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ABSTRACT

This booklet discusses the origins and components of Head Start, a federal project launched in 1965 to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs. The description of the program notes that in fiscal 1993 Head Start served 721,000 preschool children through 1,400 community-based organizations, with federal appropriations of \$2.6 billion. The booklet then describes the four major components of Head Start: (1) education, which emphasizes an individualized curriculum and low child-staff ratios; (2) health, including medical and dental examinations, nutrition guidance, and mental health screening; (3) parent involvement, through participatory decision-making, volunteering, and employment in the program; and (4) social services. Head Start's role in working with children with disabilities, establishing Parent and Child Centers, providing staff development and training, and funding major demonstration projects are examined. The impact of Head Start on children and their families is also considered. The addresses and telephone numbers of Head Start's 10 regional offices, as well as its American Indian and Migrant programs, are included. (MDM)

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 Administration for Children and Families
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 Head Start Bureau

Head Start:

A Child Development Program



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A Comprehensive Child Development Program

Each year, almost one million children from low-income families enter school for the first time. While their more fortunate classmates may face the new challenge with assurance, many children from low-income homes begin school with health problems and a lack of self-confidence. Without the will to move ahead, these children often fall behind in their first years of school and find their troubles compounded in later years. Research has shown that it is possible to strengthen the ability of a disadvantaged child to cope with school and the child's total environment, thus helping thousands of children look forward to a brighter future.

To achieve this goal, in 1964, the Federal Government asked a panel of child development experts to draw up a program to help communities overcome the handicaps of disadvantaged preschool children. The panel report became the blueprint for Project Head Start.

Project Head Start, launched as an eight-week summer program by the Office of Economic Opportunity in 1965, was designed to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs. Recruiting children age three to school entry age, Head Start was enthusiastically received by educators, child development specialists, community leaders, and parents across the Nation. Head Start now serves approximately 721,000 children and their families each year in urban and rural areas in all 50 States, the District of Columbia and the U.S. Territories—including many American Indian and migrant children.

In 1969, Head Start was transferred from the Office of Economic Opportunity to the Office of Child Development in the U.S. Department of Health, Education and Welfare, and has now become a program within the



Administration on Children, Youth and Families at the Department of Health and Human Services. A well-established, though still an innovative program, Head Start has had a strong impact on communities and early childhood programs across the country. Since 1965, Head Start has served over 13.1 million children and their families.

From the start, Head Start received strong support from the Federal Government. The Congressional appropriation increased from \$96.4 million in fiscal year 1965 to \$2.8 billion in fiscal year 1993.

The program is locally administered by approximately 1,400 community-based non-profit organizations and school systems. Grants are awarded by the Department of Health and Human Services Regional offices, except for the American Indian and Migrant programs, which are administered in Washington, D.C. The Head Start legislation states that the Federal grant to operate a local Head Start program shall not exceed 80 percent of the approved costs of the program. Twenty percent must be contributed by the community. The non-Federal share (the 20 percent) may be in cash or contributed services.



Head Start experience has shown the needs of children vary considerably from community to community and that, to serve these needs most effectively, programs should be individualized. In addition, experience to date suggests that, when Head Start programs are designed in ways that take into account community resources and the capabilities of the local staff, a program can often be mounted that will improve services for children within present funding levels. Therefore, Head Start permits local Head Start sponsors to provide children with a classroom-based or home-based developmental program.

The Major Components of Head Start

There are four major components in Head Start. In 1975, performance standards were adopted to ensure that every Head Start program provide the services necessary to meet the goals of each of these components:

1. **Education** — Head Start's educational program is designed to meet each child's individual needs. It also aims to meet the needs of the community served and its ethnic and cultural characteristics. If programs have a majority of bilingual children, for example, at least one teacher or aide must speak their native language.

Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth. Children participate in indoor and outdoor play and are introduced to the concepts of words and numbers. They are encouraged to express their feelings and to develop self-confidence and the ability to get along with others.

Head Start programs have a low child-staff ratio. Staff members receive training in child development and early childhood education. They learn how to work with disabled children who now account for 13.4 percent of Head Start's total enrollment.

