



# BUILDING ON THE PROMISE:

State Initiatives to Expand Access to Early Head Start for Young Children and their Families

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These materials are intended for education and training to help promote a high standard of care by professionals. The findings and recommendations included here are the result of an extended process of review and analysis on the part of the author organizations. The views expressed in these materials represent the opinions of the respective authors. The interview process did not include an exhaustive list of possible participants, and therefore the findings and opinions do not necessarily reflect the opinions of all stakeholders in the selected states or project funders.

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# EXECUTIVE SUMMARY

Babies need good health, strong families, and positive early learning experiences to promote their healthy intellectual, social, and emotional development. However, as the poverty rate for children under age 3 continues to increase, a rising number of young children are going without these supports. Growing up in poverty can threaten healthy brain development by increasing the likelihood that children will be exposed to inadequate nutrition, substance abuse, maternal depression, unsafe environments, abuse, or poor quality daily care. Reaching highly vulnerable children at birth, or even reaching their mothers during pregnancy, is critical. Researchers have also found better impacts for disadvantaged preschool-aged children participating in formal early childhood programs if they also had experienced comprehensive early care and family support from birth.

The federal Early Head Start program (EHS) was created to help minimize the disparities caused by poverty by supporting the healthy development of pregnant women and low-income infants and toddlers in the context of their families and communities. Research has shown that EHS positively impacts children's cognitive, language, and social-emotional development; parents' progress toward self-sufficiency; as well as a wide range of parenting outcomes. Unfortunately, federal funds reach less than 3 percent of all eligible children. Changes made in the 2007 reauthorization of the federal legislation will present new opportunities to build on EHS at the federal, state, and local levels, but without new funds at the federal level, these opportunities cannot be realized.

Through interviews with state leaders, this study found 20 states that have taken action to expand and enhance EHS services for infants, toddlers, and their families. Based on an in-depth study of these state efforts, CLASP and ZERO TO THREE recommend that state leaders interested in promoting better futures for at-risk children review the approaches, opportunities and challenges, and recommendations in this paper, and take appropriate action to build on the promise of EHS.

## State Early Head Start Initiatives: Approaches

Although each approach builds on the strengths of EHS, the details of state initiatives vary widely in scope. There were four main categories, with some states reporting multiple approaches:

- **Extend the day/year of existing EHS services:** The most common approach (12 states) is to help extend the day/year of EHS services by making additional funding available (often from the child care subsidy system) or through policies to ease the process of blending funding.
- **Expand the capacity of existing EHS and Head Start programs to increase the number of children and pregnant women served:** Ten states expanded the capacity of existing federal Head Start or Early Head Start grantees to serve more infants and toddlers and three states serve expecting mothers. States do so either by providing grants to these programs for this purpose or by allowing state supplemental funding for Head Start programs to include EHS services.
- **Provide resources and assistance to child care providers to help them deliver services meeting EHS standards:** Initiatives in Illinois and Oklahoma will leverage new funds and supports to help child care providers to implement most EHS standards.
- **Support partnerships between EHS and center-based and family child care providers to improve the quality of care:** Five states provide funding for EHS-child care partnerships, but use very different approaches. An Iowa pilot creates partnerships between EHS and family child care and family, friend, and neighbor care settings, and requires that EHS programs implement the home-based model with children in those settings. Kansas and Maryland facilitate EHS-child care partnerships to actually deliver EHS in child care settings. Nebraska uses the partnerships to leverage federal expertise and resources to improve quality of child care partners.

Lastly, New York uses a unique approach using the model of EHS comprehensive services to develop regional collaboratives to help more vulnerable young children and their families have access to a similar range of services even when not enrolled in EHS.

## Opportunities and Challenges Facing State Policymakers

Even with the great variation among state policies, the lessons from state administrators shared a number of common themes. The following opportunities and challenges emerged from this research.

### Opportunities:

- Early Head Start is a research-based model and a resource for states wanting to improve care for vulnerable infants and toddlers and be responsive to community needs.
- States can expand access to EHS services provided by federal EHS/Head Start grantees and improve the quality of community-based child care settings.
- The federal resources dedicated to high quality implementation of EHS can be leveraged by state policymakers to improve the quality of existing child care programs.



## Challenges:

- Stagnant federal funding for EHS and the Child Care and Development Block Grant (CCDBG) negatively impacts the ability of states to build on the promise of EHS and partner with child care.
- Inability to attract and retain well-educated teachers with infant and toddler expertise challenges EHS expansion.
- A significant upfront investment in training and technical assistance on the EHS approach and meeting federal Head Start Program Performance Standards is critical to implementation when creating new program slots.
- States are tapping federal funding sources tied to parental work status—CCDBG or Temporary Assistance for Needy Families (TANF) funds—but are confused by and struggle with requirements that seem to conflict with the EHS model.
- Implementing a comprehensive state EHS initiative that builds the quality of existing child care programs requires cross-state agency and state-federal collaboration.
- How state policymakers develop and sustain support for state investment in EHS varies, but in many cases their initiatives are not well known or very large. More needs to be done to build support and funding for these initiatives.

## Recommendations for States

Given the promise of EHS, and the limited access to the program under current funding levels, **state leaders interested in promoting better futures for very young at-risk children should review the approaches described in this paper, and take appropriate action.** Based on comments by the state policymakers interviewed, CLASP and ZERO TO THREE make the following specific recommendations to state leaders interested in building on the promise of EHS in their states:

### **Provide sufficient state funding to the EHS initiative and participating providers to ensure stable resources and to attract and retain high quality staff.**

State policymakers acknowledge that the EHS model costs more per child than the level set for basic child care subsidies. However, they argue that given the promising research on well-implemented EHS programs, this level of service is critical to help improve the odds for vulnerable young children and families in their states. States should consider carefully the funding sources they use for EHS, and educate themselves on how flexible their use of CCDBG and TANF funds may be under federal program guidance, remaining true to the EHS model of continuous, comprehensive, child-centered services.

