



NATIONAL HEAD START ASSOCIATION

Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.

Head Start Policy Agenda (2021-2022)

The national Head Start Policy Agenda serves as the guiding document for the government affairs-related efforts of the National Head Start Association (NHSA), its members—including directors, educators, and managers—Head Start alumni, and the one million children and their families who participate in Head Start and Early Head Start programs each year. The agenda is intended as a roadmap for NHSA’s policy engagement and informs advocacy for changes in current law, regulation, and practice.

The Policy Agenda is informed by members of NHSA, including local programs, state, regional, and national Head Start associations; the NHSA Board; and Head Start parents, teachers, and staff. Feedback was gathered through a variety of methods, including extensive surveying, discussions with the NHSA Board of Directors and other stakeholders; conversations on social media; and hosting conversations with all 50 states, as well as numerous tribes and territories.

ABOUT HEAD START

Serving more than one million children and families from at-risk backgrounds each year, Head Start (children age 3-5), Early Head Start (pregnant women and children age 0-3), Migrant and Seasonal Head Start (children age 0-5), American Indian and Alaska Native (AIAN) Early Head Start (0-3), and AIAN Head Start (3-5) are collectively referred to as “Head Start.” Children whose families are in poverty, eligible for public assistance, or experiencing homelessness, and children in foster care are eligible for Head Start. As a comprehensive, multi-generational program, Head Start provides children and their families a wide range of services spanning health, nutrition, school readiness, and supports that address job training, crisis intervention, and housing needs.

From early math and reading skills to confidence and resilience, Head Start nurtures the abilities children need to be successful in school and life. Each Head Start program engages parents and caregivers as partners with their child’s teacher and works closely with the local community to adapt to localized and individualized needs. Every child has the ability to succeed and together, we’re partnering with millions of children, families, and communities on paths to success.

ABOUT THE NATIONAL HEAD START ASSOCIATION

The [National Head Start Association](#) is a nonprofit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in school and in life. NHSA is the voice for more than one million children, 270,000 staff, and 1,600 Head Start grantees in the United States.

Guided by its mission to coalesce, inspire, and support the Head Start community as a leader in early childhood education, NHSA’s vision is for Head Start to lead—to be the untiring voice that will not be quiet until every vulnerable child is served with the Head Start model of support for the whole child, the family and the community—and to advocate—to work diligently for policy changes that ensure all vulnerable children and families have what they need to succeed.



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INTRODUCTION

Current Context

As our country faces a confluence of crises—the COVID-19 pandemic, economic destabilization, and systemic and historical racism—and the need to recover from these crises, the services that Head Start provides to at-risk children and families are more important than ever. Children and families enrolled in Head Start are among those who have been most adversely affected by these current crises: deep-rooted health inequities contribute to greater risks of COVID-19 among minority populations; lower-income jobs are recovering most slowly and have been more commonly permanently lost in comparison to higher-wage counterparts; and systemic racism pervades the many systems upon which families' health, academic, and financial recovery can be achieved. These realities will be difficult to overcome.

However, Head Start programs are community-embedded, proven service providers. They are crisis-tested and have maintained vital services and relationships with families throughout this, and every other, national crisis in Head Start's long and storied history. Head Start's roots in the civil rights movement, continual evolution toward higher quality, and history of bipartisan support position Head Start as a powerful tool amid these challenges. For more than 55 years, Head Start has represented a tangible commitment to the American Dream, and as local programs and communities continually demonstrate the power of Head Start as a leader in quality, breaking intergenerational poverty, and advancing equity, Head Start has a strong place not only in the recovery from these crises but also in building the future vision for our nation.

These crises will define policy agendas of the Biden Administration and the 117th Congress, including addressing other policy focuses that may be long overdue. While no one can predict how the new Congress will work together, Head Start's critical role is clear: over time and especially over the past decade, NHSA and the Head Start community have worked diligently and extensively to develop a bipartisan network of support for Head Start, and Head Start's ability to support our nation's recovery from the current crises depends on the strength of practitioners, the persistence of advocates, and the support of policymakers.

