



NATIONAL HEAD START ASSOCIATION

115th Congress Policy Agenda

INTRODUCTION

The National Head Start Association (NHSA) Policy Agenda for the 115th Congress outlines the opportunities and challenges facing Head Start¹ as well as NHSA's positions on policies affecting the most vulnerable young children and their families. It starts with an overview of NHSA, before a discussion of the current political context facing Head Start. Next, the agenda presents Head Start's key policy priorities for 2017 and 2018, followed by federal legislative, regulatory, and state-focused policy suggestions and specific changes. Following the actual policymaking process, this year's agenda also includes a discussion of research priorities and recommendations for approaching research in order to guide effective policy and practice. The agenda should be considered a roadmap for educating policy makers and influencers, guiding NHSA's decision-making, and advocating for changes in current law, regulation, and practice.

The Policy Agenda reflects thinking and feedback from member programs; state, regional, and national Head Start associations; the NHSA Board; and Head Start parents, teachers, and staff. These ideas and feedback were obtained through a variety of methods including discussions with the NHSA Board of Directors and other stakeholders; review of survey responses from Head Start directors, staff, parents and other leaders; and careful listening to the concerns of the Head Start community. It was also guided by the documents and recommendations generated by various working groups – including the Monitoring Redesign Task Force, Performance Standards Working Group, Investing in Impact Think Tank, and others.

ABOUT THE NATIONAL HEAD START ASSOCIATION

The National Head Start Association is an organization committed to the belief that every child, regardless of circumstance at birth, has the ability to succeed in life. Guided by its mission to coalesce, inspire, and support the Head Start field as a leader in early childhood education, NHSA's vision is 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.

The opportunity to succeed in school and in life, regardless of circumstances at birth, is a core American value, and for over fifty years the Head Start community has embraced the challenge of delivering on that value and developing our nation's most vulnerable children and their families. A strong and sustainable future for Head Start will mean the success of generations of

¹ For the purposes of this paper "Head Start" is inclusive of Early Head Start, American Indian/Alaskan Native Head Start, Migrant and Seasonal Head Start, and the many creative and complex program models including home-based, center-based and family child care partnership models.

children who may otherwise struggle throughout their lives. Their future success rests on the knowledge, commitment and collaboration of families, programs, researchers and policymakers.

A POLICY AGENDA FOR THE 115TH CONGRESS - POLITICAL CONTEXT

On January 3rd, 2017, the 115th Congress was sworn in with Republicans maintaining their majorities, albeit slightly weakened, in both the Senate and the House. Like the 114th Congress, the 115th Congress is relatively inexperienced when it comes to Head Start with significant turnover of Members since the last Head Start reauthorization in 2007. This includes the retirement and term-limiting of a handful of key Republican leaders in the House, leaving significant gaps in legislative knowledge. On the Democratic side, leadership on key committees remains mostly intact. Despite changes and the political rhetoric in Washington, there is reason to be optimistic about the new Congress as Head Start remains a funding priority with significant bipartisan support in both the House and Senate. Clearly, bolstering that bipartisan support by getting to know, educating, and cultivating new Members of Congress as champions must be a focal point for the Head Start community.

Two and a half weeks after the new Congress was sworn in, Donald J. Trump took the oath of office as the United States' 45th President, marking the first time since the 109th Congress that the Republicans controlled the House, Senate, and White House. President Trump, with Governor Mike Pence (IN) as his Vice-President, won the 2016 election with a commanding performance in the Electoral College, but lost the popular vote by 2.8 million votes. His campaign did not focus on Head Start or early learning greatly, aside from a child care tax credit plan that would be unlikely to assist Head Start families. Instead, his campaign focused on three main policy proposals – immigration, job creation, and repeal of the Affordable Care Act – that his administration has been aggressively working towards in its first month, via executive action. Due in large part to the outcome of the 2016 election and further exacerbated by an aggressive series of executive actions in January and February 2017, we start the new Administration with reinvigorated political bases on both sides (liberal and conservative) that only reinforce the political divide of the American public.

