



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 (2023-2024)

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, managers, and state Head Start Associations—as well as those of Head Start alumni and the children and their families who participate in Head Start 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. The U.S. Department of Health and Human Services funds extensive research every year to strengthen service and ensure programs have a deep understanding of how children learn and what supports healthy development.

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

- **Education:** Provide a variety of learning experiences to help children grow intellectually, socially, and emotionally.
- **Health:** Provide health services such as immunizations, dental, medical, and mental health, and nutritional services as well as early identification of health problems.
- **Family Involvement:** Involve parents and caregivers in the planning and implementation of activities. Parents and caregivers receive training, participate in classes and workshops on child development, and volunteer in the program.
- **Social Services:** Provide outreach to families to determine what services they need through direct connections, goal setting, and empowerment.

Serving 840,000 children and families from systemically underserved populations each year, Head Start, Early Head Start, Migrant and Seasonal Head Start (MS), American Indian and Alaska Native (AIAN) Head Start, and AIAN Early Head Start are collectively referred to as “Head Start.” Children whose families are in poverty, receive public assistance, or are experiencing homelessness as well as children in foster care are eligible.

Program Type	Age Range
Head Start	three-to-five
Early Head Start	zero-to-three and pregnant people
MS Head Start	zero-to-five
AIAN Early Head Start	zero-to-three and pregnant people
AIAN Head Start	three-to-five



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ABOUT THE NATIONAL HEAD START ASSOCIATION

The [National Head Start Association](#) (NHS A) is a nonprofit organization committed to the belief that every child, regardless of circumstances at birth or current socioeconomic factors, has the ability to succeed in school and in life. NHS A is the voice for 840,000 children, 270,000 staff, and 1,600 Head Start grant recipients in the United States.

NHS A's vision is to lead—to be the untiring voice that will not be silenced until every income-eligible child can access the Head Start model. The model provides support for the whole child, the family and the community—and advocates through 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 nonpartisan 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

The first two years of the Biden Administration saw unprecedented attention paid to the importance of early learning that nonetheless was not quite enough to get the sweeping Build Back Better proposal signed into law. Expansion of early childhood education opportunities has been a top priority for the current administration, yet is one which remains incomplete. Now with a presidential election cycle getting underway, time and attention will be focused elsewhere, adding to the challenges facing us in achieving significant legislative victories.

As we look ahead to the 118th Congress, divided government will require a more bipartisan approach to governing. The new Congress, off to a rocky start, will present significant challenges, both for funding as well as for authorizing opportunities. We anticipate a different level of oversight, and will rise to the challenges it presents.

A challenging policy environment does not change the difficult realities facing Head Start programs, most notably due to workforce challenges and compensation. Over the next two years, short-term opportunities should be seized as we continue to work towards longer-term goals. In particular, we will work towards a full cost of living adjustment (COLA) and a living wage; make Head Start and Early Head Start the model of choice for parents and communities by addressing barriers to access and enrollment; and strengthen the grassroots 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 work 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 issues**, while pressing for many years, have reached crisis levels. Every one of the top four survey responses regarding Head Start funding involved workforce concerns—not just compensation but also staff burnout and mental health.
- **Funding issues** remain front-and-center, with pressures from inflation as well as a tight labor market.
- **Eligibility** remains a challenge as inflation, especially rapidly escalating housing costs, has redefined what it means to be “low income.”
- **Trauma** continues to have a deep and wide ranging impact on Head Start children and families. Children are presenting with **greater needs and increased signs of trauma** following the pandemic. The comprehensive services provided by Head Start and Early Head Start are a key differentiator from other early childhood programs.
- **State pre-K** continues to expand in many states. We support high quality early learning opportunities for all children and recognize that many children need the additional supports provided by the Head Start model. In particular, there is a crippling shortage of high-quality infant and toddler care as embodied in the Early Head Start model.



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Head Start's Commitment to Anti-Racism and Focus on Building Equity

The Head Start community is committed to anti-racism and believes that Head Start is intrinsically an anti-racist program in that it improves access to opportunity for children and families from low-income backgrounds who are disproportionately Black, Indigenous, and People of Color (BIPOC). Head Start's role in contributing to a more equitable future and the community's commitment to anti-racism must be an unceasing, intentional, and urgent focus of our work. It is NHSA's job and priority to help Head Start maximize its impact and be successful in this critical purpose.

