



114th Congress Policy Agenda

INTRODUCTION

The National Head Start Association (NHSA) Policy Agenda for the 114th Congress outlines the opportunities and challenges facing Head Start¹ as well as NHSA's specific positions on policies affecting the most vulnerable young children and their families. It starts with an overview of NHSA's Centers on Advocacy, States, and Policy, Data and Research before a discussion on the current political context facing Head Start. Next, the agenda presents NHSA's key policy priorities followed by specific legislative, regulatory, and state-focused policy suggestions and proposed changes. It should be considered a roadmap for educating policy makers and influencers, guiding NHSA's decision-making, and advocating for changes in current law, regulation, and practice.

The Policy Agenda reflects thinking and feedback from member programs; state, regional, and national Head Start associations; the NHSA Board; and Head Start parents, teachers, and staff. These ideas and feedback were obtained through a variety of methods including discussions with the NHSA Board of Directors, NHSA's State and Regional Affiliates, and Head Start parent leaders at the 31st Annual Parent Conference; review of survey responses from Head Start directors, staff, parents and other leaders; and careful listening to the concerns of the Head Start community. In 2014 NHSA also hosted over 50 conference calls with the Head Start programs in each state, district and territory, as well as with members of the Migrant-Seasonal, and American Indian Alaska Native Head Start community to inform our reauthorization preparations. While these calls were focused on Head Start's reauthorization, the invaluable feedback gained by NHSA during these calls is also reflected in this policy agenda. It was also guided by the documents and recommendations generated by various working groups – including the Head Start Monitoring Task Force, the Early Learning Innovation Consortium, the Performance Standards Working Group, Investing in Impact Virtual Think Tank, and others.

ABOUT THE NATIONAL HEAD START ASSOCIATION

The National Head Start Association is a non-profit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life. Guided by its mission to coalesce, inspire, and support the Head Start field as a leader in early childhood education, NHSA's vision is to lead – to be the untiring voice that will not be quiet until every

¹ For the purposes of this paper, the term "Head Start" is inclusive of Early Head Start, American Indian/Alaskan Native Head Start, Migrant and Seasonal Head Start, and the many creative and complex program models including home-based, center-based and family child care partnership models.

vulnerable child is served with the Head Start model of support for the whole child, the family and the community – and to advocate – to work diligently for policy changes that ensure all vulnerable children and families have what they need to succeed.

The opportunity to succeed in school and in life, regardless of circumstance at birth, is a core American value, and for the past fifty years the Head Start movement has embraced the challenge of delivering on that value and developing our nation’s most vulnerable children and their families. A strong and sustainable future for Head Start will mean the success of generations of children who may otherwise struggle throughout their lives. Their future success rests on the knowledge, commitment and collaboration of families, programs, researchers and policymakers.

To accomplish its policy and advocacy goals, NHSA works through three Centers: the **Center on Advocacy**, the **Center on States**, and the **Center for Policy, Data, and Research**. NHSA’s **Center for Advocacy** uses grassroots action, parent-driven support, and a bipartisan strategy to organize national, state, and local activities in order to ensure a successful and sustainable future for Head Start. The **Center on States** cultivates, supports, and disseminates innovations and best practices in state-based early learning systems in order to support the work of state Head Start communities through a network of affiliates so they can be visionary leaders, trusted partners, and tireless voices for vulnerable children and families in their states and communities. Finally, the **Center for Policy, Data, and Research** curates knowledge about Head Start to support Head Start programs as leaders and to share their wisdom and experience widely; to generate new analyses and reflections on program and policy priorities; and to strengthen dialogue and collaboration between Head Start practitioners and researchers.

