NATIONAL HEAD START ASSOCIATION

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

# **Head Start Policy Agenda** (2025-2026)

The Head Start Policy Agenda serves as the guiding document for the government affairs-related efforts of the National Head Start Association (NHSA). It reflects the input and priorities of its members—including program directors, educators, and managers, and state/regional Head Start Associations—as well as Head Start alumni and the children and their families who participate in Head Start Preschool and Early Head Start programs each year.

## ABOUT HEAD START

The premise of Head Start is simple: every child, regardless of circumstances at birth, has the ability to reach their full potential. When Head Start was first launched in 1965, the idea of providing comprehensive health, nutrition, and education services to children in poverty was revolutionary, if not radical. The Head Start model is built on evidence-based practices and is constantly adapting—using the best available science and teaching techniques to meet the needs of local communities.

Head Start takes a comprehensive approach to meeting the needs of young children. **There are four major components to the program:**

- **Education**: Leaning on decades of brain science, Head Start staff work with children to build the brain connections and self confidence necessary for success in kindergarten and beyond.
- **Health**: Providing dental, health, and mental health services and referrals, as well as healthy eating based on current nutritional best practices, and early identification of health problems. Children with unaddressed health and nutrition needs are not fully ready to learn and grow.
- **Parent Engagement and Support**: Believing that parents are a child's first and most important teachers, Head Start requires parent involvement in major program decision-making. Further, Head Start works with parents to put them on a path of economic self-reliance through goal-setting, parenting training, and genuine engagement, enabling parents to join the workforce and stay working.
- **Local Design:** Acknowledging that each community has different strengths, resources, and challenges, each program is designed to reflect the traditions, priorities, and cultures of their community.

Serving over 750,000 children and families from systemically underserved populations each year, Head Start Preschool, Early Head Start, Migrant and Seasonal Head Start (MS), American Indian and Alaska Native (AIAN) Head Start Preschool, and AIAN Early Head Start are collectively referred to as "Head Start." Children whose families are in poverty, eligible to receive public assistance, in foster care, or experiencing homelessness are eligible.

| Program Type | Age Range |
|---|---|
| **Head Start Preschool** | three-to-five |
| **Early Head Start** | zero-to-three and pregnant women |
| **MS Head Start** | zero-to-five and pregnant women |
| **AIAN Early Head Start** | zero-to-three and pregnant women |
| **AIAN Head Start** | three-to-five |

## ABOUT THE NATIONAL HEAD START ASSOCIATION

The National Head Start Association (NHSA) is a nonprofit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in school and in life. NHSA is the voice for over 750,000 children, 250,000 staff, and 1,600 Head Start grant recipients in the United States.

NHSA's vision is to lead—to be the untiring voice that will not be quiet until every eligible child can access the Head Start model of support for the whole child, the family and the community—and to advocate—to work for policy and institutional changes that ensure all children and families have what they need to succeed.

We envision a future where:

- the Head Start voice is powerful and united;
- the Head Start community is a valued partner and resource to the field of early childhood development and education;
- there is bipartisan support for increased federal commitment to Head Start; and
- our children are healthier, our families empowered, and our communities stronger and more vibrant.

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# INTRODUCTION

## Current Context

As Head Start enters its 60th anniversary year, we are facing an uphill road. Our traditional deep bipartisan support will be tested in the next two years with key figures in President Donald Trump's administration fighting for significant cuts to federal spending in general, as well as to specific programs, including Head Start. The next two years promise to be a tumultuous time, and our mandate to survive the incoming challenges will be to take advantage of our community's strengths to maintain bipartisan support and withstand both structural and targeted threats.

Structural threats could come through overall budget agreements that significantly lower the amount of federal spending across the board. In this scenario, if the overall budget pie is smaller, then all programs' slices of the pie are likely to also shrink. Even if there is no stand-alone vote on Head Start, this indirect scenario sets the stage for a fiscal retrenchment, and could force spending cuts that will be harmful to Head Start and further reduce the numbers of the children and families we serve.

Targeted threats, those which take on Head Start directly, may include arguments made in the Project 2025 proposal, such as the notion that Head Start "doesn't work" or calls into question child safety protocols. Though Head Start has a multitude of data showing that these two assertions are inaccurate, our challenge will be to not just counter false accusations, but to also mobilize around positive stories that paint a more accurate reflection of the life-changing power of Head Start.

