Program Evaluation

- The Case of Head Start Program -

Miseung Shim (Assistant Professor, Chonnam National University)

Abstract

Miseung Shim

Head Start Program was created to provide comprehensive health, social, educational, and mental health services to disadvantaged preschool children and families. This paper looks through the history and characteristics of the program. But previous studies find mixed results on its benefits and there still exists a general lack of consensus about the contributions of the program to the improvement of disadvantaged preschool children in the health, social, educational, and mental terms.

On the basis of program evaluation, this paper makes the following six policy suggestions to improve the program: (1) increasing funds to disadvantaged children and families, (2) paying more attention to children and families in need of special care, (3) making more collaborative efforts between Head Start Program and other programs serving children and families, (4) developing more various programs through multicultural and multilingual efforts for diverse groups of children and families, (5) providing more home-based Head Start Program services to isolated families and children with disabilities in rural areas, and (6) developing better strategies to ensure that children eligible for Head Start Program receive benefits.

주제어: 헤드스타트 프로그램, 저소득계층 아동, 프로그램 평가

Keywords : Head Start Program, disadvantaged children, program evaluation

I. Introduction

In the late 1950s Americans recognized that the number of people living in poverty was increasing. In 1959, 27% of American families had incomes below the poverty level (Ceglowshi, 1998). According to the research conducted by the Office of Economic Opportunity in 1964, the half of the 30 million people living in poverty were children (Zigler & Muenchow, 1992). Growing concerns about the War on Poverty in the mid 1960, Head Start was created to provide comprehensive health, social, educational, and mental health services to disadvantaged preschool children (U.S. DHHS, 2006a). The program was built on the philosophy that these comprehensive child development services can best be accomplished through family and community involvement. For example, an essential part of the program is parental involvement in children education, program planning, and operating activities. Communities have considerable latitude to develop their own Head Start programs. It has resulted in large variations in defining characteristics of the program (GAO, 1997). Since 1965, more than 23 million children have participated in this comprehensive child development program (U.S. DHHS, 2006b).

The aim of this paper is to evaluate Head Start Program and recent policy debates on the program. To do so, it explains the history and characteristics of the program. Then, it evaluates the program and explains about what program failures, weaknesses, and limitations are in currently operating the program, and further discusses recent program reform and political issues surrounding the program. In the final section, it raises several key issues which future research needs to deal with.

Ⅱ. Overview of Head Start Program

1. Program history

Begun as a summer program in 1965, Head Start served 561,000 children

in 2,400 communities at a cost of $96.5 million. The principal grantees were community action agencies and public schools. Gradually the program served 733,000 children in 1966, 681,400 ones in 1967, and 693,900 ones in 1969 (U.S. DHHS, 2006b). For these periods, Head Start program often operated for only 4-6 months a year because of the lack of adequate facilities and the shortage of trained staff.

National attention about Head Start shifted to the War in Vietnam and Congressional and public support for the program also waned. From 1969 to 1972, Head Start continued to operate but served fewer children than it had in 1965. During this time, the findings of the Westinghouse Study (1969) were released. The Westinghouse Study found that the cognitive gains of Head Start attendees faded out by the time the children reached third grade (Condry, 1983). These results had a significant impact on Head Start's development. Since the publication of the Westinghouse study, it continues to be cited in political debates as the evidence that Head Start does not produce sustained educational benefits for children in poverty despite serious methodological flaws (Barnett & Hustedt, 2005). The number of children and families served plummeted during this period. In 1966, during the 2nd year of summer-based programs, Head Start served 733,000 children. In 1971, when most programs had converted from a summer program to a school-year program, the number of children served dropped to 397,000 (U.S. DHHS, 2006b). This significant drop in enrolled children was due to the relative cost of serving a child and family in a school year program compared to the cost of providing a summer program. Because Head Start's budget remained relatively flat from 1969 until 1978 and the cost of providing services increased with inflation, enrollments declined.