**Use EHS initiatives not only to build on federal EHS capacity, but also to partner with and enhance the quality of child care already serving infants and toddlers in the state.**

States said that working with child care as partners or providers of EHS builds on the state investment in child care, can improve continuity of care for working families, and leverages state and federal investments in child care. States also pointed out that the state initiatives can enhance the services federal EHS grantees provide.

**Build in sufficient training, technical assistance, and monitoring to ensure that all participating programs meet the educational, family support, and health and nutrition components of the federal Head Start Program Performance Standards.**

Many states said it is critical to have funds set aside to ensure program quality and model fidelity by helping states get up to speed on the Head Start Program Performance Standards and to create an infrastructure for training, technical assistance, and professional development; especially for providers who are new to the EHS program model.

**Cultivate champions for EHS and the needs of vulnerable infants and toddlers, inside and outside state government.**

Several states reported that a key component in implementing a state EHS program is cultivating champions—across state agencies, parents, legislators, providers, and business leaders.

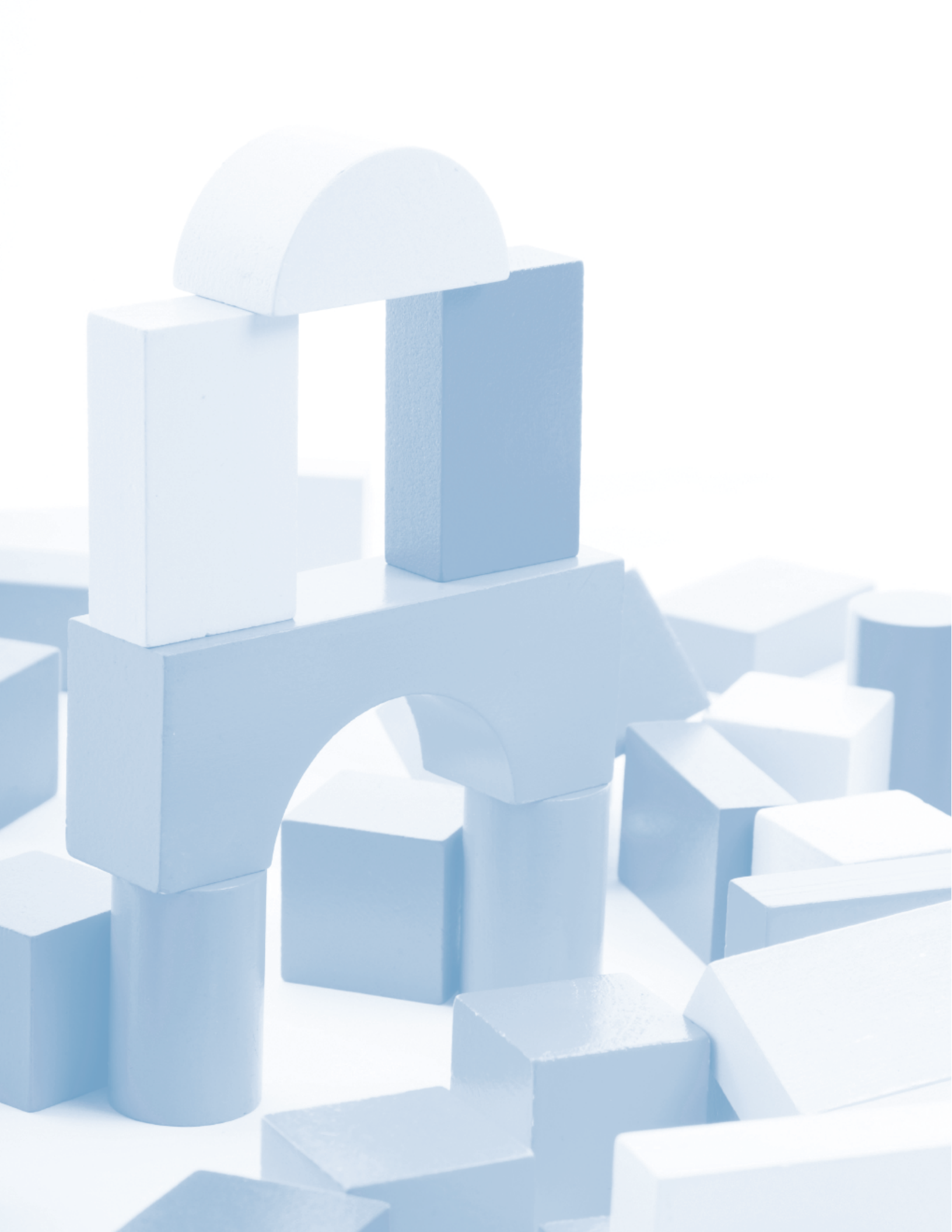
**Ensure that data collection and evaluation are built into state policies to better help programs provide high quality early childhood services, meet the Head Start Program Performance Standards, and ensure children benefit from initiatives.**

States reported using a variety of tools to collect regular program data to monitor what services programs were delivering and understand the population being served, often drawing on federal resources and agencies to do so. Only a few states have put resources forth to conduct evaluations, and most of the results are not yet complete.

With the late 2007 passage of Head Start reauthorization legislation, it is also important that **states monitor new opportunities to build on the federal EHS program**, including: whether there are increases in federal funding (half of which has been set aside for Early Head Start); if there are ways to coordinate state efforts with new requirements to improve EHS quality and teacher qualifications; and if there are ways to assist Head Start preschool programs in the state that wish to convert to serve more infants and toddlers.

## Conclusion

Vulnerable babies and toddlers need good health, strong families, and positive early learning experiences to promote healthy intellectual, social, and emotional development, but many grow up without these supports. State leaders dedicated to improving the chances for their most vulnerable infants and toddlers should take action now, using the lessons shared in this research by other state leaders, rather than waiting for future federal investments in Early Head Start. With less than 3 percent of all children who are federally eligible for Early Head Start being served, states can and should take a leadership role in ensuring that our nation's at-risk babies and toddlers are ready to succeed in school and in life.