While no one can predict how the new Congress will work together or how state legislatures will prioritize early care and education, Head Start's critical role is clear: to continue to advocate in a bipartisan way on behalf of children and families in need of Head Start services. As articulated by those in the Head Start field, our pressing issues include:

- **Workforce recruitment and retention**, which reached crisis levels several years ago, remains the most pressing policy issue. New compensation requirements in the updated standards are positive steps, but funding to achieve the workforce requirements will be necessary.
- **Funding issues** remain front-and-center, with pressures from a tight labor market as well as a challenging political climate presenting significant concerns for the next two years.
- **Eligibility** remains a challenge, although recent changes in the new Head Start rule along with eligibility for families qualified for the Supplemental Nutrition Assistance Program (SNAP) have improved local program flexibility.
- **Trauma** continues to have a deep and wide-ranging impact on Head Start children and families. Children are presenting **significant needs and increased signs of trauma.** In addition, the high percentage of children with **disabilities or developmental needs** impacts the classroom environment.
- **State pre-K** continues to expand in many states. While we support high-quality early learning opportunities for all children, the Head Start community also recognizes that many children need the additional supports provided by the Head Start model in order to achieve success. There remains a crippling shortage of high-quality infant and toddler care as embodied in the Early Head Start model.

### Head Start in the States

Head Start Preschool and Early Head Start are critical pieces of state and local early childhood education, health, and family support. In many cases, Head Start serves children and families while leveraging complementary state and local funding—including child care and state pre-K funding—to respond to the demand from parents, families, and caregivers. At the same time, states often rely on Head Start to serve the most at-risk children and connect their families to other critical supports. In short, supportive state policy extends Head Start's promise to deliver cost savings and offer more children the opportunity to succeed in school and in life. Recommendations on how this critical collaboration can be improved are detailed in the sections below.

### Input Process

Feedback was gathered through a variety of methods, including extensive surveying, discussions with the NHSA Board of Directors and other stakeholders, and conversations with community members across all 50 states, tribes, and territories. The broad biennial survey garnered more than 1,300 responses from all corners of the Head Start community. State and regional Head Start associations are key network partners with NHSA and throughout this process, multiplying NHSA's impact and amplifying the work on shared priorities contained within this document.

## POLICY CHANGES AND IMPROVEMENTS

*The list of federal and state priorities and policy changes below is not exhaustive, but serves as guidelines for when legislative and administrative opportunities arise.*

### Head Start Funding

Head Start serves children from the most at-risk backgrounds–in particular those who are in foster care, experiencing homelessness, in poverty, or with disabilities or developmental delays–and doing so successfully requires an experienced and well-trained workforce. Recent surveys of the Head Start community show the impact of chronic low compensation on Head Start, including turnover and recruiting challenges. Stabilizing the workforce, along with addressing Head Start child trauma and infrastructure needs, must be top priorities in the next Congress.

NHSA recommends that the U.S. Congress and the Trump Administration:

- include funding for Head Start in fiscal year (FY) 2025 and 2026 at the highest level possible and build on those investments in FY 2027 so that Head Start grant recipients can serve the children and families they are funded to serve and adapt to evolving needs for services based on local community needs assessments:
    - include a cost of living adjustment each year not less than the consumer price index so that grant recipients do not have to take a cut due to inflationary pressures.
    - mitigate the ongoing workforce crisis by addressing the key fiscal barriers to hiring and retention.
    - dedicate funding to Head Start for quality improvement, including staff salary and benefits, trauma-informed care, and the needs of children in classrooms.

    - include a distinct funding source for Head Start infrastructure improvement, including relocation to high-needs communities, in any broader budgetary agreement.
    - address internal funding inconsistencies which have resulted in wide disparities among grant recipients in per-slot funding.

NHSA recommends that the Administration for Children and Families (ACF) and the Office of Head Start (OHS):

- conduct an analysis and publish information about per-slot inconsistencies across grant recipients, as was noted in a Government Accountability Office (GAO) report in 2024.