From 1972 until 1977, Head Start focused on improvement and innovation. These included the creations of the Child Development Associate program and the Performance Standards (Collins & Kinney, 1989; Zigler & Muenchow, 1992). Programs also had the option of providing home-based services. The Child Development Associate (CDA) program is a national credential issued to those individuals who work with preschool children. The

CDA certified teachers are limited to Head Start and child care teaching positions that are generally lower paying positions. The Performance Standards are "the Head Start program functions, activities and facilities required and necessary to meet the objectives and goals of the Head Start program as they relate directly to children and their families" (U.S. DHHS, 1992, p.1). Health, education, social services, and parent involvement comprise major components of the Performance Standards. The Performance Standards are the benchmarks which all programs are evaluated from the federal reviews (Ceglowski, 1998). Home-based services help isolated families, particularly in rural areas, to receive Head Start's educational, health, and social services at home rather than at a center (U.S. DHHS, 2006a).

In the 1990s, the program continued to change. In 1990, the Congress passed the Head Start Expansion and Quality Improvement Act, which reauthorized Head Start and set aside funds for programs to be used to enhance and strengthen the quality of services. In 1994, the Congress established a new program called Early Head Start to serve low-income families with infants and toddlers. The program provides continuous, intensive, and comprehensive child development and family support services to low-income families with children under age 3 (U.S. DHHS, 2006a).

Head Start's service population has become increasingly multicultural and multilingual and has been confronted with difficult social problems such as domestic violence and drug abuse (Children's Defense Fund, 2005b). Moreover, the number of children served by the program has grown dramatically from 349,000 children in 1976 to about 906,993 in 2005, and the amount appropriated for the program was $6.8 billion in 2005 (U.S. DHHS, 2006b).

2. Program description

Head Start's primary goal is to improve the social competence of children in low-income families (Children's Defense Fund, 2005a). That is, it helps children to deal with both present environment and later responsibilities in

school and life. Social competence consists of cognitive and intellectual development, physical and mental health, and nutritional needs. Another goal of Head Start helps parents to meet their own goals, including economic independence. Subsequently, it enables parents to be better caregivers and teachers to their children.

Head Start targets the poorest children and families. Those are from families with incomes at or below the poverty line ($16,600 a year for a family of three in 2006) or from families receiving public assistance. The most recent data shows that almost 75 percent of Head Start children were below 100 percent of the federal poverty line (U.S. DHHS, 2006b). At least 90 percent of Head Start families must be at or below the federal poverty line to qualify for enrollment. Programs also are required to reserve at least 10 percent of their slots for children with disabilities (U.S. DHHS, 2006a). In 2005, 12.5 percent of Head Start children had been determined to have a disability (U.S. DHHS, 2006b).

Head Start supports and provides comprehensive services as well as early literacy experience for the nation's poorest children. First, Head Start provides children's cognitive development. Head Start acknowledges that poor children have many needs that are critical to their ability to learn. Also Head Start addresses families' unmet needs that may stand in the way of a child's full and healthy development, for example, housing, job training, health care, emotional support, and family counseling. Specifically, Head Start program offers the following services: health services, social services, and parent involvement (U.S. DHHS, 2006a). Head Start coordinates with health and nutrition resources in the community to ensure children's medical, dental, and mental health needs are met. Head Start also ensures that children are immunized and receive hot meals. Complimentary to its education and health services, Head Start provides social services to its families. In 2003, family support services most frequently used were parenting education, health education, emergency or crisis intervention, adult education, housing assistance, and transportation assistance (U.S. DHHS, 2006a). Head Start programs acknowledge parents' critical role in their child's education. Programs work to engage parents both in the

classroom as volunteers and at home through home visits (Children's Defense Fund, 2005b). Through Head Start Program, parents gain access to job training, literacy, and language classes and other supports that help them attain economic stability.

Second, Head Start provides a full range of pre-literacy and literacy experiences for children. Performance standards were established in 1998 to guide teaching in Head Start classrooms and to ensure that children are developing the literacy, vocabulary, and numeric skills needed to enter school and ready to learn.

Head Start began as a local-federal partnership. Federal government sets program and fiscal standards and provides 80 percent of operating budget, and local agencies, called grantees, operate programs in compliance with federal Performance Standards (Ceglowski, 1998). Head Start grantees are typically required to obtain additional funding from nonfederal sources to cover 20 percent of the cost of their programs. For this, Head Start programs work with various community sources to provide services. For example, some programs coordinate with public health agencies to obtain health services, while other programs contract with local physicians (National Head Start Association, 2006). Although all programs operate under a single set of performance standards, local programs have a great deal of discretion in how they meet their goals, resulting in great variability among programs (GAO, 1997).