A Note on Navigating the Policy Agenda

What follows is an overview of Head Start's positions and priorities on policies affecting at-risk children and their families, including federal legislative, regulatory, and state policies. Each recommendation detailed in this Policy Agenda represents a priority of the Head Start community, was asserted as a key priority in conversations that informed this work, and plays a critical role in positioning Head Start to be most effective amidst the stark realities affecting the country. These recommendations will be pursued independently and collectively, and NHSA welcomes partnership in achieving these goals.

The subsections in the federal and state policy sections are ordered to reflect the frequency with which the topic was identified by the Head Start community. Recommendations raised frequently across the community that can be effected through federal and state policy change are included here. By no means is the list of recommendations exhaustive.



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Head Start's Commitment to Anti-Racism and Focus on Building Equity

NHSA is committed to anti-racism and believes that Head Start is intrinsically an anti-racist program in that it improves access to opportunity for children and families from low-income backgrounds who are disproportionately Black, Indigenous, and People of Color (BIPOC). Head Start's role in contributing to a more equitable future and the community's commitment to anti-racism must be an unceasing, intentional, and urgent focus of our work. It is NHSA's job and priority to help Head Start maximize its impact and be successful in this critical purpose.

Using policy to increase equity within federal and state systems and programs, including by aligning state policies across early childhood settings with equity-focused policies in the *Head Start's Program Performance Standards*, will strengthen the ability of programs to have a positive impact in the short and long term.

In addressing how to elevate how Head Start is and can be a tool for shaping a more equitable future for children and families across the United States, these recommendations are informed by the fact that inequities and systemic racism pervade every aspect of society; as a result, recommendations addressing how Head Start can build equity and what policies will support this work are interwoven through all sections detailed below.

Guiding Principles

Over the next two years, NHSA's work with Congress, the administration, state policymakers, and the Head Start community will be guided by the following principles:

- We aim to strengthen the Head Start model of support for the whole child, the family, and the community, including ensuring comprehensive support of children, families, and programs as they recover from the effects of COVID-19.
- We must maximize federal and state support for Head Start in order to secure resources to meet COVID-19 costs and recovery, invest in the Head Start workforce and infrastructure, and strengthen quality.
- We commit to working to expand access to Head Start for the nation's at-risk children and families, including pregnant women, infants, and toddlers.
- We will leverage Head Start and Early Head Start to support individuals, communities, and our country in the fight against racism and for equity, including through greater measurement, accountability, and intentionality.
- We recognize the urgent need to comprehensively and equitably address Head Start's workforce crisis in a way that values experience and generates greater interest in early childhood professions.
- We prioritize a focus on strengthening Head Start programs to support the mental health and wellbeing of children, families, and staff.
- We seek to simplify administrative procedures to best support Head Start programs in providing efficient, high-quality services.
- We encourage collaboration between Head Start and local education, health, and social service providers to comprehensively support children and families.



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Head Start in the States

Head Start and Early Head Start are critical pieces of state and local early childhood education, health and family support. They are even more important as states recover from COVID-19 and face a rising tide of children in poverty, foster care, experiencing homelessness, or living with trauma. In many cases, Head Start serves children and families while leveraging complementary state and local funding—including child care and state pre-K funding—to respond to overwhelming demand from parents, families, and caregivers. At the same time, states often rely on Head Start to serve the most at-risk children and connect their families to other critical supports. In short, supportive state policy expands and strengthens Head Start’s promise, delivering cost savings and undeniably offering more children the opportunity to succeed in school and in life. Recommendations on how this critical collaboration can be improved are detailed in the sections below.