# INTRODUCTION

Babies need good health, strong families, and positive early learning experiences to promote their healthy intellectual, social, and emotional development; but a growing proportion of young children are going without these supports. During their first three years, children begin to acquire the ability to think, speak, learn, and reason; laying the foundation for later success in school and life.<sup>1</sup> Growing up in poverty can threaten healthy brain development— by increasing the likelihood that children will be exposed to inadequate nutrition, substance abuse, maternal depression, unsafe environments, abuse, or poor quality daily care.<sup>2</sup> Between 2000 and 2005, the proportion of children under age three who were poor—and therefore more likely to experience risk factors that negatively impact child development— increased by 15 percent.<sup>3</sup> One out of every five infants and toddlers now lives in poverty.<sup>4</sup> Vulnerable children under three who are poor also spend significant hours—21 hours a week on average<sup>5</sup>—in child care, yet high quality infant and toddler child care is hard to find and even more difficult to afford.<sup>6</sup>

Research on brain development provides convincing evidence that reaching highly vulnerable children at birth, or even reaching their parents during the prenatal period, is critical.<sup>7</sup> By the time many low-income children enter preschool, far too many are already behind their middle-class peers on a range of developmental indices.<sup>8</sup> Analysis of three high quality early childhood education programs that produced long-term benefits for children through adulthood found that these intensive programs began before age 4, and lasted for more than one year.<sup>9</sup> In addition, researchers have also found better impacts for disadvantaged preschool-aged children participating in formal early childhood programs if they also had experienced comprehensive early care and family support from birth.<sup>10</sup>

The federal Early Head Start program was created to help minimize the disparities caused by poverty by supporting the healthy development of pregnant women and low-income infants and toddlers in the context of their families and communities. Research has shown that Early Head Start positively impacts children's cognitive, language, and social-emotional development; parents' progress toward self-sufficiency; as well as a wide range of parenting outcomes.<sup>11</sup> (See box, DEMONSTRATED PROMISE: The Early Head Start Research and Evaluation Project, p. 13) Unfortunately, federal funds reach less than 3 percent of all eligible children.<sup>12</sup> Congress' reauthorization of Head Start and Early

Head Start in 2007, when fully funded, will present new opportunities for building on and expanding EHS that states should capture. Some states have taken action to expand and enhance Early Head Start services for infants, toddlers, and their families. This brief is an in-depth study of these state efforts, and includes an analysis of the lessons learned from state experiences and recommendations to help other states expand the reach of Early Head Start.



# WHAT IS EARLY HEAD START?

Early Head Start is a federally-funded, community-based program that provides comprehensive child and family development services to low-income pregnant women and families with children under the age of 3. Congress created Early Head Start in 1995 with strong bipartisan support, and it remains the only federal program specifically designed to improve the early learning and development of low-income babies and toddlers. In FY 2006, there were 745 federal Early Head Start programs, which served approximately 85,831 children and 10,825 pregnant women.<sup>13</sup> The federal Office of Head Start reports that \$679 million was spent on Early Head Start programs in FY 2006.<sup>14</sup>

## Services Provided to Children and Families

The mission of Early Head Start is to support healthy prenatal outcomes and enhance intellectual, social, and emotional development of infants and toddlers to promote later success in school and life.<sup>15</sup> All programs must comply with federal Head Start Program Performance Standards, which were adapted to address the needs of infants and toddlers and pregnant women when Early Head Start was created. (See Table 1 for data on the services delivered in EHS). These comprehensive services include:

- **Access to child health care and screenings:** Children birth to three who are enrolled in Early Head Start must receive health and developmental screenings and follow up support, so that developmental delays can be identified early and children can be referred to intervention services. Programs also support families in establishing a medical home where they can develop a relationship with a health care provider and receive routine care.<sup>16</sup>
- **Support for the full range of child development:** From infancy to preschool age, Early Head Start is designed to support children's social, emotional, cognitive, and language development. Either directly or through referrals, Early Head Start programs provide early learning services through a variety of strategies, including: home visits, parent education, parent-child activities, and high quality child care services, sometimes in collaboration with community child care providers.<sup>17</sup>
- **Parent support and linkages to needed services:** Early Head Start programs are tasked with building relationships with parents as early as possible from enrollment, helping families work toward their goals and linking families to, or providing necessary services; assisting parents to

become active partners in accessing health care for their children; and involving parents in program decision-making and governance.<sup>18</sup>

- Prenatal health care and support:** Programs have the option of providing health care and support services to pregnant women, depending on community need.<sup>19</sup> These services include comprehensive health care for expectant mothers (which continues postpartum), breastfeeding information, and other prenatal education including information on fetal development, alcohol and smoking risks, oral health, nutrition, expectations for labor and delivery, postpartum recovery, and maternal depression.<sup>20</sup> Approximately 88 percent of Early Head Start grantees reported that they served pregnant women in 2006.<sup>21</sup> A recent Office of Planning, Research, and Evaluation (OPRE) survey found that the mothers of 13 percent of Early Head Start children began receiving services in the prenatal period.<sup>22</sup>

It is difficult to quantify the exact cost of providing the extensive and effective array of services and supports provided by EHS. Based on federal funding levels and the annualized number of children served, one can estimate the average amount of federal dollars made available per child to be approximately \$11,000.<sup>23</sup> However, federal Head Start Program Performance Standards also require that programs raise 20 percent of total program costs through non-federal funds, although programs may not require that families pay any fees for participating in Early Head Start. Local EHS grantees draw on a variety of resources to ensure comprehensive services and meet families' needs, such as state child care subsidies, private grants and donations, and other funding streams. The OPRE survey found that two-thirds of all federal Early Head Start grantees use non-federal funding sources, and one-third use state child care subsidy dollars, with some using both sources. The most common uses of outside funding reported by programs were provision of child care and improving the quality of existing Early Head Start services.<sup>24</sup>