In fiscal year 2005, there were 1,604 grantees running 19,800 Head Start and Early Head Start centers across the country (U.S. DHHS, 2006b). These grantees include a wide range of organizations. For example, public and private school systems (17%), community action agencies (31%), government agencies (6%), private and public non-profits (i.e., churches and non-profit hospitals) (39%), private and public for profits (i.e., for profit hospitals) (1%), and tribal government or consortium (6%) (National Head Start Association, 2006).

The Head Start Bureau is under the Administration for Children and Families in the U.S. Department of Health and Human Services. This department established 12 federal regional offices responsible for monitoring

programs within their geographical jurisdiction.

The funding structure of Head Start, which provides federal funding directly to local programs, allows for local flexibility so that programs can meet the diverse needs of their communities while maintaining extensive quality and performance standards. For example, funds are set aside for Migrant Head Start and American Indian Head Start programs. Direct funding is provided to local programs that work with migrant children and families and to tribal communities working to address the needs of Native American children and their families (Children's Defense Funds, 2005b). In fiscal year 2005, Head Start's funding was approximately $6.8 billion. It allows $473 million to allocate for American Indian and Migrant programs (U.S. DHHS, 2006b).

Ⅲ. Program Evaluation Results

1. Overall review of program performance

Since Head Start has begun, many studies of the program's impact have been conducted. These researches can be divided into two general categories: short-term and long-term studies (Barnett & Hustedit, 2005). Studies of short-term benefits of preschool programs including Head Start have generally shown that programs for children at risk result in increases of 0.5 standard deviations in IQ and achievement (Mckey et al., 1985). In addition, estimated impacts on measures of social behavior, self-esteem, and academic motivation typically are shown slightly smaller (Ramey, Bryant, & Suarez, 1985; White & Casto, 1985). A recent short-term study by Abbott-Shim and his colleges (2003) shows that Head Start participants benefited substantially compared to nonparticipants in the areas of receptive vocabulary and phonemic awareness and had more positive health-related outcomes. And their parents of Head Start children reported more positive health and safety habits than the parents whose children did not attend Head Start. These outcomes provide strong support for the

short-term impact of Head Start.

Reviews, focusing on long-term effects of early education programs serving economically disadvantaged children, found that Head Start's long-term outcomes are mixed (Barnett, 1998, 2004). First, studies show that initial gains of children's IQ scores fade out over time (Barnett, 2004). However, studies of large-scale programs have less often measured IQ, because it makes more difficult to evaluate whether Head Start produces persistent IQ gains (Barnett & Hustedt, 2005). Second, however, studies show decreases in children's rates of grade retention and special education placements. In addition, these studies report significantly high school graduation achievements (Barnett, 1998, 2004). Another study conducted by Oden and his colleges from 1969 to 1972 had few statistically significant differences between Head Start and non-Head Start comparison groups (Oden et al., 2000). However, they mentioned that the direction and pattern of results suggest possible long-term benefits. For example, children who had attended Head Start were significantly more likely to graduate high school or earn a GED (95% vs 81%), and significantly less likely to have been arrested at age 22 (5% vs 15%) than children in the non- Head Start comparison group.

In addition, the Family and Child Experiences Survey (FACES), conducted by the Department of Health and Human Services, suggests that Head Start is giving children what it promises (Zill et al., 2001). For example, Head Start program narrows the gap between disadvantaged children and all children in vocabulary and writing skills. Head Start program helps children to learn abilities to learn. Once in kindergarten, Head Start graduates make substantial progress in vocabulary, letter recognition, math skills, and writing skills relative to national average (U.S. DHHS, 2000a). However, several researchers suggest that since this study has a problem about research design, the impacts of result are quite limited (Barnett & Hustedt, 2005). Because it did not allow for comparisons between Head Start participants and demographically similar children who did not attend Head Start.

