

The New York State Head Start Association seeks to represent the interests of the entire New York State Head Start/Early Head Start community—children, families and programs—at the state, regional, and national levels. NYSHSA represents the collective interests of the state’s 260 grantees, over 48,000 Head Start children, and families.



New York State Head Start Association

Policy Statement to Support the Early Head Start Model in New York State

Early Head Start has a 26-year proven track record of supporting pregnant women, children under three, and their families in New York and across the nation.

Early Head Start is a **unique infant and toddler model** in that it:

- 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 based *and* home visiting models.
- Specializes in partnering with families to increase their economic self-sufficiency and family wellbeing.

Among **New York Early Head Start parents interviewed** for this Policy Agenda, they noted some of the most helpful features of the program they experienced and saw were:

- Support for premature babies;
- Expert intervention to address developmental delays, including speech and physical therapy;
- The connection to Head Start (for 3 and 4-year olds);
- The immediate impact that EHS support can have on a child’s letter and number acquisition; and
- The connections parents build with other parents in the program, increasing social support and reducing isolation.

EHS in New York Facts & Figures

11,493
EHS Slots

744
EHS Classrooms

264,794
Home Visits Conducted



“My husband lost his job and we were evicted from our home. **It is incredibly stressful to be homeless with an infant, but because of Early Head Start we were able to keep the stress away from our son.** We worked at getting back on our feet—my husband took a job as a dishwasher and I worked as a secretary, which we could do knowing our son was receiving excellent care. Our son is doing great in all areas and learning social and emotional skills.”

– Erin Martino, NY EHS parent

Policies to Support Early Head Start

As New York continues to build a strong prenatal-to-five system, integration and support of Early Head Start’s proven model are key. Following are some of the top needs and policy recommendations articulated by the Early Head Start community in New York.

Recommendation 1: Expand access to the Early Head Start model

Many programs interviewed noted long waiting wait lists for EHS and too few available classrooms for eligible families. In addition, programs noted the urgency of expansion due to a resurgence in developmental delays due to the social isolation of the pandemic—exactly the type of delays EHS is designed to identify and address. Funding options:

1. Over a dozen U.S. states provide direct **state supplemental funding** for Head Start and Early Head Start. Supplemental funding is traditionally offered to expand the number of children served, expand program hours or strengthen teacher quality and retention.
2. As pandemic **recovery and rescue funds** continue to be available and spent, allow funding to be used for the Early Head Start model of comprehensive support, including child care partnerships. In specific, allow and prioritize funding of EHS through the upcoming **Child Care Deserts Grant opportunity**.
3. **Invest state pre-K funding directly into Head Start programs** or facilitate a blended funding model of pre-K, to allow programs more flexibility to shift federal funding to Early Head Start. Investing directly in Head Start also ensures that programs are there to serve EHS children as they transition to preschool.

Recommendation 2: Strengthen New York’s child care system to facilitate partnership

Programs interviewed noted the success of partners to extend the EHS model into child care settings. They noted this is particularly important given the lack of affordable space in which to expand. Partnerships with family child care providers and others are critical ways to extend access to the EHS model and supported by federal funding, rules and regulations. Among their recommendations for the child care system:

1. Modify the work requirement for child care subsidy in order to facilitate job search, not just job placement.
2. Expand the cost-per-child received for infants and toddlers.

Recommendation 3: Support local Early Head Start programs to find affordable, licensable space

Program leaders in EHS noted that high rents and a lack of affordable, available space—both in rural and urban areas—constrains access to Early Head Start, despite parent demand.

Leaders recommended that state agencies facilitate and structure affordable and licensable space for high-quality programs, such as Early Head Start, especially in child care deserts or areas with a high proportion of income-eligible families.

Recommendation 4: Expand staff compensation and remove barriers to workforce development and partnerships

All of early childhood, including Early Head Start, are facing a staffing crisis. Low compensation, low benefits, job related stress and historically-high labor market competition have meant finding and retaining qualified staff has been harder than ever. Early Head Start’s comprehensive model requires not just classroom teachers, but health support staff, family engagement staff and others. Leaders suggested the following:

1. Use pandemic recovery and other state funding to significantly increase staff compensation among the early childhood workforce, in line with compensation of Kindergarten staff.



2. Provide supplemental compensation support for specialized staff in early childhood, including in-demand health consultants, therapists and others with specialized training.
3. Invest in wellness and behavioral health programs for the early childhood workforce.
4. Recognize federal requirements for EHS teachers (an infant/toddler CDA) in lieu of additional state or New York City certifications or requirements.
5. Support recruitment of an early childhood workforce with the linguistic, racial, ethnic and cultural diversity necessary to meet the needs of New York’s diverse families.
6. Remove barriers to EHS partnerships with school-based staff, including a lack of aligned fingerprinting requirements between school districts and EHS. This is particularly an issue impacting staff partnerships to support children with disabilities.

Recommendation 5: Respond to ongoing family needs from the pandemic

The pandemic is not over. Young children are not yet vaccinated. Many families remain wary of enrolling their child. Child poverty remains unacceptably high. Even when the pandemic “ends,” there will be the ongoing, long-term impacts on our youngest children.



Program leaders recommended:

1. Support educated family decision-making about enrollment in early childhood programs, including addressing their fears and concerns about COVID.
2. Extend COVID-supports that were especially support of families, including expanded food and nutrition programs, housing supports and cash assistance.
3. Educate parents about how to identify and get support for special needs. EHS programs are required to have at least 10% of their service population be children with special needs.

Contact Information: Carolyn Wiggins, President, nyhsapresident17@gmail.com



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