Attn: Meredith Miller
Office of Elementary and Secondary Education,
U.S. Department of Education,
400 Maryland Avenue, SW,
Washington, DC 20202

VIA ELECTRONIC SUBMISSION: http://www.regulations.gov
Re: 81 FR 34539 – State Plans and Accountability Systems

Dear Ms. Miller:

The National Head Start Association (NHSA) respectfully submits the following comments on the U.S. Department of Education’s Notice of Proposed Rulemaking (NPRM) to amend the regulations implementing programs under Title I of the Elementary and Secondary Education Act of 1965 (ESEA) to implement changes made by the recently passed Every Student Succeeds Act (ESSA) published on May 31, 2016 (81 FR 34539).

The National Head Start Association (NHSA) is the national voice for more than a million children in Head Start and Early Head Start programs in the United States. Recognizing the devastating impact poverty can have on the future success of young children and their families, Head Start represents a longstanding national commitment to provide early learning opportunities for vulnerable children and comprehensive supports to help their families achieve long-term stability and success. In communities across the country, Head Start programs partner with and support local schools in helping children get ready for school and life. In 2014-2015, there were 327 Head Start grantees or delegates who identified as being part of a school system, and many others that operated in partnership with local schools either to deliver high-quality preschool education or to support children and families as they transition from an early childhood education setting into kindergarten.

Since the release of the proposed standards, NHSA has been in close communication with our members about the potential opportunities that exist within the proposed revisions to Title I of ESSA. We commend the Department for upholding the legacy of the ESEA as a civil rights law and maintaining the critical protections for our country’s most vulnerable children. We are pleased that this new version still ensures that states and school districts will hold schools accountable for the progress of all students, while at the same time offering states greater flexibility to design their accountability systems and implement school reform strategies tailored to suit community needs.

On behalf of Head Start parents, staff, and programs across the nation, NHSA and the undersigned state/regional Head Start associations offer the following specific comments and recommendations to the NPRM regarding state accountability systems, school intervention strategies, family engagement, and data reporting. Our comments begin with a discussion of our overarching themes and then go into a more detailed analysis of the specific sections of key interest to the Head Start community.
Overarching Themes

1. Access to high quality early childhood education is essential to closing the achievement gap before students even enter the K-12 system.

We know that many of our nation’s low income and minority students enter into kindergarten without the academic and social and emotional skills they need to succeed in school and later in life. For over 50 years, the Head Start community has been making strides to help close the achievement gap by providing high quality early childhood education, comprehensive services and support for parenting and viability of families to our most vulnerable children. While states and districts have historically been able to use Title I funding to provide access to preschool as an intervention for low performing schools, we applaud the Department, through this NPRM, for giving states and local school districts more flexibility to implement this proven strategy for increasing academic outcomes.

Specifically, we would recommend the Department provide guidance to states and local school districts that they are permitted to use Title I funds through a mixed delivery system to support and strengthen early learning in their communities. SEAs and LEAs should receive clear information about the Head Start Performance Standards, which ESSA requires that they meet for all early learning programs. They should also be given clear guidance about the necessity and benefit of including and partnering with existing programs in the community to provide these services. Many Head Start programs are already in partnership with their local schools, and we know that students and families benefit when communities come together and share resources to increase access to early learning programs. We suggest states and districts look to examples of well-established successful partnerships like CAP Tulsa in Oklahoma, which since 2001, has combined the philosophy of traditional Head Start with collaborative partnerships from area school districts to form a highly regarded early childhood program.

2. Meaningful parent and family engagement is a crucial component for ensuring students’ success in school.

Parents are their child’s first and foremost teacher, and we commend the Department for including provisions in this NPRM reiterating the importance of family engagement. It is clear that the most successful schools and districts are ones that value parents as trusted and respected partners in their children’s education. These are precepts that have long been successful for Head Start programs in working with low income preschool children and their parents.

We are also encouraged by provisions that require states and local districts to include parents as required stakeholders in developing state plans and designing school improvement strategies. When it comes to social policy creation and implementation, too often the role of parents and their children are overlooked. Instead, public administrators tend to focus on the needs of systems or providers, which should never eclipse the needs and rights of the students and families they serve.
State Accountability Systems

§200.12 Single Statewide Accountability System
NHSA strongly supports the provision in this section that requires states to develop statewide accountability systems that take into account the academic achievement of all students. This is one of the critical components essential to ensuring that all students regardless of race, disability, language, or socioeconomic status have equal access to the same basic level of education.

