U.S. Census. Data on poverty rates were drawn from the 2016-2019 American Community Survey. In this study, children are considered eligible if they are three- or four-years old, and have household income below the Census poverty threshold, using the official poverty measure.

We estimate geographic access to Head Start in two ways. First, we estimate the percent of eligible children living within a certain geographic distance of the nearest Head Start center. To do this, we calculate the number of Head Start centers within a given geographic distance from each block centroid. Then, we calculate the percentage of blocks with at least one center nearby, weighting each block by the number of eligible children in each block, as estimated from the 2020 Decennial Census. This gives us the percentage of children near a center. Because block-level estimates of subpopulations are not reliable, we estimate the number of income-eligible three and four year-olds by using the percentages of three and four year-olds in poverty from each block's Census tract. We calculate the percentage of eligible children nationally with access to a center within the given distance. We also calculate the percentage of eligible children living in Census tracts with different community characteristics, and by state.

After estimating the percentage of children living near a center, we then estimate the slot rate for Head Start centers serving each child living near a center. Importantly, centers do not serve children within a predefined geographic area, such as a county. Similarly, families do not exclusively seek care for their young children within predefined areas. To account for the varying geographic areas of centers and children, we use a commonly used approach from geospatial methodology known as the two-step floating catchment area (2SFCA) method (Radke and Mu, 2000). This approach has been used by researchers in health policy and early care and education research. The key feature of this approach is that it accounts for both supply and demand side considerations in access to services. The two steps of the approach are to identify the providers within a certain distance of each child (the demand) and the capacity of each of those providers to serve the children nearby (the supply).

The 2SFCA approach relies on driving travel time to a given destination. Due to resource limitations, we simplified this approach by using geographic distance instead. To account for different patterns in rural and urban areas, we use three geographic distances: 2, 5, and 10 miles, roughly based on prior research and analysis. Analysis using the National Survey of Early Care and Education found that the average distance to a center-based ECE provider for preschool-aged children in poverty was 2.7 miles (NSECE Project Team, 2016). Survey research found that among families receiving child care subsidies, the average distance to a child care center in an urban area is 3.5 miles, and 10 miles in a rural area (Bipartisan Policy Center, 2021).

Our modified 2SFCA approach is as follows:

- 1) Count the number of Head Start centers within a given geographic distance from a Census block centroid.
- 2) For each of these centers, count the number of block centroids within that same geographic distance.

- 3) Estimate the slot rate for each center separately, by dividing the number of center slots by the sum of the population of each centroid near that center.
- 4) Sum the slot rate for each center within the geographic distance of the original centroid.

The result is an *adjusted* slot rate, interpretable as the number of slots potentially available to each child, or alternatively, the slot rate of all Head Start programs available to a child.

We compare access to Head Start based on a few key tract characteristics. We categorize tracts as high non-Hispanic Black populations (at least 25 percent) and high Hispanic populations (at least 25 percent). Sample sizes do not permit reliable estimation of other non-White race and ethnic groups at the tract level. We also categorize tracts as high poverty, defined as at least half of a tract's population below 200 percent poverty. Again, sample sizes do not permit reliable estimates of 100 percent poverty at the tract level. Finally, we categorize tracts as metropolitan, micropolitan, town, or rural, based on 2010 Rural-Urban Commuting Area Codes, produced by the U.S. Economic Research Service.

The analysis faces several important limitations to consider. First, we estimate distance to centers based on the centroid of a Census block. This assumes that the block centroid is a good approximation for the geographic residence of children in a block. Census blocks are defined by the Census Bureau based on population, not geographic size, and as a result, they can vary in geographic size. The size of each block is correlated with population density, with blocks in urban areas being very small, while those in rural and frontier areas are much larger. As a result, our results are likely more accurate for higher density areas, and are likely to be more biased in rural areas.

Due to small sample sizes and sampling error, estimates for small geographic areas using Census data can be unreliable. This is particularly the case when studying small groups, such as children ages three and four in poverty. For this reason, our analysis only focuses on national estimates by demographic group and state estimates for all eligible children, where we believe the results to be sufficiently reliable to produce valid estimates. Analysis focused below the state level and for very small groups are not likely reliable.

APPENDIX B: DETAILED STATE RESULTS

Table B1 reports the average number of Head Start centers within a given mile radius of another Head Start center. For example, nationally, the average center has 2.7 other Head Start centers within two miles. For centers in metropolitan areas, on average they have 3.9 centers within two miles. For centers in a micropolitan area, they have on average 0.6 centers within two miles. For centers in a small town, on average they have 0.3 centers within two miles. For centers in rural areas, on average they have 0.1 centers within two miles.

