

A Closer Look at HHS's Head Start Comprehensive Services Data

SEPTEMBER 2026 – Head Start is designed to support the whole child and the whole family, which is why comprehensive services are central to the model. Head Start pairs high-quality early learning with comprehensive services that support children's health and development while helping families build stability and self-sufficiency from infancy through the start of kindergarten.

In September 2026, the Assistant Secretary of Planning and Evaluation (ASPE) at HHS released a brief examining changes in Head Start's delivery of comprehensive services over the last decade. The brief, entitled From FY16 to FY25, Fewer Head Start Families Received Comprehensive Services and the Percentage of Families Receiving Services Also Declined for Many Categories, highlights year-over-year shifts in service delivery. Looking more closely at the data – including enrollment trends, funding levels, and the range of services tracked – offers a more complete picture of how comprehensive services have evolved over this period than the brief alone might suggest.

HHS acknowledges that “fewer funded Head Start slots over time has resulted in comprehensive services provided to fewer families.” In other words, when Head Start serves fewer children, fewer children will receive Head Start's comprehensive services. However, a decline in the number of children receiving a service is not necessarily evidence of a decline in the program's ability to provide that service.

Factors Influencing Enrollment

There are numerous factors that may have contributed to this decline in enrollment, including:

- **Workforce challenges** - Programs nationwide have reported staff recruitment and retention challenges, limiting the number of children centers can safely accept. The brief reports that staff turnover increased 12% from FY16 to FY25.
- **Alternative care options** - The expansion of state-funded pre-K has given families more options for accessing free early learning, which may contribute to declining Head Start Preschool enrollment. Enrollment among younger children in Early Head Start has actually increased over the last decade, suggesting that the overall decline in Head Start enrollment may reflect, in part, the growing availability of alternative early learning options for preschool-aged children.
- **Income eligibility** - Head Start's income eligibility threshold is tied to the federal poverty guidelines (\$27,320 for a family of 3), which do not account for differences in the cost of living across communities. As a result, many families who struggle to afford quality early learning may have incomes above the eligibility threshold.

The COVID-19 pandemic also played an important role in the enrollment trends of the past decade. From FY16 to FY19, enrollment exceeded 1 million children. Data from FY20 is unavailable, and from FY21 to FY26 enrollment has remained between 730,000 and 780,000. The pandemic disrupted early childhood programs and the broader child care system as classrooms closed, many early childhood educators left the workforce, and families changed their child care arrangements.

Decline in Service Delivery Linked to Decline in Overall Enrollment

Much of the decline in service delivery reported in the brief tracks directly with lower enrollment: Head Start’s funded slots fell 27% and cumulative enrollment fell 28% between FY16 and FY25, so fewer families receiving any given service is, in significant part, a function of a smaller program rather than reduced capacity to serve the families who remain. Looking at rates – the share of enrolled families who actually received a service – tells a more mixed story than the volume figures alone suggest.

- The share of children with health insurance, an ongoing source of health care, and dental care each held essentially flat, moving by no more than two percentage points over the decade.
- The share of families receiving at least one family service rose from 69% in FY16 to 84% in FY25.
- Rates for several individual services grew substantially:
 - Health education rose from 41% to 52% of families;
 - Emergency/crisis intervention rose from 17% to 28%; and
 - The shares of families receiving asset-building services, substance misuse prevention, and relationship/marriage education each grew by roughly two-thirds.
- Rates for several services declined, most notably:
 - Well-child visits, which declined from 85% to 74%;
 - Immunizations, which declined from 88% to 81%; and
 - Services reported during the FY2020–2021 program years, which the brief’s own methodology notes were affected by COVID-19 disruptions to routine care and modified PIR reporting guidance.

The most meaningful question these data can answer is what share of children and families enrolled in Head Start received a service? When we examine this measure, the findings are quite positive.