§200.13 Long Term Goals and Measurements of Interim Progress
NHSA strongly supports the provision requiring states to hold all students, except those with significant cognitive disabilities, to the same high standards of academic achievement. The best education research has shown that high expectations are the most reliable driver of academic achievement, even in students who do not have a history of high achievement. It is one of Head Start’s core values that teachers should set high expectations for all their students and provide the guidance and scaffolding support needed to ensure students reach those goals.

§200.14 Accountability Indicators
NHSA is pleased that ESSA allows states to choose multiple measures upon which to base their accountability systems. This marks a tremendous step forward toward approaching school reform more holistically. The Head Start community has known for years that you cannot assess a program solely on limited measurements of student academic achievement and that many other factors contribute toward successful student outcomes. We are encouraged that states can now choose to include measurements of student success or school quality, however we would recommend that the Department include parent and family engagement in the list of possible measurements for those key accountability indicators. One of the central tenets of the Head Start educational model is that parent and family engagement is a critical component toward ensuring successful outcomes for children.

§200.16 Subgroups of Students
NHSA supports requiring states to report on and address the academic performance of historically disadvantaged subgroups of the student population as this is key in ensuring that their performance is not masked by their presumably less disadvantaged peers. However, we recommend that the Department expand the list of subgroups to include students who are homeless and students living in foster care. While we understand that states must report on these subgroups, we contend that states should also be held responsible for the performance of these particularly vulnerable populations of students. The number of children living in foster care or who are homeless is staggering and continues to grow. If we are truly committed to ensuring that all students have an equal opportunity for an education, then it is imperative that schools are accountable for the academic needs of students who are homeless or living in foster care.
School Improvement

§200.21 and §200.22 Comprehensive and Targeted Support and Improvement

NHSA is pleased that through this NPRM SEAs and LEAs are able to move past the rigid set of federally prescribed interventions for low performing schools and are now able to determine the school reform strategies that best suit the needs of local communities. However, we have a few suggestions to these provisions:

1. We support provisions that require LEAs, which have schools selected for comprehensive and targeted improvement, to conduct a school specific needs assessment and develop an improvement plan. In addition, we are also encouraged that these plans have to be developed in consultation with a wide variety of stakeholders including parents. However, we recommend that local community based organizations, like Head Start, be involved in that process. We know that schools do not operate in a vacuum and that if improvement strategies are going to contribute in a meaningful way toward student academic progress, there needs to be buy-in not just from parents, school administrators, and teachers but also community partners who have an important role to play in supporting students.

2. In the list of recommended intervention strategies, we recommend that strategies to increase parent and family engagement also be allowable under evidence-based reform measures. For many schools, the only ways in which parents are engaged in their child’s learning at school is through occasional PTA meetings and brief and infrequent parent-teacher conferences, which we know are insufficient. Schools and districts should empower parents and families to take a more active role in their child’s education and the decisions made within the school. For over 50 years Head Start has had a shared model of governance, which has ensured that key stakeholders (parents and their children) have a voice when it comes to the critical decisions being made at schools.

3. NHSA and the Head Start community are excited that districts now have more flexibility to use Title I funding to increase access to preschool. We know that if we want to close the achievement gap in K-12 it is important that we start early on in a child’s development. However, we would recommend the Department include language encouraging states and districts to partner with their local Head Start programs if they are going to use Title I funding for preschool. We would also recommend that if partnering is not an option that states should require that school districts certify that their local Head Start programs are fully utilized in order to avoid the supplanting of federal funds. This is what is being done in Kentucky and ensures that we are allocating resources in a responsible way to ensure that the most vulnerable children are receiving all the services and support they require.
§200.23 and §200.24 State Responsibilities and Resources to Support Continued Improvement

NHSA supports provisions requiring states to identify and address resource inequities between schools and districts. However, we would recommend that states and districts also look at resource inequities between grades as well. The way the NPRM is currently worded, states are just required to look at access to preschool but not at the resources allocated to preschool vs. kindergarten. We know that quality takes money and that if preschool is going to have a meaningful impact on student outcomes in K-12 then it needs to be funded appropriately and that staff should have the qualifications, training, and ongoing support and coaching needed to be effective when working with young children.

NHSA also commends the Department for including language that requires states and districts to set aside funding to ensure that schools identified as needing improvement have the resources they need to carry out their intervention strategies. We are also encouraged by language requiring states to prioritize funding awards to LEAs that demonstrate a commitment to family and community engagement. However we have a couple of suggestions:

1. We recommend, as districts craft their plans for how they intend to engage external partners in implementing their school intervention strategies, that they should consult with community stakeholders and make those plans available to the public.