Using policy to increase equity within federal and state systems and programs is critical, and the following recommendations are built around this focus. Likewise, aligning state policies across early childhood settings with equity-focused policies in the *Head Start's Program Performance Standards* and reducing state and local barriers to access will strengthen the ability of programs to have a positive impact in both the short and long term.

Head Start in the States

Head Start 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 demand from parents, families, and caregivers. At the same time, states often rely on Head Start to serve children from the most at-risk backgrounds and connect their families to other critical supports. In short, supportive state policy expands and strengthens Head Start's promise, delivering cost savings and undeniably offering 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 1800 responses from all corners of the Head Start community, a record response.

POLICY CHANGES AND IMPROVEMENTS

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

Head Start and Early Head Start Funding

Recent surveys of the Head Start community demonstrate the impact that chronic low compensation is having on Head Start. Workforce compensation has been clearly shown to be a significant impediment to serving a maximum number of children. Funding for Head Start and Early Head Start must prioritize addressing the current workforce crisis—beginning with the move toward pay parity for the Head Start workforce so that the children and families in existing programs can be most effectively served. While the Head Start community shares the desire to expand access, particularly given the high demand from parents for Early Head Start, the best way to successfully and effectively accomplish this long-term goal is to shore up existing programs and plan for



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strategic expansion in future years.

In addition to aggregate funding levels, Head Start also faces internal funding inconsistencies, which have resulted in wide disparities among grantees in per-slot funding. The reasons for this are complex, and well-intentioned increases in appropriations have been targeted towards specific purposes, limiting the ability to address it.

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

- include funding for Head Start in fiscal year (FY) 2024 at the highest level possible and build on those investments in FY 2025 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 in line with the consumer price index so that grant recipients do not have to take a cut due to inflationary pressures.
 - Mitigate the growing workforce crisis through including substantial funding for local programs to improve salaries, support retention efforts, and work toward parity with the K-12 workforce.
 - Dedicate funding to Head Start for quality improvement, including staff salary and benefits, trauma-informed care, and extending the duration of in-class time offered by center-based Head Start programs.
 - Include a distinct funding source for Head Start infrastructure improvement, including relocation to high-needs communities, in any broader budgetary agreement.

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.
- require funding dedicated towards expansion to be used by programs that are paying at least a competitive wage.

NHSA recommends that states:

- provide dedicated state supplemental funding to federal Head Start and Early Head Start grantees to expand access to more children, improve workforce compensation, strengthen program quality, and reduce barriers to access or help grantees meet their required federal match.
- ensure grantees 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 grantees 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.
- increase investment in summer learning and transition to kindergarten programs to mitigate learning loss, improve school readiness, and address urgent social-emotional learning needs.

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, grantees 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



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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 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 President Biden:

- require Head Start programs pay at least a living wage for all staff, and compensation, including benefits, that is comparable to the K-12 system for comparable jobs, based on experience and credentials.
- double the Pell Grant award amount to increase access to higher education among low-income and moderate-income students and families.
- 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.

NHSA recommends that ACF and OHS:

- maximize flexibilities within the existing Head Start Act to support grant recipients that 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 the U.S. Department of Education to ensure that higher education 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.
- establish temporary flexibilities for programs that are under-enrolled due to workforce shortages (such as permitting a temporary reduction in slots).

NHSA recommends that states:

- create compensation scales for early childhood professionals that pay at least a living wage¹ for all staff, as well as pay that is comparable to similarly-credentialed workers in the K-12 system.
- dedicate funding to the early childhood workforce, including Head Start/Early Head Start when receiving increased per-child child care subsidies, state pre-K funding, or other funding streams.
- work with higher education, including community colleges, and through dual enrollment high schools to recruit more BIPOC and multi-lingual early childhood professionals, 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.

¹ See the MIT Living Wage Calculator, <https://livingwage.mit.edu/>.



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- offer Head Start staff and other early childhood professionals the opportunity to access affordable health and retirement benefits.
- offer tailored, ongoing free anti-bias training for all early childhood professionals.

Eligibility

Simplified enrollment for children whose families are eligible for Supplemental Nutrition Assistance Program (SNAP) benefits was a significant change in 2022, one which has helped define a straightforward pathway to Head Start eligibility and eased administrative burdens. Looking forward, we encourage changes to 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 at-risk populations.