The amount of funding made available to pay for child care programming has been linked to the quality of care provided to infants and toddlers.<sup>25</sup> To place the cost of EHS per child in context, the average price of full-time, center-based child care in 2006 in states across the country ranged from \$4,388 to \$14,647, and was rising faster than the rate of inflation.<sup>26</sup> Unlike federal EHS programs, child care centers do not all follow a similar set of program standards on education and health, family

**Table I. Federal Early Head Start Comprehensive Services: What is Delivered?**

<b>Children:</b>	
Had a "medical home" (by end of program year)	95%
Received medical screening (of all enrolled children)	83%
Diagnosed as needing treatment (of those screened)	20%
Received follow-up services (of those needing treatment)	95%
<b>Pregnant Women:</b>	
Received prenatal and postpartum care while enrolled in EHS	92%
Received prenatal education on fetal development	95%
Received information on the benefits of breastfeeding	94%
Accessed mental health interventions and follow-up	36%
<b>Families:</b>	
Accessed one or more service(s) offered by EHS	84%
Accessed parent education services	65%
Accessed health education services	60%
Completed a "Family Partnership Agreement"	92%

Source: Calculated by CLASP from 2006 PIR Data



support, and social services, so the quality of programs and comprehensiveness of supports they may provide to families varies widely. Consequently, the average child care cost is likely to be less than what it is needed to deliver high quality EHS.

## Program Delivery Options

Local programs must provide comprehensive child development services as defined by the federal Head Start Program Performance Standards, but grantees may tailor services to community needs through choosing from the following program options:

- **Center-based program option:** Children enrolled in a center-based program receive the educational child development services primarily at the center site. They also receive at least two home visits per year from EHS staff, as well as other required child health and family support services.<sup>27</sup> Approximately half of children participate in the center-based program option.<sup>28</sup>
- **Home-based program option:** Children enrolled in the home-based option receive educational, health, and family support services primarily in their own homes through intensive work with their families. Children receive at least 32 home visits per program year from a qualified visitor and bi-monthly group activities.<sup>29</sup> Approximately 41 percent of children receive services through a home-based program model.<sup>30</sup>
- **Combination program option:** In this option, children receive Early Head Start services in both a center-based setting and through intensive work with their families at home. The total amount of center-based and home-based services must at least equal that of either of the first two options.<sup>31</sup> About 4 percent of children are in this type of program.
- **Family child care option:** In January 2008, the Office of Head Start implemented a final rule proposed to add a family child care option after analyzing the results of demonstration projects and determining licensed family child care homes were viable options for delivering effective services.<sup>32</sup> The final rule allows for comprehensive child development services to be delivered to children primarily in the home of a child care provider or other family-like setting. Three percent of children receive Early Head Start services through this option.
- **Locally-designed program option:** Grantees, including Tribal and Migrant Seasonal Early Head Start programs, may apply to the Office of Head Start<sup>33</sup> for an alternate program plan designed to meet unique local needs.<sup>34</sup> Two percent of children are served in such programs.

Local EHS programs may offer more than one service delivery model, offering center-based services to some families, home-based services to other families, or a combination of the two models simultaneously. The OPRE study found that more than half of Early Head Start programs provide services through multiple service delivery models.<sup>35</sup> Programs may also allow families to change their program option as their needs change.<sup>36</sup>

## Technical Assistance and Supports

Several technical assistance and oversight systems provide support to federal Early Head Start grantees. The program is administered federally by the Office of Head Start (formerly the Head Start Bureau), and by regional offices of the Administration for Children and Families (ACF). The Office of Head Start is responsible for the overall leadership and coordination of the Early Head Start program, including the collection and compilation of data on the services, staff, children and families served by Early Head Start programs through the Program Information Report (PIR). The regional ACF offices are responsible for awarding the Early Head Start grants and guiding the programmatic and financial management of Early Head Start programs in their regions.<sup>37</sup> At the time of this study, responsibility for monitoring of program quality using the Program Review Instrument for Systems Monitoring (PRISM) monitoring protocol and process was a function of the regional ACF offices.<sup>38</sup> This responsibility has shifted to the Office of Head Start through a new integrated monitoring protocol to be implemented in federal FY 2008.<sup>39</sup>

The Early Head Start program is supported by the Early Head Start National Resource Center, which is responsible for providing a broad range of technical assistance activities including training events, materials and related supports. The Early Head Start National Resource Center is funded by the Office of Head Start and operated by ZERO TO THREE. One of the tasks of the Early Head Start National Resource Center is to provide support and resources to a network of regional child development specialists, who are in turn responsible for providing training and technical assistance to Early Head Start programs in the regions.<sup>40</sup>

## Collaboration with State and Local Programs

Federal grantees are strongly encouraged to collaborate with state and local programs. Head Start State Collaboration Office (SCO) grants have been awarded to each state since the 1990s to support cross-agency partnerships. SCOs are tasked with encouraging collaboration between Head Start/Early Head Start and other appropriate programs, services, and initiatives in the states in which they reside. They also represent the Head Start/Early Head Start program in state processes and decisions that will have an impact on low-income families and those served by the program.<sup>41</sup>

Funding for Head Start and Early Head Start goes directly from the federal government to local programs. It is estimated that 18 states augment federal funding by appropriating additional state dollars to be used by federal Head Start, and sometimes Early Head Start, grantees.<sup>42</sup> This funding, often called state supplemental funds, is sometimes used to provide early childhood programming that follows federal Head Start Program Performance Standards, or may be allotted more loosely by states, allowing local grantees to use the funding in a variety of ways to augment services and improve quality. Some, but not all, states allow these funds to provide Early Head Start services as well. These may be provided through federal Head Start grantees and/or federal Early Head Start grantees, depending on state decisions about how those dollars may be used.