Cross-Cutting Policies

In addition to the specific policies shared below, several other policies impact Head Start programs and the families Head Start serves. While not discussed at length in this Policy Agenda, NHTA intends on monitoring the reauthorization and legislative efforts related to the following throughout the 117th Congress:

- *Child Abuse Prevention and Treatment Act*
- *Child Nutrition and WIC/Healthy, Hunger-Free Kids Act* (Child and Adult Care Food Program, and Women, Infant and Children)
- *Farm Bill/Agriculture Improvement Act of 2018* (Supplemental Nutrition Assistance Program)
- *Community Services Block Grant Act* (CSBG)
- *Higher Education Act*
- *Individuals with Disabilities Education Act* (IDEA)
- Comprehensive Immigration Reform
- *Social Security Act* (Title XX, the Social Services Block Grant)
- *Personal Responsibility and Work Opportunity Reconciliation Act* (Temporary Assistance for Needy Families)
- *Esther Martinez Native American Languages Programs Act*¹
- *Every Student Succeeds Act*
- *Child Care and Development Block Grant Act*
- *McKinney-Vento Homelessness Assistance Act*

Monitoring the funding, discussions, and proposals related to these actions would help ensure Head Start’s voice and experience are considered as needed when decisions are made in these areas.

¹ One of the critical values of Head Start’s tribal programs is their ability to preserve unique culture and language, and this role should be reinforced, including through supporting Head Start programs in applying for funding made available through the Esther Martinez Native American Language Program.



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POLICY CHANGES AND IMPROVEMENTS

Head Start and Early Head Start Funding

Before COVID-19, Head Start programs were experiencing drastically rising operating expenses, immense challenges with recruiting and retaining staff, aging facilities, and increasing mental health needs of children and families. Now, as Head Start supports families' recovery from COVID-19 and plays an active role in shaping a more equitable future, it is of paramount importance that local programs are resourced to provide targeted support, high-quality early childhood services, and individualized parent and family engagement services to those who have been most devastated by the crises faced by our country.

Currently, Head Start serves less than 50% of income-eligible children, and Early Head Start serves less than 10% of income-eligible infants and toddlers. While at least 14 states supplement the federal investment by providing dedicated funding to expand access, improve program quality, and help grantees meet their required non-federal match, there is much more that can be done to maximize Head Start's impact.

NHSA recommends that the U.S. Congress and President Biden:

- include funding for Head Start in fiscal year (FY) 2022 and build on those investment in FY 2023 to maintain services to currently enrolled children and families, to increase quality, and to expand access:
 - Dedicate funding to Head Start for quality improvement, including staff salary and benefits, trauma-informed care, and extending the duration of in-class time offered by center-based Head Start programs.
 - Mitigate the growing workforce crisis through including substantial funding for local programs to improve salaries, support retention efforts, and work toward parity with the K-12 workforce.
 - Include funding to expand access to eligible, unserved children, especially for infants and toddlers through Early Head Start and Early Head Start-Child Care Partnerships.
 - Include one-time funding for Head Start infrastructure improvement, repair, and replacement in any broader budgetary agreement.
- ensure that any COVID-19 relief signed into law includes the funding necessary for Head Start and Early Head Start programs to address the costs acutely attributable to COVID-19 (20% of program funding since March 2020).

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- provide guidance on braiding/blending funding across multiple funding streams to encourage more socioeconomically diverse classes.²
- include in the funding opportunity announcements for Head Start and Early Head Start

² Research demonstrates that a mix of family income levels being represented within a classroom is beneficial for children, especially in early learning. While Head Start funding will continue to go to supporting eligible, enrolled children with robust services, blending and braiding funding creates opportunities for funding to support other children from other socioeconomic backgrounds in the same classrooms as children in Head Start.



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funding—including for programs, research, and training and technical assistance—a requirement that applicants provide detailed information about how they will measure and contribute to equity.

NHSA recommends that states:

- provide dedicated funding to federal Head Start and Early Head Start grantees to expand access, improve program quality, or help grantees meet their required match.
- ensure grantees are explicitly eligible to directly access or compete for other state funding, including workforce, facility, transportation, and other grants and funding.
- provide in-kind support to grantees in the form of free or reduced rent, professional development, quality coaching and other forms.
- maintain or increase funding for critical health and income-support programs, particularly programs that disproportionately benefit young children and families, such as SNAP, WIC, TANF and Medicaid.
- provide dedicated state funding for all early childhood programs to meet new health, safety, and workforce requirements, prioritizing publicly-funded programs serving a large proportion of children and families living in or near poverty.
- provide seed and ongoing funding to implement or sustain proven or promising trauma-informed care approaches in early childhood settings.
- increase investment in summer learning and transition to kindergarten programs to mitigate learning loss, improve school readiness, and address social-emotional learning needs, with a focus on children with disabilities.