Head Start provides unique early learning opportunities to Native American children, with an emphasis on programming that is culturally and linguistically appropriate. American Indian/Alaska Native (AIAN) Head Start helps fulfill the federal government's trust responsibility to protect the interests of tribal nations and communities. Expanded eligibility recognizes increased developmental vulnerability due to high rates of adverse childhood risk factors, native health disparities, historical trauma, and damaged cultural identity.

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

- 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 SNAP and the Women, Infants and Children nutrition program (WIC), as well as those in informal kinship care settings and children moving from foster care to adoption.
- eliminate the barriers that are preventing both AIAN Head Start programs and Migrant & Seasonal Head Start programs from fulfilling their explicit mandates to provide Head Start services to two distinct populations deemed to be in need; American Indian and Alaska Native families and families working in agriculture.
- expand resources for 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, as well as for the third year of Head Start.

NHSA recommends that ACF and OHS:

- maximize to the greatest extent possible the definition of eligibility via “public assistance” criteria in the Head Start Program Performance Standards, such as WIC.
- prioritize and help programs best serve children and families experiencing homelessness, as well as those in foster care and kinship care.

NHSA recommends that states:

- develop supportive agreements with the Head Start community to maximize enrollment in Head Start and Early Head Start via new 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 and Early Head Start programs.



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- ensure that families seeking a child care subsidy or state-funded pre-K slot also be evaluated for Head Start 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.

COVID Vaccine Mandate

The availability of a COVID-19 vaccine, including expansion to children as young as six months, has been a crucial component to bringing the pandemic under control. The health and safety of Head Start children, families, staff, and communities continue as our top priority.

The vaccine requirement for Head Start staff continues to apply to just half of the country due to court injunction, setting dangerous precedent for a federal program that owes its success to deep community engagement and local autonomy. Additionally, the Interim Final Rule with Comments does not allow for changing circumstances surrounding COVID-19 as we have seen repeatedly over the past three years.

NHSA recommends that ACF and OHS:

- Release the final rule regarding COVID-19 vaccination for Head Start and Early Head Start staff, clarifying that local authority around health requirements will be the governing requirement.

Trauma-Informed Care

As communities emerge from the pandemic, its full impact on young children and their families is continuing to emerge. Social isolation, trauma in all its forms, delays in diagnosing and receiving appropriate medical and mental health care, and economic dislocation have been key drivers of increased difficulties facing eligible families and young children. 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 as our country recovers.

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

- include additional funding for Head Start programs to implement multi-tiered positive behavioral interventions, supports, and other trauma-informed care models of support for child and family [see funding recommendation above].
- Fund a tele-mental health infrastructure which would improve the capacity of Head Start programs to deliver on being the only community early childhood option that does not exclude children for behavior issues.
- support remote access to mental health services, as well as family mental health supports especially for those with very young children.

NHSA recommends that ACF and OHS:

- provide extensive professional development to all Head Start program personnel on how to prevent,



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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 novice staff or children with extra needs or behavioral challenges.

Transportation and Infrastructure

Inadequate outdoor space, poor ventilation, and a lack of space all came into focus as programs worked to keep children and staff safe during the pandemic. 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 access to high quality early learning.

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

- include funding for Head Start facilities and infrastructure in the FY 2024 and FY 2025 that meets the critical \$4.2 billion need identified by the Office of Planning, Research, and Evaluation in 2015.
- 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 ACF and OHS:

- simplify and streamline the 1303 process in accordance with NHSA's recommendations from December 2022, including providing timely guidance, feedback, and approvals that enable programs to identify and move ahead with renovations, construction, and relocations in a timely manner.
- Update the Head Start Facilities Report, last issued in FY2015 and required every five years, to provide a more accurate assessment of the current status of Head Start facilities.
- ensure that national and regional T/TA provide information and resources to grantees about 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.
- expand affordable telecommunications and internet access to Head Start programs by making them eligible entities under state E-Rate rules and regulations.

Reauthorization of the *Head Start Act*

The *Improving Head Start for School Readiness Act of 2007's* authority expired in 2012, and in 2016, new, streamlined Head Start Program Performance Standards (HSPPS) aligned regulations with the act. The updated HSPPS compelled programs to meet the needs of the communities they serve in a more effective, data-driven manner. As Head Start looks to chart a path forward, it is imperative that the Head Start Act is updated to reflect the current and future realities impacting the Head Start community.



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

- 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 Training and Technical Assistance (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 grantees report difficulty in accessing timely, relevant content.