## Changes in 2007 Reauthorization

The legislation reauthorizing Head Start and EHS signed into law in late 2007 made changes to EHS that present new opportunities for building on and expanding EHS both with federal funding and through state and local coordination and initiatives. Two provisions could result in additional federal supports for EHS slots. The new law requires half of all new funding be used for expansion of EHS, although appropriations are set by a separate process that is unlikely to realize this opportunity in the 2009 federal budget year. The new law also gives local Head Start programs that serve preschool children the flexibility to convert their programs to allow them to provide EHS services to infants and toddlers, as long as they can demonstrate community need for such a change and a capacity to meet that need. Such new infant and toddler slots would need to follow EHS guidelines.

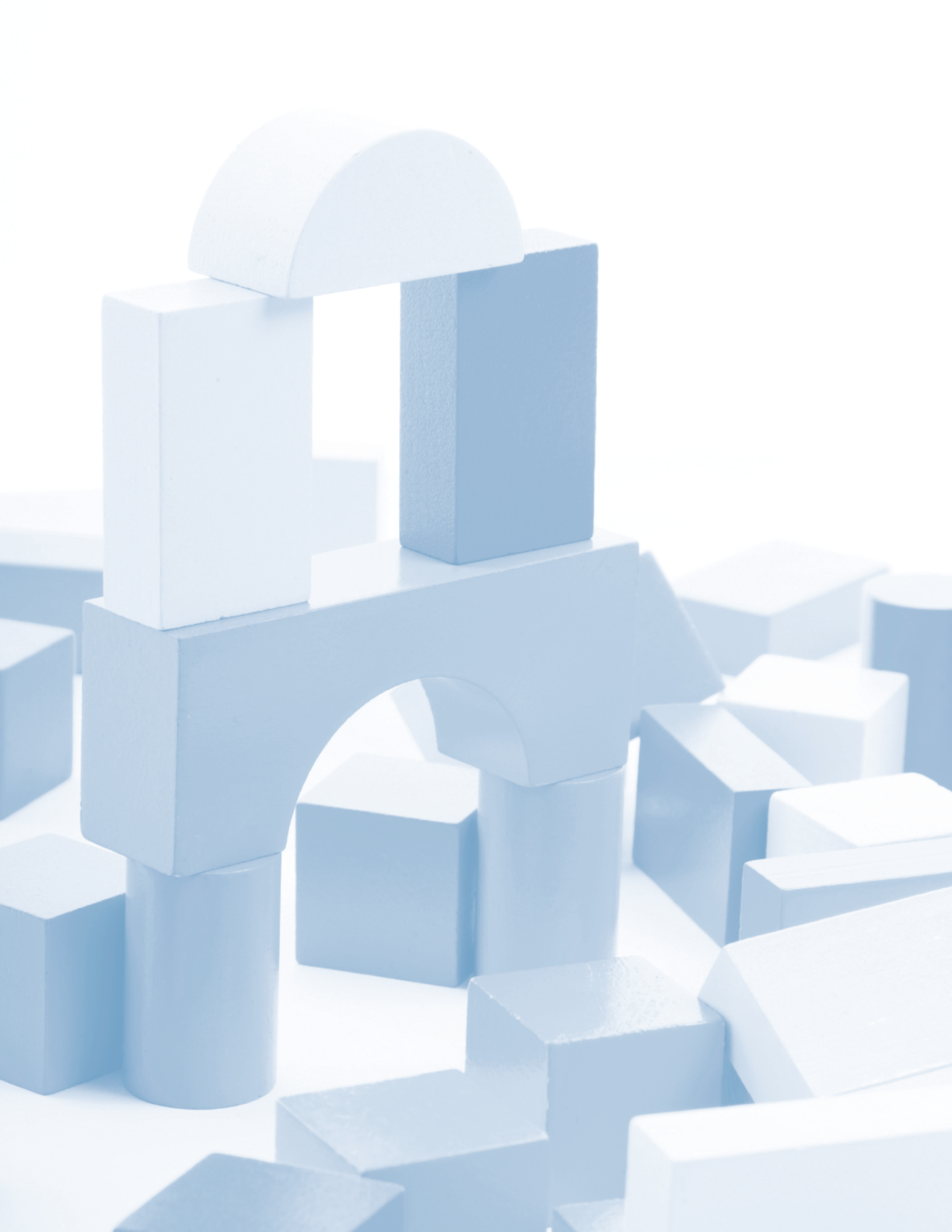
Other key changes to improve quality of federal EHS slots could present opportunities for state efforts to build the supply of high quality infant and toddler services. The law will require a minimum of at least one full-time infant and toddler specialist in every state. For the 19 states with infant and toddler specialist networks,<sup>45</sup> this will be an opportunity to link EHS and child care quality activities; in the other states there will be an impetus to develop infant and toddler specialist expertise at the state level. The law will focus new attention on and create new standards for EHS staff by ensuring EHS center-based teachers have child development credentials, requiring goals for receiving training specifically in infant and toddler development, and standardizing what is expected for home visitors.

### **DEMONSTRATED PROMISE: The Early Head Start Research and Evaluation Project**

Research demonstrates that Early Head Start benefits children and their families. The Congressionally mandated Early Head Start Research and Evaluation Project, a rigorous, large-scale, random-assignment evaluation, showed that the program has positive impacts on a wide array of child outcomes, as well as family self-sufficiency and parental support of child development.