2. **Health** — Head Start emphasizes the importance of early identification of health problems. Since many preschool children of low-income families have never

seen a doctor or dentist, Head Start arranges for every child to receive, if needed, comprehensive health care, including medical, dental, mental health, and nutrition services.

A. Medical and Dental — Children receive a complete examination, including vision and hearing tests, identification of disabling conditions, immunizations, and a dental exam. Follow-up is provided for identified problems.

B. Nutrition — Many children entering Head Start do not receive good, nourishing meals at home. In the program, children are served a minimum of one hot meal, and snack each day in order to meet at least one third of their daily nutritional needs. A trained nutritionist supervises the nutrition activities of each Head Start program and helps the staff identify the nutritional program to teach parents how to select healthy foods and prepare well-balanced meals, and how to obtain food stamps and other community assistance when need.

C. Mental Health — Head Start recognizes the importance of providing mental health and psychological services to children of low-income families in order to encourage their emotional and social development. A mental health professional must be available to every Head Start program to provide mental health training to staff and parents and to make them aware of the need for early attention to the special problems of children.

3. Parent Involvement — Parents are the most important influence on a child's development. An essential part of every Head Start program is the involvement of parents in parent education, program planning, and operating activities. Many serve as members of their local program's Policy Councils and Committees and have a voice in administrative and managerial decisions.

Through participation in classes and workshops on child development and through staff visits to the home, parents



learn about the needs of their children and about educational activities that can be carried out at home. Many parents also serve in Head Start on a volunteer basis or as aides to teachers, social service personnel, and other staff members, and as cooks, storytellers, and supervisors of play activities. They receive preference for employment in Head Start jobs which are non-professional.

4. Social Services — The social services component of Head Start represents an organized method of assisting families to assess their needs, and then providing those services that will build upon the individual strengths of families to meet their own needs. Some of the activities that the social services staff use to assist families to meet their needs are: community outreach, referrals, family need assessments, providing information about available community resources and how to obtain and use them, recruitment and enrollment of children, and emergency assistance and/or crisis intervention.

Children with Disabilities

A disabled child can often learn more readily in a group with other children than in a separate group for the disabled. Head Start has successfully carried out a 1972 Congressional mandate requiring that at least 10 percent of its enrollment be available for disabled children.

Disabled children and their families receive the full range of Head Start developmental services. In addition, Head Start staff members work closely with community agencies to provide services to meet the special needs of the disabled child.

Parent and Child Centers

Parent and Child Centers were initially launched in 1967 to provide comprehensive services to low-income families with children up to three years of age. There are 106 Centers currently in operation around the country. The primary objective of the Head Start Parent and Child Center programs is the improvement of the overall developmental progress of the child, with emphasis on the prevention of a variety of developmental deficits, increasing parents' knowledge of their own children, as well as their own knowledge of parenting, and strengthening the family unit. These objectives are accomplished through services that include infant-toddler development activities, comprehensive health care of young children and their families, nutrition education, social services for the entire family, parent involvement in the program, and assistance to parents in overcoming economic and personal problems.

Staff Development and Training

The Head Start Program provides staff at all levels and in all program areas with training to improve job performance and opportunities for career advancement within the program.



The Child Development Associate (CDA) Program gives professional and non-professional employees the opportunity to study child development and related subjects at colleges and universities in courses which can lead to academic degrees or to certification in the field of early childhood education. A majority of these men and women are receiving CDA training which will provide them with credentials to work as professionals in the child care field.

The national program to assess and certify child caregivers is administered by the National Association for the Education of Young Children (NAEYC) through its Council for Early Childhood Professional Recognition in cooperation with the Administration on Children, Youth and Families.



Demonstration Projects

Because Head Start families are dispersed across the country, Head Start is faced with the same problems that affect the country at large and especially the low-income populations — increases in single parent families, teenage pregnancies, illiteracy, homelessness, substance abuse, child abuse and neglect. Head Start continues to look for effective methods of dealing with these issues and delivering needed services to the target population. Current demonstration projects include:

Comprehensive Child Development Program — Head Start has the responsibility for administering the 1988 Comprehensive Child Development Act (P.L. 100-297). This is a five-year demonstration program that provides intensive comprehensive support services to children from birth to entrance into elementary school. The Act also provides support services to parents and

other household family members in locating training and employment opportunities, in securing adequate health care, nutrition assistance, and housing. Thirty-four community based organizations have grants to conduct these demonstration projects.

