



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



Head Start United:

Removing Barriers to Access for Children and Families

While nearly one million children access Head Start and Early Head Start each year, too many families who could benefit from the model of whole child, whole family comprehensive services lack equitable access due to a range of systemic barriers.

The last formal review of barriers to access to Head Start was conducted in 1994 during the Clinton Administration and before the creation of Early Head Start.¹

Throughout 2021 the National Head Start Association (NHSA) led a multi-faceted research and stakeholder process to:

- Identify the top current barriers to access;
- Explore which barriers limit access differentially by race, ethnicity, family income and other factors; and
- Coalesce around policy solutions.

Our findings—presented in this brief—affirm the importance of Head Start’s focus on local design, family partnership, and community engagement to support equitable access. The enduring mission of the Head Start community and NHSA is to support success in school and in life for all vulnerable children. Removing barriers to access is a core concern of Head Start as a means toward this critical mission.

Research Approach²

- **2,300 survey responses** collected from program leadership, frontline staff, and parents in a national survey of the Head Start community
- **12 focus groups** in four states: Alabama, Louisiana, Mississippi, and New Mexico
- **8 conversations** with a diverse national working group of experts and parents
- **Conducted an extensive literature review³** including information from the Office of Head Start, U.S. Census, and other relevant data sets

¹ Linda, M., 1994. Early Childhood Programs: Local Perspectives on Barriers to Providing Head Start Services. Available at: [gao.gov/products/hehs-95-8](https://www.gao.gov/products/hehs-95-8)

² This research and report was funded by a grant from Voices for Healthy Kids, an initiative of the American Heart Association (AHA). The AHA has not reviewed the data or science in this report.

³ Thomson, D., Cantrell, E., Guerra, G., Gooze, R. and Tout, K., 2020. Conceptualizing and Measuring Access to Early Care and Education. Child Trends and OPRE. Available at: acf.hhs.gov/sites/default/files/documents/opre/conceptualizing_and_measuring_access_508_final.pdf

Barriers to Access

After conducting a national survey of the Head Start community, which generated 2,300 responses from program leadership, frontline staff, and parents, hosting 12 focus groups including partners in four target states (Alabama, Louisiana, Mississippi, and New Mexico), holding eight conversations with a diverse national working group of experts and parents, and conducting an extensive literature review, including information from the Office of Head Start, U.S. Census, and other relevant data sets, NHSA identified seven critical barriers to access:



A lack of **transportation** and outdated **geolocation** of center-based care



Inadequate **hours of service** for some Head Start families



Various **family socio-economic issues** related to living in poverty, including housing instability, frequent moves, and an inability to be contacted reliably



A **workforce crisis**, including hiring challenges, turnover, and difficulty finding diverse staff



Low income **eligibility limits** and a lack of subsidized alternatives



A lack of **parent awareness** of Head Start's services and a perceived **bias** for school-based services



A lack of **overall supply**, especially of birth-to-three Early Head Start slots

1. Lack of transportation and outdated geolocation of programs

In our national field survey, half of the program leaders and frontline staff surveyed indicated transportation was the most significant barrier to access. Head Start families disproportionately lack access to personal or public transportation. Many Head Start programs have disinvested in transportation due to other more urgent needs, such as staff compensation, and the difficulty of maintaining buses and retaining qualified bus drivers.

The issue of transportation is closely related to the issue of geolocation. A center may be inaccessible to eligible families, particularly if it was built 25 years ago and neighborhood demographics have shifted. While programs do annual family and five-year community assessments supporting policies and practices to expand access, the rigor of these efforts is variable across grantees. Notably, redlining and other discriminatory housing practices have led to neighborhood stratification by race. Many centers may lack diversity unless conscious transportation efforts and neighborhood-level analyses are conducted *and* funding is available to act upon these findings.

“Demographics [have] changed drastically in [the] past 10 years. No one in our geographical area is income eligible any longer.”

“The bus stops are located far from our locations. Parents that use public transportation spend on average three to four hours on the bus for their child to attend the program.”