- Children who participated in Early Head Start programs not only showed gains in language and cognitive development, but they exhibited lower levels of aggressive behavior and more positive interactions with their parents than did children from similar backgrounds who did not participate in Early Head Start.
- Parents who participated in Early Head Start were found to be more supportive, provide more stimulating home environments, and provide more support for learning than those who did not. They also reported less spanking and more positive discipline techniques than non-Early Head Start parents.
- Impacts were particularly strong for families who enrolled in Early Head Start during pregnancy. Of note, Early Head Start mothers were more likely to breastfeed than those not enrolled in the program.
- While *all* program approaches had favorable impacts on participating families, the strongest impacts were found in programs that used a mix of program options to be able to respond to the needs of different families, and that also fully implemented the federal Head Start Program Performance Standards.<sup>43</sup>

Furthermore, some of the positive impacts of Early Head Start were still demonstrated two years later in follow-up research conducted when the children were entering kindergarten. Compared to children in the control group, Early Head Start children demonstrated more positive approaches to learning, had fewer behavior problems, and were significantly more likely to attend formal preschool programs; higher Spanish vocabulary scores were found for Spanish-speaking Early Head Start children. Additionally, parents continued to support their child's early learning and experienced a reduced risk of parental depression two years after the end of the program.<sup>44</sup>







# HOW ARE STATES BUILDING ON EARLY HEAD START?

Given the promising research from the Early Head Start Research and Evaluation Project (See box, DEMONSTRATED PROMISE: The Early Head Start Research and Evaluation Project, p. 13) and the limited reach of the program with the current level of federal funding, several states have expanded access to or augmented EHS services. These state initiatives vary in their focus and program details. Some states have more than doubled the number of infants and toddlers receiving EHS services as compared to those served only with federal funds, but in most states the initiatives are quite modest. Although much can be learned from these initiatives, much more can be done to extend the reach of EHS to all eligible infants and toddlers, their families, and pregnant women.

The first research into state efforts to expand or build on EHS was published in 2004 in *Beacon of Hope: The Promise of Early Head Start for America's Youngest Children*, edited by Joan Lombardi and Mary M. Bogle.<sup>46</sup> At that time, the researchers found examples in 15 states (the District of Columbia, Georgia, Indiana, Kansas, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, Vermont and Wisconsin) of state EHS policies.

In this policy brief, the Center for Law and Social Policy (CLASP) and ZERO TO THREE draw on new jointly conducted research. Altogether, we found 20 states (California, District of Columbia, Idaho, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, Oklahoma, Oregon, Vermont, and Wisconsin) report some efforts to build state policies on the EHS model, employing a variety of strategies and diverse goals.

This section describes the study methodology and summarizes state initiatives according to a set of key policy dimensions.

## Study Methodology

To gather more information on current state approaches to expand the reach of EHS, CLASP and ZERO TO THREE conducted a preliminary e-mail survey of the Head Start State Collaboration Directors in all 50 states and the District of Columbia early in 2007.<sup>47</sup> The survey assessed whether the states were currently investing in EHS through the methods of action outlined in *Beacon of Hope*.<sup>48</sup>

Based on the results of this survey, CLASP and ZERO TO THREE then conducted in-depth interviews in Spring 2007 with state administrators in 10 states. Each of these 10 states builds on EHS in one of four ways:

- Extend the day/year of existing EHS services.
- Expand the capacity of existing EHS programs to increase the number of children and pregnant women served.
- Provide resources and assistance to child care providers to help them deliver services meeting EHS standards.
- Support partnerships between EHS and center-based and family child care providers to improve the quality of child care.

CLASP and ZERO TO THREE selected 10 states to interview that include examples of each of the four identified approaches. The 10 states are **Illinois, Iowa, Kansas, Maine, Maryland, Minnesota, Missouri, Nebraska, Oklahoma, and Vermont**. The interviews followed a protocol addressing program history, funding, management, program requirements, selection of participating providers, monitoring and evaluation, leadership, and advice for other states. A focus of the analysis was to determine the extent to which state initiatives adhere to the federal Head Start Program Performance Standards. Research demonstrates that EHS programs that fully implement the Performance Standards have a greater impact on child and family outcomes than those that do not.<sup>49</sup> CLASP and ZERO TO THREE tested and refined the protocol during beta interviews with two states, Iowa and Oklahoma. CLASP and ZERO TO THREE drafted summaries of the interviews, verified them with the interviewees, and identified and collected all available state documentation relevant to the programs described. Basic descriptive information was gathered and verified via e-mails and phone calls with state administrators about other included states with less intensive policies: California, District of Columbia, Idaho, Massachusetts, Montana, Nevada, New Mexico, New York, Oregon, and Wisconsin.

## A Snapshot of State Early Head Start Initiatives

Although each of the 20 states builds on the strengths of EHS, the details of their initiatives vary widely in scope. Most initiatives are quite small, or have not shown significant growth. This section provides an overview of what CLASP and ZERO TO THREE learned through this study, drawing mostly on the interviews with 10 representative states. This section will provide an overview of the

**Table 2. Which States Are Using Each Main Approach to Build on EHS? (Several states use more than one approach.)**

Extend the Day/Year of Existing Services	California <sup>1</sup> , District of Columbia, Idaho <sup>2</sup> , Illinois Child Care Collaboration Program, Maine, Maryland, Montana, Nevada, New Mexico, Oklahoma, Oregon, Vermont
Expand the capacity of existing EHS and Head Start programs to increase the number of children and pregnant women served	Idaho <sup>3</sup> , Illinois Prevention Initiative, Kansas, Maine, Maryland, Massachusetts, Minnesota, Missouri, Oklahoma, Wisconsin
Provide resources and assistance to child care providers to help them deliver services meeting EHS standards	Illinois Prevention Initiative, Oklahoma
Support partnerships between EHS and center-based and family child care providers to improve the quality of care	Illinois Prevention Initiative, Iowa, Kansas, Maryland, Nebraska

<sup>1</sup> In the Extend the Day/Year approach, California and Illinois have policies to make it easier for federal EHS grantees to access state administered child care subsidy dollars; they do not allocate additional separate funds to build on the federal program.

<sup>2</sup> Funding for Idaho's efforts to extend the capacity of existing EHS programs and extend the day/year for Tribal Head Start Programs ends 6/30/08.

<sup>3</sup> Ibid.

state approaches to expanding or enhancing EHS. It also provides information about the initiatives' history, governance, funding, outreach to potential providers and selection of participating programs, adherence to federal Head Start Program Performance Standards, coordination with federal agencies and federally funded Head Start State Collaboration offices, and monitoring and evaluation.

