



Head Start

ACTION

- Reauthorize the Head Start program and maintain Head Start's mission as a comprehensive child development, child care, and child- and family-focused program.
- Oppose efforts to turn Head Start into a block grant to states or to experiment with block grant options or pilot projects. Since 1965, Head Start has been successfully operated at the local level to maintain local control, input, and parental involvement.
- Ensure that current comprehensive Head Start performance standards continue to be met.
- Do not proceed with testing of Head Start children without review, evaluation, and revision according to recommendations of the National Academy of Sciences and until such proposals are tested in a significant pilot sample.
- Increase funding for Head Start and Early Head Start so the program can increase the number of children and families it serves and improve its quality.

HISTORY

Congress began the debate to reauthorize Head Start in 2003. In 2004, Congress is likely to complete its debate and pass a final bill. In early 2004, Congress will also likely approve FY 2004 funding for Head Start at \$6.9 billion.

Created in 1965, Head Start began as an eight-week summer program designed to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet emotional, social, health, nutritional, and psychological needs. In 2002, Head Start served 912,345 children. Head Start functions not just as a child care and education program, but also as a comprehensive effort to promote child development in at least eight areas, including social, emotional, physical, and health needs.

Head Start's goal is to ensure that every child enters school ready to learn. Indicators of each child's progress are included in the program's annual self-assessment. Studies indicate that by the spring of their kindergarten year, Head Start children show substantial increases in word knowledge, letter recognition, and math and writing skills, compared with national norms.¹ At the end of their kindergarten year, children who participated in Head Start achieved scores of 93 in vocabulary, 96 in early writing skills, and 92 in mathematics, relative to a national normed score of 100.²

Head Start recognizes that both families and communities are important to the program's success—as a result, partnerships are an important part of its structure. Wellness and the health of the child are important concerns for Head Start programs. Head Start also seeks to fully include children with disabilities as a way to help all children, parents, and staff in the program.

In 1994, Head Start was expanded to include a new Early Head Start program. Early Head Start extends services to pregnant women, infants, toddlers, and their families. This program receives a smaller portion of the overall funding than does the larger Head Start program, through an annual set-aside.

The 1998 reauthorization of Head Start increased the amount of funds set aside to expand Early Head Start, from 7.5% in 1999 to 10% by 2003. It also dedicated specific amounts of the annual funding increases toward quality improvements. In 1999, 60% of the increased funding was dedicated to quality; the remaining 40% of the new funds was dedicated to program expansion. In 2000, 50% of the funding increases went to program expansion, and 50% went to quality; by 2003, 25% of funding increases was dedicated to quality, and the remaining 75% went to program expansion.

As of December 2001, 145 Head Start and 40 Early Head Start tribal programs in 26 states were serving 21,288 children ages 3–5 and 2,335 infants and toddlers. Tribal programs are run directly by tribes or consortia of tribes.

In 2003, the U.S. House of Representatives approved a Head Start reauthorization bill (H.R. 2210). The House bill includes two titles. Title I, in addition to several other changes, requires all states to have state directors of collaboration and requires better coordination with a state's K–12 system. Nationally, Head Start programs must have 50% of their center-based teaching staff with a bachelor's or advanced degree by the end of fiscal year 2008.

Title II of the legislation contains a controversial proposal to allow up to eight states to receive Head Start funding as a block grant instead of the current structure that provides dollars directly to local Head Start programs. The controversy over the proposed block grant created a contentious debate, and the House passed the bill by only a one-vote margin, 217–216.

The full Senate has not yet voted on Head Start reauthorization. Key members of the Senate Health, Education, Labor, and Pensions (HELP) Committee indicated their early opposition to the proposal to block-grant Head Start. After several months of discussion, the HELP Committee adopted a bill (S. 1940) last fall by unanimous vote. Key provisions include creation of Head Start Centers of Excellence to be located in every state, with the intent of highlighting the best Head Start programs in a state. In addition, S. 1940 authorizes greater proposed funding, increasing to more than \$8 billion in 2007; better coordination of Head Start and K–12 systems; and a requirement that 50% of teachers in centers have a bachelor's degree relating to early childhood education by the end of FY 2010.

The Senate committee-passed bill does not include a proposal to allow states to receive Head Start funding as a block grant. When the full Senate debates this legislation, it's possible an amendment will be offered on the Senate floor that would allow such a proposal. Once the full Senate approves the bill, the Senate and House will negotiate a final bill through a House-Senate conference committee. The Senate and House will then vote on a final agreement. During the Senate debate and the conference negotiation, likely issues will include allowing states to take Head Start as a block grant, outcome measures for Head Start children, education requirements for Head Start teachers and how these requirements are met, and how Head Start centers are evaluated.

KEY FACTS

- In 1965, Head Start served 561,000 children. By 2002, the program was serving more than 912,345 children. As of 2003, Head Start has served 21,214,295 children since its creation.³
- Children in Head Start receive significantly more health care screenings than do their non-Head Start peers. The number of dental examinations provided to Head Start children was higher than the number provided to their peers. In addition to screenings, Head Start children and their families receive more health and dental services than do their peers.⁴
- Since 1972, Congress has required that at least 10% of the children a grantee serves be children with disabilities. Thirteen percent of the Head Start population, or 125,000 children, are children with disabilities.⁵
- A review of 40 early childhood programs, including Head Start, found positive long-term effects on parent or teacher ratings of antisocial behavior and actual delinquency records.⁶
- FY 2003 funding for Head Start was \$6.6 billion, serving approximately 60% of all eligible children. Eligibility for Head Start is limited to 100% of the federal poverty level.⁷
- Head Start includes more than 1,570 grantees comprising 49,800 classes. Total staffing for Head Start is 198,000, 43,497 of whom are teachers. More than 1.4 million volunteers are involved—867,000 of these Head Start volunteers being parents.⁸

- More than half the children enrolled in Head Start (52%) are age 4, 36% are age 3, 5% are age 5, and more than 7% are younger than age 3; 32.6% are African American, 29.8% are Hispanic, 28.4% are white, and 2.9% are American Indian.⁹
- An evaluation of state preschool services found that Head Start, for the most part, offers a more comprehensive set of higher quality services than states have.¹⁰
- A recent study of state-funded preschools revealed that between 1977 and 1998, only 13 state-funded preschools had conducted formal evaluations of the effectiveness of their programs on children they served. Unlike the Head Start Impact Study, none used randomly assigned control groups, and some had no control groups—features of a scientifically based research effort.¹¹

SOURCES

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