Table B1. Average number of Head Start Centers Near Another Head Start Center, by Miles and Urbanicity

	2 miles	5 miles	10 miles
National	2.7	9.6	21.9
Metropolitan	3.9	14.1	32.1
Micropolitan	0.6	1.2	2.5
Small Town	0.3	0.5	1.4
Rural	0.1	0.3	1

Table B2 reports two measures of geographic access to Head Start for each state in 2022. The columns labeled “% Children Near Center” indicates the estimated percentage of income-eligible children in the state who have a Head Start center within a given distance. The column labeled “Median Slot Rate for Children Near Center” indicates the estimated adjusted slot rate available to children with at least one center within the given distance. For example, in Alaska, we estimate that 52.2 percent of income-eligible children live within two miles of a center. The median slot rate for these children within two miles of a center is 176.6 slots per 100 children.

Table B2. Percent of Income-Eligible Children Near a Head Start Center and Median Head Start Slot Rates for Children Near a Center, by Geographic Proximity and State, 2022

State	2 miles		5 miles		10 miles	
	% Children Near Center	Median Slot Rate for Children Near Center	% Children Near Center	Median Slot Rate for Children Near Center	% Children Near Center	Median Slot Rate for Children Near Center
Alaska	52.2%	176.6	77.3%	118.5	85.0%	74.8
Alabama	37.6%	68.8	71.7%	35.3	86.7%	22.7
Arkansas	45.5%	55.3	72.3%	44.3	89.9%	28.3
Arizona	75.8%	55.0	91.4%	44.5	96.5%	44.8
California	83.5%	49.5	95.9%	49.5	98.7%	45.8
Colorado	69.8%	53.3	88.0%	44.0	95.0%	32.3

State	2 miles		5 miles		10 miles	
	% Children Near Center	Median Slot Rate for Children Near Center	% Children Near Center	Median Slot Rate for Children Near Center	% Children Near Center	Median Slot Rate for Children Near Center
Connecticut	70.6%	47.1	91.9%	54.0	97.9%	38.5
District of Columbia	89.2%	36.9	100.0%	20.7	100.0%	15.8
Delaware	62.9%	73.3	87.8%	50.6	97.9%	40.5
Florida	65.4%	58.4	91.4%	45.8	97.8%	44.5
Georgia	46.3%	57.9	74.1%	38.3	93.4%	30.8
Hawaii	66.8%	49.8	88.8%	70.8	93.3%	95.5
Iowa	64.4%	87.7	79.1%	72.7	88.9%	70.2
Idaho	60.4%	39.2	78.1%	41.2	90.0%	42.2
Illinois	69.6%	54.6	87.7%	54.4	96.0%	52.1
Indiana	55.1%	77.1	82.4%	59.2	95.4%	34.5
Kansas	59.2%	49.0	83.2%	39.4	92.6%	29.6
Kentucky	44.3%	58.4	74.4%	32.9	93.6%	29.1
Louisiana	55.8%	62.9	86.2%	49.6	95.9%	40.4
Massachusetts	73.5%	80.5	91.2%	69.7	98.7%	68.0
Maryland	67.0%	85.2	88.2%	68.1	96.5%	53.2
Maine	44.1%	96.6	67.3%	76.6	85.7%	59.3
Michigan	72.3%	79.3	89.4%	75.9	97.7%	79.8
Minnesota	62.1%	69.2	81.6%	60.6	91.5%	63.6
Missouri	52.6%	73.0	78.4%	61.4	89.6%	53.8
Mississippi	51.8%	180.2	74.3%	148.5	91.3%	102.8
Montana	57.1%	172.8	76.8%	107.8	84.7%	98.7
North Carolina	41.1%	79.4	73.7%	48.4	92.7%	41.3
North Dakota	54.8%	89.6	77.2%	67.4	86.0%	53.4
Nebraska	71.1%	53.3	87.1%	35.8	93.3%	31.2
New Hampshire	47.2%	45.5	67.9%	105.2	89.2%	57.3
New Jersey	74.0%	61.8	89.1%	72.5	97.6%	75.7
New Mexico	59.3%	47.5	85.8%	26.1	94.5%	29.2
Nevada	50.2%	22.3	81.3%	29.4	95.2%	22.4
New York	83.8%	44.9	94.3%	62.5	98.2%	72.0
Ohio	70.6%	85.4	87.8%	92.3	96.3%	90.9
Oklahoma	61.0%	68.5	83.2%	44.3	93.2%	51.0

