In 1994, the federal Early Head Start (EHS) program was created to address the comprehensive needs of low-income pregnant women and children under age 3. EHS was launched almost 30 years after Head Start was established in 1965 to serve low-income 3- and 4-year-old children and their families with comprehensive early education and support services. Both programs provide services focused on the “whole child,” including early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; parental involvement activities; referrals to social service providers for the entire family; and mental health services.

All Head Start programs are required to complete the Program Information Report (PIR) on an annual basis. This fact sheet uses information reported through the PIR to describe the children and families served in Early Head Start and the services provided to them during the 2012-2013 program year.

EHS spending in 2013 totaled $1.3 billion. In 2013, the EHS program served 150,100 children under age 3 and 15,459 pregnant women through 1,020 grantees/delegates throughout the country. The PIR collects data on all children and pregnant women who participate in Head Start at any point during the program year, including those who do not complete the year. Twelve percent of all federally funded Head Start slots were in EHS. Nationally, about 4 percent of eligible children were served by EHS.

Key findings from the 2013 PIR include:

**Participants**

- Most children (84 percent) received a medical screening as required by federal Head Start Program Performance Standards, a 2 percent decline from 2012. Ten percent required follow-up treatment, and of those children, nearly all (95 percent) received that treatment.
- By the end of the program year, 97 percent of children had a medical home for ongoing medical care, and 76 percent had a source for ongoing dental care.
- Fourteen percent of enrolled children had a disability, 60 percent of whom were diagnosed prior to enrollment in EHS, a 5 percent increase from 2012.
- Ninety-four percent of pregnant women enrolled in EHS received prenatal health care and 76 percent received postnatal health care. Additionally, 92 percent of pregnant women had health insurance at the end of the program year, 40 percent received a dental examination, and 31 percent accessed mental health interventions (a decrease of 4 percent from the previous year).
Among participants enrolled in EHS, 45 percent were white and 25 percent were African American. Thirty-five percent were of Hispanic origin, regardless of race.

The age breakdown for children participating in EHS was relatively even: 29 percent of children were under age 1; 32 percent were age 1; and 36 percent were age 2.5

EHS served a linguistically diverse group of participants. More than one-quarter (26 percent) of participants were from homes where English was not the primary language. Twenty-two percent of all EHS participants were from Spanish-speaking homes. Other languages each accounted for 1 percent or less of the total EHS population.

Eight percent of children in EHS also received a child care subsidy.

Programs

- About half (49 percent) of EHS slots for children were center-based. Forty-six percent of slots were in home-based programs, which included weekly home visits and group socialization programs. EHS children also received services in combination programs (3 percent), family child care settings (2 percent), and locally designed programs (1 percent).
- The total number of funded EHS slots reported by the PIR was 111,096. The federal government funded 109,847 slots (through Administration for Children and Families and Maternal Infant and Early Childhood Home Visiting funds); states and other sources funded 1,249 slots.6

Families

- Fifty-nine percent of families were single-parent families; 41 percent were two-parent families.

Sixty percent of EHS families included at least one working parent, up two percent from last year, and 22 percent of families included at least one parent in school or job training.

A large proportion of EHS families accessed support in 2013. Eighty percent of EHS families accessed at least one support service. However, this is a decrease of 3 percent from the previous year. Parenting education (64 percent) and health education (59 percent) were the most frequently accessed services. Other frequently accessed services included emergency and crisis intervention, adult education, and mental health services.

Three out of every four families (76 percent) received the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Nearly one in five families (18 percent) received cash assistance under the Temporary Assistance for Needy Families (TANF) program.

Staff

- More than half (58 percent) of EHS teachers and 75 percent of EHS home visitors had at least an associate’s degree (A.A.) in early childhood education or a related field. In addition, 29 percent of teachers and 56 percent of home visitors had a bachelor’s degree (B.A.) or higher in early childhood education or a related field.

Overall, EHS teachers earned an average of $25,495 and EHS home visitors earned an average of $30,357.

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1 For more information on Head Start Program Information Reports (PIR), visit http://eclkc.ohs.acf.hhs.gov/hslc/data/pir.
2 For more information on the Head Start preschool program, see CLASP’s fact sheet, Head Start Participants, Programs, Families, and Staff in 2013.
3 Note: During the 2012-2013 school year, federal budget cuts, known as sequestration, went into effect resulting in reduced funding for Head Start and other programs. Some
Head Start programs managed sequestration by reducing the number of children served while others cut back program schedules or made other cuts in their budgets. 

4 National Women’s Law Center calculations based on 2012 data from the Office of Head Start on number of enrolled children and Census Bureau 2012 data on children in poverty by single year of age.

5 The total does not add up to 100% due to rounding and a small enrollment of children who are 3.

6 For information on state-funded Early Head Start initiatives, see *Expanding Access to Early Head Start: State Initiatives for At-Risk Infants and Toddlers*