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 2013-2014 program year.

EHS spending in 2014 totaled $1.4 billion. In 2014, the EHS program served 145,308 children under age 3 and 14,299 pregnant women through 1,021 grantees/delegates across 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 2014 PIR include:

**Participants**

- Most children (83 percent) received a medical screening as required by federal Head Start Program Performance Standards. Nine 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. Seventy-nine percent had a source for ongoing dental care, a 3 percent increase from 2013.
- Fourteen percent of enrolled children had a disability. Of these, 63 percent were diagnosed prior to enrollment in EHS, a 3 percent increase from 2013.
- Ninety-four percent of pregnant women enrolled in EHS received prenatal health care and 74 percent received postnatal health care. Additionally, 93 percent of pregnant women had health insurance at the end of the program year, 39 percent received a dental examination, and 29 percent accessed mental health interventions.
Among participants enrolled in EHS, 46 percent were White and 25 percent were Black or 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 35 percent were age 2.

EHS served a linguistically diverse group of participants. More than one-quarter (27 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.

Seven percent of children in EHS 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 (2 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 107,393. The federal government funded 105,640 slots (through two sources: the Administration for Children and Families and the Maternal Infant and Early Childhood Home Visiting program); states and other sources funded 1,753 slots.

Families

- Fifty-eight percent of families were single-parent families; 42 percent were two-parent families.
- Sixty-one percent of EHS families included at least one working parent and 21 percent of families included at least one parent in school or job training.
- Eighty percent of EHS families accessed at least one support service. Parenting education (65 percent) and health education (59 percent) were the most frequently used services. Other frequently accessed services included emergency and crisis intervention, adult education, and mental health services.
- Three out of every four families (75 percent) received the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Seventeen percent received cash assistance under the Temporary Assistance for Needy Families (TANF) program, and 56 percent of families received services under the Supplemental Nutrition Assistance Program (SNAP).

Staff

- More than half (59 percent) of EHS teachers and 76 percent of EHS home visitors had at least an associate’s degree (A.A.) in early childhood education or a related field. In addition, 30 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 $26,488, and EHS home visitors earned an average of $31,358. In comparison, Head Start preschool teachers earned an average of $30,409 in 2014.

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1 For more information on Head Start Program Information Reports (PIR), visit hhttp://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 2014 and Migrant and Seasonal Head Start Participants, Programs, Families, and Staff in 2014.
The Early Head Start FY 2014 funding level also includes $500 million for the Early Head Start-Child Care (EHS-CC) Partnership grants.

Note: The FY 2014 appropriation restored the 5.27 percent reduction grantees received in FY 2013 due to sequestration, in order to help grantees restore the number of funded enrollment slots, the number of days or weeks in the program year, or the other cuts programs made to absorb the reduction.


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

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