NHSA recommends that states:

- provide dedicated state supplemental funding to federal Head Start Preschool and Early Head Start grant recipients to expand access to more children, improve workforce compensation, strengthen program quality, reduce barriers to access, or help grant recipients meet their required federal match.
- ensure grant recipients are explicitly eligible to directly access or compete for other state funding, including pre-K, child care, home visiting, workforce, facility, transportation, and other grants and funding.
- provide in-kind support to grant recipients in the form of free or reduced rent, professional development, quality coaching, and other forms of support.
- provide funding to implement or sustain proven or promising trauma-informed care and early childhood mental health models.

## Workforce

For too long, early childhood education has relied on the benevolence of workers willing to overlook compensation that puts them among the very lowest of paid professions, despite decades-long efforts to require higher credentials. Without necessary funding, grant recipients are unable to pay staff a competitive salary–or, in many cases, even a living wage–leaving Head Start programs as the training ground for public schools, leading to retention issues and outsized professional development costs, all the while impacting the continuity and quality of care of our youngest learners. Year after year, supporting the needs of the Head Start workforce is one of the community's highest priorities across federal and state policy. With additional demands and stressors on the Head Start workforce in recent years, this need is greater than in past years.

Further complicating local programs' ability to hire and retain staff, required credentials can also be an obstacle in hiring, with workforce shortages of qualified candidates commonplace. Highly qualified staff help contribute to positive outcomes for Head Start children, but that must be balanced with the need to attract motivated, enthusiastic individuals wishing to learn and grow while in the early childhood profession. Therefore, a closer examination of the role of on-the-job training and higher education should be considered.

NHSA recommends that the U.S. Congress and the Trump Administration:

- require Head Start programs pay at least a living wage for all staff, and compensation, including benefits, that are comparable to the K-12 system for comparable jobs, based on experience and

credentials, in a way that does not result in significant slot loss.
- create professional pathways such as provisional credentials and/or flexibilities that would allow staff who are in the process of obtaining a required credential to work in that job with supervision, including those participating in a registered apprenticeship.
- address workforce needs through additional targeted legislative approaches, such as *the HEADWAY Act, Head Start for Our Future Act, Early Educators Apprenticeship Act*, and *Early Childhood Workforce Advancement Act.*

NHSA recommends that the ACF and OHS:

- maximize flexibilities, including on a temporary basis, within the existing *Head Start Act* to support grant recipients who are struggling with workforce recruitment and retention.
- create professional pathways such as provisional credentials and/or flexibilities that would allow staff who are in the process of obtaining a required credential to work in that job with supervision.
- work across federal departments and with states to understand and address the challenges present in the background check system in order to substantially speed up the time it takes to conduct necessary background checks.
- work with higher education and similar accrediting bodies to ensure that early childhood degrees and credentials effectively prepare staff to support children, including those from birth to age three, and families from at-risk backgrounds.
- incentivize the creation of credential courses in languages other than English and those offered during nontraditional hours.

NHSA recommends that states:

- create compensation scales for early childhood professionals that pay at least a living wage for all staff, as well as pay that is comparable to similarly-credentialled workers in the K-12 system, in a way that does not result in significant slot loss.
- dedicate a portion of funding to the early childhood workforce, including Head Start Preschool/Early Head Start, in the event of increased per-child child care subsidies, state pre-K funding, or other funding streams.
- maximize flexibilities, including on a temporary basis, to support grant recipients who are struggling with workforce recruitment and retention.
- work with higher education, including community colleges, and through dual enrollment high schools to recruit more early childhood professionals with linguistic and cultural competencies relevant to the communities they serve, expand scholarships and loan forgiveness, and assist with guaranteed job placement.
- work with higher education to improve the acceptance of transfer credit applying directly towards an early childhood degree or certification.
- offer Head Start staff and other early childhood professionals the opportunity to access affordable child care and health and retirement benefits.

## Eligibility

The one-size-fits-all nature of the federal poverty guidelines has long been an inaccurate measure of poverty and need. Looking forward, we encourage changes to Head Start income eligibility that reflect the local cost-of-living and wages through a localized poverty measure, as well as additional categorical eligibilities that address the needs of targeted vulnerable populations.

