

services to low-income infants and toddlers and their families according to a plan developed jointly by the parents and staff;

- Provide these services through an appropriate mix of home visits, experiences at the Early Head Start center, and experiences in other settings such as family- or center-based child care;

- Provide early opportunities for infants and toddlers with and without disabilities to grow and develop together in warm, nurturing and inclusive settings;

- Ensure that the Early Head Start center is a welcoming setting for families in the community;

- Respond to the needs of families, including the need for full-time child care for working families;

- Connect with other service providers at the local level to ensure that a comprehensive array of health, nutrition, and other services is provided to the program's pregnant women, very young children, and their families;

- Recruit, train, and supervise high quality staff to ensure the kind of warm and continuous relationships between caregivers and children that are crucial to learning and development for infants and toddlers;

- Ensure parent involvement in policy and decision making, similar to parent involvement in preschool Head Start programs;

- Coordinate with local Head Start programs in order to ensure continuity of services for these children and families;

- Ensure quality by focusing on all four cornerstones of successful early childhood programs: Child development, family development, community building, and staff development; and

- Participate actively in a research and evaluation effort to learn from the Early Head Start experience.

C. History and Background

1. Legislation

In May 1994 the President signed into law the bipartisan Head Start Reauthorization Act of 1994. This reauthorization established within the Head Start Bureau a new program for low-income pregnant women and families with infants and toddlers. The reauthorization sets aside funds from the overall Head Start budget for the next four years at a rate of three percent in FY 1995; four percent in FY 1996 and 1997; and five percent in FY 1998. Consolidated into the new initiative were the Parent and Child Centers Program and the Comprehensive Child Development Program.

This section of the legislation had a number of sources, including the recommendations of The Advisory Committee on Head Start Quality and Expansion, as well as recent lessons from research and practice.

2. The Advisory Committee on Head Start Quality and Expansion

In June 1993, the Secretary of the Department of Health and Human Services formed an Advisory Committee to look at Head Start quality and expansion. The recommendations of that committee centered around:

- Striving for excellence in staffing, management, oversight, facilities, and research;
- Expanding to better meet the needs of children and families; and

- Forging new partnerships with communities, schools, the private sector, and other national initiatives.

Included in the report was a recommendation that the Department develop a new initiative for expanded Head Start supports to families with infants and toddlers, as well as convene a high-level committee charged with developing guidelines for this new effort. This recommendation was fueled by relevant research findings and recognition in the field that a good deal more could be accomplished with earlier more sustained support for very young children and their families.

3. Relevant Research

Findings from more than three decades of research in child and family development illustrate that the time from conception to age three is critical for human development. The basic cognitive, social, and emotional foundation is established in these early years. The research also indicates that for infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be compromised. Fortunately, recent research identifies characteristics of effective programs that enhance both child and family development. This growing body of knowledge provides a foundation upon which the Early Head Start program is based.

A more detailed discussion about the research in maternal and infant health, child-caregiver relationships, and characteristics of successful programs can be found in the Statement of the Advisory Committee on Services for

Families with Infants and Toddlers which is included as Appendix C.

4. Precursor Program Experiences

In enacting Early Head Start, Congress was building on lessons learned through Federal, State, local and community programs that serve some of our country's very young children and their families.

Most notable among the early Federal efforts include the following:

- Maternal and Child Health Services Block Grant has its roots in Title V of the Social Security Act which was enacted in 1935. It is administered by the Maternal and Child Health Bureau (MCHB) of the Public Health Service which provides leadership for building the infrastructure for health care services delivery to all mothers and children in the U.S., with particular responsibility for serving those low-income or isolated populations who would otherwise have limited access to care.

- The Parent and Child Centers Program (PCC) was established in 1967 to provide an array of services for pregnant women, infants/toddlers, parents, and families as a whole. There are currently 106 PCC's across all 50 States, the District of Columbia and Puerto Rico. Services include health, education, personal and interpersonal development, and family assistance.

- The Migrant Head Start program was established in 1969 in order to meet the needs of mobile farmworker children and their families. The program provides age appropriate infant, toddler and preschool programming, full-day services (8 to 12 hours per day), and full week services (five to six days per week). These services are offered in center-based and family child care settings during agricultural seasons. There are currently 76 Migrant Head Start programs operating in 35 states. Infant and toddlers comprise over 40 percent of the children served annually.

- Child and Family Resource Program (CFRP) operated as a demonstration from 1973 to 1983. Ten CFRP programs linked community resources in efforts to enhance families abilities to provide safe, stable, nurturing environments for their children.

- Part H of what is now known as the Individuals with Disabilities Education Act was initiated in 1986 as an early intervention program for children birth to three who have or are at risk for developmental disability. Part H supports comprehensive, statewide programs which identify and coordinate needed services within the context of a family-centered services delivery model.