A POLICY AGENDA FOR THE 114TH CONGRESS – POLITICAL CONTEXT

On January 6, 2015, the 114th Congress was sworn into office with a new Republican majority in the Senate, a strengthened Republican majority in the House, and a Democrat, President Obama, in the White House. While this Congress is the most diverse to have ever been sworn into office, it is also a relatively inexperienced Congress with many new faces and new leaders making decisions impacting Head Start. Several Democratic champions, each with decades of experience standing up for Head Start, retired at the end of the 113th Congress leaving significant gaps in legislative knowledge. On the Republican side, the key committee leadership on funding and authorizing issues remain in their positions with new and promising sub-committee chairs moving into leadership roles. There is reason to be optimistic about the new Congress, however getting to know, educating, and establishing working relationships with new Members and new leadership must be a focal point for the Head Start community.

Beyond getting to know the new Congress, Head Start must also take into consideration three external political factors that may help or hinder success in the next two years. First is the relationship between the White House and the Republican-controlled Congress. While Head Start remains a program with bipartisan support, there is not much else that both parties agree on. With Republicans taking control of the Senate, it is unclear whether the shift in power balance will improve or worsen the stalemate in Washington. The first six months of the 114th Congress, including the Budget process and the reauthorization of the Elementary and Secondary Education Act (ESEA), should prove whether or not changes to gridlock can be expected.

The second external political factor is the upcoming 2016 Presidential campaign and its impact on our elected leaders' ability to face difficult debates and make tough choices. Typically, in election years, Congress and the White House tend to stay away from difficult votes and decisions for fear of political retribution. The 2016 race will likely begin in earnest in the spring of 2015 with a wide-open field of candidates – particularly on the Republican side. This likely means political votes being called in order to highlight differences between candidates. If the campaign rhetoric remains relatively calm until mid-to-late 2016, then more detailed policy decisions are likely.

The third and final factor is the agenda of both the White House and Congress. The White House is expected to aggressively focus on tax reform in early 2015 – which would likely impact child care, early learning, and families in Head Start. Congress, however, appears interested in first tackling ESEA, then looking for solutions to poverty and the populist concern of growing economic inequality across the nation. Both of these themes could converge into a comprehensive agreement or they could lead to further discord and disagreement between parties.

For Head Start, these political realities overshadow the future of two important and influential pieces of legislation that could be considered in 2015-2016. The first is the return of sequestration in FY 2016. In FY 2013 and into FY 2014, sequestration became a devastating reality for Head Start - cutting 53,000 children, 1.3 million service days, and thousands of staff. Staff have yet to see a substantive salary increase to allow for competitive salaries while their responsibilities grow and their accountability comes with increasingly high stakes. Yet, the resilience and determination of the Head Start community ultimately led to the restoration of the sequestered funds and even an expansion of Early Head Start in FY 2014 and FY 2015. This was a huge win. However, without Congressional intervention, the return of sequestration in FY 2016 and beyond, presents a terrifying possibility of future funding cuts.

Finally, Head Start is already three years overdue for a reauthorization and seven years deficient on a refreshed set of Program Performance Standards. As outlined later in this agenda, an updated version of standards would help grantees improve their service delivery and should be completed prior to a reauthorization. A reauthorization, for which NHSA and the Head Start community have been preparing since 2013, provides an opportunity to strengthen the types of services Head Start provides to children and families, but it also has the potential to get lost in a sea of partisanship if attempted at an inopportune time.

The next two years, as Head Start turns 50, look to be both dangerous and full of potential for strengthening Head Start's role and the nation's commitment to ensure that every child, regardless of circumstances at birth, has an opportunity to succeed in school and in life.

KEY POLICY PRIORITIES

In the 114th Congress, NHSA will work with Congress, the Administration, state policy makers, and the Head Start field to accomplish the following priorities:

1. Stabilize funding for Head Start and Early Head Start and avoid the detrimental impacts of sequestration.

2. Strengthen the Head Start model of support for the whole child, the family, and the community.
3. Expand access to Head Start and Early Head Start for the nation's most vulnerable children and families, especially for infants and toddlers.
4. Address the workforce crisis and increase investments in program infrastructure that will improve quality.
5. Plan and prepare for a Head Start reauthorization that strengthens, improves, and builds on Head Start's 50-year legacy of success.
6. Seek legislative, regulatory, and policy changes that encourage collaboration and coordination among local education, health, and social service providers.