NHSA recommends that the U.S. Congress and the Trump Administration:

- modernize the method for setting the federal poverty line to one which accounts for local and regional differences in the cost-of-living, such as Area Median Income used by the Department of Housing and Urban Development.
- adopt categorical eligibility for children whose families are eligible for the Women, Infants, and Children (WIC) nutrition program, as well as those in informal kinship care settings and children moving from foster care to adoption.
- expand resources for the Individuals with Disabilities Education Act (IDEA) Part C services to facilitate early identification and enrollment of more eligible young children with disabilities.
- facilitate the continuity of care by removing income redetermination requirements between Early Head Start and Head Start Preschool, as well as for the third year of Head Start Preschool.

NHSA recommends that the ACF and OHS:

- prioritize and help programs best serve children and families experiencing homelessness, as well as those in foster care and kinship care.
- adopt categorical eligibility for children whose families are eligible for WIC, as well as those in informal kinship care settings and children moving from foster care to adoption.

NHSA recommends that states:

- develop supportive agreements with the Head Start community to maximize enrollment in Head Start and Early Head Start via SNAP categorical eligibility.
- expand access to Head Start via existing Temporary Assistance for Needy Families (TANF) categorical eligibility and prioritize the use of TANF funds for child care to enable enrollment in Head Start Preschool and Early Head Start programs.
- ensure that families seeking a child care subsidy or state-funded pre-K slot also be evaluated for Head Start Preschool 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.
- adopt Head Start's more expansive eligibility definitions for children in kinship care and children experiencing homelessness in child care, state pre-K, and home visiting.
- include Head Start programs in any state or local online enrollment portals as an eligible parent choice or referral option.
- provide funding and policy supportive of helping Head Start programs enroll and serve children with disabilities.

## Trauma-Informed Care

The primary mission to serve children from the most disadvantaged backgrounds puts Head Start on the front lines of addressing trauma experienced by those children. Social isolation, trauma in all its forms, challenges in diagnosing and receiving appropriate medical and mental health care, and economic

dislocation have been key drivers of increased difficulties facing vulnerable families and young children in recent years. Expanding access to care, enhancing training, and better supporting children impacted by trauma through Head Start's existing infrastructure and relationships must be a priority moving forward.

NHSA recommends that the U.S. Congress and the Trump Administration:

- include additional funding for Head Start programs to implement multi-tiered positive behavioral interventions, supports, and other trauma-informed care models of support for children and their families.
- include funding for programs to reduce the workload of family advocates as outlined in the updated standards to help better support families in need of additional care.
- support remote access to mental health services, as well as family mental health supports especially for those with very young children.

NHSA recommends that the ACF and OHS:

- provide extensive professional development to all Head Start program personnel on how to prevent, identify, and mitigate the effects of trauma.
- improve program capacity to identify, refer, and provide services to children in need of trauma support or behavioral health services.
- increase capacity and infrastructure support for data input and analysis to track pre-post evaluation of resiliency, social-emotional wellness, or behavioral concerns.
- permit programs to be deemed fully enrolled at lower maximum numbers, when circumstances warrant it, such as children with extra needs or behavioral challenges.

## Transportation and Infrastructure

The majority of programs surveyed shared that their facilities were in need of renovations, with one in 10 rating their facilities as low quality and in urgent need of renovations. High-quality facilities are crucial to the safety and wellness of both students and staff. In addition, transportation has always been a cornerstone component of equity, enabling children whose families lacked a car or access to public transit to attend Head Start. The workforce shortage has exacerbated the challenge facing programs in providing this key resource that enables children in their communities to access high-quality early learning.

NHSA recommends that the U.S. Congress and the Trump Administration:

- address overdue rebuilding, renovation, maintenance, and repair of Head Start facilities projected by OHS to cost in excess of $3.8 billion in FY 2015 by OHS (now estimated to exceed $5.1 billion based on inflation alone).
- include funding to address the challenges facing rural communities and other programs facing a significant gap between their transportation needs and ability to provide equitable access to all children.

NHSA recommends that the ACF and OHS:

- update *the Head Start Facilities Report*, last issued in 2015 and required every five years, to provide a more accurate assessment of the current status of Head Start facilities.
- ensure that national and regional training and technical assistance (T/TA) provide support to grant recipients in implementing new guidelines pertaining to lead exposure, prevention, identification,

and mitigation.

NHSA recommends that states:

- fund and encourage transportation partnerships between school districts, local transportation agencies, and Head Start programs.

