

The Notice of Proposed Rulemaking and the Future of the Head Start Performance Standards



After extensive consultations with Head Start families, programs, state associations, and partners, the National Head Start Association (NHSA) published comments on the Notice of Proposed Rulemaking (NPRM) for the Head Start Performance Standards in September 2015. In these comments, NHSA provided recommendations that consider both the importance of updating the Head Start standards based on recent research and the implications of the NPRM given the realities of programs across the country. During times of change it is also necessary to focus on the values that have played a critical role in Head Start's success since its conception 50 years ago. While updates and changes to the standards will strengthen Head Start, NHSA and the Head Start community see the following three core recommendations as critical:

1. **Increases in dosage** (hours per day or days per year) should be a goal shaped by community need.
2. **The role of parents** as family and program leaders must be strengthened not weakened.
3. **Local flexibility** is what drives strong outcomes for children and families and must be accessible to every community.

Proposed changes to the Performance Standards threaten to undermine Head Start in these areas, and advocacy is critical to ensure that the Final Rule on Standards affirms and sustains the strength and effectiveness of the Head Start program.

Dosage

RECOMMENDATION: Increases in dosage (hours per day or days per year) should be a goal shaped by community need. Each program should work toward expanding access to slots with 1,020+ hours of center-based time per year over their next five year grant.

Currently, each Head Start program is responsible for conducting a thorough Community Needs Assessment every three years and designing services to meet the needs and desires of eligible families. For three and four year olds, Head Start services may be part-day or full-day center-based, home-based (home visiting), a mix of center-based time and home visits, or a locally-designed alternative. In a voluntary survey of over 300 Head Start programs conducted by NHSA in the spring of 2015, more than 78% reported that they currently operate more than one of the current standard program options in their service area. NHSA believes expanding access to full-day, full school year programming is a good goal wherever it best suits community and family needs and when and where adequate resources are available. Yet, it is also clear that within many programs' service areas, there are families with different needs and preferences.

§1302.21 of the NPRM would increase the number of required service days per year for preschoolers from 128

to 180 days and increase the minimum required hours per day from 3.5 to 6 hours – removing the flexibility for programs to offer part-day or home-based services except as part of a locally-designed option. Without additional funding, the NPRM estimates the total cost of implementing all changes would lead to 126,448 fewer children being served and 9,432 teachers' jobs being lost; most of these losses would be driven by the cost of expanding access to six hours/180 days of service.

NHSA appreciates the early childhood research described in the NPRM that shows that children benefit from increased learning opportunities and we understand the vision for offering extensive services to all vulnerable children. However, the new limitations on program design in the NPRM would cause significant disruption to many communities, eliminating access for over one hundred thousand families and reducing the ability of communities to design services based on local resources and needs.



Parent Engagement

RECOMMENDATION: NHTSA recommends that family engagement should be strengthened through continued requirements for Family Partnership Agreements and stronger Shared Governance rather than diminished in the name of reduced bureaucracy.

For 50 years, Head Start has been a model rooted in a commitment to helping whole families succeed through two-generation approaches that focus both on children’s healthy learning and growth and on families as the important context for children’s long-term development. The NPRM threatens to compromise the values of Head Start and disempower families by eliminating the requirements for Family Partnership Agreements and Parent Committees and establishing a Policy Council Impasse Procedure that validates solely the power of the governing body.

Family Partnership Agreements

The process of conducting a Family Needs Assessment and creating a Family Partnership Agreements is the first time that many Head Start families are encouraged to explore their strengths and envision a better future with the support provided by their programs. For families, these agreements initiate lasting relationships with family service staff and inspire involvement in their children’s education, the education system, and the Head Start community. For staff, these agreements are the first opportunities to evaluate the families’ needs and tailor resources to meet those needs. The NPRM seeks to revise the existing rule to “include only the requirements for general approaches to family engagement” and “de-emphasize the development of a single written plan.” The new rule should increase Head Start’s holistic, two-generation approach, rather than undermine this pillar of the program.

Head Start Act – “It is the purpose of this subchapter to promote the school readiness of low-income children... through the provision to low-income children and their families of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary.”

Current Standards – “Grantee and delegate agencies must engage in a process of collaborative partnership building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports [and] must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies...”

Proposed Standards – “Revise the existing rule to include only the requirements for general approaches to family engagement.” This would eliminate the requirement for Family Partnership Agreements.

Parent Committees

Parent Committees are groups established at each Head Start center that offer an important opportunity for parents to make decisions as a community and elect representatives to the Policy Council that governs their Head Start agency. In the long term, Parent Committees catapult many parents to leadership roles in their Head Start programs and later in Parent Teacher Associations and other community settings. However, the NPRM is “no longer prescribing parent committees.” This change is projected to save an estimated \$1.6 million presumably from decreased staff time spent engaging families, which assumes programs would not be spending time and energy on other forms of parent engagement but would instead be able to cancel such efforts entirely. This would undermine the entire structure of parent engagement and empowerment. The new standards should instead reinforce the value parents bring as their children’s first teachers and advocates.