Beyond getting to know the new environment, Head Start must also take into consideration three political factors that may help or hinder success in the next two years. First is President Trump's Secretary of Health and Human Services, Congressman Tom Price (GA). Unlike the President, Tom Price has a deep history with Head Start. During his time in the House, Dr. Price raised significant questions about Head Start's effectiveness and its federal to local approach, proposing to pilot the block-granting of Head Start, voting against the 2007 Head Start reauthorization, and targeting Head Start for funding cuts in his role as Budget Committee Chairman. Understanding Secretary Price's concerns and working with him to understand the advantage Head Start gives children and their families, must be a priority for Head Start in 2017.

Second is tamping down or overcoming the increasing power of opponents to Head Start, such as the Heritage Foundation. Over the years, Heritage has emerged as the primary opposition to the existence of Head Start. It has continually misconstrued the Head Start Impact Study as proof of Head Start's failure and last year put out a proposed budget that outlined the sun-setting (meaning the ending) of Head Start by 2026. Heritage and other similar groups, have long been voices respected by the conservative branch of the Republican Party in Congress, and with the

election of President Trump and Vice President Pence their voice appears to be stronger than ever. Weakening this opposition must be a priority for Head Start in 2017 and 2018.

The third and final external political concern for Head Start in the 115th Congress is Head Start being used for political gain by either or both parties. NHSA and the Head Start community have worked diligently and extensively to build a bipartisan network of support for Head Start, especially over the past decade. However, in an era of increased political discord and divisiveness all too often bipartisan policies and programs may be used for political gain. Head Start is not likely to be at the forefront of any major political battle in 2017 or 2018, but many other programs that support Head Start families such as TANF, Medicaid, child nutrition, and child care will likely come up and are in danger of turning into a partisan debate. Finding ways to support the programs that support Head Start families while making sure that Head Start itself does not get embroiled in unnecessary political debate will be one of our biggest challenges in the 115th Congress.

For Head Start, these political realities overshadow the future of two important and influential pieces of legislation that could be considered in 2017-2018. The first is funding and the return of tight budget caps/sequestration in FY 2017 and FY 2018. In FY 2013 and into FY 2014, sequestration became a devastating reality for Head Start - cutting 53,000 children, 1.3 million service days, and thousands of staff. Staff have yet to see a salary increase that would allow for a competitive salary, while their responsibilities grow and accountability for data collection and quality service delivery increases the already very high stakes. The resilience and determination of the Head Start community ultimately led to the restoration of the sequestered funds, an expansion of Early Head Start and an investment in the extended duration of services in FY 2016. Without Congressional intervention, the return of lower budget caps in FY 2018 and beyond presents a terrifying possibility of future funding cuts in an increasingly threatening funding environment.

Secondly, while Head Start is five years overdue for a reauthorization, the new Program Performance Standards are just now being implemented. The new Standards mark a significant shift in the culture of Head Start – trading a culture of compliance in for a culture of continuous improvement – and they have been met with strong support. However, as the Standards and the corresponding new Monitoring System continue to be implemented, additional funding will be needed and changes may be required. A reauthorization, which NHSA and the Head Start community have been preparing for since 2013, provides an opportunity to make these changes but it also has the potential of getting lost in a sea of partisanship, if attempted at an inopportune time (such as this year.) A reauthorization will be needed in the coming years, but it is not necessary in the 115th Congress and exactly when a politically opportune time might be remains unclear.

The next two years certainly do look to be dangerous, but entering the 115th Congress the Head Start community has rarely been stronger. Opportunities are apparent over the next two years for strengthening the Head Start advantage and our nation's commitment to ensuring that every child, regardless of circumstance at birth, has an opportunity to succeed in school and in life.

KEY POLICY PRIORITIES

NHSA has set three simple goals for the success of Head Start in the 115th Congress:

1. Prevent a Head Start block grant.
2. Preserve and expand the annual Head Start appropriation.
3. Keep the Head Start field united.

In order to achieve these goals, NHSA will work with Congress, the Administration, state policymakers, and the Head Start field to accomplish the following priorities:

- Stabilize funding for Head Start and Early Head Start and avoid the detrimental impacts of tight budget caps and the return of sequestration.
- Strengthen the Head Start model of support for the whole child, the family, and the community.
- Expand access to Head Start and Early Head Start for the nation's most vulnerable children and families, especially for infants and toddlers.
- Address the workforce crisis and increase investments in program infrastructure that will improve quality.
- Continue implementation of the new streamlined Head Start Program Performance Standards and effectively reform the Monitoring System so that it reinforces the vision outlined in the new Standards.
- Seek legislative, regulatory, and policy changes that encourage collaboration and coordination among local education, health, and social service providers.