“In some areas, now that UPK [universal pre-K] is being offered, families may choose to go there if transportation is offered

2. Family socio-economic issues related to living in poverty

In addition to a lack of transportation options, living in or near poverty often brings a host of other family circumstances that can impede access for eligible children. These include unstable housing, community violence and safety concerns, a lack of health care, childhood trauma, and unmet mental health needs. These basic needs and crisis issues can derail enrollment and attendance. On their own, any one of these barriers would result in many eligible children not finding their way to Head Start, and combined, they represent a significant barrier to access.

“The availability of community resources (housing, mental health services, transportation, etc.) varies greatly across the region we serve.”

“... in one of our service areas, racism is apparent and historical with deep divides. The effects of redlining and housing practices are still obvious. There is a 40-year difference in life expectancy from one neighborhood to the next one just across a river.”

“Our community experiences all of these issues of long standing structural insecurities and inequalities. We experience the results of 1930's redlining still and vulnerable communities experience socioeconomic, institutional, health, and racial inequalities.”

3. Low income eligibility limits and a lack of subsidized alternatives

Most families qualify for Head Start via the income eligibility limits. In the most recent program year, 68% of enrolled children qualified for Head Start due to their family income.⁴ There were hundreds of open-ended survey comments describing how the low income limits of Head Start are not only outdated and too low, they are viewed as having various other notable detrimental effects:

- Punishing two-earner families, small business owners, and economically mobile families, including Early Head Start families who are no longer eligible for services when their child transitions to Head Start;
- Limiting diversity by excluding many Hispanic families congregated in certain industries, such as meat packing, but whose children still could benefit greatly from Head Start services and supports;
- Limiting the proven benefits of socio-economic diversity in early childhood settings in Head Start;⁵
- Excluding children of Head Start teachers from the benefits of program participation, even though many make too little to access comparable high-quality child care and preschool options for their children; and
- Preventing access to comprehensive services for children in working poor families who often need these supports.

⁴ Program Information Report (2020-2021), accessed April 7, 2022 at: eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/program-information-report-pir

⁵ Reid, J. and Ready, D. High-Quality Preschool: the Socioeconomic Composition of Preschool Classrooms and Children's Learning (2013), accessed April 6, 2022 at: mnprek-3.wdfiles.com/local-files/research-studies/High%20Quality%20PS%20-%20SES.pdf

To compound the challenge, children who just miss the cut-off for eligibility often live in states where child care subsidies are too limited or too stringent to enable access. In many states, state pre-K access also remains limited to four-year olds or may be income-limited, as well.

“We need to focus on education and supporting families and not be in the business of making families prove how poor they are. Our families come from so many different backgrounds and situations and if they need us, then we should be there for them.”

“Our minimum wage in New York is \$12.75, with many jobs offering \$15/hour. We have 106 applications for next program year. Only 52 are income eligible.”

“The income cap is a huge barrier. We have families that are within \$100.00 of the cut-off and they can’t get into the program even though they truly need the program.”

“Families who are found eligible for Early Head Start are re-determined over-income a majority of the time for Head Start programs.”

“Our families making minimum wage do not qualify but with the prices of gas, food, clothes, utilities...how can they afford daycare!

4. Lack of overall supply, especially of birth-to-three Early Head Start slots

Head Start has never been fully funded to meet the needs of all children and families living in poverty. Only [one in three income-eligible Head Start children](#) and [one in 10 Early Head Start income-eligible children](#) are currently served. Neighborhood access to Head Start is disproportionately limited for Black, Hispanic and foreign-born children (fewer seats per eligible child).⁶ There is a particular lack of Early Head Start access, in all U.S. communities given the extreme dearth of infant and toddler care. As a result, eligible children are often stuck on waitlists and never find their way to enrollment. In more recent years, the emergence of more public school pre-K has also limited access through a reduction in school-based partnerships and referrals. As a result, many programs have begun to shift services to three year olds and Early Head Start.

“There need to be more Early Head Start slots. If a child doesn’t start as an infant, there is almost no chance they will ever get in as a toddler because the slots are full.”

“More funding for duration classrooms would assist with providing more slots for Head Start only classrooms.”