In spite of this fact, numerous other studies confirm that Head Start is

effective. They found that children who have graduated from Head Start are less likely to repeat a grade, less likely to need special education, and more likely to graduate from high school (Barnett, 1995). Head Start classrooms are consistently rated high in quality (Zill, 2002). Head Start programs also are more likely to meet national accreditation standards for good quality early childhood development programs and tend to have lower turnover rates than many other early childhood and child care settings (Kisker, Hofferth, & Farquhar, 1991). An evaluation of Early Head Start found that the program produces a sustained positive impact on children's cognitive and language development at age three as well as a positive impact on children's social-emotional development. In addition, Early Head Start parents provide more support for language and learning at home, and are less likely to engage in negative parenting behaviors (U.S. DHHS, 2002).

How well Head Start promotes the goals in terms of distributive justice, adequacy, and efficiency are as follows. First, from the perspective of distributive justice, children who come from families with income at or below the official poverty level or come from families receiving welfare assistance are available. Primary target children are between the ages of three and five, with the majority of children being four years old. In fiscal year 2005, 52 percent of Head Start enrollees were age four and 34 percent were age three (U.S. DHHS, 2006b). About 69 percent of Head Start teachers have an Associate, Baccalaureate, or advanced degree in early childhood education (U.S. DHHS, 2006b). Head Start programs allocate 10 percent of their slots for children with disabilities.

Second, from the perspective of adequacy, Head Start has not had adequate funding to serve all income eligible children and families. Average cost per child to provide comprehensive Head Start services is $ 7,287. In fiscal year 2005, 906,993 children, that is, only half of eligible preschool age children and three percent of eligible infants and toddlers received Head Start services (U.S. DHHS, 2006b). Current Head Start funding levels do not provide high-quality services for children and families to meet their need.

Third, from the perspective of efficiency, the funding structure of Head

Start which provides federal funding directly to local programs allows for local flexibility. Head Start builds upon community resources which work with local institutions to encourage them to respond to the needs of low-income children and families. For example, Head Start makes partnerships with social services, health, education, and recreation agencies, as well as libraries, colleges and universities, senior citizen volunteer groups, and others. Local programs help support Head Start by meeting the requirement to donate 20 percent in in-kind services (Ceglowski, 1998). Even in the case of low-income communities, they can make strengths by helping themselves and running their own programs. In 2005, Head Start was run by 19,800 local grantees, operating 49,235 classrooms. These programs employed approximately 213,000 paid staff, and relied upon about 1.36 million volunteers (U.S. DHHS, 2006b).

2. Program failures, weaknesses, and limitations

Head Start provides critical supports and educational experiences to hundreds of thousands of young children and families living in poverty. However, it serves only a fraction of those children eligible to participate. For example, in fiscal year 2005, Head Start's funding was $6.84 billion, allowing programs to serve 906,993 children, including 90,600 infants and toddlers in Early Head Start (U.S. DHHS, 2006b). Head Start only serves about half of all eligible preschool age children while Early Head Start serves less than 3 percent of eligible infants and toddlers. It means that almost one out of every five American children is at risk of waking up without food, without health care, or without standard house (Children's Defense Funds, 2003).

There are many Head Start programs across the country which extends their hours to help working parents. However, only 48.3% of Head Start participants were enrolled in a full day, full week program (Butler, Gish, & Shaul, 2004). Even a full day may be defined as only a six hour school day, and not the eight to ten hour day. It does not reach working parents' needs. In addition, programs operating on a full day schedule may not be providing

year round services for all children who need them. Many low income parents work nontraditional hours that do not match the program hours of Head Start.

About one in every six Head Start children has one or more disabilities. Almost a quarter of children who received Head Start services come from homes where English is not the primary language spoken at home (U.S. DHHS, 2000). These issues often mean that programs must adapt teaching practices and services to meet the particular needs of children. However, according to a GAO report, affected funding for improving teaching qualifications has problems. That is, the amount of new funding for Head Start stopped growing. The share of new funds which devoted to quality improvement declined (GAO, 2003).

