

# Head Start

## ACTION

- Reauthorize the Head Start program and continue its mission as a comprehensive child development, child care, and child- and family-focused program with strong program performance standards.
- Substantially increase funding for Head Start and Early Head Start and reverse recent trends that have reduced the number of children served.
- Provide increased funding that will allow the percentage of Head Start teachers with a bachelor's degree to increase, but do not mandate such changes without the necessary financial support.
- Oppose efforts to turn Head Start into a block grant to states through waivers, pilot projects, or other mechanisms that would divert funding from local providers.
- Reject the use of the National Reporting System (NRS) pending expert evaluation of this system. Any assessment of Head Start must be appropriate, culturally and linguistically responsive, and be based on measures developed by an independent body of experts.
- Maintain and preserve the role of parent councils and parental involvement in the governance of local Head Start programs.

## HISTORY

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 comprehensive services that meet emotional, social, health, nutritional, and psychological needs. In 2004, Head Start served at least 905,851 children.

Head Start's continued goal is to ensure every child enters school physically, emotionally, and educationally prepared to begin formal learning. The program's annual self-assessment includes indicators of each child's progress. Studies indicate that by the spring of their kindergarten year, children in Head Start

have substantially increased their word knowledge, letter recognition, and math and writing skills. Preliminary results from a randomly selected longitudinal study of more than 600 Head Start graduates show that graduates in kindergarten had higher final grades in numeracy, language, literacy, social conduct, and physical development, and were absent 4.5 fewer days than their non-Head Start peers.

Head Start functions not just as a child care and education program, but also as a comprehensive effort to promote child development. Head Start offers services that are unique and critical to children's development, addressing their social, emotional, physical, and health needs. Head Start recognizes that both families and communities are important to the program's success; consequently, partnerships serve as an important part of its structure. Children's wellness and health 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.

According to the National Head Start Association, Head Start was expanded in 1994 to include a new Early Head Start program, which extends services to pregnant women, infants, toddlers, and their families. The 1998 reauthorization of Head Start increased the funds set aside to expand Early Head Start from 7.5% in 1999, to 10% by 2003. It also dedicated specific amounts of annual funding increases to quality improvements. In 1999, 60% of increased funding was dedicated to quality; the remaining 40% of new funds were dedicated to program expansion. In 2000, 50% of 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.

Also according to the National Head Start Association, Head Start enrollment steadily increased throughout the 1990s, from 540,930 children in 1990, to 857,664 in 2000. These increases took place while significant investments were made in program and staff quality and education. Due to very small increases in

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the past four years, however, Head Start enrollment has stalled. National enrollment has actually declined from 912,345 in FY 2002, to 909,608 in FY 2003, to 905,851 in FY 2004—the first enrollment decline since 1986-1987 when enrollment declined by 5,000. Head Start still only serves less than 60% of the children that qualify for services.

Today, 145 tribal Head Start and 40 tribal Early Head Start programs in 26 states serve 21,288 children ages 3–5, and 2,335 infants and toddlers. Tribal programs are run directly by tribes or tribal consortia, according to the National Head Start Association.

## 2006 DEBATE

In 2005, Congress again considered the reauthorization of Head Start—a debate that began in 2003. Congress also set the FY 2006 funding for Head Start at \$6.8 billion, a near freeze in funding from the 2005 level.

In 2003, the U.S. House of Representatives approved a Head Start reauthorization bill that contained 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 bill passed by a one-vote margin, 217-216. In 2003, the full Senate never voted on Head Start reauthorization, but a bill did pass in the Senate Committee on Health, Education, Labor, and Pensions (HELP), with key members indicating their opposition to a block grant proposal. After several months of discussion, the HELP Committee adopted a bill by unanimous vote that did not include the block grant. Further debate and possible amendments were expected on the Senate floor, but time ran out before the Senate could act.

In 2005, the House of Representatives did not consider a Head Start reauthorization that included a block grant, adopting the School Readiness Act (H.R. 2123) instead. The changes included in the House reauthorization dealt with when a Head Start provider would have to re-compete with other agencies to keep their programs, the role of local councils and the influence of parents on local programs, and the education requirements for Head Start teachers and the level of funding. An issue that divided both parties and some advocates was an amendment that allows faith-based providers to discriminate in their hiring decisions.

The Senate HELP Committee also passed legislation (S. 1107) in 2005 that was similar to the House version in rejecting a block grant, but differed in some areas. The full Senate is expected to vote on this measure in 2006. The differences between the House and Senate bills include: the level of proposed funding for the program; increased teacher requirements; how quickly these teacher requirements will be met and whether the requirements are applied against each center or on a national basis; the role of local parent policy councils in governance of Head Start programs; use of the National Reporting System

(NRS) to test Head Start children; and whether local Head Start providers can restrict hiring on the basis of religious beliefs.

## KEY FACTS

- In 1965, Head Start served 561,000 children. In 2004, the program served more than 905,857 children. As of 2004, Head Start has served more than 22 million children since its creation.
- Children in Head Start receive significantly more health care screenings and dental examinations than do their peers not enrolled in Head Start.
- Since 1972, Congress has required that at least 10% of the children a Head Start grantee serves be children with disabilities. Of the total Head Start population nationwide, nearly 13%, or more than 115,000 children, are children with disabilities.
- 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.
- FY 2004 funding for Head Start was \$6.8 billion, serving approximately 60% of all eligible children. Eligibility for Head Start is limited to 100% of the federal poverty level.
- Head Start includes more than 1,604 grantees, comprising 48,260 classes. Staffing for Head Start totals 211,950, including 43,497 who are teachers. More than 1.3 million volunteers are involved—including 880,000 parents.
- Of Head Start enrollees,
  - 5% are age 5;                      ➤ 31.1% are African American;
  - 52% are age 4;                    ➤ 31.2% are Hispanic;
  - 34% are age 3;                    ➤ 26.9% are white; and
  - 9% are younger than 3;       ➤ 3.1% are American Indian.
- 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 offered through preschool programs.
- A recent study of state-funded preschools revealed that between 1977 and 1998, only 13 state-funded preschools formally evaluated the effectiveness of their programs on the children they served. Unlike the Head Start Impact Study, none used randomly assigned control groups, and some had no control groups, which are features of a scientifically-based research effort.

Sources for statistical information are provided in the online version of this fact sheet. See [www.cwla.org/advocacy/2006legagenda.htm](http://www.cwla.org/advocacy/2006legagenda.htm).

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