## Reauthorization of the *Head Start Act*

In August 2024, OHS released updated Head Start Program Performance Standards (HSPPS), building upon the last update in 2016 and aligning with the *Improving Head Start for School Readiness Act of 2007.* The updated HSPPS set a path for programs to better meet the needs of students, staff, families, and the communities they serve. As Head Start seeks to expand access, improve quality, and address challenges, it is imperative that the *Head Start Act* is updated to reflect the current and future realities impacting the Head Start community.

NHSA recommends that the U.S. Congress and the Trump Administration:

- begin bipartisan work exploring how to improve Head Start services to children and families through a reauthorization.
- secure the full support of the Head Start community for reauthorization ideas before moving forward with a formal reauthorization.

## Training and Technical Assistance

The T/TA system for Head Start includes funding for national centers, regional contractors, and local programs to use at their discretion. The services accessed through T/TA funding are absolutely critical for programs to improve the quality of their practices and services. However, despite this important role, there is variability across regions and in the quality of T/TA providers, and some grant recipients report difficulty in accessing timely, relevant content.

NHSA recommends that the ACF and OHS:

- support high level, leadership-driven content that enables program leadership and staff to access high-quality T/TA that is based on research-supported best practices:
    - lists of potential research-based products should be updated at least annually and with clear evaluation criteria, in order to foster innovation while also emphasizing quality.
- reallocate T/TA funds currently supporting regional T/TA contractors directly to grant recipients, so local grant recipients are able to increase the relevance and individualization of the training they receive.
- increase the quality of T/TA providers by:
    - leveraging the T/TA grant application process to increase the importance of providers having knowledge of adult learning and being able to cite their contributions to increasing equity within Head Start.
    - establishing an advisory group of Head Start practitioners to inform decision-making with regard to national T/TA providers.
    - creating a process, feedback mechanism, or tool to monitor the efficacy of T/TA contractors,

including feedback from grant recipients on the quality of the T/TA they receive.
- align the T/TA system with the monitoring system to identify concerns and provide assistance before a grant recipient faces adverse action and/or competition.
- issue guidance on layering funding for Head Start Pre-K programs, expanding on current guidance only directed towards Early Head Start.
- expand the allowable uses of T/TA funds to include the salary costs of apprentices.
- increase opportunities for in-person trainings in addition to current virtual offerings.

## Health

The vast majority of children enrolled in Head Start are eligible for and receive coverage through Medicaid and the Children's Health Insurance Program (CHIP). Head Start programs have always integrated a focus on child health as a part of Head Start's comprehensive approach, and addressing child health continues to be a top priority. Without access to doctors for routine check-ups and specialists to identify and treat disabilities or delays, children could suffer unnecessarily for years during a critical period of development, ultimately undermining their full potential.

NHSA recommends that the U.S. Congress and the Trump Administration:

- encourage Medicaid expansion in order to support the health needs of at-risk children and their families.
- strengthen telehealth opportunities in order to expand access to health and mental health services, especially in medically underserved communities, including rural areas.

NHSA recommends that the ACF and OHS:

- through federally funded health systems, engage in targeted outreach and expansion of services to key populations whose health or mental health have traditionally been underserved.
- provide guidance on best practices for local programs on how to engage with their Health and Mental Health Services Advisory Committee, including possible participants to engage, topics that may be explored, and data that can inform conversations.
- study and make recommendations on alternatives to dental screening requirements for geographic areas where a lack of dental care is a significant impediment to meeting this requirement.

NHSA recommends that states:

- invest in and expand mental health consultation and support in early childhood settings for both children and staff.

## Supporting Local Communities

Perhaps Head Start's greatest strength is its ability to meet the diverse needs of the individual communities that programs serve. This local focus is informed by community assessments that are conducted by grant recipients and strengthened by the Policy Councils, comprised of parents and community members, that share governance of the program with agency boards. While many states have invested in early learning, local communities remain the place where services, coordination, and effectiveness are at their best.

NHSA recommends that the U.S. Congress and the Trump Administration:

- support the continued local design of Head Start programs and reject any proposal to move Head Start funds to states.
- amend the *Head Start Act* to provide for the seamless operation and administration of programs in the form of prenatal-to-age five (PN-5) Head Start grants.[1]

NHSA recommends that the ACF and OHS:

- identify and address obstacles to a process in which grant recipients can move back and forth between Head Start Preschool and Early Head Start programming as local needs dictate.