2. We also recommend that as states decide how to allocate funding for school reform that it is done through a funding formula, rather than a competitive process, that is designed with stakeholder input.

Reporting

§200.30 and §200.31 Annual State and LEA Report Cards

NHSA strongly supports the enhanced reporting requirements for state and local report cards, as this is crucial in ensuring greater transparency and accountability. We are also encouraged by language in the NPRM that requires the report cards to be designed in consultation with parents and provided in a format that is easily accessible to the public. We would suggest that states and districts also include on their report cards the number of children who are receiving state or federally funded pre-k through the school system.

§200.32 Description and Results of a State’s Accountability System

NHSA supports the provisions requiring that state and district report cards include both a description of the state’s accountability system as well as the results of the system as this ensures transparency and provides additional context for parents and the broader public.

§200.35 Per-Pupil Expenditures

NHSA strongly supports requiring states and districts to report on per-pupil expenditures disaggregated by source of funds, this will undoubtedly go a long way to ensuring greater transparency and equity in...
school funding. However, we would suggest that per-pupil expenditures also be disaggregated by grade level, including preschool if applicable. Currently, there is insufficient data regarding the amount of funding that is allocated toward preschool education as well as the sources of funding. We know anecdotally that school districts are leveraging of variety of different funding streams to finance preschool, including state pre-k dollars, Title I, Head Start, CCDF, and federal preschool development and expansion money and it would be beneficial to the public to have that information further elucidated and made transparent.

§200.37 Educator Qualifications
NHSA strongly supports that state and district report cards include in the aggregate and disaggregate by high poverty and low poverty schools, the number of inexperienced teachers, principals, and school leaders; teachers teaching with emergency or provisional credentials; and teachers who are not teaching in the subject or field for which the teacher is certified or licensed. This is central to ensuring greater equity and that students from low income schools are not served disproportionately by less qualified teachers. We would suggest, however, that the number of teachers who are not teaching in the subject or field for which the teacher is certified or licensed and the number of inexperienced teachers be disaggregated by grade level. We know that preschool children are often disproportionately served by inexperienced teachers who often do not have specific training and credentials for working with very young children.

State Plans

§299.13 Overview of State Plans
NHSA supports provisions requiring SEAs to develop their state plan through meaningful consultation with a wide variety of stakeholders and make the plans publicly available as this ensures more thoughtfully crafted plans and greater transparency.

299.15 Consultation and Coordination
We support provisions requiring that SEAs detail how they developed their state plan in consultation with a variety of stakeholders and how they intend to coordinate various federal programs, including Head Start. This ensures that plans are developed thoughtfully and that there is a holistic approach to supporting children’s education from preschool through to their postsecondary career. However, we would recommend the Department include on their list of required stakeholders for consultation, State Early Learning Advisory Councils, in order to help ensure that plans take into account students’ transition from early childhood education settings into the K-12 system.

299.16 Challenging Academic Standards and Academic Assessments
NHSA supports the requirement that states must adopt challenging academic content standards and assessments. We recommend, however, that as states look to adopt comprehensive early learning
standards that they are developed in consultation with the Head Start community and are cross walked with the Head Start Early Learning Outcomes Framework.

**299.19 Supporting All Students**

NHSA strongly supports provisions in this section highlighting the importance of a well-rounded and supportive education for all students. We want to especially commend the Department for requiring states to describe how they intend to support the continuum of a student’s education from preschool through grade 12, including transitions from early childhood. The Head Start community is committed to being supportive partners in creating an inclusive and coordinated education system for children from birth all the way to post graduation.

**Conclusion**

NHSA appreciates the Department’s efforts to listen to the Head Start community and commends Congress, the White House and all those who advocated over the years for a reauthorization that truly improves conditions for students in our country. NHSA is pleased with the work the Department of Education has done to rapidly take the law and shape it into these proposed regulations.

Head Start is proudly moving into our 51st year of serving nearly one million young children and their families living in poverty. We have spent every one of those years working with local schools in our communities to help ensure that academic success of America’s students. We will continue to be enthusiastic partners in moving the ESSA vision forward into reality. Thank you for considering our recommendations and we look forward to working with you in the future.

Sincerely,

Yasmina Vinci
Executive Director
National Head Start Association

8/1/16
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