Workforce

Early childhood professions are all-too-often undervalued. Brain science has made clear that the most important years for brain development happen before age five. Yet, early childhood educators are paid low wages and offered minimal benefits, even after decades-long efforts to require higher credentials. The Head Start workforce has drastically changed in recent years, stemming from changes to policy in the *Improving Head Start for School Readiness Act of 2007*. Since then, while the percentage of educators with degrees has substantially increased, salary levels have remained stagnant. Without necessary funding, grantees are unable to pay staff a competitive salary, leaving Head Start programs as the training ground for public schools, leading to retention issues and outsized orientation and professional development costs, all the while impacting the continuity and quality of care of our youngest learners. Year after year, supporting the needs of the Head Start workforce is one of the community's highest priorities across federal and state policy. As COVID-19 has placed additional demands and stressors on the Head Start workforce, this need is greater than in past years.

NHSA recommends that the U.S. Congress and President Biden:

- mitigate the growing workforce crisis through including substantial and sustained investment for local programs to improve salaries.
- double the Pell Grant award amount to increase access to higher education among low-income and moderate-income students and families.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):



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- assess and inform improvements to the current Child Development Associate (CDA) credential.
- work with the U.S. Department of Education to ensure that higher education degrees and credentials effectively prepare staff to support children, including those from birth to age three, and families from at-risk backgrounds.

NHSA recommends that states:

- conduct compensation studies and create compensation scales for early childhood professionals that reflect their contributions and offer viable career-ladders.
- dedicate funding to the early childhood workforce when receiving increased per-child child care subsidies, state pre-K funding, or other funding streams.
- work with higher education, including community colleges, and through dual enrollment high schools to recruit more Black, Latino, Asian, and indigenous early childhood professionals, expand scholarships and loan forgiveness, and assist with guaranteed job placement.
- offer Head Start staff and other early childhood professionals the opportunity to buy into state health and retirement benefits.
- offer and require free anti-bias training for all early childhood professionals.

Infrastructure

Some Head Start facilities are state-of-the-art, many are sufficient, and a staggering number are crumbling under decades of wear and tear. Mounting wear and tear of facilities, outdoor spaces, busses, and other transportation is a looming threat to the quality of Head Start, and these needs have been compounded by COVID-19. Some programs increase reliance on transportation for delivery of food and supplies for families, others are compelled to provide their own transportation after partnerships with K-12 fail, and others still complement virtual services with more home visiting. Due to COVID-19, programs have had to acquire additional space, adapt sick rooms, expand outdoor spaces, and update heating, ventilation, and air conditioning. Addressing Head Start's need for repairs, renovations, and new space to ensure infrastructure supports quality is Head Start's single greatest one-time funding need.

NHSA recommends that the U.S. Congress and President Biden:

- include funding for Head Start facilities and infrastructure in the FY 2022 and FY 2023 that meets the critical \$4.2 billion need identified by the Office of Planning, Research, and Evaluation.³
- address the technology gap, including hardware, software, and internet connection deficits, that pervades education and compromises children's ability to participate in virtual education.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- provide clarity, guidance, and T/TA on the facilities renovation and replacement process.
- ensure that national and regional T/TA provide information to grantees about lead exposure, prevention, identification, and mitigation.

³ The amount cited has been indexed for inflation.



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NHSA recommends that states:

- expand affordable telecommunications and internet access to Head Start programs by making them eligible entities under state E-Rate rules and regulations.

Eligibility

Children and families are best served when they have access to programs that can best meet their needs. Currently, 29 states have minimum wages higher than the federal minimum wage, and minimum wages will increase in more than half of states in 2021, bringing about increased wages, especially among people with low-incomes. However, costs of living continue to increase in communities across the country, and for many, an increase in wages reduces access to services but does not sufficiently meet costs of living; in effect, the resulting benefit cliff increases barriers to succeeding in school and in life.