3. Program change and reform

Head Start Program plays very crucial functions in helping disadvantaged children and parents. To improve the program, we need to take into account the following six major issues. First, Head Start program need more funds to serve America's poorest children exactly whom it promises. In addition, since Early Head Start has been established in 1994, the proportion of total Head Start funds set aside for Early Head Start has risen gradually during the decade and now stands at 10 percent. However, more proportion of total Head Start funds for Early Head Start is needed to provide either directly or early, continuous and comprehensive child development and family support services to low income families with children under age three. Second, the spaces for children who have special needs must be increased. Head Start programs are required to allocate 10 percent of their spaces for children with special needs. In 2005, 12.5 percent of the Head Start enrollment consisted of children with disabilities, such as mental retardation, health impairments, visual handicaps, emotional disturbance, speech and language impairments, and learning disabilities (U.S. DHHS, 2006b). Third, we need to make more collaborative efforts between Head Start and other programs serving children and families, including

cooperative arrangements between Head Start and child care to provide full day or year round care and education. Fourth, 32.9 percent of children in Head Start are from Hispanic families, and approximately 26 percent of children do not speak English as their primary language. It is really crucial to develop various programs through multicultural and multilingual efforts for diverse groups of children and families. Fifth, home-based Head Start program services must be spread to help isolated families in rural areas and children with disabilities receive educational, health, and social services at home. Sixth, because federally funded Head Start slots in some areas remain unfilled even while eligible children elsewhere remain on waiting lists (Butler et al., 2004), national enrollment data of Head Start must be accurately verified to develop strategies to ensure that federally funded Head Start slots are filled.

4. Political factors and issues

Head Start faces significant challenges in the operation of its programs, with the following two primary issues currently being debated in Washington, D.C.: Reauthorization 2003 and President Bush's plan; and standardized academic testing for four year old children in Head Start. First, periodically, Head Start funding and organization are reauthorized by the United States Congress which reviews the program structure, scope, priorities and operating philosophy, as well as funding. Since Head Start' structure and its funding are determined at the federal level, this authorization is important. President's proposal is to alter Head Start's funding and administration.

The Bush Administration's initiative would hand over Head Start to state governments, without federal standards for quality or the requirements of comprehensive services. The House Committee on Education and the Workforce passed legislation, H.R. 2210, which would carry the Bush plan forward. The bill allows states to take Head start funding as block grants and establish their own programs with their own standards (Children's Defense Fund, 2003a). Second, what the President's plan sets forth is

standardized academic testing for every four year old child in Head Start.

Three representative organizations, for example, National Head Start Association (NHSA), Children's Defense Fund, and The National Association for the Education of Young Children (NAEYC), are speaking out against the proposal. They support keeping Head Start under federal control. Because state governments would have to set up 50 different systems to administer the program, Head Start would be forced to endure an unnecessary and costly startup phase. Inconsistent guidelines, as well as cutbacks and lowered priorities, would be certain (National Head Start Association, 2006). At the end, Head Start would be fewer quality services for fewer children and struggling families need to receive help the most. States are facing enormous budget deficits. States' commitment to early education is relatively limited compared to federal investment. While 38 states invested in state pre-kindergarten programs in 2003, only 17 states supplemented the federal Head Start program with state funds (Children's Defense Fund, 2003). These states spent only $178 million compared to $6.67 billion spent by federal government on Head Start (U.S. DHHS, 2006b).

A study shows that Head Start's outstanding customer satisfaction rating surpassed many private companies (Gullo, 1999). Without federal performance standards, there would be no guarantee that this level of quality would be continue since states have not demonstrated a commitment to maintaining these high standards. The President's plan about testing is redundant and inappropriate for that age group. Because three types of assessment tests are already given in Head Start and the test requirement that four year old children take standardized tests in literacy and numeracy for 20 to 30 minutes are inappropriate. A test on only literacy, math and language ignores other important aspects of children's learning, such as social emotional development (Steinberg, 2002). Moreover, reliance on any single measure to gain a wide outcome is highly problematic.

Ⅳ. Concluding Remarks and Future Research

Head Start Program was created to provide comprehensive health, social, educational, and mental health services to disadvantaged preschool children. This paper looked through the history and characteristics of the program. But previous studies find mixed results on its benefits and there still exists a general lack of consensus about the contributions of the program to the improvement of disadvantaged preschool children in the health, social, educational, and mental terms.