State	2 miles		5 miles		10 miles	
	% Children Near Center	Median Slot Rate for Children Near Center	% Children Near Center	Median Slot Rate for Children Near Center	% Children Near Center	Median Slot Rate for Children Near Center
Oregon	72.6%	89.6	90.1%	90.8	96.8%	98.4
Pennsylvania	75.5%	78.6	90.4%	86.6	97.3%	83.9
Rhode Island	83.7%	119.0	98.6%	133.4	99.8%	482.4
South Carolina	30.4%	64.7	59.8%	55.8	84.8%	36.3
South Dakota	62.3%	133.2	78.1%	124.8	86.2%	119.2
Tennessee	52.5%	67.3	77.4%	59.0	92.5%	55.2
Texas	65.3%	44.2	86.8%	32.5	94.4%	27.0
Utah	69.1%	70.9	92.0%	65.9	95.8%	58.0
Virginia	56.6%	51.1	83.4%	41.0	95.3%	32.4
Vermont	41.1%	53.0	60.0%	81.9	80.5%	60.8
Washington	59.7%	40.6	84.0%	33.1	93.8%	29.3
Wisconsin	63.4%	88.8	80.4%	99.1	90.0%	96.8
West Virginia	60.7%	114.7	88.4%	101.1	98.7%	92.3
Wyoming	51.4%	144.0	88.2%	35.2	94.4%	53.6

REFERENCES

- Bauer, L., & Schanzenbach, D. W. (2016). The Long-Term Impact of the Head Start Program. *The Hamilton Project, Brookings*.
https://www.hamiltonproject.org/assets/files/long_term_impact_of_head_start_program.pdf
- Bipartisan Policy Center. (2021, October 6). *Child Care in Rural America – What Have We Learned?* [Webinar].
<https://bipartisanpolicy.org/event/child-care-in-rural-america-what-have-we-learned/>
- Bitler, M. P., Hoynes, H. W., & Domina, T. (2014). *Experimental Evidence on Distributional Effects of Head Start* (NBER Working Paper #20434). National Bureau of Economic Research.
https://www.nber.org/system/files/working_papers/w20434/w20434.pdf
- Butler, S. M., & Grabinsky, J. (2020). Tackling the legacy of persistent urban inequality and concentrated poverty. *Brookings*. <https://www.brookings.edu/blog/up-front/2020/11/16/tackling-the-legacy-of-persistent-urban-inequality-and-concentrated-poverty/>
- Kline, P., & Walters, C. R. (2016). Evaluating Public Programs with Close Substitutes: The Case of Head Start. *The Quarterly Journal of Economics*, 131(4), 1795-1848. <https://doi.org/10.1093/qje/qjw027>
- Morrissey, T. W., Allard, S. W., & Pelletier, E. (2022). Access to Early Care and Education in Rural Communities: Implications for Children’s School Readiness. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 8(3), 100–123. <https://doi.org/10.7758/RSF.2022.8.3.04>
- National Survey of Early Care and Education Project Team. (2016). *Fact Sheet: How Far are Early Care and Education Arrangements from Children’s Homes?* OPRE Report #2016-10, Washington DC: Office of Planning, Research, and Evaluation, Administration for Children and Families. U.S. Department of Health and Human Services.
https://www.acf.hhs.gov/sites/default/files/documents/opre/distance_to_early_care_and_education_factsheet_111716_b508.pdf
- Puma, M., Bell, S., Cook, R., Heid, C., Broene, P., Jenkins, F., Mashburn, A., Downer, J. (2012). *Third-Grade Follow-up to the Head Start Impact Study Final Report*, OPRE Report #2012-45. Washington DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/head_start_report_0.pdf
- Radke, J., & Mu, L. (2000). Spatial Decompositions, Modeling and Mapping Service Regions to Predict Access to Social Programs. *Geographic Information Sciences*, 6(2), 105–112.
<https://doi.org/10.1080/10824000009480538>
- Swenson, K. & Simms, K. B. (2021). Increases in Out-of-Pocket Child Care Costs: 1995 to 2016. Washington DC: Office of the Assistant Secretary for Planning and Evaluation. U.S. Department of Health and Human Services.
<https://aspe.hhs.gov/reports/increases-out-pocket-child-care-costs-1995-2016>
- Thomson, D., Cantrell, E., Guerra, G., Gooze, R., & Tout, K. (2020). *Conceptualizing and Measuring Access to Early Care and Education*. OPRE Report #2020=106. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
https://www.acf.hhs.gov/sites/default/files/documents/opre/conceptualizing_and_measuring_access_508_final.pdf

U.S. Department of Health and Human Services, Administration for Children and Families. (2010). Head Start Impact Study. Final Report. Washington DC.

https://www.acf.hhs.gov/sites/default/files/documents/opre/executive_summary_final_508.pdf

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:
aspe.hhs.gov/reports



ABOUT THE AUTHORS

Robin Ghertner is a Senior Supervisory Analyst in the Office of Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation.

Alayna Schreier is a Public Health Analyst in the Office of Human Services Policy in the Office of the Assistant Secretary for Planning and Evaluation.

SUGGESTED CITATION

Ghertner, R., & Schreier, A. Young Children's Geographic Access to Head Start Preschool, 2022. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 2022.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Subscribe to ASPE mailing list to receive email updates on new publications:

<https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ASPE-HEALTH-POLICY&A=1>

For general questions or general information about ASPE:

aspe.hhs.gov/about