Tasked with ensuring that Head Start programs are serving the most at-risk children and families, provisions guiding Head Start's Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) are some of the most complex and important policies impacting Head Start. States also have significant decision-making authority over eligibility for and access to child care subsidies, Temporary Assistance for Needy Families, state pre-K, federal special education, child welfare, and family homelessness supports. All of these policies impact which families are eligible for Head Start, and there is significant interest across the Head Start community to make changes to these policies to better meet the needs of children and families.

NHSA recommends that the U.S. Congress and President Biden:

- modernize the method for setting the federal poverty line to account for housing, transportation, and other costs, as well as for regional differences.
- prioritize and help programs best serve children and families experiencing homelessness.
- expand resources for IDEA Part C services to facilitate early identification and enrollment of more eligible young children with disabilities.
- expand the use of categorical eligibility to ensure that families who stand to benefit most in each community—for example, children in kinship care, children of veterans, those living on tribal reservations, and refugee children—have access to Head Start.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- provide clarity, guidance, and T/TA on the best practices related to enrolling new families amid social distancing and new norms brought about by COVID-19.
- maximize to the greatest extent the eligibility that falls under the “public assistance” provisions of eligibility in the Head Start Program Performance Standards §1302.12(c)(1)(ii)
- clarify existing regulatory flexibility and authority to ensure Head Start programs can most effectively navigate eligibility, particularly with regard to §1302.12(c)(1)(ii) and §1302.12(d)(1) of the Head Start Program Performance Standards and 645(a)(1)(C) of the *Head Start Act*.
- remove definitions that separate migrant and seasonal eligibility to acknowledge current context of agricultural labor.

NHSA recommends that states:



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- expand TANF eligibility and prioritize the use of TANF funds for child care to enable enrollment in Head Start and Early Head Start programs.
- ensure that any family seeking a child care subsidy or state-funded pre-K slot also be evaluated for Head Start or Early Head Start eligibility, be given the option to enroll if deemed eligible and a referral notification be sent to the applicable provider for follow-up.
- adopt Head Start's more expansive eligibility definitions for children in kinship care and children experiencing homelessness in child care, state pre-K, and home visiting.
- include Head Start programs in any statewide, online enrollment portals as an eligible parent choice or referral option.
- provide funding to enable programs to ensure at least 10% of enrolled children in state early childhood environments are children with disabilities or developmental delays and support inclusive classroom environments.

Trauma-Informed Care

Predating the COVID-19 pandemic, Head Start practitioners reported a substantial rise in children exhibiting challenging behaviors and children experiencing increased adverse childhood experiences. Now, amidst COVID-19, the at-risk families Head Start serves—those who are already confronting destabilizing challenges—are facing job loss and uncertainty, physical illness, isolation, and loss of critical services. As child abuse and neglect goes undetected, incidents of domestic abuse increase, and substance misuse becomes more common, mental health needs brought on by COVID-19 are compounding the well-documented needs related to childhood trauma that already existed in the Head Start community. Expanding access to care, enhancing training, and better supporting children impacted by trauma through Head Start's existing infrastructure and relationships must be a priority as our country recovers.

NHSA recommends that the U.S. Congress and President Biden:

- include additional funding for Head Start programs to implement multi-tiered positive behavioral interventions, supports, and other trauma-informed care models of support for child and family.
- take action to increase the availability of qualified infant and early childhood mental health consultants in all communities, including rural and frontier communities.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- provide extensive professional development to all Head Start program personnel on how to prevent, identify, and mitigate the effects of trauma.
- improve program capacity to identify, refer, and provide services to children in need of trauma support or behavioral health services.
- increase capacity and infrastructure support for data input and analysis to track pre-post evaluation of resiliency, social-emotional wellness, or behavioral concerns.

Health

The vast majority of children enrolled in Head Start are eligible for and receive coverage through Medicaid. Head Start programs have always integrated a focus on child health as a part of Head Start's comprehensive approach, and addressing child health continues to be a top priority for Head Start. Recent data from the Centers for Medicare & Medicaid Services (CMS) revealed that this year, compared to the same time period in 2019, there was a significant decline in critical



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primary and time-sensitive preventative services for young children. For Head Start children and families especially, complications and fears associated with accessing health care brought on by COVID-19 pose an immense threat to children's health. Without access to doctors for routine check-ups and specialists to identify and treat disabilities or delays, children could suffer unnecessarily for years during a critical period of development, ultimately undermining their full potential.