On the basis of program evaluation, this paper made the following six policy suggestions to improve the program: (1) increasing funds to disadvantaged children and families, (2) paying more attention to children and families in need of special care, (3) making more collaborative efforts between Head Start Program and other programs serving children and families, (4) developing more various programs through multicultural and multilingual efforts for diverse groups of children and families, (5) providing more home-based Head Start Program services to isolated families and children with disabilities in rural areas, and (6) developing better strategies to ensure that children eligible for Head Start Program receive benefits.

Researches on Head Start show that it has positive benefits for school readiness and some educational benefits are sustained over time. However, less is known about the full range of benefits, for example, social, emotional, physical and cognitive benefits as well as the benefits to parents of children in Head Start. Therefore, more research needs to be conducted to find strong evidence for a broad range of long-term benefits. Results from the Early Head Start study (Love et al., 2002) are promising as they show positive impacts on a range of outcomes for both children and their parents. In addition, benefits on parents seem likely to spread to siblings. Therefore, future study should be focused on how this potential to enhance program effectiveness through services to parents. Head Start has been challenged to document its effectiveness in new ways. More research needs to be conducted to analyze outcomes and accountability for federal resources.

Head Start only serves about half of all eligible preschool age children. We also need to find more information on the problem of under-enrollment for eligible children in poverty. Head Start is a multicultural program, serving children and families of various races, ethnic backgrounds, and socioeconomic levels. However, there are few studies of impacts on subpopulations. Researches focusing on these subpopulations may help us understand differential effects of Head Start.

References

Abbott-Shim, M., Lambert, R., & McCarty, E. (2003). A comparison of school readiness outcomes for children randomly assigned to a Head Start program and the program's wait list. *Journal of Education for Students Placed at Risk*, 8(2): 191-214.

Barnet, W. S. (1995). Long-term effects of early childhood programs on cognitive and school outcomes. *The Future of Children*, 5(3): 25-50.

Barnet, W. S. (1998). Long-term effects on cognitive development and school success. In W.S. Barnett & S.S. Boocock (Eds.), *Early Care and Education for Children in Poverty: Promises, Programs, and Long-Term Results*. Albany, NY: SUNY Press. (pp. 11-44).

Barnett, W. S. (2004). Does Head Start have lasting cognitive effects?: The myth of fade-out. In E.Zigler & S. Styfco (Eds.), *The Head Start debates*. Baltimore: Paul H. Brookes Publishing Co. (pp.221-249).

Barnett, W., & Hustedt, J. (2005). Head Start's lasting benefits. *Infants & Young Children*, 18(1): 16-24.

Butler, A., Gish, M., Shaul, M. (2004). *Head Start: Background, Issues and Bibliography*. Novink Books: New York.

Ceglowshi, D. (1998). *Inside A Head Start Center: Developing Policies from Practice*. Teachers College: Columbia University.

Children's Defense Fund. (2003a). *Broken Promises: How the Bush Administration Is Failing America's Poorest Children*. Retrieved from the Internet at http://www.childrensdefense.org/earlychildhood/headstart/broken_promises_full.

Children's Defense Fund. (2005a). *Head Start: A formula for Success Threatened by Bush Budget*. Retrieved from the Internet at http://www.childrensdefense.

org/earlychildhood/headstart/headstartbudget2005.p

Children's Defense Fund. (2005b). *2005 Head Start Basics*. Retrieved from the Internet at http://www.childrensdefense.org/earlychildhood/headstart/headstartbasics2005.pd

Collins, R. C., & Kinney, P. F. (1989). *Head Start Research and Evaluation: Background and Overview* (Report # BBB19384). Washington, D.C.: U.S. DHHS.

Condry, S. (1983). History and background of preschool intervention programs and the consortium for longitudinal studies. In the Consortium for Longitudinal Studies (Eds.), *As the Twig Is Bent... Lasting Effects of Preschool Program*. Hillsdale, NJ: Erlbaum. (pp.1-31).

Kisker, E., Hofferth, S., Phillips, D., and Farquhar, E. (1991). *Profile of Child Care Settings: Early Education and Care in 1990*. Princeton, NJ: Mathematical policy research, Inc.

Love, J., Kisker, E., Ross, C., Schochet, P., Brooks-Gunn, J., & Paulsell, D. (2002). *Making A Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. Washington, D.C.: U.S. DHHS, Administration on Children and Families.