“Public school resistance to partnership seems to stem from their perception that “those children” are not as well served in Head Start as they would be in public school.”

⁶Hardy, E. and Huber, R., 2022. Unequal neighborhood availability of Head Start: Exploring patterns in the data. Available at: diversitydatakids.org/research-library/data-visualization/unequal-neighborhood-availability-head-start-exploring-patterns

5. Inadequate hours of service for some Head Start families

Head Start's hours of service have been expanding over the years due to parent demand and a political commitment to extend the Head Start day. While a majority of Head Start's center-based slots are full-day, many slots remain part-day. While part-day slots are an important intervention, they are not an adequate work or education support for all families, namely those who need extended hours of service to be able to work or attend school. Inadequate duration remains a barrier to access for working families and for families who live far from centers and cannot justify the transit time necessary to reach a program without more coverage.

In addition, while Early Head Start slots are required to be full-day and year-round, only a slight majority are at least 10 hours a day, which better suits the needs of working families.⁷ Notably, 30% of Early Head Start slots are the home-visiting model with no center-based component.⁸

"The only barriers I have witnessed are for the working parent. The school hours are not early enough."

"Differing hours of the program with those hours worked is a limitation."

"State programs stay full due to continuity of care and longer service hours. Traditional Head Start works for low-income families who do not work full time jobs."

6. Early childhood education and care workforce issues

The early childhood workforce is in crisis. Head Start is no exception. The staffing crisis is leading to shuttered classrooms and fewer children being served. The long-standing issue of Inadequate compensation and benefits have led to rampant turnover. COVID-19-related stress, fear and vaccine hesitancy is further complicating staffing and leading to greater burnout. Finding qualified staff with the required degrees and credentials remains a challenge. Our research indicated a stated difficulty in finding and hiring bilingual or multilingual staff and hiring staff that are reflective of community and eligible-population diversity.

"We've lost good staff that have gone other places for more money. Higher, competitive wages would attract diverse people..."

"We are not given the funding to pay our employees a living wage, which is a tactic to keep poor minority people poor."

"We should have more bilingual staff to ensure support. We have some, but not at each location."

"Our program has no people of color above entry-level positions. We are unable to pay the necessary wages to have bilingual people in management positions."

⁷ NHSA, 2022 Early Head Start Facts & Figures. Available at: nhsa.org/resource/early-head-start-facts-figures

⁸ Ibid.

7. Lack of parent awareness and perceived bias for school-based services

Many families are simply not aware of Head Start and Early Head Start, including the broad array of services and the research-based high quality. There was a clear refrain from our research that programs often feel isolated and on their own in marketing and raising awareness.

In the best of circumstances, states fully embrace, fund, and market the value of Head Start. But, in three of our target states, there was a noted lack of state support and even animosity. Awareness can be complicated by a lack of bilingual or multilingual staff and the fact that the program is income-based and requires applicants to prove they qualify, generating natural hesitancy and resistance. The competitive dynamics with school-based pre-K were also often raised, where community partnerships were limited or even adverse and competitive versus cooperative.

“Parents lack awareness of the family service components to the programs... Home visits etc.”

“Not so much that school sponsored pre-K is better, but they offer full transportation and longer hours in some areas.”

“Families think Head Start is for other children who ‘need it’.”

“Head Start programs have the stigma in some ethnic communities, especially in the South, that only poor and Black attend there. So even if you are poor and white, you do not register to attend because Head Start is seen as the low of the low in the community.”

Solutions for Programs, Congress, the Administration, and States

There is no single solution to improving access to Head Start and Early Head Start for eligible children and families, but four groups of leaders have particular power: Head Start and Early Head Start program leaders, members of Congress, the Administration, and state policymakers in both elected and administrative roles.