## Approaches

Approaches in the 20 states mostly fell into four categories, with some states reporting multiple approaches (See Table 2). (For more details on approaches, see box, FOUR APPROACHES TO BUILDING ON EHS: Illustrative Examples from State Interviews, p.18–20.)

- **Extend the day/year of existing EHS services:** The most common approach (12 states) is to help extend the day/year of EHS services through making additional funding available (often from the child care subsidy system) or implementing policies to ease the process of blending funding.
- **Expand the capacity of existing EHS and Head Start programs to increase the number of children and pregnant women served:** Ten states expand the capacity of existing federal Head Start or Early Head Start grantees to serve more infants and toddlers. States do so either by providing grants to these programs for this purpose or by allowing state supplemental funding for Head Start programs to include EHS slots.
- **Provide resources and assistance to child care providers to help them deliver services meeting EHS standards:** Two new initiatives in Illinois and Oklahoma will leverage new funds and supports to help child care providers to implement most EHS standards.

#### FOUR APPROACHES TO BUILDING ON EHS: Illustrative Examples from State Interviews

*This chart provides illustrative examples of the policies a state has used to implement each of the four approaches to build upon EHS. The examples are meant to provide a sense of how an approach could be implemented, but since the states vary as to the policy details of their initiatives, these examples are not intended to summarize how all states in a category implement their programs.*

<b>Approach</b>	Extend Day/Year of Existing EHS	Expand Capacity of Existing EHS	Provide Resources to Child Care Providers to Help Deliver Services Meeting EHS Standards	Support EHS-Child Care Partnerships
<b>State Program</b>	Maine Extended Day Head Start/Early Head Start	Oklahoma Pilot Early Childhood Program	Illinois Prevention Initiative	Missouri Early Head Start/Child Care Partnership Project
<b>Year Established</b>	2001	2006	2007	1999
<b>What is it?</b>	Contracts to existing Head Start programs to expand the number of children who can receive full-day, full-year services. (There are no freestanding federal EHS grantees in Maine.) Local programs have the option of using these funds for EHS, depending on the needs in the community.	Grants to federal EHS grantees to serve additional children, extend the day of EHS services they provide, and enhance quality. In addition to meeting federal Head Start Performance Standards, state requirements for programs include: having a B.A. teacher for every two classrooms with a salary equivalent to the public school system, staff training specific to infant and toddler care, and working toward NAEYC accreditation.	Grants to center-based child care programs to provide new slots for children birth to age three and work toward meeting federal EHS program standards and NAEYC accreditation, with training and technical assistance to help programs meet federal Head Start Program Performance Standards. Head Start and Early Head Start providers are also eligible for expansion grants or may extend the day/year of services.	Funding to partnerships between EHS/HS and community-based child care providers to deliver full-day, full-year services meeting federal Head Start Program Performance standards to additional children in centers or family child care homes.
<b>Who is served?</b>	141 children from birth to age 5 (a breakdown of those under age 3 not available) and their families. Maine allows up to 35 percent of participants to be over the FPL whereas the federal rules allow only 10 percent.	888 children birth through age 3, and their families. In general, children qualify for services if they are eligible under federal EHS rules or if their families meet the state child care income eligibility limit of 185 percent of the federal poverty level (FPL).	100 infants and toddlers identified through screening as meeting the state definition of at risk, their families, and 41 at-risk pregnant women.	574 infants and toddlers and their families, plus an additional 1,300 children who benefit from being in the same settings. Children qualify if they are eligible under federal EHS rules and their families meet state requirements for work and school involvement.



Approach	Extend Day/Year of Existing EHS	Expand Capacity of Existing EHS	Provide Resources to Child Care Providers to Help Deliver Services Meeting EHS Standards	Support EHS-Child Care Partnerships
State Program	Maine Extended Day Head Start/Early Head Start	Oklahoma Pilot Early Childhood Program	Illinois Prevention Initiative	Missouri Early Head Start/Child Care Partnership Project
How does it work?	<p>Local programs may choose to extend the day of an existing slot or create a new slot that operates full day and full year. Programs are required to provide EHS services above and beyond their federally-funded hours of operation, although the number of hours is not specified in the contract. The state's goal is to meet the needs of working parents. Maine has an Infant/Toddler Specialist who works with all EHS programs in the state.</p>	<p>Programs receive grants to extend services to additional children and meet EHS program standards as well as additional state requirements depending on local and program needs. Grantees are expected to raise one-to-one matching funds. Initiative funding is provided based on each applying agency's plan.</p>	<p>The Illinois State Board of Education (ISBE) issues an RFP and programs respond indicating what modifications they will need to make in order to meet EHS standards. The first four programs were selected in 2007, and they will receive ongoing training and technical assistance to attain standards.</p>	<p>EHS/HS programs receive grants and are responsible for recruiting in their areas for child care providers and other agencies to participate. Depending on local needs, the state grantees may provide partners with additional funding per child, grants or supports to meet EHS standards, access to professional development and technical assistance, or additional health and family support services for the children and families they serve.</p>
How do programs participate?	<p>Each program has an agreement with the Maine Department of Health and Human Services which specifies the total amount of money they will receive based on the number of children the local programs indicate they can serve. Programs receive 1/12 of their total funds each month, and must keep 90 percent of the slots filled at all times. Programs may combine child care subsidy funds with initiative funds to serve children for a full workday. Parents pay a co-payment if their child receives a child care subsidy (even if the family earns below the federal poverty level).</p>	<p>The Oklahoma Department of Education awarded the Community Action Project of Tulsa County (CAP) the responsibility to administer the program. The public and private funds flow to CAP, which recruits and selects programs to participate. CAP subcontracts with Smart Start Oklahoma, a public-private partnership focused on school readiness, to provide statewide leadership and communication including access to state and local resources and new provider recruitment.</p>	<p>School districts, Early Head Start (EHS), child care centers, and other community-based organizations respond to a Request for Proposals issued by the Illinois State Board of Education. The first year of funding was awarded for FY 2008.</p>	<p>EHS/HS programs receive funding in a competitive bid process. The state Department of Social Services administers 10 grants to federal EHS/HS programs, which then subcontract with a variety of child care entities to deliver services. The state contracts are rebid every five years.</p>