SPECIFIC FEDERAL LEGISLATIVE CHANGES AND IMPROVEMENTS

This section outlines NHSA's specific positions on the most important areas of federal legislation identified by a survey of the Head Start community. NHSA expects to advocate for these positions if and when the relevant pieces of legislation come up for debate and votes.

Funding

In FY 2013 Head Start was funded at \$8.002 billion with a 5.27 % sequester cut (approximately \$405 million). These funds were restored to Head Start in FY 2014 with a significant increase to provide a cost of living adjustment for staff and a \$500 million expansion of Early Head Start and Early Head Start-Child Care Partnerships. This increased funding level was maintained in FY 2015. However, in FY 2016 and beyond, sequestration is slated to return and, without Congressional action, its devastating impacts will be felt again and for years to come. Compounding the financial hardship for programs are drastically rising operating expenses making it exceedingly difficult to serve the most vulnerable children with the highest quality Head Start services.

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

- ❖ *Make Head Start and Early Head Start a top funding priority within FY 2016 and FY 2017 appropriations. Subsequent funding levels should maintain FY 2015 levels and provide adequate funding for much-needed quality improvements.*
- ❖ *Enact a permanent fix to sequestration, for FY 2016 and beyond.*
- ❖ *Increase funding in order to expand access beyond the current percentage of eligible children served - less than 5 % of children birth-3 and less than half of eligible children 3-5.*

Workforce

As a result of the 2007 Head Start Reauthorization, the Head Start workforce has changed drastically in the past eight years. The community overwhelmingly met and exceeded the mandate for Head Start teachers with bachelor's degrees by 2013 and continues to increase the number of degreed teachers - 71% of teachers had degrees as of program year 2013-2014. However, even though the Head Start workforce has substantially grown its number of teachers with degrees, salary and benefit levels have not similarly increased. Grantees are not able to pay teachers a competitive salary and, especially with expansion of state based pre-kindergarten, Head Start is threatened with a loss of thousands of highly qualified teachers in the coming years. Yet, both research and empirical evidence point to the importance of staff continuity to

the quality of early experiences for children. Based on survey results from the 114th Congress Policy Agenda survey, the Head Start workforce is the second top priority for 2015 and 2016.

NHSA recommends that Congress and President Obama:

- ❖ *Include a significant Cost of Living Adjustment for Head Start programs in FY 2016 and FY 2017.*
- ❖ *Identify tax breaks and additional funding streams to pay teachers and other staff a competitive wage – comparable to similar positions in the K-12 system, thus incentivizing teachers and staff to stay working for Head Start.*
- ❖ *Create opportunities for Head Start staff to earn higher education degrees and credentials at little or no cost.*

Infrastructure

Maintenance and replacement of Head Start infrastructure is a pressing need. Grantees across the country have seen operating expenses rise significantly. One such expense, which programs often are forced to ignore and defer, is infrastructure maintenance and improvements specifically including facilities, buses, and technology. However, deferring infrastructure investments is not sustainable and addressing these issues must be a priority for Congress and the Administration.

NHSA recommends that Congress and President Obama:

- ❖ *Include a significant investment in quality improvement funds for Head Start grantees in FY 2016 and FY 2017*
- ❖ *Include funding for infrastructure repair, replacement, and improvement in any broader budgetary or tax agreements.*

Reauthorization of Head Start

The authorization for the Improving Head Start for School Readiness Act of 2007 expired in 2012. The Administration has continued to implement the 2007 Act, but has yet to release Performance Standards that correspond to changes contained in it and is still in the process of improving the Designation Renewal System. The lack of updated Standards hinders Head Start's ability to fully realize the impact of the improvements made in the Head Start Act in 2007. Congress, however, has expressed interest in beginning to consider a Head Start reauthorization. NHSA has engaged in extensive reauthorization preparation and will be releasing more detailed reauthorization priorities and plans in 2015 and 2016.