Recommendations for Head Start and Early Head Start Programs

Program leaders surveyed by NHSA made clear that removing barriers requires an approach that is rigorously focused on **families and communities**. The top five strategies they identified were:

1. Building authentic relationships with families
2. Encouraging families to refer other families
3. Running a quality program
4. Putting in place strong community partnerships
5. Offering a safe and protected environment

Program leaders also indicated how their focus on **diversity, equity, and inclusion** promotes access:

“We allow families to self-identify race, ethnicity, and gender. This does not sound groundbreaking, but the ability to write in race, ethnicity, and gender is affirming to those who do not fit into the prescribed categories. We also allow families to inform us about their specific challenges...We then add priority points to their application.”

“We have a diverse staff and I think that really helps when dealing with interested families. We do training around equity and inclusion and that helps, too.”

“Our community is a resettlement site for refugees. When new families arrive...the MOU with the cooperative agency means we hear about and enroll the children...”

With respect to **transportation**, programs have a wide range of latitude to consider and support such efforts through federal Quality Improvement Funding and partnerships with public schools and municipalities.

Other **enduring opportunities** for programs to improve access are embedded in the 2007 Head Start Act, including opportunities to:

- Conduct strong community needs assessments that can impact decisions such as where to provide services and what types of services families most want and need;
- Update processes to streamline eligibility, recruit, select, and enroll families;
- Provide effective family support work to promote attendance by children; and
- Regularly train, promote, and reward staff.

Recommendations for Congress

Head Start is the longest standing federal investment in early childhood education, family support, and anti-poverty for young children and families. Congress alone has the power of the federal purse, which can be used to address critical access barriers through three specific actions:

- **Annually expand Quality Improvement Funding (QIF) for Head Start and Early Head Start programs.** QIF is [flexible funding](#) that is designed to help programs address critical access barriers, such as transportation, recruitment of a diverse workforce, hours of operation, and program quality.
- **Significantly raise the number of funded Early Head Start slots.** The gap between Head Start and Early Head Start slots is over 500,000. Significant year-over-year funding increases are needed to close this gap over the next decade, one of the goals of NHSA's [Early Head Start Rising](#) campaign.
- **Pass at least \$15 billion in supplemental workforce funding for the Head Start and Early Head Start workforce.** The U.S. House of Representatives recently passed a bill to bring long overdue compensation increases and pay parity with public schools teachers to Head Start and Early Head Start staff. A significant investment in the Head Start workforce, such as the \$15 billion in this funding package, is critical and urgently needed to bring pay parity with public school teachers.

Beyond funding, Congress also has the power to modernize Head Start's eligibility guidelines to reflect the true needs and contexts of families with low incomes through a Head Start Act reauthorization. A working group of Head Start leaders has recommended that a future reauthorization of the Head Start Act prioritize [linking eligibility to Area Median Income](#) and promoting greater alignment with other family support programs, such as the Supplemental Nutrition Assistance Program (SNAP). NHSA and partner Head Start associations recently called on the Biden Administration to use their existing authority from Congress to [allow SNAP-eligible families to be considered categorically-eligible](#) for Head Start.

Modernized eligibility would not only better reflect true need, but also promote greater diversity and inclusion in Head Start. Among Head Start staff surveyed, 69% agreed that higher income limits would “yield greater diversity” in Head Start.

Congress also has the power to allow Head Start and Early Head Start programs to engage in provisional hiring of staff. This policy change is win-win. For applicants without required credentials or degrees, it allows them to earn a living while acquiring the required credentials on the job. For programs, it addresses a critical workforce shortage that is leading to shuttered classrooms.

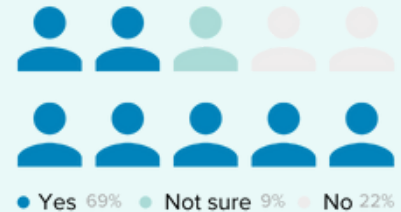
Finally, Congress can lead by centering the Head Start and Early Head Start model in any sig expansion of child care and pre-K.

The Head Start and Early Head Start model has nearly 60 years of implementation experience and proven child and family outcomes. Recent House-passed legislation provides robust opportunities to center the Head Start model in universal pre-K and Early Head Start in expanded child care access. Expanded collaboration, full utilization of existing federally-funded slots, and Head Start’s quality standards would significantly reduce access barriers for eligible children and families.