NHSA recommends that 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
- focus T/TA offerings for Head Start programs on how to:
 - best recruit, retain, and support staff, including workforce development through apprenticeships.
 - measure and increase equity within programs.
 - collect, analyze, and act on data to support improvements.
- reallocate T/TA funds currently supporting regional T/TA contractors directly to grantees within the region, so local grantees 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 grantees 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 grantee faces adverse action and/or competition.
- issue guidance on layering funding for Head Start 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.

Health

The vast majority of children enrolled in Head Start are eligible for and receive coverage through Medicaid. Head Start programs have always integrated a focus on child health as a part of Head Start's comprehensive



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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 President Biden:

- encourage Medicaid expansion in order to support the health needs of at-risk children and their families.
- maintain telehealth flexibilities that were established in response to COVID-19 and explore further expansion of flexibilities for access to health and mental health services, especially in medically underserved communities, including rural areas.

NHSA recommends that 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 been underserved during the pandemic.
- provide guidance on best practices for local programs on how to engage with their Health Services Advisory Committee, including possible participants to engage, topics that may be explored, and data that can inform conversations.

NHSA recommends that states:

- 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 needs of the individual communities that programs serve. This local focus is informed by annual assessments of community needs that are conducted by grantees and strengthened by the Policy Councils, comprised of families and community members, who 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 President Biden:

- support the 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.²

NHSA recommends that ACF and OHS:

- identify and address obstacles to a process in which grantees can move back and forth between Head Start and Early Head Start programming as local needs arise.

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

² 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.



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(PDG) efforts, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and home visiting, and childhood health. In doing so, recognize the need to reduce duplicative effort, accept alternative documentation, reward Head Start's high standards, and provide equitable access to support and funding.

- fully implement federal coordination requirements by:
 - ensuring State Head Start Collaboration Directors have the 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.
- prohibit suspension or expulsion in learning settings serving young children.

Child Care and Child Care Partnerships

One of the most dramatic impacts from the pandemic and its aftermath has been the disintegration of the child care system, leaving parents across the country lacking in affordable, quality options for their children while they are at work. 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 are required to bring about this change.

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

- 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 build in a living wage, at a minimum, for all licensed child care providers.

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



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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 in recent years, now focusing on ensuring that Head Start grantees have strong systems of accountability and continuous quality improvement. There is broad acceptance across the Head Start community of the new monitoring system which places a greater emphasis on using data to inform practice. As the early childhood landscape becomes more interwoven, the data that Head Start generates about the children they serve, the challenges they face, and the approaches that programs implement are important for many stakeholders to collect and analyze. Efforts concerning data should be collaborative across systems of accountability and quality improvement.

NHSA recommends that ACF and OHS:

- use monitoring data to identify and disseminate information on high-performers, including grantees with significant growth or improvement, and make such information easily accessible to Head Start practitioners.
- align the T/TA system with the monitoring system to identify concerns and provide assistance before a grantee faces disciplinary action and/or competition.
- make monitoring data more easily accessible to the public in formats that allow for comparison across grantees.
- dedicate existing federal research funds within the ACF Office of Planning, Research and Evaluation (OPRE) to support collaborations of early learning researchers and program leaders to identify a broader set of early childhood outcomes and evidence-based indicators.

NHSA recommends states:

- build Quality Ratings and Improvement Systems with 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 families from at-risk backgrounds.
- 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.
- align their licensing systems with Head Start's Aligned Monitoring System in order to avoid duplication, reduce burden, and decrease state costs of monitoring.

Coordination and Collaboration with Public Schools



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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 2022, 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 President Biden:

- 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.
- 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 children from the most at-risk backgrounds, 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.



NATIONAL HEAD START ASSOCIATION

Cross-Cutting Policies

In addition to the specific policy areas outlined above that directly affect Head Start and Early Head Start, there are many additional federal programs and policies that impact Head Start eligible children, families, and communities which 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 care, including the Child Care and Development Block Grant (CCDBG)

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)

Comprehensive immigration reform

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 the Children's Health Insurance Program (CHIP)

Homelessness, including the McKinney-Vento Homelessness Assistance Act

Native American heritage and cultural preservation, including the Esther Martinez Native American Languages Programs Act³

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

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³ One of the critical values of Head Start's tribal programs is their ability to preserve unique culture and language. Given the importance of culture and language in child and community development, their role should be reinforced, including funding support made available to Head Start through the Esther Martinez Native American Language Program.