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

- ❖ *Continue working with NHSA on planning for and drafting the next Head Start reauthorization, but not move forward with a reauthorization until new Performance Standards are released.*

Funding for the Child Care and Development Block Grant

The Child Care and Development Block Grant (CCDBG) was reauthorized in late 2014. This reauthorization included significant quality improvements to child care and was met with support and excitement by the Head Start community. Despite making significant quality improvements

in child care, Congress and the Administration did not include significant funding increases to help meet these new requirements, let alone expand access to millions of working families in need of affordable, quality child care.

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

- ❖ *Increase funding for the Child Care and Development Block Grant in order to help states and providers meet the increased quality requirements in the new CCDBG reauthorization.*

Elementary and Secondary Education Act

The Elementary and Secondary Education Act (ESEA), also known as No Child Left Behind (NCLB), has been scheduled for reauthorization for several years and is on the short list of bills Congress hopes to consider in 2015. As a vital partner in the success of children and families, NHSA strongly supports including increased collaboration and coordination among Head Start programs and Local Educational Agencies (LEAs) in ESEA. Increased collaboration and coordination can lead to more efficient uses of community resources and encourages policies that strengthen the ability of parents to transition their children from Head Start to kindergarten.

NHSA recommends that Congress and President Obama pass ESEA legislation that:

- ❖ *Authorizes funds and provides incentives for school districts to create and support a seamless, comprehensive,² and collaborative continuum of learning for children as they move from Head Start into schools.*
- ❖ *Includes a reciprocal requirement for school districts to enter into MOUs with local Head Start agencies as Head Start agencies are mandated to do by the Head Start Act.*
- ❖ *Encourages and provides incentives to LEAs to provide timely and comprehensive evaluations of children attending Head Start programs who are referred for special education. This is important for Migrant and Seasonal grantees who offer shortened time periods of service year-round and struggle to meet Head Start requirements for serving children with disabilities.*
- ❖ *Grants and incentivizes the flexible use of Title I funds for collaborations between Head Start and the LEA after the child enters the K-12 school system. This flexibility would help provide enhanced support services often needed by at-risk low-income families whose children graduate from Head Start and would encourage continued success in school.*
- ❖ *Encourages Tribal and State Partnerships that require local and state educational agencies to closely work with tribes in developing applications and plans for ESEA Title programs. This will ensure that tribal concerns are not inadvertently excluded at the state and local level.*

² Comprehensive services include health, dental health, mental health, nutrition, family supports, and safety and should be offered on-site to the maximum extent possible.

Maternal Infant Early Childhood Home Visiting Program

The Maternal Infant Early Childhood Home Visiting Program (MIECHV) was first authorized for four years in 2010 and provides funds to states to implement evidence-based home visiting services for pregnant women and children through fourteen approved models including Early Head Start. MIECHV funding was extended in 2014 for one year as part of the Medicare Sustainable Growth Rate extension also known as the “doc fix.” MIECHV funding supports Early Head Start programs in 16 states and must be extended or reauthorized by March 31, 2015 or else current programming will stop.

NHSA recommends that Congress and President Obama:

- ❖ *Reauthorize and extend the Maternal Infant and Early Childhood Home Visiting (MIECHV) program before its expiration this year.*

SPECIFIC FEDERAL REGULATORY CHANGES AND IMPROVEMENTS

This section outlines NHSA’s specific positions on the most important areas of federal regulatory policy identified by a survey of the Head Start community. NHSA expects to advocate for these positions if and when the following regulations and policies come up for rule-making.

Program Performance Standards

The Head Start Program Performance Standards have not seen a full revision for more than a decade. Because of this, they are not aligned with the 2007 Head Start Act. This has led to a complicated, disjointed, and often contradictory set of rules which include the Performance Standards, the Head Start Act, and a series of Program Instructions and Information Memoranda. This discordance has proven to be exceedingly difficult for Head Start grantees to interpret and discern which rule to follow. The Standards play an integral role in ensuring quality in Head Start programs and should be thoroughly reviewed to remain relevant, feasible, and effective measures - especially before the next Head Start reauthorization.