Learn more in NHTA’s [Start with Head Start](#) policy paper.

Could Modernized Eligibility Strengthen Head Start Diversity?

7 in 10 Head Start Staff Say Yes



Recommendations for the Administration and the Office of Head Start

“Not being able to count SNAP in allowable eligibility criteria is heartbreaking. If they are receiving SNAP, these families have been identified as in-need and SHOULD be eligible for services.”

The Biden Administration and the federal Office of Head Start (OHS) have **significant latitude** to strengthen access and remove barriers through their regulatory authority, operations, and discretionary funding. Among the top recommendations are:

- Allow families who are eligible for the **Supplemental Nutrition Assistance Program (SNAP) to automatically qualify for Head Start or Early Head Start** through existing flexibility in the Head Start Act. This one change would provide modest, but urgent relief, allowing programs to enroll families up to 130% of the federal poverty level.
- Provide expanded technical assistance on **conducting community needs assessments** centered on barrier removal and access and implementation and financing of complex findings, such as the need to relocate center-based services.
- Strengthen coordination and alignment between the Office of Head Start and other relevant family support programs, such as **child care and housing subsidies** and community health centers.
- Provide further clarity and speed of approval around **conversion of existing Head Start slots to Early Head Start slots** to meet evolving community needs.

Recommendations for States

States already have the power to supplement Head Start funding or center the Head Start and Early Head Start model—and many already do. With respect to Head Start:

- Pennsylvania awards \$79 million a year in state supplemental funding for Head Start.⁹
- West Virginia’s state universal pre-K program centers Head Start’s Program Performance Standards and over 3,000 Head Start students were recently served in 54 counties.¹⁰
- Alabama’s First Class Pre-K offers direct funding for Head Start programs, enabling services to 1,610 children across 104 classrooms.¹¹

With respect to Early Head Start:

- At least [nine states directly invest in Early Head Start through state appropriations](#).
- Washington State’s Early Childhood Education and Assistance Program (ECEAP) standards are modeled on Early Head Start.¹²
- Kansas has long-invested in Early Head Start-Child Care Partnerships and home visiting.¹³

Early Head Start-Child Care Partnerships (EHS-CCP) in particular are a critical avenue to address access barriers. Working with family child care providers offers a way to address multiple issues around access raised in this brief. They particularly offer redress to the access barriers of geolocation, lack of transportation, and workforce diversity. For more information on family child care funding and policy opportunities, please view the wide range of [resources](#) from Home Grown.

One of the simplest things for states to do is to support awareness-raising among eligible parents of young children. States can provide information on the availability of Head Start and Early Head Start services through parent-facing portals, child care resource and referral networks, and directions to relevant social service agencies.

With respect to transportation, **states can take a stronger role in incentivizing and fomenting transportation partnerships** between public schools, Head Start programs and local municipalities. A natural vehicle for this work is the agreement that schools and Head Start programs are required to have under both the federal Head Start Act and the federal Every Student Succeeds Act. For more information, see this [toolkit](#) from the Council of Chief State School Officers and NHSA.

⁹ Pennsylvania Dept. of Education, 2022. Head Start Supplemental Assistance Program Request for Applications Guidance. Available at: pakeys.org/wp-content/uploads/2022/02/2022-HSSAP-Application-Guidance-FINAL-1.pdf

¹⁰ Data provided to NHSA in January 2022 by the West Virginia Head Start Association.

¹¹ Data provided to NHSA in January 2022 by the Alabama Department of Early Childhood Education.

