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.

Early Head Start: Recommended Changes to the Head Start Act - January 2022

For more than 25 years, Early Head Start has leveraged the proven Head Start model to achieve positive outcomes for pregnant women, infants, and toddlers. In the last three decades, the scientific community has developed clear consensus: supporting brain development prior to age three is critical. Research has shown even greater gains[1] when young children are able to access both Early Head Start (prenatal to age three) and Head Start (ages three to five).

Unfortunately, only 11% of income-eligible families can access Early Head Start due to limited funding. This discrepancy equates to an estimated 500,000 slot gap between the number of children who have access to Early Head Start and those with access to Head Start.

Building strong prenatal-to-five systems in Head Start is the top priority of NHSA's Early Head Start Rising campaign. To reach this goal, modernizing policy, expanding funding, and growing partnerships are key. In the summer of 2021, NHSA created a working group of Early Head Start practitioners who made the four following recommendations—in the categories of workforce, prenatal-to-five grants, child care partnerships, and home-based services—for changes to the Head Start Act to better support children and their families through Early Head Start.

1. Workforce

Allow one teacher in an Early Head Start classroom on a provisional basis, while working within a reasonable timeframe towards a Child Development Associate credential.

One barrier to entry into the Early Head Start workforce is the requirement that classroom staff be fully credentialed at the time of hire. This rule impedes professional accreditation that can be obtained *while working*, which is a critical way to grow and sustain the early childhood workforce. Providing flexibility such that one teacher in an Early Head Start classroom may be concurrently working towards the Child Development Associate (CDA) credential will improve the pipeline of trained classroom staff while retaining a safe, healthy environment for children. Other classroom teachers would still be required to have completed at least a CDA with infant and toddler certification.

Gratitude to the Early Head Start Working Group

NHSA extends our gratitude to working group co-chairs Joyce Hepler of CAP Tulsa in Oklahoma and Alina Vega of Vista Del Mar Los Angeles in California. In addition, 70 members of the Head Start community offered input, ideas, and insights throughout the process of drafting these recommendations. We are grateful for their time and expertise. For more information or to contact the working group, please email: govaffairs@nhsa.org

[1] Love, J. M., Kisker, E. E., Ross, C. M., Schochet, P. Z., Brooks-Gunn, J., Paulsell, D., Boller, K., Constantine, J., Vogel, C., Sidle Fuligni, A., Brady-Smith, C. (2002). Making a difference in the lives of infants and toddlers and their families: The impacts of early Head Start. Volumes I-III: Final technical report and appendixes and local contributions to understanding the programs and their impacts. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

2. Prenatal-to-Five Grants

Facilitate the building of seamless prenatal-to-five (PN-5) systems in Head Start.
In 2019 and 2020, the Office of Head Start issued guidance outlining administrative simplifications that make it easier for grant recipients to establish single PN-5 grants, including those with Child Care Partnerships, thereby simplifying numerous operational challenges. While this guidance has been helpful to the Head Start programs that have been able to utilize it, we also recommend:

- ➔ **Eligibility verification of participants of a PN-5 grant should mirror Early Head Start eligibility verification requirements** in the *Head Start Program Performance Standards* (HSPPS), namely that "children who are enrolled in a program receiving funds under the authority of *section 645A* of the Act remain eligible while they participate in the program." This promotes greater continuity of care and positive outcomes for children as well as stability for parents.[2]

- ➔ **Permit unified accounting for Training and Technical Assistance expenditures for PN-5 grants** instead of having to allot for Early Head Start and Head Start separately. Current requirements for separate cost accounting undermines the intent of creating a seamless PN-5 program and creates administrative obstacles when staff must determine how to allot expenditures within one unified program. Programs would still be required to meet all the Training and Technical Assistance needs of the full PN-5 spectrum such as focused training on the unique needs and challenges facing young children at different ages and stages.

- ➔ **Improve local control over shifting Head Start and Early Head Start slots to meet local needs.** The Office of Head Start should be directed to take additional steps to improve the flexibility in moving between Head Start and Early Head Start slots to meet local demand, including assessing ongoing barriers to conversion.