SPECIFIC FEDERAL LEGISLATIVE CHANGES AND IMPROVEMENTS

This section outlines NHSA's specific positions on the most important areas of federal legislation, as identified by a survey of the Head Start community. NHSA expects to advocate for these positions if and when the following pieces of legislation come up for debate and votes.

Funding

Since FY 2008, Head Start has seen annual funding increases except for two years - FY 2013 and FY 2015, due to sequestration and flat-funding respectively. In FY 2013 Head Start was funded at \$8.002 billion with a 5.27 % sequester cut (approximately \$405 million). These funds were restored to Head Start in FY 2014 with a significant increase to provide a cost of living adjustment for staff and a \$500 million expansion of Early Head Start and Child Care partnerships. This increased funding level was flat funded in FY 2015. Last year, in FY 2016, Congress again increased the federal investment in Head Start by allocating a \$570 million increase to further expand Early Head Start and Child Care partnerships, support the workforce and rising operating expenses, and extend the duration of services. Looking forward, funding appears much more tenuous. With overall spending holding virtually constant from FY 2016 to FY 2017, Congress and the Administration still have not yet finalized funding for FY 2017. Despite funding increases proposed by both the House and Senate, flat funding looks likely in FY 2017. In FY 2018 and FY 2019, tight budget caps and possibly sequestration are slated to return and without Congressional action their devastating impacts will be felt again and for years to come. Compounding this financial hardship for programs are drastically rising operating expenses and increased costs, time, and effort required to implement the new Program Performance Standards.

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

- *Make Head Start and Early Head Start a top funding priority within FY 2017, FY 2018, and FY 2019 appropriations. Subsequent funding levels should at the very least maintain FY 2016 levels and provide adequate funding for the implementation of the new Standards in order to meet the needs of working families.*
- *Enact a permanent fix to sequestration and expand the budget caps set in the Budget Control Act, for FY 2018 and beyond.*
- *Treat defense and non-defense spending caps in the same manner where an increase in one results in an increase in the other and vice versa.*
- *Increase funding in order to expand access beyond the current percentage of eligible children served - less than 7 % of children from birth to age 3 and less than half of eligible children ages 3-5.*

Supporting Local Communities

Perhaps Head Start's biggest strength is its ability to meet the needs of the communities that programs serve. This local focus and control is based on annual community needs assessments that are conducted by grantees and the Policy Councils that share governance of the program with agency boards and are comprised of parents and community members. While many states have invested in early learning, local communities remain the place where services, coordination, and effectiveness are at their best. Block-granting Head Start, or sending Head Start funds to states rather than communities would end the Head Start model and hinder our ability to best achieve positive results for children and families. Based on results from the 115th Congress Policy Agenda survey, supporting local communities by avoiding block-grants is the Head Start community's highest priority in 2017 and 2018 - outside of funding.

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

- *Support the local design of Head Start programs and reject any proposal to move Head Start funds to states.*

Workforce

Stemming from the 2007 Head Start Reauthorization, the Head Start workforce has drastically changed over the past eight years. The community overwhelmingly met the mandate for Head Start teachers with bachelor's degrees by 2013 and continues to increase the number of degreed teachers - 72.6% of teachers had degrees as of FY 2016². While the Head Start workforce has substantially grown its number of teachers with degrees, salary and benefit levels have not kept pace. Grantees are unable to pay staff a competitive salary and with the expansion of state based pre-kindergarten Head Start is at risk of losing thousands of highly qualified teachers and other critical early learning staff in the coming years. After all, the ability of programs to hire, retain and support high quality staff is vital to ensuring high quality and successful programming. Based on results from the 115th Congress Policy Agenda survey, supporting the needs of the Head Start workforce is one the community's highest priorities in 2017 and 2018.