Family Service Centers — Grants have been awarded to 66 Head Start grantees for the purpose of demonstrating ways that Head Start programs can work with other community agencies and organizations to effectively deal with the problems of substance abuse, illiteracy and unemployment among Head Start families. The projects will encourage families to participate in activities designed to:

- reduce and prevent the incidence of substance abuse in Head Start families.
- improve the literacy of parents and other adults in Head Start families; and
- increase the employability of Head Start parents.

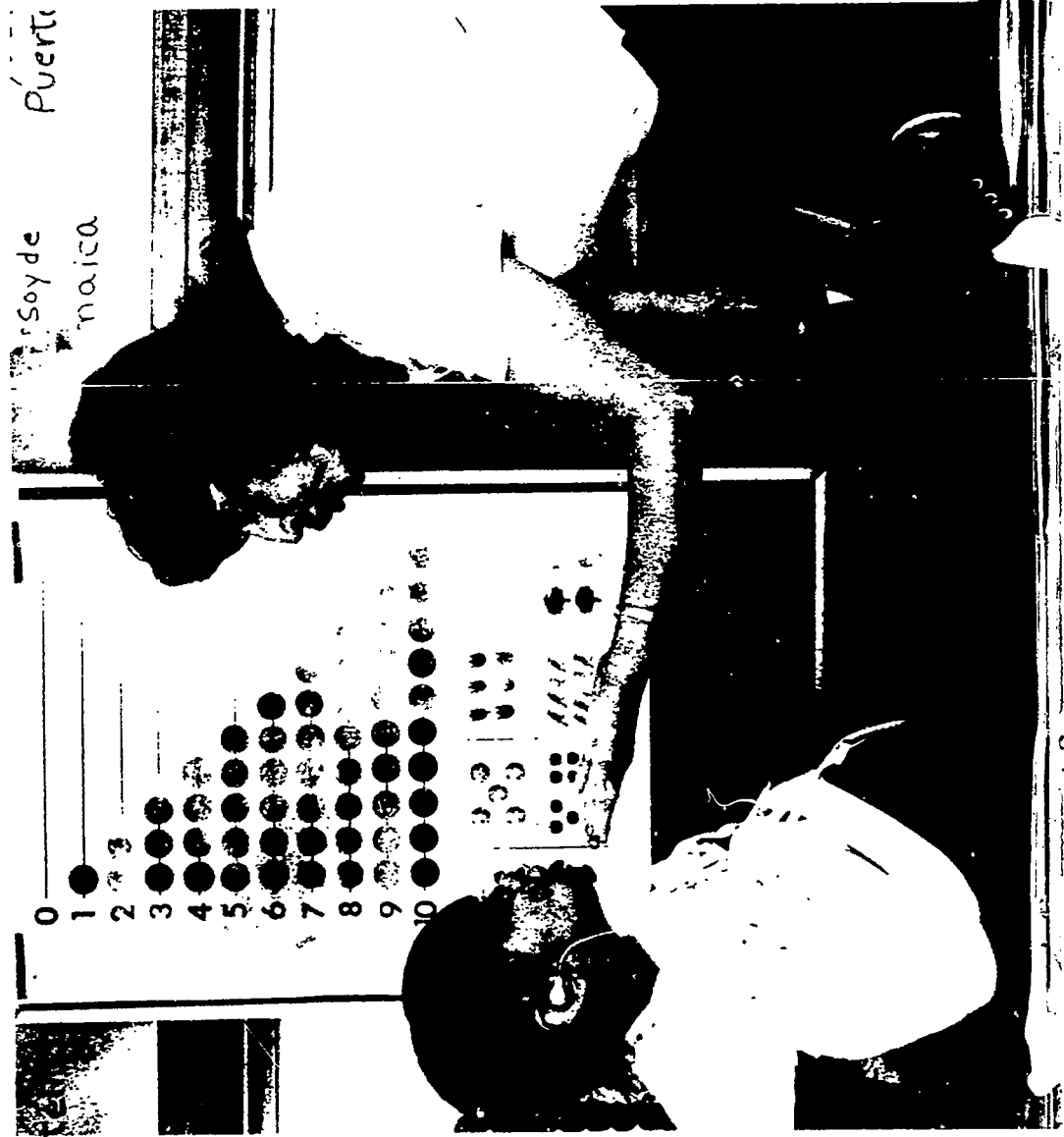
Head Start/Public School Early Childhood Transition Projects — Thirty-two community-based consortia will demonstrate effective strategies for supporting children and families as they make the transition from the Head Start programs through kindergarten and the first three grades of public school. The consortia include Head Start grantees and public school systems. These projects are testing whether providing continuous comprehensive services to Head Start children will maintain and enhance the early benefits attained by the children and their families. There will also be an effort to determine the effect on children and families when comprehensive services which resemble Head Start services, are delivered for a period of time after the child has entered elementary school. The projects will continue for three years.