- ➔ **Retain age-appropriate aspects** of Early Head Start and Head Start—including technical assistance, staff qualifications, and classroom ratios—that reflect the different needs and phases of young children along the PN-5 continuum.

3. Child Care Partnerships

Codify Early Head Start-Child Care Partnerships in the Head Start Act as a service delivery option.

Early Head Start-Child Care Partnerships (EHS-CCP) were created through the federal appropriations process in 2014 in an effort to expand the supply of high-quality child care by leveraging local Early Head Start expertise, including technical assistance, mentoring, and financial support. In its first five years, EHS-CCP funding has supported 32,000 high-quality child care slots for infants and toddlers, 8,000 early educators to enhance their skills and education, 1,400 child care centers, and 1,000 family child care programs. With the push for enhanced child care quality centered around the HSPPS should Build Back Better become law, the importance of collaborations similar to EHS-CCP will be critical.

We recommend including EHS-CCP as an additional service delivery option in the Head Start Act, joining existing service delivery options that include center-based, home-based, family child care, locally designed option, American Indian/Alaska Native, and Migrant and Seasonal.

[2] García, Jorge Luis, James J. Heckman, Duncan Ermini Leaf, and María José Prados. "The Life-cycle Benefits of an Influential Early Childhood Program." (2017) Retrieved from: https://heckmanequation.org/www/assets/2017/01/w23479.pdf

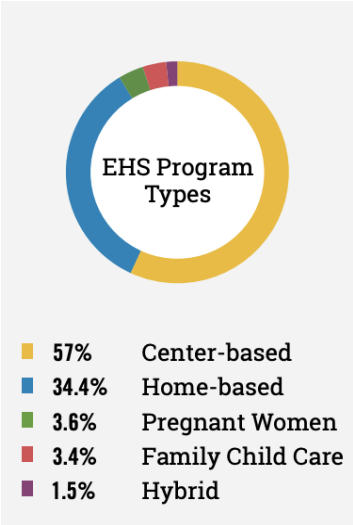
Allow new child care partners to show interim progress towards meeting HSPPS and to reach full attainment in 24 months.

The initial years of EHS-CCP have provided a roadmap for many Early Head Start programs on what works in partnering with child care. While some initial partnerships are thriving, others have encountered difficulties, especially in bridging the substantial gap between the practices of local child care providers and the requirements of the HSPPS within the required 12-month period. The original 2015 Program Instruction permitted family child care providers to become certified within two years. Restoring the timeline for full compliance to 24 months will enable the long-term success of more EHS-CCP programs and meet the intent of Congress, which has steadily increased funding for this important program.

4. Home-Based Early Head Start

Amend the requirement for 46 home visits per year to allow for a portion to be conducted virtually, pending a study on the impact of virtual home visits on Early Head Start outcomes.

Fully 34% of Early Head Start participants are served through the Home-Based Option, along with a small number of Head Start children as well. This option meets the needs of many parents with young children with a preference for support outside of a formal center setting.



During the pandemic—when entering private homes was not possible—home visitors began conducting virtual home visits. They discovered a number of benefits, including surprisingly strong engagement that often included additional family members, more flexible evening hours, and the fact that it was sometimes easier to have difficult conversations over a screen instead of face-to-face. Virtual visits also engaged parents more actively, since home visitors were not able to demonstrate directly but instead had to rely more heavily on verbal coaching.

Early Head Start is required to provide 46 home visits annually as well as 22 group socializations. While the benefits of in-person relationships between home visitors and families are well-documented, the benefits of virtual visits should be further explored. Early Head Start Home-Based Option is an evidenced-based model under the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), which is also examining the benefits of virtual programming.

Conclusion

In the 15 years since the last reauthorization of the Head Start Act, five generations of babies have been born and moved through Early Head Start. Meanwhile, Early Head Start continues to grow and evolve, reaching more families now than at any point in the past. These recommendations reflect key areas that must be addressed in order to continue to build Early Head Start as a cornerstone of the prenatal-to-five early childhood system. NHSA looks forward to working with policymakers to ensure many more generations of Early Head Start babies grow, learn, and thrive.