¹² Washington Dept. of Children, Youth & Families. 2022. Early Childhood Education and Assistance Program (ECEAP). Available at: dcyf.wa.gov/services/early-learning-providers/eceap/early-eceap

¹³ Kansas Dept. for Children and Families, 2022. Head Start and Early Head Start - Economic & Employment Services. Available at: [dcf.ks.gov/services/ees/Pages/Child_Care/Head-Start-\(HS\)-and-Early-Head-Start\(EHS\).aspx](https://dcf.ks.gov/services/ees/Pages/Child_Care/Head-Start-(HS)-and-Early-Head-Start(EHS).aspx)

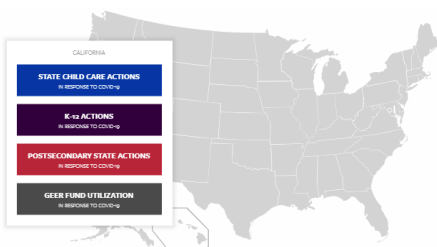
States have a wide range of other policy and funding options that would enhance access to *all* early childhood settings, whether child care centers, family child care, pre-K, Head Start, or other services and supports, such as:

- Creating a state-level quality improvement funding stream for early childhood care and education, modeled on Head Start’s definition.
- Expanding the use of relational family outreach, engagement, and support, including the use of [family needs assessments](#), expanded access to home visiting, engaging families as referral partners, and requiring or incentivizing the hiring and leadership of outreach staff that bring relevant linguistic skills and culturally-competent outreach experience.
- Expanding access to adult education and work supports through early childhood settings, as well as expanding the qualifying nature of such activities toward child care subsidy.
- Incorporating “neighborhood risk” in analysis, planning, and funding. For more information, see compelling [research and recommendations](#) on this topic from Erin Hardy, a senior research scientist in the Education and Child Development Department at NORC.
- Requiring and paying for pay parity with K-12 teachers for early childhood staff across all settings, public and private.

Alternatively, **states may choose to legislate a range of entitlements within early childhood education that center access**, including:

- A preschool transportation entitlement for children in families with low incomes, in foster care, or in families experiencing homelessness
- Guaranteed access to dual language services and supports
- A definition for “fair access” to early childhood care and education, which might draw precedent and inspiration from housing policy¹⁴

Finally, **states are well positioned to learn from and continue the best of their access efforts brought on by COVID-19-related funding**, including wage supplements for the early childhood workforce, stabilization grants for child care providers, and efforts to expand eligibility to more children and families.



For a rundown of COVID-19-related state actions, please see this [50-state tracker](#) from the Hunt Institute.

¹⁴ June 15, 2021 presentation to the NHSA-led national working group on barriers to access by Erin Hardy, now a senior research scientist in the Education and Child Development department at NORC.

What Gets Measured, Gets Done

Head Start and Early Head Start programs, the federal Office of Head Start, and state early childhood systems must strive for and *measure* equitable access to early care and education. Without measurement, the scale and dimensions of the access challenge at any point in time will not be known, access gaps will not be closed, and barriers will persist. Children and families, especially those who can most benefit from Head Start and Early Head Start’s proven model of support for the whole child and the whole family, deserve our best efforts to address and eliminate barriers to access.

Policy Options to Remove Barriers to Access

	Programs	Congress	Administration	States
Transportation/ Geolocation	<ul style="list-style-type: none"> Support expanded transportation options for enrolled families Create school and community partnerships to leverage existing infrastructure Expand use of family child care to deliver HS/EHS model in more accessible communities Rigorously reassess center locations and develop multi-year, data-driven access plans 	<ul style="list-style-type: none"> Annually expand QIF, which allows for expanded transportation investments by programs 	<ul style="list-style-type: none"> Provide expanded technical assistance on conducting community needs assessments centered on barrier removal, access, and implementation and financing of complex findings, i.e., the need to relocate center-based services to more proximate service delivery areas 	<ul style="list-style-type: none"> Create a state-level QIF stream, modeled on the federal version Create a pre-K transportation entitlement for children in families with low-incomes, in foster care, or experiencing homelessness Incentivize and support partnerships among public schools, HS/EHS programs, and municipalities