NHSA recommends that Congress and President Trump:

- *Include a significant Cost of Living Adjustment for Head Start programs in FY 2017, FY*

² Per P. 103 of the [FY 2017 ACF Budget Justification](#)

2018 and FY 2019 (at least at the level of inflation or CPI-U).

- *Identify and include funding opportunities for supporting the Head Start workforce in any major package of funding, including infrastructure, tax reform, or similar legislation.*
- *Identify tax breaks and additional funding streams to pay teachers and other staff a competitive wage – comparable to similar positions in the K-12 system, thus incentivizing teachers and staff to remain working for Head Start.*
- *Create opportunities for Head Start staff to earn higher education degrees and credentials for little or no cost.*

Infrastructure

Maintenance and replacement of Head Start infrastructure and expansion of Head Start facilities are pressing needs. Grantees across the country have seen their operating expenses rise significantly and funding has not focused on supporting these increases. Expenses which programs often are forced to ignore and defer include infrastructure maintenance and improvement, specifically facilities, buses, and technology. Compounding the issue is the nationwide need for 4,000 new classrooms to better serve working families by extending the duration of the services, as required by the new Standards. Currently, over 4,000 Head Start classrooms offer dual or double sessions (an AM and a PM session with different groups of children). These arrangements cannot serve children during a longer day. The cost of the needed new facilities (which includes new classroom space, supplies, equipment and land) amounts to \$3.6 billion according to standard industry cost expectations. The need is compounded by Head Start programs losing public school space to recently expanded state-funded, school-based prekindergarten programs. President Trump stated on the campaign trail and since being sworn in that he would like to see significant investments in the nation's infrastructure. An investment in increasing and improving Head Start facilities would add many jobs and strengthen local economies across the country.

NHSA recommends that Congress and President Trump:

- *Include a significant investment in quality improvement funds for Head Start grantees in FY 2017, FY 2018 and FY 2019.*
- *Include \$3.6 billion for Head Start infrastructure expansion, improvement, repair and replacement in any broader budgetary or tax agreements.*

Reauthorization of Head Start

The Improving Head Start for School Readiness Act of 2007's authority expired in 2012. The Obama Administration implemented many of the 2007 Act's significant reforms, including the release of new, streamlined Head Start Program Performance Standards that finally align to the Act. The updated Standards present a helpful opportunity for Head Start to better meet the needs of the communities they serve in a more effective, data-driven manner. While the Head Start community had engaged in extensive reauthorization preparation before the new Standards were released, we now need time to understand the seemingly positive changes before looking at a reauthorization in earnest.

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

- *Not move forward with a Head Start reauthorization until the impact of the new Performance Standards are better understood.*

Funding for the Child Care and Development Block Grant

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 and excitement by the Head Start community. Despite making significant quality improvements in child care, Congress and the Administration did not include significant funding increases to help meet these new requirements, let alone expand access to millions of working families in need of affordable, quality child care.

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

- *Increase funding for the Child Care and Development Block Grant in order to help states and providers meet the increased quality requirements in the 2014 CCDBG reauthorization.*

Cross-Cutting Policy Issues that Affect Head Start

In the 115th Congress, lawmakers may reauthorize several federal laws that have impacts on Head Start children and families. Examples include statutes on home visitation, child nutrition, child welfare, and higher education. Monitoring the discussions and proposals related to these actions would help ensure Head Start's voice is considered as needed when decisions are made in these areas.

NHSA will monitor reauthorization and legislative efforts related to the following:

- *Child Abuse Prevention and Treatment Act*
- *Child Nutrition Act, Women, Infant and Children (WIC), and Supplemental Nutrition Assistance Program (SNAP)*
- *Higher Education Act*
- *Individuals with Disabilities Education Act*
- *Maternal, Infant and Early Childhood Home Visiting (MIECHV)*
- *Social Services Block Grant*
- *Temporary Assistance for Needy Families*
- *Community Services Block Grant (CSBG)*
- *Medicaid and State Children's Health Insurance Program*

SPECIFIC FEDERAL REGULATORY CHANGES AND IMPROVEMENTS

This section outlines NHSA's specific positions on the most important areas of federal regulatory policy identified by a survey of the Head Start community. NHSA expects to advocate for these positions if and when the following regulations and policies come up for rulemaking.

