



NATIONAL HEAD START ASSOCIATION

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U.S. House Committee on Education and the Workforce

### **Strengthening Head Start for Current and Future Generations**

Thank you for the opportunity to submit testimony for the record related to the “Strengthening Head Start for Current and Future Generations” hearing held on Wednesday October 7<sup>th</sup>. The hearing, following the Committee’s request for public comments on how to strengthen Head Start in the spring of 2015, provided an important and revealing discourse that exemplified the Committee’s commitment to Head Start and to the vulnerable children and families we serve. As 2015 marks the 50<sup>th</sup> Anniversary for Head Start, there could not be a more important time for the Committee to begin thinking about how to strengthen and grow Head Start so that children today, tomorrow, and in another 50 years are given the opportunity to succeed in school and in life.

The following statement is respectfully submitted on behalf of the National Head Start Association (NHSA) to clarify and reiterate several points that were raised during the hearing. NHSA believes that every child, regardless of circumstances at birth, has the ability to succeed in life if given the opportunity that Head Start affords children and their families. We are the national voice of the more than a million children, 200,000 staff, and 1,700 grantees in the Head Start and Early Head Start program annually. Head Start and Early Head Start represent a national commitment to provide quality early learning opportunities for the children who are most at-risk and who, it has been proven, benefit the most from early learning experiences.

### **Parent and Family Engagement**

Throughout the hearing, it was very clear that Committee members, both Democrats and Republicans, recognize and celebrate Head Start’s unique and effective role of engaging and involving parents. One of the most critical conditions for the life success of young children is the engagement of their families. Parents are a child’s first and most important teacher, yet most education programs in our country view parent participation and partnerships as a low priority. As several members of the Committee and all of the witnesses agreed, Head Start is the exception and has been the leader in involving and engaging parents over the past fifty years.

Head Start programs recognize that long term success for young children must include working with and engaging the child’s family. Following the Head Start standards for family engagement, programs accomplish this in many ways. For example, family service workers support families to develop family plans; find appropriate medical and dental homes for their children; and reinforce children’s educational development at home. To promote a more stable



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family life, families are connected to TANF, LIHEAP, employment support, and other safety net services as needed. Head Start programs also work with families to become effective advocates for their children in the K-12 school system and beyond. This model of family engagement is essential to children's success, and should be adopted by all early learning and even elementary school programs. As an existing strong practice, it must remain a priority for Head Start as Congress looks towards a reauthorization.

### **Local Flexibility and High Standards**

A second important theme, which was echoed by many Committee members and the witnesses during the hearing, is the need for local flexibility and local control while simultaneously maintaining a high bar for quality. The 2007 reauthorization of Head Start, while making strides in improving many aspects of quality, has unfortunately led to an overwhelming and detrimental focus on compliance. The challenge for policy makers, as in many other programs, is finding the appropriate balance of compliance and flexibility – ensuring that programs are providing the highest possible quality of services, but also that they are granted the flexibility to address the unique needs and challenges of their respective communities.

Since its inception, Head Start funds have flowed directly from the federal government to community-based Head Start providers in the form of grants. This model is the epitome of local control and accountability. It ensures a baseline of consistent quality across the country, but allows programs to tailor their services to fit their communities' needs. This is accomplished by allowing locally designed program options to be based on (1) Head Start Performance Standards and (2) an extensive triennial community needs assessment. Local grantees form partnerships with community businesses, local /state governments, school districts, non-profit organizations, and safety net providers to help design and customize their program in order to specifically benefit the children and families they serve. This combination of federal accountability and local flexibility and control is a particularly valuable aspect of a national program that reaches low-income children and parents in urban, suburban, and rural environments, on Indian reservations and in migrant worker populations, each of which have their own unique assets and challenges. It is critical that Congress recognize and support this model in the next reauthorization by maintaining strong uniform standards while simultaneously allowing communities to design and run their programs based on the needs of their respective communities.

### **Changes Since the Last Reauthorization**

During the hearing, several Members of the committee, including both Chairman Kline and Ranking Member Scott, made note of the changes that Head Start has made since the program was last reauthorized in 2007. However, the conversation on the changes largely skipped over the specific improvements that Head Start has made over the last eight years. The majority of



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these reforms were a direct result of the *Improving Head Start for School Readiness Act of 2007*, which passed with overwhelming bipartisan support. While several of these changes had begun to be implemented as early as 2008, the most significant changes occurred between 2010 – 2013.

First, the Office of Head Start announced and implemented “The Head Start Roadmap to Excellence.” The roadmap set the vision and priorities of the Office of Head Start specifically focusing on developing a stronger Child Outcomes Framework, a more responsive and thorough Training and Technical Assistance network, and a pathway to excellence for all of Head Start and Early Head Start. Following the initial improvements made by the roadmap, the Office of Head Start has also created a new Aligned Monitoring System, issued the Early Head Start and Child Care partnership grants, and moved all Head Start grantees into a five year grant process.