The Impact of Head Start

Head Start has played a major role in focusing the attention of the Nation on the importance of early childhood development, especially in the first five years of life. In many ways, the program has had a dramatic impact on child development and day care services; on the expansion of State and local activities for children; on the range and quality of services offered to young children and their families; and on the design of training programs for those who staff such programs.

The program has led in efforts to improve the cognitive abilities of young children. Studies have indicated that Head Start children score higher than comparable non-

Head Start children in preschool achievements tests that measure these abilities. The studies also show that Head Start children perform equal to or better than their peers when they enter regular school, and there are fewer grade retentions and special class placements. The outreach and training efforts of Head Start programs have helped provide low-income parents with the knowledge and services they need to build a better life for their children. Direct involvement of parents in Head Start planning and policy-making has given families a greater role in the development of their children. This participation has influenced school systems across the country to do likewise.



Head Start has had a significant impact on community efforts for low-income families. A study of 58 communities with full-year Head Start programs showed that the program had influenced local educational and health institutions to become more responsive to the needs of low-income families. As a result of Head Start activities, for the first time many school districts revised curricula to place more emphasis on the needs of minorities; health institutions changed services and schedules to serve the low-income more effectively; there was increased participation by low-income individuals in policy-making decisions; and employment of local people in para-professional jobs was stepped up. All of these are major Head Start goals.

Organizations and Volunteers Help Head Start

Over the years, volunteers have been an important part of all Head Start programs. High school and college students, homemakers, parents of Head Start children, retired senior citizens — all kinds of people have offered their much needed help to local Head Start programs. Volunteers assist with classroom activities; drive or escort children to and from centers to medical appointments; take small groups of children on outings and visits to the community; assist in parent education; help renovate and decorate Head Start centers; and recruit and instruct other volunteers.

Community organizations provide a wide array of services to Head Start including the donation of classroom space, educational materials, eyeglasses for children, special equipment for disabled children, and medical and dental examinations. These services and the time spent by volunteers count toward the 20 percent non-Federal share of the local Head Start budget.

For more information about volunteer opportunities or other Head Start activities, contact a local Head Start program, or the Administration on Children, Youth and Families at any Health and Human Services regional office — see addresses on following pages.

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Regional Offices

Region I

(CT, ME, MA, NH, RI, VT)
Administration for Children and Families
Department of Health and Human Services
Room 2025
Government Center
Boston, MA 02203
(617) 565-1150

Region II

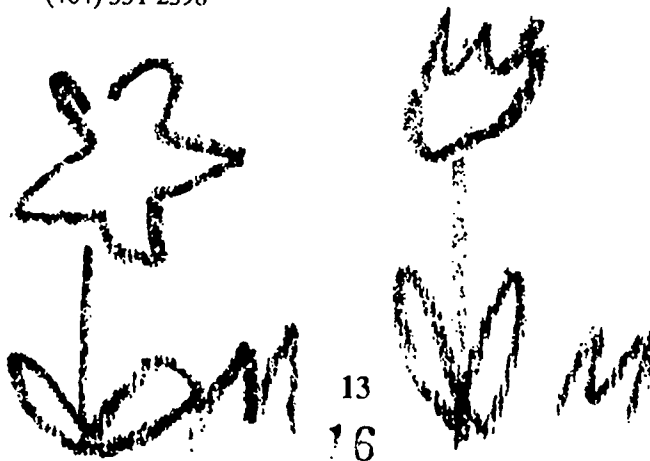
(NY, NJ, PR, VI)
Administration for Children and Families
Department of Health and Human Services
Room 1243 Federal Building
26 Federal Plaza
New York, NY 10278
(212) 264-2974

