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

Head Start (HS) and Early Head Start (EHS) play a critical role in state early childhood systems. Leading states - and past Preschool Development Grant (PDG) efforts – have demonstrated how states can both leverage and support HS and EHS to serve more vulnerable children prenatal-to-age five.

In particular, HS and EHS are facing a workforce crisis that has led to shuttered classrooms. This challenge needs both expanded federal and state/local support. A recent survey by NHSA found:

- Enrollment sits at 73% for HS & 77% for EHS
- 17% of classrooms were closed Labor Day week
- 18% of staff positions are currently vacant with 80% of respondents citing low compensation as the main driver

6 Win-Win Opportunities in PDG to Leverage & Support HS/EHS

1. Raise HS/EHS workforce compensation to reopen closed classrooms
2. Expand use of child care funding by HS/EHS programs to meet family needs
3. Maximize enrollment of food insecure children through new SNAP eligibility
4. Provide direct funding to HS in pre-K to expand comprehensive services
5. Expand access to the Early Head Start model to reach more infants/toddlers
6. Engage HS/EHS families and Policy Councils to improve state policymaking

The Head Start/Early Head Start Model

What:
- Comprehensive services for children/families (education/health/family support)
- Prenatal-to-five
- Proven to work

Who:
- Richly diverse families and staff
- Inclusive: poverty; foster; homeless; SNAP, disability; dual language learners
- High immigrant/new American population

How:
- Stable fed. Investment w/no state match
- Accountable
- Tuition-free

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View your state fact sheet
## Benefits and Suggested Key Metrics for Win-Win’s

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<th>Win-Win</th>
<th>Benefits</th>
<th>Key Metric(s)</th>
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| 1. Raise HS/EHS workforce compensation to reopen closed classrooms    | ● Retain qualified/experienced HS/EHS staff in the ECE workforce  
● Reduce cross-sector competition for staff that negatively impacts the most vulnerable families  
● Open closed classrooms to serve thousands more children | ● Avg. HS/EHS teacher comp. in targeted programs  
● # of reopened classrooms                                                                                                                                                                                     |
| 2. Expand use of child care funding by HS/EHS programs to meet family needs | ● Improve program hours for working HS/EHS families  
● Cover true cost of HS/EHS services and expand workforce comp.  
● Strengthen HS/EHS child care partnerships | ● # of HS/EHS children dually enrolled  
● # of HS/EHS slots with extended hours  
● # of EHS-CCP partnerships                                                                                                                                                                                    |
| 3. Maximize enrollment in HS/EHS through new SNAP eligibility pathway to serve more food insecure children | ● Food insecure families access HS/EHS meals, health services  
● Reduce unmet need in child care subsidy  
● Fill HS/EHS classrooms | ● # HS/EHS families newly enrolled through SNAP pathway  
● # of allied health/nutrition services provided to newly enrolled children                                                                                                                                |
| 4. Provide direct funding to HS in state pre-K to expand comprehensive services in pre-K | ● Expand access to comprehensive services in state pre-K for the most vulnerable children  
● Strengthen services to DLL’s and children with disabilities  
● Reduce HS/school district friction | ● # of directly funding slots in HS classrooms  
● # of additional DLL and children with disabilities served by HS                                                                                                                                 |
| 5. Expand access to the Early Head Start model to reach more infant and toddlers | ● Children reached earlier, when brain development most rapid and parents most stressed  
● More infants/toddlers access EHS proven model  
● Child care infant/toddler quality strengthened | ● # of children newly enrolled in classrooms using EHS model  
● # of children served in EHS home visiting (if applicable)                                                                                                                                                 |
| 6. Engage HS/EHS families and Policy Councils in state policymaking to raise voices of those with lived experience | ● More parent leaders/leadership  
● More diverse voices in state policy  
● Better state policies | ● # of parent/family leaders from HS/EHS trained/engaged  
● # of policies informed by parent/family voice                                                                                                                                                                |

For more information or support please contact Kent Mitchell, Senior Director of State Affairs (kmitchell@nhsa.org)

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