Policy Options to Remove Barriers to Access

	Programs	Congress	Administration	States
Socio-Economic Issues	<ul style="list-style-type: none"> Expand services for families to support housing, health, and other basic needs 	<ul style="list-style-type: none"> Expand investments in affordable housing, access to health care, public safety, and other areas Expand the Child Tax Credit to support child and family wellbeing 	<ul style="list-style-type: none"> Strengthen coordination and alignment between the federal Office of Head Start and other relevant family support programs, such as child care and housing subsidies, community health centers, and other community-based programs 	<ul style="list-style-type: none"> Consider “neighborhood risk” in early childhood funding decisions Expand the use of relational family outreach, engagement and support, including the use of family needs assessments Expand access to adult education and work supports through early childhood settings and expand the qualifying nature of such activities
Income Limits	<ul style="list-style-type: none"> Maximize over-income and categorical eligibility¹⁵ enrollment Access other state and local funding streams to expand the HS/EHS model to more families 	<ul style="list-style-type: none"> Modernize HS/EHS income eligibility guidelines 	<ul style="list-style-type: none"> Allow SNAP-eligible families to automatically qualify for HS/EHS through existing flexibility in the Head Start Act 	<ul style="list-style-type: none"> Provide supplemental funding for HS/EHS programs Ensure families that are slightly above-income for HS/EHS have access to high-quality child care and pre-K

¹⁵ In the Head Start Act, children in foster and kinship care, in families experiencing homelessness, and in families receiving public assistance such as TANF or SSI are automatically eligible for Head Start and Early Head Start. In addition, at least 10% of a program’s enrollment must be children with disabilities. Available at: eclkc.ohs.acf.hhs.gov/policy/head-start-act

Policy Options to Remove Barriers to Access

	Programs	Congress	Administration	States
Overall Supply, Especially EHS	<ul style="list-style-type: none"> As driven by community needs, convert HS slots to EHS to meet demand 	<ul style="list-style-type: none"> Fully fund HS/EHS for all eligible families Significantly raise the number of funded EHS slots Center HS/EHS model in any federal expansion of child care or pre-K 	<ul style="list-style-type: none"> Provide further clarity and speed of approval around conversion of existing HS slots to EHS slots to meet evolving community needs. 	<ul style="list-style-type: none"> Provide supplemental funding for EHS programs Support EHS-Child Care Partnerships, especially to reach child care deserts
Workforce	<ul style="list-style-type: none"> Use QIF to raise compensation, recruit and retain qualified staff Layer other funding streams to expand compensation Invest in grow-your-own programs to build a qualified workforce among HS parents and other local stakeholders 	<ul style="list-style-type: none"> Approve \$15 billion in supplemental workforce funding for the HS/EHS passed by the House of Representatives Provide annual Cost of Living Adjustments reflective of rising employer costs and inflation Allow for the expanded use of provisional hiring to fill workforce gaps, including a lack of qualified EHS teachers 	<ul style="list-style-type: none"> Work with Congress to secure changes in law to allow for provisional hiring and funding increases to raise compensation 	<ul style="list-style-type: none"> Continue and sustain wage supplements, stabilization grants, and other COVID-era pilots proven to be effective for recruitment and retention Require and pay for pay parity with K-12 teachers for early childhood staff across all settings Expand efforts to grow-your-own, recruit, and retain qualified and diverse workforce with necessary linguistic/cultural competence

Policy Options to Remove Barriers to Access

	Programs	Congress	Administration	States
Hours of Service	<ul style="list-style-type: none"> Layer other funding streams to provide full-day services to more children 	<ul style="list-style-type: none"> Continue to provide duration funding to enable more HS programs to provide full-day services 	<ul style="list-style-type: none"> Continue to support duration funding 	<ul style="list-style-type: none"> Ensure ease of layering and priority for supporting HS/EHS children with child care subsidy and pre-K funding
Parent Awareness and Bias	<ul style="list-style-type: none"> Update processes to streamline eligibility and improve recruitment, selection, and enrollment of families Expand family and community-focused efforts, including parent-to-parent referrals and diverse community partnerships 	<ul style="list-style-type: none"> Incentivize and support partnerships among public schools and HS programs 	<ul style="list-style-type: none"> Work with HS/EHS programs to expand their access to multi-cultural family outreach and marketing materials 	<ul style="list-style-type: none"> Share availability of HS/EHS services via parent-facing portals, child care resource, and referral networks and directions to relevant social service agencies Incentivize and support partnerships among public schools and HS programs Guarantee access to dual language services and supports