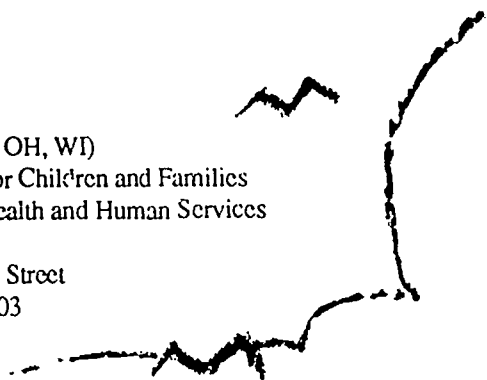
Region III

(DE, MD, PA, VA, WV, DC)
Administration for Children and Families
Department of Health and Human Services
Box 13716
3535 Market Street
Philadelphia, PA 19101
(215) 596-1224

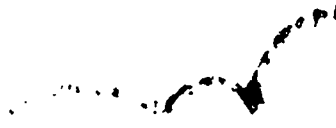
Region IV

(AL, FL, GA, KY, MS, NC, SC, TN)
Administration for Children and Families
Department of Health and Human Services
101 Marietta Tower Suite 903
Atlanta, GA 30323
(404) 331-2398





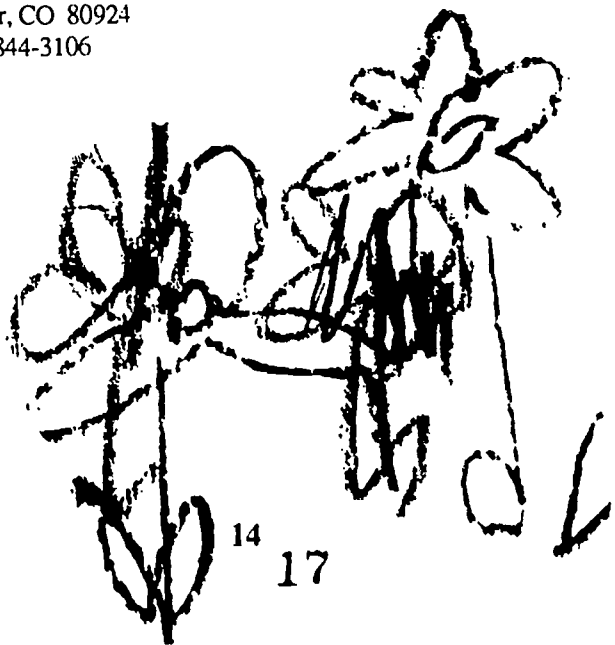
Region V
(IL, IN, MI, MN, OH, WI)
Administration for Children and Families
Department of Health and Human Services
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-8322



Region VI
(AR, LA, NM, OK, TX)
Administration for Children and Families
Department of Health and Human Services
1200 Main Tower Building
Dallas, TX 75202
(214) 767-9648

Region VII
(IA, KS, MO, NE)
Administration for Children and Families
Department of Health and Human Services
Room 384 Federal Building
601 East 12th Street
Kansas City, MO 64106
(816) 426-5401

Region VIII
(CO, MT, ND, SD, UT, WY)
Administration for Children and Families
Department of Health and Human Services
1961 Stout Street, Room 1194
Denver, CO 80924
(303) 844-3106



Region IX

(AZ, CA, HI, NV, GU, Trust Territory
of Pacific Island, American Samoa)
Administration for Children and Families
Department of Health and Human Services
60 United Nations Plaza, Room 450
San Francisco, CA 94102
(415) 556-1039

Region X

(AK, ID, OR, WA)
Administration for Children and Families
Department of Health and Human Services
Blanchard Plaza
2201 Sixth Avenue, RX 32
Seattle, WA 98121
(206) 553-2430