NHSA recommends that states:

- involve the Head Start community, including parents and families, in the design and ongoing implementation of other early childhood initiatives, including statewide longitudinal data systems, licensing requirements, Quality Rating and Improvement Systems (QRIS), Preschool Development Grant (PDG) efforts, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and childhood health. Fully implement federal coordination requirements by:
    - ensuring state Head Start collaboration directors have the resources and positional and decision-making authority necessary to drive their required priorities,
    - including Head Start representation on State Advisory Councils on Early Childhood Care and Education (SACs), and
    - providing cross-agency support and leadership to facilitate Head Start-public school partnership and transition to kindergarten agreements.
- elevate Head Start's leadership role within state agencies specifically created to support young children and their families.
- adopt standards that ensure that learning multiple languages is viewed as an asset, that assessments are performed in children's primary languages, and that parents are engaged in linguistically and culturally sensitive ways.

## Child Care and Child Care Partnerships

One of the most pressing issues facing families with young children has been the collapse of affordable, high-quality child care, leaving parents across the country without care options for their children while they are seeking work or working. Head Start programs have historically and routinely utilized child care funding to provide wrap-around support for families or full-day services. Early Head Start-Child Care Partnership grants further encourage innovative collaborations.

It has become clear that the current economic model supporting child care simply does not work–the cost of quality care, including fair wages for providers and affordable options for parents, do not align. Reforms are needed to ensure the durability of the child care system and strengthen partnerships with systems, such as Head Start, to support family stability and ensure that children receive the continuity of care necessary for healthy development. Meaningful public investment well beyond current levels is required to bring about this change.

[1] This would eliminate the administrative burden that comes with operating multiple Head Start grants, simultaneously facilitating the continuity of care for children and their families.

NHSA recommends that the U.S. Congress and President Trump:

- significantly increase funding for the Child Care and Development Block Grant (CCDBG) in order to reduce waitlists, expand eligibility, increase reimbursement rates, address workforce issues, and improve quality.
- require states to base reimbursement rates on the true cost-of-care and enact policies that support wage improvements and parity with Head Start.

NHSA recommends that states:

- make greater use of child care contracts, rather than vouchers, in order to build and sustain the supply of high-quality care in underserved communities.
- set reimbursement rates at levels that reflect the true cost of care through an alternative market rate methodology, such as a cost estimation model, to ensure child care providers have sufficient resources to offer high-quality care.
- set family-friendly eligibility policies, such as including income redetermination no less than every 24 months.
- 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 offer services that meet the demands of working families.
- expand infant-toddler set-asides to address the overwhelming need and demand for high-quality infant-toddler services, prioritizing the expansion of Early Head Start services, which are the current gold-standard care, through Early Head Start-Child Care Partnerships funding, increased home-based options, and other means.

## Monitoring and Quality Improvement

Federal monitoring of Head Start has evolved substantially over the past decade, moving back and forth between a compliance and penalty-based system to one focused system of accountability and continuous quality improvement. There is broad acceptance across the Head Start community of a monitoring system which places a greater emphasis on human-centered design that uses data to inform practice and safety science as the basis for driving towards improved outcomes. Head Start also supports an accountability system that is clear, transparent, and timely, and one which also differentiates between singular incidents and systemic issues.

NHSA recommends that the ACF and OHS:

- improve monitoring–most notably for Risk Assessment Notification (RAN) reviews–by providing a more transparent and timely process, including rapid resolution of straightforward incidents, improved communication throughout the review process, and clarity around full corrective actions the grant recipient must take.
- reassess the RAN process through the lens of safety science, examining whether penalties for errors are proportional to the violation and whether a climate of fear and mistrust is hindering the ultimate goal of improving child health and safety.
- use monitoring data to identify and disseminate information on high-performers, including grant recipients with significant growth or improvement, and make such information easily accessible to Head Start practitioners.
- better align the T/TA system with the monitoring system to identify concerns and provide assistance

before a grant recipient faces disciplinary action and/or competition.
- make monitoring data more easily accessible to the public in formats that allow for comparison across grant recipients.
- provide greater clarity, and consistent enforcement, between one-time, quickly corrected errors and more significant systemic incidents**.**

NHSA recommends states:

- include in state Quality Rating and Improvement Systems (QRIS) 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.
- leverage Head Start leadership and expertise in refining and improving the QRIS by including the Head Start community's recommendations on quality indicators, improvement strategies, technical assistance, and serving low-income families.
- avoid duplication and unnecessary administrative costs by recognizing alternative documentation for certain quality indicators, such as Head Start's federal monitoring reports.
- design QRIS to focus on improvement over accountability and provide the necessary coaching and financial strategies to effectively assist programs in moving up rating system levels.