NHSA recommends that the U.S. Congress and President Biden:

- encourage Medicaid expansion in order to support the health needs of children and families.
- maintain telehealth flexibilities that were established in response to COVID-19 and explore further expansion of flexibilities based on new information made available through increased utilization during COVID-19.
- encourage states to include people who work in early childhood programs as early as possible in dissemination of a COVID-19 vaccine.
- prioritize early access to COVID-19 vaccination among children and families from low-income populations and populations that have been disproportionately affected by COVID-19.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- provide guidance on best practices for local programs on how to engage with their Health Services Advisory Committee, including possible participants to engage, topics that may be explored, and data that can inform conversations.

NHSA recommends that states:

- expand mental health consultation and support in early childhood settings for both children and staff, including mental health consultation.

Reauthorization of the *Head Start Act*

The *Improving Head Start for School Readiness Act of 2007's* authority expired in 2012, and in 2016, new, streamlined Head Start Program Performance Standards (HSPPS) aligned regulations with the act. The updated HSPPS compelled programs to meet the needs of the communities they serve in a more effective, data-driven manner. Now, it is time for the community and relevant stakeholders to return to preparing for a reauthorization, exploring how we can address the current and future crises impacting Head Start—especially those concerning workforce, infrastructure, and eligibility.

NHSA recommends that the U.S. Congress and President Biden:

- begin bipartisan work exploring how to improve Head Start services to children and families through a reauthorization.
- secure the full support of the Head Start community for reauthorization ideas before moving forward with a formal reauthorization.

Supporting Local Communities

Perhaps Head Start's greatest strength is its ability to meet the needs of the individual communities that programs serve. This local focus is informed by annual community needs



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assessments that are conducted by grantees and strengthened by the Policy Councils, comprised of parents and community members, that share governance of the program with agency boards. While many states have invested in early learning, local communities remain the place where services, coordination, and effectiveness are at their best.

NHSA recommends that the U.S. Congress and President Biden:

- support the local design of Head Start programs and reject any proposal to move Head Start funds to states.
- amend *the Head Start Act* to provide for the seamless operation and administration of programs in the form of prenatal-to-age five (PN-5) Head Start grants.⁴

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- clarify and streamline the process by which local grantees can convert Head Start slots to Early Head Start slots and vice versa, including through ensuring consistency across guidance provided by regional offices, expeditious timelines, and technical assistance to inform the conversion process.

NHSA recommends that states:

- involve the Head Start community, including parents and families, in the design and ongoing implementation of other early childhood initiatives, including statewide longitudinal data systems, licensing requirements, Quality Rating and Improvement Systems (QRIS), Preschool Development Grant (PDG) efforts, MIECHV and home visiting, and childhood health. In doing so, recognize the need to reduce duplicative effort, accept alternative documentation, reward Head Start's high standards, and provide equitable access to support and funding.
- codify key early pandemic responses and lessons from COVID-19 in the event of other local or statewide health and safety emergencies, including legal recognition of early childhood education staff as essential workers, eligibility for hazard-pay, and industry-wide access to PPE and facilities funds.
- fully implement federal coordination requirements by:
 - ensuring State Head Start Collaboration Directors have the positional and decision-making authority necessary to drive their required priorities
 - including Head Start representation on State Advisory Councils on Early Childhood Care and Education (SACs), and
 - providing cross-agency support and leadership to facilitate Head Start-public school partnership and transition to kindergarten agreements.
- elevate Head Start's leadership role within state agencies specifically created to support young children and their families (e.g. New Mexico's Early Childhood and Care Department).
- adopt standards that ensure that learning multiple languages is viewed as an asset, that assessments are performed in children's primary languages, and that parents are engaged with in linguistically and culturally sensitive ways.
- prohibit suspension or expulsion in learning settings serving young children.