NHSA recommends that the Office of Head Start develop and release a new set of Head Start Program Performance Standards that are aligned to the 2007 Head Start Act by:

- ❖ *Taking into account the latest evidence-based research and best practices and perspectives of the Head Start and Early Head Start community;*
- ❖ *Identifying the differences between guidance, best practices, and actual standards which are all incorrectly referred to as standards in the current version of the Program Performance Standards;*
- ❖ *Revising elements that no longer allow programs to work efficiently; and*
- ❖ *Strengthening elements that provide the unique supports Head Start and Early Head Start programs need to best serve their at-risk children and families.*

Designation Renewal System

In November 2011, President Obama issued the final rule on the Designation Renewal System (DRS) for Head Start. While the Head Start community embraces accountability and continuous

quality improvement, the current DRS system raises many concerns about fairness, transparency, and effectiveness. These concerns are not with the existence of an accountability system itself, but with the administration of it and its implementation in an insufficient and unequal manner.

NHSA recommends that the Administration make the following changes to the DRS:

- ❖ *Eliminate the 10 % component of the CLASS trigger.*
- ❖ *Establish a formal appeals or challenge process for programs that have evidence that their CLASS evaluation was not conducted properly, to allow them recourse before falling into the competition pool.*
- ❖ *Treat low CLASS scores as non-compliances rather than as immediate deficiencies. If a program receives low-scores, OHS should conduct a follow-up CLASS observation after a specified period of time. Only programs whose scores are still low at that time would face competition.*
- ❖ *Move the DRS into a faster and more predictable schedule.*
- ❖ *Improve transparency by releasing competition details and decisions*
- ❖ *Evaluate the way self-reported incidents are included in a grantee's compliance record.*
- ❖ *Ensure that new applicants are able to demonstrate familiarity with the CLASS evaluation and that they can achieve high quality results in their applications.*
- ❖ *Create a comprehensive transition plan for the Office of Head Start to work with both the outgoing and incoming grantees in order to ensure that during grant transitions, there is little or no interruption of services for children and families. This process must specifically address funding the transition, parental choice and adjustments that parents have to make when transitioning their children from one agency to another.*

Monitoring System

The Head Start Monitoring system has undergone significant changes in the past four years and the work of NHSA's Monitoring Task Force in 2012 has made major contributions to the new Aligned Monitoring System, now in its first year. As this new system is implemented, work must continue to ensure its success in rewarding excellence and supporting continuous quality improvement.

NHSA recommends that ACF/OHS:

- ❖ *Continue to analyze and implement the recommendations of the Monitoring Task Force. (See the Monitoring Task Force's final proposal, ["Measuring Compliance and Continuous Improvement Toward Excellence for Head Start"](#).)*
- ❖ *Inform the Head Start field of changes to the Monitoring System prior to the changes being implemented.*
- ❖ *Create opportunities and forums for grantees to ask direct and specific questions about changes in the monitoring system.*

Slot Conversion Process

In the past few years, many agencies providing Head Start and Early Head Start services have been converting or considering converting Head Start slots into Early Head Start slots due to the changing needs in their communities. While ACF/OHS has a process in place to convert slots, it can take, depending on the region, a year or more to complete - harming the planning necessary to effectively provide services. At the same time, the Office of Head Start created a series of

pilot birth to five grants meant to eliminate barriers and extra administrative burdens on grantees that run Head Start and Early Head Start grants, allowing them to run one continuous birth to five grant as opposed to two separate grants - birth to three and three to five. These pilots have been met with enthusiastic support by the Head Start community. However, they have only been available to grantees that had to compete for their grant renewal and other grantees still have to go through an extensive slot conversion process to convert Head Start slots.