Designation Renewal System

In November 2011, President Obama issued the final rule on the Designation Renewal System (DRS) for Head Start. While the Head Start community embraces accountability and continuous quality improvement, the current DRS system raises many concerns about fairness, transparency, and effectiveness. These concerns are not with the existence of an accountability system itself, but with the administration of it and its implementation in an insufficient and unequal manner.

NHSA recommends that the Administration make the following changes to the DRS:

- *Move the DRS into a faster and more predictable schedule.*
- *Improve transparency by releasing competition details and decisions.*
- *Eliminate the 10 % component of the CLASS trigger.*
- *Treat low CLASS scores as non-compliances rather than as immediate deficiencies. If a program receives low scores, OHS should conduct a follow-up CLASS observation after a specified period of time. Only programs whose scores are still low at that time would face competition.*
- *Evaluate the way self-reported incidents are included in a grantee's compliance record.*
- *Ensure that new applicants are able to demonstrate familiarity with the CLASS evaluation and that they can achieve high quality results in their applications.*

Program Performance Standards and Monitoring System

On September 1st, 2016, the Office of Head Start released the revised and streamlined Head Start Program Performance Standards. The Standards have been met with overwhelming support and appreciation from the Head Start community. However, the continued support of the community will be closely tied to the effectiveness of the new Monitoring System. When asked how they felt about the new Standards, 69% of respondents to the 115th Congress Policy Agenda survey responded that they felt mostly positive but that it would depend on how the monitoring system reflected the changes. NHSA has established a Monitoring Redesign Task Force to provide input from the Head Start community to the Office of Head Start around how a new system might effectively do just that. As a new monitoring system is implemented, work must continue to ensure the success of programs by rewarding excellence and supporting continuous quality improvement.

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

- *Continue implementing the Head Start Program Performance Standards in a manner that supports parents, rewards Continuous Quality Improvement, and allows for adequate local control of Head Start programming.*
- *Analyze and implement the recommendations of NHSA's Monitoring Redesign Task Force.*
- *Create opportunities and forums for grantees to ask direct and specific questions about changes in the monitoring system.*

Slot Conversion Process

Over the past few years, many agencies providing Head Start and Early Head Start services have been converting or considering converting Head Start slots into Early Head Start slots due to changing need in their communities. While the Office of Head Start has a process in place to convert slots, it can take, depending on the region, a year or more to complete - harming the planning necessary to effectively provide services. At the same time, the Office of Head Start created a series of pilot birth to five grants meant to eliminate barriers and extra administrative burdens on grantees that run Head Start and Early Head Start grants, allowing them to run one continuous birth to five grant as opposed to two separate grants - birth to three and three to five. These pilots have been met with enthusiastic support by the Head Start community. However,

they have only been available to grantees that had to compete for their grant renewal and other grantees still have to go through an extensive slot conversion process to convert Head Start slots.

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

- *Speed up the slot conversion process so that grantees can carry out such a conversion as efficiently as possible*
- *Create a process for any grantee who operates Early Head Start and Head Start to convert the two grants into one birth to five grant.*

Training and Technical Assistance

The existing T/TA system for Head Start includes funding to national resource centers, regional and state contractors, and to local programs to use at their discretion. Grantees from across the country have reported that some of the national resource centers have been increasingly effective and helpful to program improvement. Grantees are also able to direct their discretionary funds to T/TA in areas they determine as most necessary through their T/TA plan developed in partnership with their regional office. However, grantees have consistently reported that state and regional contractors continually fall short in providing pertinent, accessible, and timely T/TA. An effective Training and Technical Assistance System should be focused on professional development, enriching skill-building and intervention where necessary. It should be provided by a professional training workforce, based on adult learning practices appropriate for all staff. Early childhood policy makers and administrators also need to upgrade the T/TA system to modernize data, indicators, outcomes and goals in a coordinated, common approach across Head Start, preschool and child care programs to ensure that they all are best serving the needs of young children and their families. The use of existing T/TA and research funding should be updated and some of the new federal preschool funding should be directed to enable these goals. As part of this effort, all levels of the T/TA system (federal, regional, state, local, collaboration offices, state associations, programs) should have open communication and purposeful collaboration in order to best support the daily work programs do with children and families.