⁴ This would eliminate the administrative burden that comes with operating multiple Head Start grants, simultaneously facilitating the continuity of care for children and their families.



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- reduce ratios in classrooms with infants and toddlers to mirror those in Early Head Start, while providing funding to expand the total number of infant-toddler slots supported by state funding.

Coordination and Collaboration with Public Schools

Head Start programs have a long history of working in coordination with local school districts to prepare children for success in kindergarten and beyond, transition children to kindergarten, and ensure that the gains made in preschool are sustained. As of 2020, 44 states and Washington D.C. offer some form of state-funded pre-K. In many cases, Head Start programs either directly receive funding to provide services or do so through contracts with school districts. State investments in pre-K, especially when coordinated well with Head Start, can greatly strengthen early childhood options for families.

NHSA recommends that the U.S. Congress and President Biden:

- provide financial incentives and regulatory flexibility for school districts to create and support a seamless, comprehensive, and collaborative continuum of learning for children as they move from Head Start into schools.
- provide training and technical assistance, including sharing best practices, and templates for local educational agencies entering into Memorandums of Understanding with local Head Start agencies, as Head Start agencies are mandated to do by the *Head Start Act* and local educational agencies are required to do by ESSA.
- spend Title II funds for joint professional development opportunities between early elementary school teachers and Head Start and other preschool teachers, as is authorized by ESSA.
- provide guidance and financial incentives to local educational agencies to provide timely and comprehensive evaluations of children attending Head Start programs who are referred for special education.
- incentivize the flexible use of Title I funds for collaborations between Head Start and local educational agencies to support children as they leave Head Start and enter the K-12 school system.
- encourage tribal and state partnerships that require the inclusion of local and state educational agencies to work closely with tribes in developing applications and plans for ESSA Title programs. This will ensure that tribal concerns are not inadvertently excluded at the state and local levels.

NHSA recommends that states:

- continue to expand preschool programs through a mixed-delivery approach that builds on existing high-quality providers, such as local Head Start and Early Head Start programs.
- align state early learning standards with Head Start's high standards to help facilitate stronger partnerships, improve quality, and increase the ability of early learning programs to leverage a variety of funding sources.
- develop coordinated state and local recruitment and enrollment strategies across programs serving children to ensure that the most at-risk children, who are likely to benefit the most from the Head Start model, have access to Head Start's services.
- institute accountability for full enrollment and coordination requirements, monitor implementation, and set benchmark data to promote continuous improvement in local



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collaboration.

- ensure that children with disabilities enrolled in Head Start in partnership with public schools are receiving appropriate levels of paraprofessional support and other required supports.

Training and Technical Assistance

The Training and Technical Assistance (T/TA) system for Head Start includes funding for national centers, regional contractors, and local programs to use at their discretion. The services accessed through T/TA funding are absolutely critical for programs to improve the quality of their practices and services. However, despite this important role, there is variability across regions and in the quality of T/TA providers, and some grantees report difficulty in accessing timely, relevant content.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- focus T/TA offerings for Head Start programs on how to:
 - best recruit, retain, and support staff
 - measure and increase equity within programs
 - collect, analyze and act on data to support improvements
 - prevent, identify and mitigate lead exposure
 - content that is practitioner-driven
- reallocate T/TA funds currently supporting regional T/TA contractors directly to grantees within the region, so local grantees are able to increase the relevance and individualization of the training they receive.
- increase the quality of T/TA providers by:
 - leveraging the T/TA grant application process to increase the importance of providers having knowledge of adult learning and being able to cite their contributions to increasing equity within Head Start.
 - establishing an advisory group of Head Start practitioners to inform decision making with regard to national T/TA providers.
 - creating a process, feedback mechanism, or tool to monitor the efficacy of T/TA contractors, including feedback from grantees on the quality of the T/TA they receive.
- align the T/TA system with the monitoring system to identify concerns and provide assistance before a grantee faces disciplinary action and/or competition.