Head Start Act – “A Head Start agency shall, at a minimum, do all the following to involve and serve families and communities:

(1) Provide for the regular and direct participation of parents and community residents in the implementation of the Head Start program, including decisions that influence the character of such program...”

Current Standards – “[Parent committees] Advise staff in developing and implementing local program policies, activities, and services; Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; and...within the guidelines...participate in the recruitment and screening of... employees.”

Proposed Standards – “We are no longer prescribing parent committees.”

Impasse Procedures

The Head Start Act requires shared decision making between programs’ Policy Councils (groups made up of at least 50% of parents) and governing bodies. For many aspects of program planning, the Policy Council designs and proposes plans or decisions for the governing body to accept. In 2007, the Improving Head Start for School Readiness Act (Head Start Act) wrote that the Secretary shall “develop policies, procedures, and guidance for Head Start agencies concerning... the resolution of internal disputes, including any impasse in the governance of Head Start programs.” The proposed standard suggests that in a conflict between the two groups, the governing body should simply make its decision and explain why – hardly an impasse procedure at all and a policy that abandons the idea of facilitating consultation and collaboration between the groups. The proposed impasse has vast implications, entirely undermining any power of Policy Councils, and in turn families. Instead, when agreements cannot be met, NHTSA recommends that impasse procedures should require formal mediation to facilitate that spirit of cooperation and shared buy-in to final decisions.

Head Start Act – “The Secretary shall develop policies, procedures, and guidance for Head Start agencies concerning— (A) the resolution of internal disputes, including any impasse in the governance of Head Start programs; and (B) the facilitation of meaningful consultation and collaboration about decisions of the governing body and policy council.”

Current Standards – “Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group.”

Proposed Standards – “A program must establish and follow impasse procedures that: (1) Demonstrate that the governing body considers recommendations from the policy group; (2) Require the governing body to notify the policy group in writing why it does not accept a recommendation; (3) Describe a process and a timeline to resolve issues and reach decisions that are not arbitrary, capricious, or illegal; and, (4) Require the governing body to notify the policy group in writing of its final decision.”

Local Design

RECOMMENDATION: NHSA recommends that OHS support local flexibility by establishing a process for agencies to apply for five year grants with the mix of program options that best meets community need.

No two Head Start programs are exactly the same. For 50 years, Head Start has been locally designed based on community needs, and this ability to adapt each program to local strengths, resources, and needs is part of what has allowed programs to thrive from inner-cities to rural America. As described above, the proposed standards would narrow the options for how Head Start programs can serve three and four-year-olds. They would require programs operating a model other than full-day center-based or family child care to get approval every two years. The NPRM also suggests programs would also have to shift slots to serve younger children if pre-K is offered in their communities, regardless of the quality of that pre-K or if it only functions through partnership with Head Start. While some states or communities have excellent

pre-K, many more are mediocre at best, and most lack the comprehensive health and family services that are critical to the success of at-risk children in the long-term.

NHSA believes that the ability to design services in response to community need, family preferences, and partnership opportunities is central to outcomes for children and families. This flexibility should not be reduced. Different program options are often necessary for the most vulnerable families whose experiences of poverty require specialized services and programs. To that end, NHSA's comments lay out recommendations for how the locally-designed option process should help each community craft the range of service delivery options that best meet local needs.

NHSA's Proposed Alternative

- The Community Needs Assessment (CNA) should always be the starting ground for understanding what vulnerable families need in the local area and what resources or partners are available.
- Based on analysis of the CNA, a 5 year grant application should be designed:
 - » to expand access to quality and dosage based on available strengths and resources
 - » to target additional or extended services at children and families who will benefit most
 - » and to work flexibly with numerous partners including schools, child care providers, and community agencies.
- A five-year grant application should be expected to include one or more locally-designed options – such as part-day or home-based - balanced with full-day and family child care options where those best meet family needs, all approved as one grant every five years.
- Along with the design of their locally-designed options, programs should be required to set goals and measurements for those goals, and then demonstrate progress toward their goals over the course of appropriate check-in points across the grant based on the systems described elsewhere in the NPRM.
- Immediate and responsive support during this process should be available from Regional Offices and Training and Technical Assistance Systems. Guidance should be provided but should not limit the ingenuity and innovation happening in communities.
- There should be timely and straightforward mechanisms for having grants approved.
- There should be no quotas for innovation and no limitations on program flexibility to meet struggling families wherever they are.



NATIONAL HEAD START ASSOCIATION

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

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