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

- *Create a process or tool for monitoring the efficacy of T/TA contractors, including feedback from grantees on the quality of the T/TA they receive.*
- *Reallocate T/TA funds currently supporting state and regional T/TA contractors directly to Head Start and Early Head Start grantees in order to better meet their needs.*
- *Align the T/TA system with the monitoring system to identify concerns and provide assistance before a grantee faces disciplinary action and/or competition.*
- *Ensure national centers and state T/TA systems can be flexible and responsive to grantee needs.*
- *Identify T/TA providers with knowledge of adult learning and the ability to provide rich professional knowledge to all levels of Head Start staff.*
- *Use Centers and state systems to develop and cultivate local programs' innovations and help them to share their successes widely.*
- *Reallocate some federal T/TA funds to build Head Start grantees' capacity to collect, analyze and act on data to support improvements.*
- *Use a portion of the Preschool Development Grant funds authorized with the ESSA for*

competitive grants for state-based improvement networks, which would work with early learning programs to establish common data priorities, indicators, and outcomes to identify strengths and opportunities to improve services for young children and their families and accountability for such improvements.

- *Dedicate some existing federal research funds within the Administration for Children and Families' Office of Planning, Research and Evaluation (OPRE) and the Department of Education's Institute of Education Sciences (IES) to support collaborations of early learning researchers and program leaders to identify a broader set of early childhood outcomes and evidence-based indicators.*

STATE POLICY CHANGES AND IMPROVEMENTS

The early learning landscape is growing at an exponential rate and most of that work is happening at the state and local level. This section outlines NHSA's specific positions on the most important areas of state policy identified by a survey of the Head Start community. NHSA expects to support our Head Start state associations in advocating for these positions.

State Pre-Kindergarten

NHSA strongly supports the growth of high-quality state-funded pre-kindergarten programs in order to help ensure high-quality early learning opportunities for children, so long as coordination among programs in communities is incentivized or required. Nearly 43 states offer some form of statewide preschool program and in many cases, Head Start programs are the service provider either directly or through contracts with local school districts.

In order to support high-quality pre-kindergarten, NHSA recommends that states:

- *Create and expand preschool programs that build on the capacity of existing early learning programs, such as Head Start and Early Head Start, through a mixed delivery system.*
- *Work to align state and federal early learning program standards to help facilitate stronger partnerships and the ability for early learning programs to leverage a variety of funding sources.*
- *Develop coordinated recruitment and enrollment strategies to ensure that children receive access to all the services available to them.*
- *Require that state preschool programs certify that the Head Start programs in a given service area are fully utilized in order to avoid competition for children in the community.*

Quality Rating and Improvement Systems

NHSA supports the movement in states to develop early childhood Quality Rating Improvement Systems (QRIS) that help build the supply and quality of early childhood education programs. Over 43 states have a QRIS and eight states provide some form of alternative or accelerated pathway for Head Start programs to enter. The importance of QRIS has increased in light of the new Head Start Program Performance Standards requirement that programs participate in their state's QRIS.

In order to support the growth and development of QRIS, NHSA recommends that states:

- *Build QRIS with a clear and simple path for Head Start programs to enter at an advanced level of quality recognizing the standards and services that Head Start programs already provide.*
- *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 within the rating system.*

Child Care

With the reauthorization of the Child Care and Development Block Grant (CCDBG) and release of the new child care regulations, states are diligently working toward revising their current child care subsidy systems to align with the new federal requirements. Head Start programs have historically and routinely leveraged child care funding to provide wrap-around supports for families or lengthen operating hours. With the new Early Head Start-Child Care Partnership grants, these kinds of innovative collaboration are encouraged.