Monitoring and Quality Improvement

Federal monitoring of Head Start has evolved substantially in recent years, now focusing on ensuring that Head Start grantees have strong systems of accountability and continuous quality improvement. There is broad acceptance across the Head Start community of the new monitoring system which places a greater emphasis on using data to inform practice. As the early childhood landscape becomes more interwoven, the data that Head Start generates about the children they serve, the challenges they face, and the approaches that programs implement are important for many stakeholders to collect and analyze. Efforts concerning data should be collaborative across systems of accountability and quality improvement.



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NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- use monitoring data to identify and disseminate information on high-performers, including grantees with significant growth or improvement, and make such information easily accessible to Head Start practitioners.
- align the T/TA system with the monitoring system to identify concerns and provide assistance before a grantee faces disciplinary action and/or competition.
- make monitoring data more easily accessible to the public in formats that allow for comparison across grantees.
- dedicate existing federal research funds within the Administration for Children and Families' Office of Planning, Research and Evaluation (OPRE) to support collaborations of early learning researchers and program leaders to identify a broader set of early childhood outcomes and evidence-based indicators.

NHSA recommends states:

- build QRIS with a clear and simple path for Head Start programs to enter at an advanced level of quality recognizing the standards, monitoring, and services that Head Start programs already provide.
- leverage Head Start leadership and expertise in refining and improving the QRIS by including the Head Start community's recommendations on quality indicators, improvement strategies, technical assistance, and serving low-income families.
- avoid duplication and unnecessary administrative costs by recognizing alternative documentation for certain quality indicators, such as Head Start's federal monitoring reports.
- design QRIS to focus on improvement over accountability and provide the necessary coaching and financial strategies to effectively assist programs in moving up rating system levels.
- align their licensing systems with Head Start's Aligned Monitoring System in order to avoid duplication, reduce burden, and decrease state costs of monitoring.

Child Care and Child Care Partnerships

The Child Care and Development Block Grant (CCDBG) was reauthorized in late 2014. This reauthorization included significant quality improvements to child care and was met with support from the Head Start community. More needs to be done, including on coordinating and collaborating with Head Start, as too many children from low-income families remain unserved, reimbursement rates fail to reflect true cost, and the struggles of states and local communities to provide quality services grows amidst COVID-19.⁵

Head Start programs have historically and routinely utilized child care funding to provide wrap-around support for families or full-day services. Early Head Start-Child Care Partnership grants further encourage these kinds of innovative collaborations. However, as previously noted, the COVID-19 crisis has hurt the child care community and revealed systemic weaknesses in the child care system. Reforms are needed to ensure the durability of the child care system and strengthen partnerships with systems, such as Head Start, to support family stability and ensure

⁵ Please see the related section in state policy for recommendations on how to improve the implementation of CCDBG.



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that children receive the continuity of care necessary for healthy development.

NHSA recommends that the U.S. Congress and President Biden:

- continue to increase funding for the Child Care and Development Block Grant in order to reduce waitlists, expand eligibility, increase reimbursement rates, and help states and providers meet the higher quality requirements in the 2014 CCDBG reauthorization.
- incentivize long-overdue systems change at the state level to enable the implementation of background check requirements that exist within child care and Head Start to ensure child safety.

NHSA recommends that states:

- make greater use of child care contracts, rather than vouchers, in order to sustainably build the supply of high-quality care in underserved communities as allowed under the 2014 CCDBG reauthorization.
- set reimbursement rates, at minimum, at the recommended 75th percentile of the state market rate and consider using alternate market rate methodology, such as a cost estimation model, to ensure child care providers have sufficient resources to offer high-quality care.
- set family-friendly eligibility policies, including waiving and covering all co-pays for families in economic crisis due to COVID-19, allowing families to count school attendance by their child as a qualifying activity, and extending the duration of assistance. .
- allow for and encourage local programs to layer subsidy funds with Head Start funds both to increase the quality of child care and allow providers to provide services that meet the demands of working families.
- expand infant-toddler set-asides to address the overwhelming need and demand for high-quality infant-toddler services, prioritizing the expansion of Early Head Start services, which are the current gold-standard care, through Early Head Start-Child Care Partnerships funding, increased home-based options, and other means.