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

Serving more than one million children and families from at-risk backgrounds each year, Head Start is the only early childhood system supporting pregnant women and young children from birth through age five. (Source) “Head Start” collectively refers to Head Start (children age 3-5), Early Head Start (pregnant women, children age 0-3), Migrant and Seasonal Head Start (children age 0-5), American Indian, and Alaska Native (AIAN) Early Head Start, and AIAN Head Start.

Head Start’s 1,600 locally-driven programs are critical pieces of state and local early childhood education, anti-poverty, health, and family support infrastructure. Head Start is ever more important as states recover from COVID-19 and seek to better support young children in poverty, foster care, experiencing homelessness, or living with trauma.

Head Start programs also provide child care, pre-K, and home visiting through complementary state and local funding to respond to overwhelming demand from parents, families, and caregivers. States count on Head Start to serve children from the most at-risk backgrounds and connect families to resources that support housing, nutrition, and health needs.

Critically, Head Start is an anti-racist program which is specifically designed to expand opportunity for children and families from low-income backgrounds who are disproportionately Black, Indigenous, and People of Color (BIPOC). The program’s impact on intergenerational poverty is well-studied, and Head Start’s 35 million alumni are living proof of Head Start’s reach and effectiveness.

### Existing Equity in Head Start

State efforts to expand access to Head Start and align with the equity-focused policies in the Head Start Program Performance Standards will lead to greater equity and justice in state early childhood systems. Head Start already:

- Serves a racially diverse child and pregnant women population: Black or African-American (30%), White (44%), Biracial or Multi-Racial (10%), Asian (2%) American Indian/Alaska Native (4%), and Native Hawaiian/Pacific Islander (1%). Thirty-seven percent (37%) identify as being of Hispanic/ Latino origin (Source)
- Prioritizes services to children in foster care, experiencing homelessness, with a disability or in families employed in migrant and seasonal agricultural industries
- Embraces linguistic diversity as an asset; 28% of children lived in homes where families’ primary language was a language other than English (Source)
- Addresses childhood trauma and prohibits suspension and expulsion, which is prone to implicit bias
- Engages parents as leaders and offers them pathways to employment within Head Start
**NHSA’s State Policy Agenda Equity Highlights**

These state equity highlights from NHSA’s full Policy Agenda offer ways that states can expand their partnerships with Head Start and build greater equity into their early childhood systems.

**Funding**

- 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 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** efforts to mitigate learning loss, improve school readiness, and address social-emotional needs, with a focus on children with disabilities.

**Workforce**

- Conduct prenatal-to-age five **workforce compensation studies and create compensation scales** for early childhood professionals that reflect their contributions, offer viable career-ladders, and address racial wage and benefit gaps.

- Work with higher education, including community colleges, and through dual enrollment high schools to recruit more Black, Latinx, 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**, which are often lacking from their compensation packages.

- Require and offer **free anti-bias training** for all early childhood professionals.

**Infrastructure**

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

**Health**

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

- 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.

- Align definitions and eligibility processes with respect to kinship care and children experiencing homelessness across early childhood programs to remove barriers to accessing Head Start through categorical eligibility.

- Include Head Start programs in any statewide, online enrollment portals as an eligible parent choice.

Supporting Local Communities

- Involve the Head Start community, including parents and families, in the design and implementation of other early childhood initiatives, including Quality Rating and Improvement Systems (QRIS), Preschool Development Grant (PDG) efforts, and childhood health.

- 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 leadership on State Advisory Councils on Early Childhood Care and Education.
  - Providing cross-agency guidance and supports to facilitate effective Head Start-public school partnerships and transition to kindergarten agreements and initiatives.

- Adopt standards to ensure that learning multiple languages are viewed as an asset, assessments are performed in children’s primary languages, and that parents are engaged in linguistically and culturally sensitive ways.

- Prohibit suspension or expulsion in learning settings serving young children.

- 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

- 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.

- Develop coordinated state and local recruitment and enrollment strategies across programs serving children to ensure that the most at-risk children 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 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 services.
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Monitoring and Quality Improvement

- Build **QRIS systems 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.

- Avoid duplication and unnecessary administrative costs by **recognizing alternative documentation** for certain quality indicators, such as Head Start’s federal monitoring reports.

Child Care and Child Care Partnerships

- Make greater use of **child care contracts**, rather than vouchers, in order to sustainably build the supply of high-quality child care in underserved communities.

- Set family-friendly **eligibility policies**, including waiving all co-pays for families in economic crisis due to COVID-19, allowing families to count school attendance 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 high demand for infant-toddler services, prioritizing the expansion of Early Head Start services, which are the current gold-standard care, through direct contracts, Early Head Start-Child Care Partnerships, and other means.

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*These equity highlights are a small selection of the many federal and state recommendations in NHSA’s full Policy Agenda. For further exploration of these recommendations or for questions, please contact Kent Mitchell, Director of State Affairs, kmitchell@nhsa.org.*