In order to support high quality child care and foster greater collaboration between the child care community and Head Start, NHSA recommends that states:

- *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 help ensure child care providers have sufficient resources to offer high-quality care.*
- *Make greater use of child care contracts, rather than vouchers, in order to build the supply of high-quality care in underserved communities.*
- *Set family-friendly eligibility policies, such as allowing families to attend school or stay on assistance for a longer period of time, which supports family stability and ensures that children receive the continuity of care necessary for healthy development.*
- *Set provider friendly payment practices, such as paying for absent days or waiving copayments for families in poverty, which help stabilize program operations so providers can more easily serve low-income families.*
- *Allow for the layering of subsidy funds with Head Start funds to both increase the quality of childcare and allow providers to provide services that meets the demands of working families.*

K-12 School System

The Every Student Succeeds Act (ESSA) marked a tremendous move forward for public education in the country. NHSA strongly supports the law and the provisions that give state and local school districts greater flexibility to choose the reforms necessary to help improve schools that serve some of our most disadvantaged children. Head Start programs have a long history of working collaboratively with local districts, both to transition children to kindergarten and to ensure that the gains made in preschool are sustained throughout a child's academic career.

In order to support greater collaboration between Head Start programs and local school districts and stronger preschool through K-12 linkages, NHSA recommends that states:

- *Provide incentives 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.*
- *Design accountability systems that take into account the social/emotional development of children as well as their academic development, which studies have shown contribute greatly toward a child's future academic success.*
- *Support local education 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 education agencies are now 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.*
- *Encourage and provide incentives to local education agencies to provide timely and comprehensive evaluations of children attending Head Start programs who are referred for special education. This is important for Migrant and Seasonal grantees which offer shortened time periods of service year-round and struggle to meet Head Start requirements for serving children with disabilities.*
- *Incentivize the flexible use of Title I funds for collaborations between Head Start and the local education agency after the child enters the K-12 school system. This flexibility would help provide enhanced support services often needed by at-risk low-income families whose children graduate from Head Start and would encourage continued success in school.*
- *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.*
- *Coordinate their federal Comprehensive Literacy Grants for children birth to age 5 with Head Start, Early Head Start and other early childhood development and education programs.*

RESEARCH, DATA, AND QUALITY AGENDA

Head Start has been a laboratory for early childhood research for over 50 years, advancing our knowledge of early childhood education, health, and family services. This research has informed practice within Head Start programs and across the broader early childhood field. In August 2012, the Advisory Committee on Head Start Research and Evaluation developed a landmark report for the Secretary of Health and Human Services, which outlined a vision of Head Start. This vision systematically focused on outcomes, guided by research and data, within a culture of innovation and improvement to advance local services. This vision is manifested in the 2016 revision of the Head Start Program Performance Standards, which emphasize evidence-based practices and the intentional use of data by programs to drive continuous quality improvement.

This vision fits with NHSA's belief that practitioners, informed by good research and data, are in the best position to make decisions that drive quality and serve children and families. In January 2016, NHSA co-authored *Moneyball for Head Start: Using Data, Evidence, and Evaluation to Improve Outcomes for Children and Families*. This white paper made a number of recommendations for building grantee capacity, strengthening research capacity, developing

reliable outcome metrics, and moving from a compliance orientation to one of performance.

Research, Data, and Quality Priorities

Recognizing the increasing use of data to inform practice, we identify several priorities to drive NHSA's advocacy and related program work over the next two years:

1. **Practitioner Driven Research** – Congress should raise the current cap on Head Start research, demonstration, and evaluation funding, and practitioners should be given a stronger role in driving research. Head Start programs and practitioners should be integrally involved in the framing of research questions, the design of studies, and the adaptation of lessons from research for daily practice.
2. **Resources for Quality Improvement** – Local programs should receive dedicated funding to support their capacity to collect, analyze, and act on data to support improvement. This could flow through the T/TA System, to be spent at the discretion of local programs.
3. **Differentiated Monitoring** – The Office of Head Start's program monitoring system should develop a means to differentiate grantee performance, in order to intervene with low-performing programs and to learn from and scale effective practices from high performing programs.
4. **Outcome Metrics** – The Office of Head Start should develop a broader array of reliable, evidence-based metrics by which programs are assessed for their progress with children and families. This requires dedicated federal and philanthropic funding and inclusion of practitioners in the development of these tools.
5. **Demonstration Projects** – The Office of Head should have the discretion to support high-performing programs that want to explore innovative new approaches. This could happen through flexibility in monitoring rules and through an innovation fund that supports trial, experimentation, and dissemination of best practices.

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