



## States Can Strengthen Equity Through Head Start & Early Head Start Support and Partnership

Highlights from NHSA's 2021-2022 Policy Agenda

Serving more than one million children and families from at-risk backgrounds each year, Head Start is the only early childhood system **supporting pregnant women and young children from birth through age five**. ([Source](#)) “Head Start” collectively refers to Head Start (children age 3-5), Early Head Start (pregnant women, children age 0-3), Migrant and Seasonal Head Start (children age 0-5), American Indian, and Alaska Native (AIAN) Early Head Start, and AIAN Head Start.

Head Start's 1,600 locally-driven programs are **critical pieces of state and local early childhood education, anti-poverty, health, and family support infrastructure**. Head Start is ever more important as states recover from COVID-19 and seek to better support young children in poverty, foster care, experiencing homelessness, or living with trauma.

Head Start programs also **provide child care, pre-K, and home visiting** through complementary state and local funding to respond to overwhelming demand from parents, families, and caregivers. States count on Head Start to serve children from the most at-risk backgrounds and connect families to resources that support housing, nutrition, and health needs..

Critically, Head Start is an **anti-racist program** which is specifically designed to expand opportunity for children and families from low-income backgrounds who are disproportionately Black, Indigenous, and People of Color (BIPOC). The program's impact on intergenerational poverty is well-studied, and Head Start's 35 million alumni are living proof of Head Start's reach and effectiveness.

### Existing Equity in Head Start

State efforts to expand access to Head Start and align with the equity-focused policies in the [Head Start Program Performance Standards](#) will lead to greater equity and justice in state early childhood systems. Head Start already:

- Serves a racially diverse child and pregnant women population: Black or African-American (30%), White (44%), Biracial or Multi-Racial (10%), Asian (2%) American Indian/Alaska Native (4%), and Native Hawaiian/Pacific Islander (1%). Thirty-seven percent (37%) identify as being of Hispanic/ Latino origin ([Source](#))
- Prioritizes services to children in foster care, experiencing homelessness, with a disability or in families employed in migrant and seasonal agricultural industries
- Embraces linguistic diversity as an asset; 28% of children lived in homes where families' primary language was a language other than English ([Source](#))
- Addresses childhood trauma and prohibits suspension and expulsion, which is prone to implicit bias
- Engages parents as leaders and offers them pathways to employment within Head Start

## NHSA's State Policy Agenda Equity Highlights

These state equity highlights from NHSA's full [Policy Agenda](#) offer ways that states can expand their partnerships with Head Start and build greater equity into their early childhood systems.

### Funding

- Provide dedicated funding to federal Head Start and Early Head Start grantees to **expand access, improve program quality**, or help grantees meet their required match.
- Ensure grantees are **explicitly eligible to directly access or compete for other state funding**, including workforce, facility, transportation, and other grants and funding.
- Provide seed and ongoing funding to implement or sustain proven or promising **trauma-informed care** approaches in early childhood settings.
- Increase **investment in summer learning and transition to kindergarten** efforts to mitigate learning loss, improve school readiness, and address social-emotional needs, with a focus on children with disabilities.

### Workforce

- Conduct prenatal-to-age five **workforce compensation studies and create compensation scales** for early childhood professionals that reflect their contributions, offer viable career-ladders, and address racial wage and benefit gaps.
- Work with higher education, including community colleges, and through dual enrollment high schools to recruit more Black, Latinx, Asian, and Indigenous early childhood professionals, **expand scholarships and loan forgiveness**, and assist with guaranteed job placement.
- Offer Head Start staff and other early childhood professionals the opportunity to buy into **state health and retirement benefits**, which are often lacking from their compensation packages.
- Require and offer **free anti-bias training** for all early childhood professionals.

### Infrastructure

- Expand **affordable telecommunications and internet access** to Head Start programs by making them eligible entities under state E-Rate rules and regulations.

### Health

- Expand **mental health consultation** and support in early childhood settings for both children and staff, including mental health consultation.

## Eligibility

- Ensure that any family 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.
- **Align definitions and eligibility processes with respect to kinship care and children experiencing homelessness** across early childhood programs to remove barriers to accessing Head Start through categorical eligibility.
- Include Head Start programs in any **statewide, online enrollment portals** as an eligible parent choice.

## Supporting Local Communities

- Involve the Head Start community, including parents and families, in the **design and implementation of other early childhood initiatives**, including Quality Rating and Improvement Systems (QRIS), Preschool Development Grant (PDG) efforts, and childhood health.
- **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 leadership on State Advisory Councils on Early Childhood Care and Education.
  - Providing cross-agency guidance and supports to facilitate effective Head Start-public school partnerships and transition to kindergarten agreements and initiatives.
- Adopt standards to ensure that **learning multiple languages** are viewed as an asset, 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.
- Reduce ratios in classrooms with infants and toddlers to mirror those in Early Head Start, while providing **funding to expand the total number** of infant-toddler slots supported by state funding.

## Coordination and Collaboration with Public Schools

- Continue to expand preschool programs through a **mixed-delivery approach** that builds on existing high-quality providers, such as local Head Start and Early Head Start programs.
- Develop coordinated state and local **recruitment and enrollment strategies** across programs serving children to ensure that the most at-risk children 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 services.

## Monitoring and Quality Improvement

- Build **QRIS 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.
- Avoid duplication and unnecessary administrative costs by **recognizing alternative documentation** for certain quality indicators, such as Head Start's federal monitoring reports.

## Child Care and Child Care Partnerships

- Make greater use of **child care contracts**, rather than vouchers, in order to sustainably build the supply of high-quality child care in underserved communities.
- Set family-friendly **eligibility policies**, including waiving all co-pays for families in economic crisis due to COVID-19, allowing families to count school attendance as a qualifying activity, and extending the duration of assistance.
- 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 provide services that meet the demands of working families.
- Expand **infant-toddler set-asides** to address high demand for infant-toddler services, prioritizing the expansion of Early Head Start services, which are the current gold-standard care, through direct contracts, Early Head Start-Child Care Partnerships, and other means.

*These equity highlights are a small selection of the many federal and state recommendations in NHSA's full [Policy Agenda](#). For further exploration of these recommendations or for questions, please contact Kent Mitchell, Director of State Affairs, [kmitchell@nhsa.org](mailto:kmitchell@nhsa.org).*