NHSA recommends that ACF/OHS:

- ❖ *Speed up the slot conversion process so that grantees can carry out such a conversion as fast as possible*
- ❖ *Create a process for any grantee who operates Early Head Start and Head Start to convert the two grants into one birth to five grant.*

Training and Technical Assistance

The existing T/TA system for Head Start includes funding to national resource centers, regional and state contractors, and to local programs to use at their discretion. Grantees from across the country have reported that some of the national resource centers have been increasingly effective and helpful to program improvement. Grantees are also able to direct their discretionary funds to T/TA in areas the program determines as most necessary through its T/TA plan developed in partnership with its regional office. However, the grantees have consistently reported that the state and regional contractors continually fall short in providing pertinent, accessible, and timely T/TA. An effective Training and Technical Assistance System should be focused both on professional development and enriching skill-building of all staff as well as on intervention where necessary, provided by a professional training workforce based on adult learning practices. All levels of the T/TA system (federal, regional, state, local, collaboration offices, state associations, programs) should have open communication and purposeful collaboration in order to best support the daily work programs do with children and families.

NHSA recommends that ACF/OHS:

- ❖ *Create a process or tool for monitoring the efficacy of T/TA contractors including feedback from grantees on the quality of T/TA they receive.*
- ❖ *Reallocate T/TA funds currently supporting state and regional T/TA contractors directly to Head Start and Early Head Start grantees in order to better meet their needs.*
- ❖ *Align the T/TA system with the monitoring system to identify concerns and provide assistance before a grantee faces disciplinary action and/or competition.*
- ❖ *Ensure national centers and state T/TA systems can be flexible and responsive to grantee needs.*
- ❖ *Identify T/TA providers with knowledge of adult learning and the ability to provide rich professional knowledge to all levels of Head Start staff.*
- ❖ *Use Centers and state systems to curate and cultivate local programs' innovations and help them to share their successes widely.*

STATE POLICY CHANGES AND IMPROVEMENTS

Since 2009, nearly all states have put work, thought, and resources into improving their state early learning systems. Twenty states have won Race To The Top Early Learning Challenge grants and eighteen states have won Race To The Top Pre-K Development and Expansion grants. Six tribal organizations and all but two states have accepted funding for home visiting under the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) – which expires in March, 2015. Virtually all states have expanded, developed, or at least discussed creating a state funded pre-kindergarten program. Despite this progress, in many states, early learning systems lack appropriate alignment between federal, state, and community funded programs. To help address this concern, NHSA has partnered with state Head Start associations to gather best practices and cultivate Head Start leadership on the state level. It is clear that state systems can help early learning programs provide greater access to high quality services, but only if they are created with system-wide engagement and partnership.

To encourage collaboration and improve services for children and families, NHSA recommends that states:

- ❖ *Use MIECHV funds to support Early Head Start as an evidence-based home visiting program focused on the state's' most vulnerable children and families.*
- ❖ *Implement Child Care and Development Fund state plans that promote health and safety, encourage collaboration and participation with Head Start, and align eligibility requirements to those in Head Start.*
- ❖ *Support the development of the early childhood workforce through quality-improvement funds, QRIS, targeted higher education programs and other similar means.*
- ❖ *Create and expand Pre-K programs that build on and strengthen the capacity of existing early learning programs, such as Head Start and Early Head Start, through a mixed and diverse delivery system.*
- ❖ *Build Quality Rating and Improvement Systems with a clear and simple path for Head Start programs to enter at an advanced level of quality recognizing the standards and services Head Start programs already provide.*
- ❖ *Support the continuation of State Early Learning Advisory Councils and work with state Head Start Associations to ensure Head Start is adequately represented on the council.*

ACKNOWLEDGEMENTS

The NHSA Public Policy Agenda for the 114th Congress was created in partnership with the NHSA Board of Directors, the Board of Directors' Government Affairs Committee, State and Regional Head Start Presidents, Head Start Parents, Head Start Directors, and Head Start Staff. Special thanks are reserved for Vanessa Rich, Chair of the NHSA Board of Directors, Almeta Keys, Chair of the NHSA Board of Directors' Government Affairs Committee, Yasmina Vinci, Executive Director of NHSA, and Lisa Stewart and Emmalie Dropkin of NHSA - all of whom assisted in the drafting and editing of the agenda.