## Coordination and Collaboration With Public Schools

Head Start programs have a long history of working in coordination with local school districts to prepare children for success in kindergarten and beyond, transition children to kindergarten, and ensure that the gains made in preschool are sustained. As of 2023, 44 states and Washington, D.C., offer some form of state-funded pre-K. In many cases, Head Start programs either directly receive funding to provide services or do so through contracts with school districts. State investments in pre-K, especially when coordinated well with Head Start, can greatly strengthen early childhood options for families.

NHSA recommends that the U.S. Congress and the Trump Administration:

- provide financial incentives and regulatory flexibility for school districts to create and support a seamless, comprehensive, and collaborative continuum of learning for children as they move from Head Start into schools.
- provide training and technical assistance, including sharing best practices, and templates for local educational agencies entering into Memorandums of Understanding with local Head Start agencies, as Head Start agencies are mandated to do by the *Head Start Act* and local educational agencies are required to do by the *Every Student Succeeds Act* (ESSA).
- spend Title II funds for joint professional development opportunities between early elementary school teachers and Head Start and other preschool teachers, as is authorized by ESSA.
- provide guidance and financial incentives to local educational agencies to provide timely and comprehensive evaluations of children attending Head Start programs who are referred for special education.
- incentivize the flexible use of Title I funds for collaborations between Head Start and local educational agencies to support children as they leave Head Start and enter the K-12 school system.
- encourage tribal and state partnerships that require the inclusion of local and state educational agencies to work closely with tribes in developing applications and plans for ESSA Title programs. This will ensure that tribal concerns are not inadvertently excluded at the state and local levels.

NHSA recommends that states:

- align state early learning standards with Head Start's high standards to help facilitate stronger partnerships, improve quality, and increase the ability of early learning programs to leverage a variety of funding sources.
- utilize a mixed-delivery approach that builds on existing high-quality providers, such as local Head Start programs, in state preschool systems, inclusive of direct funding of Head Start.
- develop coordinated state and local recruitment and enrollment strategies across programs serving children to ensure that the most at-risk children, who are likely to benefit the most from the Head Start model, 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 supports.

## Cross-Cutting Policies

In addition to the specific policy areas outlined above that directly affect Head Start, there are many additional federal programs and policies that impact Head Start eligible children, families, and communities that are also a part of NHSA's policy priorities. While not discussed at length in this Policy Agenda, NHSA will monitor and participate in legislative and regulatory advocacy efforts as appropriate, in the following ancillary content areas:

***Child nutrition***, including SNAP, WIC, and the Child and Adult Care Food Program (CACFP)

***Child maltreatment***, including *the Child Abuse Prevention and Treatment Act* (CAPTA)

***Immigration policy,*** including bipartisan immigration reform that prioritizes family unification and stabilization

***Education***, including relevant parts of *the Individuals with Disabilities Education Act, Higher Education Act, and Elementary and Secondary Education Act*

***Family supports,*** including MIECHV, TANF, Social Services Block Grant (SSBG), and Community Services Block Grant (CSBG)

***Health and mental health,*** including Medicaid and CHIP

***Homelessness***, including *the McKinney-Vento Homelessness Assistance Act*

***Native American heritage and cultural preservation,*** including *the Esther Martinez Native American Languages Programs Act*[2]

***Tax policy pertaining to children and families***, including the Child Tax Credit and Earned Income Tax Credit

[2] One of the critical values of Head Start's tribal programs is their ability to preserve unique culture and language, and given the importance of culture and language in child and community development, this role should be reinforced, including through supporting funding made available to Head Start through the Esther Martinez Native American Language Program.

## ACKNOWLEDGEMENTS

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