Second, as a result of a GAO report uncovering inconsistencies in enrollment practices, the Office of Head Start began conducting unannounced monitoring visits of Head Start and Early Head Start programs in the summer of 2010. The unannounced visits focus on a few different areas of compliance and are in addition to the regular exhaustive triennial review process for Head Start and Early Head Start programs. Subsequent reporting from HHS and GAO shows that steps have been taken to clarify and strengthen the regulations, and that programs have shown marked improvements in this key accountability measure.

Finally, and most significantly, the Office of Head Start has created and implemented the Designation Renewal System, as mandated by the 2007 Head Start Act. The DRS, also known as re-competition, is a process by which grantees that are not considered the highest performing will not have their grant automatically renewed at the end of its term (every 5 years). The grant for that service area is available through an open competition, meaning that any provider in the community, including the current grantee, can apply for the grant. The first round of competitions took place in the summer of 2012 and there have now been four cohorts of competition as more than 30 % of all grantees have competed for their grants. While this is arguably the biggest and most impactful reform to Head Start since the creation of Early Head Start, it is clear that the system has flaws in its administration and Congress must make changes to the current system in the next reauthorization. NHSA has outlined several of these changes in letters to the Secretary of HHS and will continue working with the Committee to see them made.

The other significant reforms that were developed in the *Improving Head Start for School Readiness Act of 2007* are listed and described below:



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### ***Teacher Certification***

The Act dictated that by September 30, 2012 at least 50% of Head Start teachers have a BA or advanced degree in early childhood, or in a related area with pre-school teaching experience. In addition, 100% of teachers who did not have a BA (or advanced degree) had to have at an Associate's degree by 2011. Stricter qualifications were also created for Education Coordinators and Head Start teacher assistants. These requirements were intended to provide Head Start children with high quality educational experiences; as research indicates that the highest outcomes for children are associated with BA teachers. Despite a number of barriers, by 2014, 72% of Head Start teachers nationally had reached these new, higher standards, and that number continues to grow.

### ***MOUs with Local School Districts***

As of December 12, 2008, each Head Start program was required to enter into a Memorandum of Understanding with its local school district(s). These agreements allow programs and schools to work together to ensure that children and families transition smoothly to kindergarten and that children with disabilities are quickly identified and have their needs met. Complimentary requirements for Local Educational Agencies (LEA's) are not currently enacted into law, but both the House and Senate passed ESEA reauthorizations include important provisions ensuring both Head Start and LEA's must have agreements.

### ***CLASS Assessment Tool for Classroom Improvement***

As described above, while the Office of Head Start has long had the power to defund failing programs, the Act called for concrete measures by which to identify low functioning programs. In addition to the various financial management-related standards programs must meet, the CLASS assessment tool was introduced as one way of identifying high and low quality programs by evaluating teacher-child interactions, and has informed professional development across the Head Start system. On a survey conducted by NHSA in spring 2012, 92% of responding programs reported using the CLASS tool.

### ***Population***

While Head Start has historically served the most vulnerable children, the 2007 Act made homeless children categorically eligible, regardless of income. As a result, the number of homeless children served nearly doubled from 2007 to 2012, to almost 50,000 children – and that number continues to grow. The Act also enabled programs to propose to convert preschool age slots to infant and toddler slots, which allowed them to flexibly respond to need in their communities, especially where state pre-K was able to serve greater numbers of older children.



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### *Scientifically Valid Curricula*

While Head Start programs had always striven for excellence, the Act explicitly stated that all programs implement scientifically valid curricula. This stipulation ensures that children's learning experiences are of the highest quality and are age and developmentally appropriate.

### *Centers of Excellence*

Since 2010, twenty programs across the country have been designated as Centers of Excellence and have received funding to disseminate their innovative and effective practices in the areas of social-emotional support, parent engagement, teacher mentoring and curriculum development.

These extensive reforms have had program quality improvement as a major goal, and as a result of their implementation, Head Start and Early Head Start lead in delivering high quality early childhood education for children and families with income below the federal poverty guidelines, and other vulnerable children (special needs, homeless, English Language Learners, migrant, foster children, and others).

### **Comprehensive Services**

One final theme that was not discussed at much length during the hearing is the critical importance of the comprehensive services that Head Start provides to children and their families. Head Start children and families have extensive and challenging needs that are real barriers to success in school and in life. Many also lack access to basic services that help their more advantaged peers prepare to learn. For a successful intervention designed to get children and families ready to learn, programs must address these needs through a variety of services. These services, including health, dental health, mental health, nutrition, and safety, can be costly, but are absolutely integral to healthy brain development and later success in life. To be able to learn, children have to be healthy. Children cannot be ready to learn if they are hungry, cannot see a chalkboard, or cannot hear the teacher. In tailoring the intervention to each child's needs, the Head Start model recognizes physical development and health, and social and emotional development as key domains necessary for learning. These domains and the comprehensive services that support them are the foundations of school readiness and invaluable to any effective early learning intervention. It is critical that a reauthorization of Head Start strengthens programs' abilities to offer, provide, and connect families to these services.

In conclusion, NHSA and the entire Head Start community would like to thank and applaud Chairman Kline, Ranking Member Scott, and the members of the Committee for holding the hearing on October 7, 2015 about the future of Head Start. We look forward to working together to strengthen Head Start and ensure that all vulnerable children and families have what they need to succeed in school and in life.