Health Services

Well-Child Visits

- FY16: 85% of children were up-to-date
- FY25: 74% of children were up-to-date

The number of children who were up-to-date on well-child visits declined by 38%, while the share of enrolled children who were up-to-date declined by 11 percentage points. The difference matters: the 38 percent figure largely reflects the drop in Head Start enrollment overall, while the 11 point figure reflects an actual change in how consistently enrolled children reached that benchmark. Distinguishing volume from rate provides important context for interpreting many of the trends in the data.

Even so, the data show that programs consistently helped children get up-to-date on well-child visits once enrolled.

OVERALL ACCESS ACROSS ALL YEARS

Over 94%	Access to a health care provider
Over 94%	Access to health insurance
At Least 85%	Access to dental care

Immunizations

- FY16: 88% of children up-to-date
- FY25: 81% of children up-to-date

The decline should be viewed against a broader national trend: preventive pediatric care was disrupted nationwide during the COVID-19 pandemic, and both well-child visits and immunization dropped sharply starting in 2020. Routine vaccination coverage has still not recovered among several groups of children, including those living in poverty and rural areas. Head Start's pattern is consistent with that broader national picture, not a departure from it.

Disabilities

- FY16: 12% of enrolled children had an Individualized Family Service Plan (IFSP)
- FY25: 15% had an IFSP

IFSPs serve families with children from birth to age 3, which coincides with the growth in Early Head Start enrollment over the same period.

- FY16: 13% had an IEP
- FY25: 16% had an IEP

The share of enrolled children with IFSPs and IEPs increased over the decade. The data also show that programs consistently increased the share of children with disabilities receiving these services during the program years, suggesting that Head Start continues to play an important role in connecting children with disabilities to needed supports.

Screenings Within 45 Days Of Enrollment

- FY16: 89% of newly enrolled children received a screening
- FY25: 82% of newly enrolled children received a screening

While this is a 7 percentage point decline, it largely reflects the changes in enrollment, rather than a departure from how consistently programs screened the children who enrolled.

Pregnant Women's Health Services

Most services for pregnant women remained relatively consistent over time, while the share receiving mental health and dental services increased.

- **Prenatal care:** approximately 90% across all years
- **Education on breastfeeding:** approximately 90% across all years
- **Education on fetal development:** approximately 90% across all years
- **Postpartum care:** approximately 70% across all years

Mental health services

- FY16: 30% of pregnant women
- FY25: 35% of pregnant women

Dental services

- FY16: 36% of pregnant women
- FY25: 51% of pregnant women

Family Services

ASPE reports that access/participation in various family services was inconsistent over time. However, the rate of families receiving at least one service increased:

- FY16: 69% of families
- FY25: 84% of families

Rates for several specific services also grew, including health education, emergency/crisis intervention, and substance misuse prevention. Because Head Start programs have flexibility to connect families with the services most relevant to their needs, some fluctuation across individual service categories is expected. The more meaningful measure is whether families are being reached at all, and by that measure, more are.

Conclusion

Over the past decade, a range of factors has affected Head Start's ability to fill funded slots and serve children. Expanding enrollment to reach more eligible children should remain a critical goal. But, declining overall enrollment is a separate question from the quality and comprehensiveness of care delivered to those who are enrolled. Considered alongside enrollment changes, service rates show that Head Start has remained remarkably stable in its ability to serve children and families. These findings underscore both the value of Head Start's comprehensive-services model and the need to address the workforce, funding, and other challenges limiting programs' ability to serve all eligible children.

ENDNOTES

¹ Delia Vicente, Melanie Venegas, Alma D Guerrero, "[Turn-Over and Retention Among Head Start Educators](#)," (2024)

² Office of Head Start, "[Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs](#)"

³ Center for Health Care Strategies, "[COVID-19 and the Decline of Well-Child Care: Implications for Children, Families, and States](#)," (2020)

⁴ Hill HA, Yankey D, Elam-Evans LD, et al., "[Decline in Vaccination Coverage by Age 24 Months and Vaccination Inequities Among Children Born in 2020 and 2021 — National Immunization Survey-Child, United States, 2021–2023](#)," (2024)

⁵ Kaiser Family Foundation, "[Kindergarten Routine Vaccination Rates Continue to Decline](#)," (2026)