***The New Jersey Head Start Association**. New Jersey Early Head Start and Head Start programs work together to ensure families receive high quality, comprehensive early education services that address education, health, oral health, mental health, disabilities, nutrition, social services, family engagement, and parent leadership.*

New Jersey Head Start Association

Policies to Support the Early Head Start Model in New Jersey

The Early Head Start (EHS) program has a 26-year proven track record of supporting pregnant women, children under 3 and their families in New Jersey and across the nation.

Early Head Start is a **unique prenatal, infant and toddler model** that:

- Prioritizes enrollment of children living in poverty, in foster care, experiencing homelessness and with special needs.
- Provides families with comprehensive child development services and family-centered care and support through center care centers, family child care homes *and* home visiting.
- Specializes in partnering with families to increase their economic self-sufficiency and family well-being.

New Jersey families need high-quality, and affordable prenatal services and infant and toddler care–especially families with low-incomes facing rising costs.

In New Jersey, EHS serves over 3,800 children.[1] Notably, the EHS model is flexible, offering a range of options to fit New Jersey's unique needs and landscape, including delivery through Head Start centers, child care providers and home visits.

Unfortunately, due to limited funding and a workforce shortage, nationally EHS only reaches 11% of income-eligible children. In New Jersey, one-quarter of Black and Hispanic children live in poverty.[2] EHS can be a critical part of New Jersey's prenatal-to-five landscape with expanded state investment.

Early Head Start in New Jersey Facts & Figures

3,819
Early Head Start Slots

323
Early Head Start Classrooms

544
Pregnant Women Served

58,336
Home Visits Conducted

[1] https://nhsa.org/wp-content/uploads/2022/01/NJ.pdf
[2] https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/EPHT_LT5_pov.html

In Their Own Words: Early Head Start Parents on the Benefits of EHS

Early Head Start parents and families recently shared[3] what they appreciate about the program:

- The immediate and long-term developmental growth their children experienced, from numbers, to letters and socialization skills with other children
- Early identification and attention to speech delays, autism and other special needs
- The support that is provided to new parents in navigating parenthood
- The strong two-way communication between families and staff and respect for parents

They also shared a desire for more access to the program in high-need communities, helping families with housing instability, a relaxing of some COVID-era regulations and more attention to early childhood mental health.

"When I think back five years, I was a single teen mother, struggling, and trying to go to school. I was receiving social services and wondering how I was going to make it. **When I enrolled my daughter in Early Head Start, my life began to change.** I was able to get a job and start school while my daughter received excellent care. Now she is excelling in math, perfecting her Spanish, and is a great storyteller."

– EHS Parent, HOPES Community Action Head Start, *Hoboken, NJ*

[3] Focus group with EHS parents and families on March 4, 2022.

6 Policy Recommendations to Support Early Head Start Access in New Jersey

1. Provide annual state supplemental funding for the EHS model in the amount of $40 million.

Over a dozen U.S. states provide direct state supplemental funding for Head Start and/or Early Head Start, including Oregon who allocate $26 million a year for Early Head Start supplemental funding. Specific to New Jersey, Early Head Start program leaders surveyed indicated that flexible state supplemental funding would be useful to:

- **Serve more eligible children** in the state;
- **Raise staff wages** and improve teacher retention;
- Provide **extended hours** for working families (extending care from 6 to 10 hours); and
- **Support child care partnerships**, a critical way to reach more children.

While there is no playbook for the size of state supplemental investment, each federal Head Start and Early Head Start grantee is required to secure a 20% match for every federal dollar. New Jersey grantees receive $195 million in annual federal funding. Twenty percent of that amount would be a state supplemental fund equaling $40 million a year.

2. Expand support for child care partnerships, a key way to expand access to EHS

In addition to direct expansion of EHS centers and home visiting, EHS programs often partner with child care programs to expand the model into other community-based settings. This type of partnership is impactful because it expands the number of children who can be served by the EHS model and strengthens the quality and support provided to child care programs who would otherwise be unable to access federal funding. *EHS leaders recommend:*

- **Direct child care funding to support partnerships with EHS, especially in child care deserts**, in line with the First Lady's Nurture New Jersey initiative, which calls for the Economic Development Authority to "create a targeted program to increase childcare capacity and support Early Head Start programs, with a focus on "childcare deserts"..." [4]
- **Increase child care subsidy rates** to reflect the true cost of care for infant and toddler services and especially allow for increased staff compensation.
- **Allow child care providers to get funded based on enrollment**, not attendance, which promotes fiscal stability.