Mckey, R. H., Condelli, L., Ganson, H., Barrett, B. J., McConkey, C., & Plantz, M. C. (1985). *The Impact of Head Start on Children, Families, and Communities* (Final report of the Head Start Evaluation, Synthesis, and Utilization Project). Washington, D.C.: U.S. DHHS, Administration on Children and Families.

National Head Start Association. (2006). Head Start Grantees: *Why Not States*. Retrieved from the Internet at http://www.nhsa.org/download/advocacy/fact/HSGrantees.pdf.

Nelson, G., Westhues, A., & Macleod, J. (2003). A Meta-Analysis of Longitudinal Research on Preschool Prevention Programs for Children. *Prevention and Treatment*, 6: article 31.

Oden, S., Schweinhart, L. J., Weikart, D. P., Marcus, S. M., & Xie, Y. (2000). *Into Adulthood: A Study of the effects of Head Start*. Ypsilanti, MI: High/Scope Press.

Ramey, C. T., Bryant, D. M., & Suarez, T. M. (1985). Preschool compensatory education and the modifiability of intelligence: A critical review. In D. Detterman (Ed.), *Current Topics in Human Intelligence*. Norwood, NJ: Ablex. (pp.247-296).

Steinberg, J. (2002). Education column: For Head Start children, their turn at testing. *New York Times*. December 4, 2002.

U.S. Department of Health and Human Services. (1992). *Head Start Performance Standards* (DHHS Publication No. ACF 92 31131). Washington, D.C.: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2000a). *Head Start Faces 2000: A Whole-Child Perspective on Program Performance*. Retrieved from the Internet at http://www.acf.hhs.gov/programs/opre/hs/faces/reports/faces00_4thprogress/faces00_4thprogress.pdf.

U.S. Department of Health and Human Services. (2000b). *Celebrating Cultural and Linguistic Diversity in Head Start*. Washington, D.C.: U.S. DHHS.

U.S. Department of Health and Human Services. (2002). *Making A Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. (Washington, DC: U. S. Department of Health and Human Services, 2002).

U.S. Department of Health and Human Services, *The 2006 HHS Poverty Guidelines*. Retrieved from the Internet at http://aspe.hhs.gov/poverty/06poverty.shtml.

U.S. Department of Health and Human Services, Head Start Bureau. (2006a) *Head Start Regulations*. 45 CFR 1305.6 (c). Retrieved from the Internet at http://www.acf.hhs.gov/programs/hsb/pdf/1305_All.pdf .

U.S. Department of Health and Human Services, Head Start Bureau. (2006b). *2006 Head Start Fact Sheet*. Retrieved from the Internet at http://www.acf.hhs.gov/programs/hsb/research/2006.htm.

U.S. General Accounting Office. (2003). *Head Start: Increased Percentage of Teachers Nationwide Have Required Degrees, but Better Information on Classroom Teachers' Qualifications Needed*. GAO-04-5.

Westinghouse Learning Corporation and Ohio University. (1969). *The Impact of Head Start: An Evaluation of the Effects of Head Start on Children's Cognitive and Affective Development*. (Vols. 1 and 2, Report to the Office of Economic Opportunity).

White, K., & Casto, G. (1985). An integrative review of early intervention efficacy studies with at-risk children: Implications for the handicapped. *Analysis and Intervention in Developmental Disabilities*, 5: 7-31.

Zigler, E., & Muenchow, S. (1992). *Head Start: The Inside Story of America's Most Successful Educational Experiment*. New York: Basic Books.

Zill, N., Resnick, G., Kim, K., McKey, R., Clark, C., & Pai-Samant, S. (2001). *Head Start Faces: Longitudinal Findings on Program Performance*. Third Progress Report. Washington, DC: U. S. DHHS, Administration on

Children, and Families.

Zill, N. (2002). *Improving Head Start: What we have learned from the family and child experiences survey*. Presentation at a science and public policy briefing sponsored by the Federation of Behavioral, Psychological, and Cognitive Sciences and the Foundation for Child Development. Washington, D.C. (September 13, 2002).

Received May 16
Revised June 06
Accepted June 29