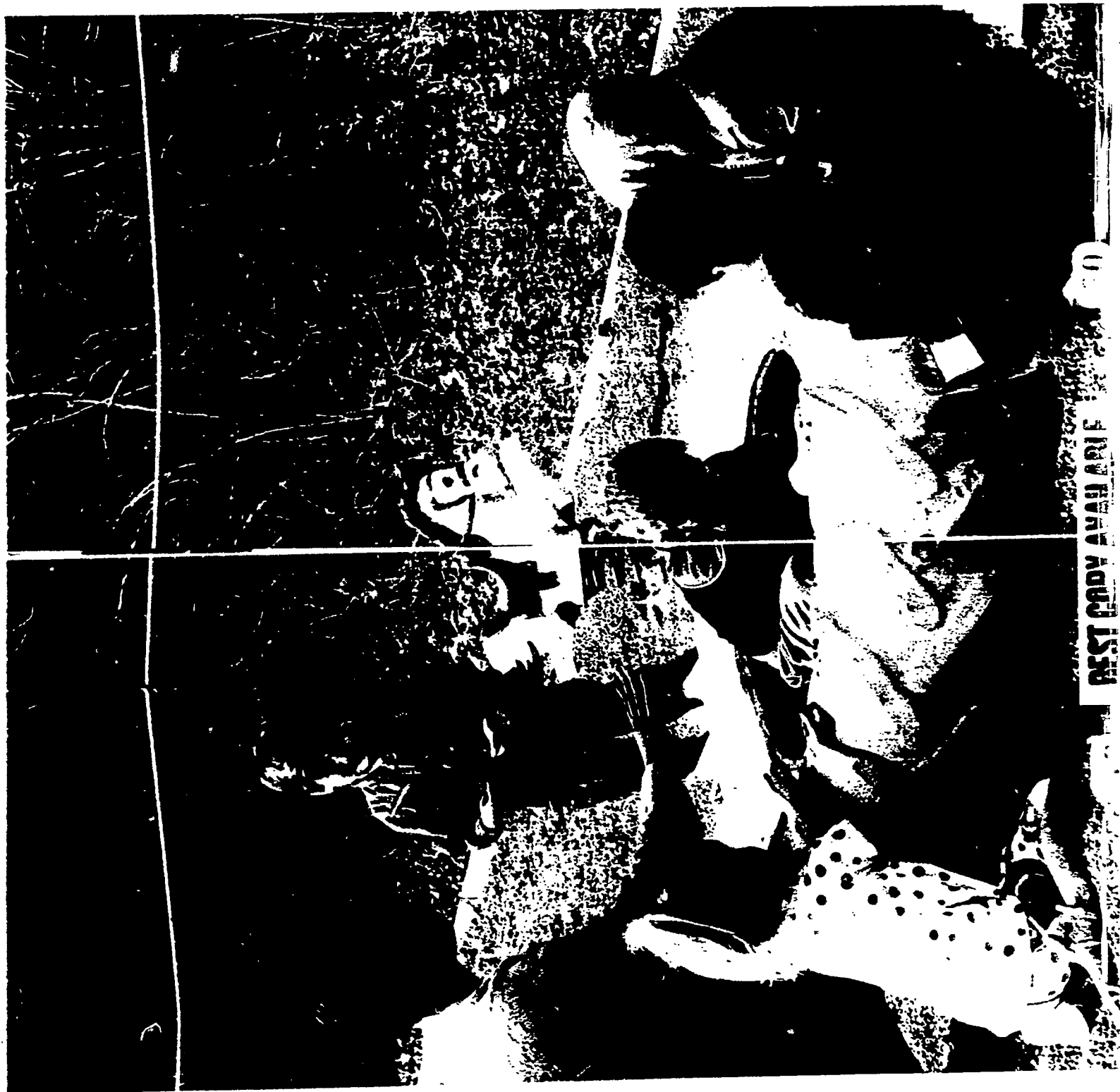
American Indian Program Branch

Head Start Bureau
Administration for Children and Families
Department of Health and Human Services
P.O. Box 1182
Washington, DC 20013
(202) 205-8437

Migrant Program Branch

Head Start Bureau
Administration for Children and Families
Department of Health and Human Services
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