[4] https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf

3. Expand prenatal services through EHS to at-risk communities.

Some EHS programs provide evidence-based prenatal care to support mothers and babies. In the most recent year, 544 pregnant women were served through EHS in New Jersey. Critically, pregnant women and babies served by EHS transition to center-based care or home visiting services to support growth, development and family support through age three. *EHS leaders recommend:*

- **Expanding prenatal services and supports through EHS in line with the First Lady's Nurture New Jersey initiative**, which calls on the state to "continue to prioritize access to high quality childcare through Early Head Start" and to "prioritize and perform outreach to ensure full utilization of Early Head Start transition slots in areas of greatest need."[5]
- **Strengthen workforce supports, loan forgiveness and supplemental compensation for doulas and other qualified health professionals** who choose to work in community-based settings, such as EHS programs.

4. Address licensing barriers to EHS and infant/toddler expansion

Licensing of EHS and child care centers for infant and toddler care is critical to ensure safe, healthy and accessible environments. Ensuring enough licensed space is particularly important for EHS who have lower staff:child ratios and group size limits. With the strong demand for high-quality infant and toddler care, *EHS leaders recommend*:

- **Increasing the number of staff and resources assigned to license infant and toddler care.** Currently, timelines for licensing new space can exceed one year.
- **Change state law and regulation to allow for infant and toddler space to be licensed above ground.** Current regulations limit children under 2½ years of age to the floor level of exit. Many other states allow above ground licensing, including New York, under certain conditions. Given limited available space and the premium on first-floor commercial space, this change would significantly expand licensable infant and toddler space.

[5] Ibid.

5. Invest in the infant and toddlers workforce

There is a crisis in staffing in the early childhood community. The crisis is even more acute among the infant and toddler workforce and in EHS, due to heightened credential requirements in EHS classrooms (all teachers are required to have a minimum of an infant/toddler CDA). *EHS leaders recommend:*

- **Elevate pay among the infant/toddler workforce to support competitiveness with Kindergarten teachers** and a stable, well-qualified prenatal-to-five early childhood workforce. Left unaddressed, rampant teacher turnover in community-based programs will persist, particularly with any ongoing expansion of state-funded pre-K. State supplemental funding for compensation is especially important for EHS where classroom ratios are 1 teacher for every 4 children versus 1 teacher for every 6 children ages 18 months to 2 ½ years in New Jersey's child care subsidy system.
- **Align state requirements for infant/toddler teachers with EHS, creating a more highly-qualified workforce and creating demand for higher education**, community-based and online infant/toddler CDA programs. In doing so, phase in the requirement, support scholarships and link to AA programs. Allow provisional hiring while teachers are in process of earning their infant/toddler CDA.

6. Connect the most at-risk families in New Jersey to Early Head Start's whole child/whole family model

Early Head Start is specifically designed to support the growth and development of young children from at-risk backgrounds. While local EHS programs make great effort to reach and enroll the most at-risk families, cross-agency partnerships and referrals to EHS can strengthen the odds of enrollment. Specifically, EHS leaders noted that:

- Children experiencing homelessness, children in foster or kinship care and children in TANF-supported families are automatically eligible for EHS;
- Programs' enrollment must include at least 10% of young children with disabilities;
- EHS is well-suited to serve the complex needs of immigrant and refugee children, including New Jersey's Haitian and Afghan families; and
- PathStone Cumberland County Migrant and Seasonal Head Start provides specialized services for migrant and seasonal children and families.

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NATIONAL HEAD START ASSOCIATION

This policy brief was made in part with the assistance of the National Head Start Association. To learn more about NHSA's Early Head Start Rising campaign, please visit go.nhsa.org/EHS-Rising