Approach	Extend Day/Year of Existing EHS	Expand Capacity of Existing EHS	Provide Resources to Child Care Providers to Help Deliver Services Meeting EHS Standards	Support EHS-Child Care Partnerships
State Program	Maine Extended Day Head Start/Early Head Start	Oklahoma Pilot Early Childhood Program	Illinois Prevention Initiative	Missouri Early Head Start/Child Care Partnership Project
How is it funded?	Programs receive \$1.56 million of state tobacco revenue, divided equally so each participating grantee receives the same amount, to extend the day/year of their program.	A public-private partnership including \$10 million state general revenue and \$15 million private funding, \$11.7 million of which is provided by the George Kaiser Family Foundation.	<p>Program funding in the first year is \$868,000 and comes from the 11 percent Infant-Toddler set-aside (\$38 million in FY 2008) in the state general revenue Early Childhood Block Grant (total \$347 million).</p> <p>Of the \$38 million, ISBE administers \$24 million for birth to three initiatives, the rest goes to the city of Chicago Public Schools to administer.</p> <p>ISBE granted additional dollars to fund the Training Institute which will provide technical assistance to these new initiatives, as well as to other providers in the states.</p>	A set aside from state gaming revenues that goes to an early child care and development fund provides \$4.2 million (FY 2008), and federal Child Care and Development Block Grant subsidy funds provide \$500,000.
How is quality monitored?	Maine has an agreement with the federal regional Head Start office that state-funded EHS slots be monitored as part of the federal review process. The Maine Department of Health and Human Services requires programs to report performance measures on a monthly basis.	Programs are monitored by the contractor, CAP. The goal is to monitor three times per year. Providers must enter all collected child assessment data into an online tracking system developed by Creative Curriculum specifically for infant-toddler providers and provide a copy of the resulting assessment report to the statewide coordinator. A teacher tracking tool is used to collect data on degrees of teachers, configuration of staff within the child care program, ratios, and capacity.	New program—under development by ISBE.	The Missouri Department of Social Services monitors programs once a year on-site using a monitoring tool the state has developed. Since the state contracts with existing HS/EHS grantees, programs also undergo the federally required triennial review of their compliance with federal Head Start Program Performance Standards, conducted through a joint process between state and federal reviewers.

- **Support partnerships between EHS and center-based and family child care providers to improve the quality of care:** Five states provide funding for EHS-child care partnerships, but use very different approaches. An Iowa pilot creates partnerships between EHS and family child care and family, friend, and neighbor care settings, and requires that EHS programs implement the home-based model with children in those settings. Kansas and Maryland facilitate EHS-child care partnerships to actually deliver EHS in child care settings. Nebraska uses the partnerships to leverage federal expertise and resources to improve quality of child care partners.

Lastly, New York uses a unique approach using the model of EHS comprehensive services to develop regional collaboratives to help more vulnerable young children and their families have access to a similar range of services even when not enrolled in EHS. The effort grew in part from a series of meetings focused on identifying opportunities to apply the lessons of EHS to re-conceptualize and better integrate early childhood services for low income children birth to age 3.<sup>50</sup>

### **Program History and Support**

The original impetus to begin a state EHS initiative may start from the governor's office, the legislative process, an administrative decision, or even with a push from non-governmental forces such as an early childhood task force or a challenge from a state-based foundation. High profile initiatives sometimes have struggled to keep a place on the policy agenda once a governor or other leader who led the charge to start the program has moved on, although those that have remained under the radar screen for years may experience a sudden surge or resurgence of interest at a later time. For example, the Kansas EHS program was started at the recommendation of a state task force by a former governor in 1998, and did not receive high profile attention or increased funding for years. However, due to recent increased support from the current governor, advocates, and parents, funding for the program was increased by \$1.8 million in FY 2007 and another \$1.6 million in FY 2008.

There is no one story to tell about when states began their initiatives, and some have multiple strategies that started at different times. General findings include:

- **Older programs:** Initiatives to extend the day/year of EHS or use state Head Start supplemental funds for EHS tend to be among the older initiatives, often dating back to the late 1990s when the work requirements in the Temporary Assistance for Needy Families (TANF) program were first being implemented. An exception is found in Massachusetts, which in 2006 expanded their use of state supplemental funding. The supplemental funds, which originally flowed to federal Head Start grantees to augment Head Start, can now be used to pay for EHS slots for infants and toddlers.
- **New trends:** Efforts to partner with or deliver EHS through child care providers have grown in recent years. Illinois, Iowa, and Oklahoma have created initiatives in the last year, although Nebraska and Kansas have encouraged partnerships since the late 1990s.

Two of the 10 state leaders interviewed reported regular challenges to the EHS initiatives from members of the state legislature. These challenges did not arise because of objections to the Early Head Start program itself but rather from a belief that state money should not be used to invest in a federal program. More than half of the state administrators interviewed report strong support for the initiative from state advocates, with some states reporting that the advocacy community, including parents, was very important to securing funding each year.

## **Governance**

Most state EHS initiatives are administered by the state Department of Education or the Department of Health and Human Services, although this is dependent upon the structure of the state's governmental agencies and the nature of the initiative. Four states working with community child care providers report that the EHS initiative is co-located within the same department as the state's child care subsidy program. For example, the EHS initiative in Vermont is administered by the Child Development Division of the Department for Children and Families, which is also responsible for the state's child care system. In Kansas, the Department of Social and Rehabilitation Services, Capacity & Resource Development division houses the state child care administrator and the Kansas Early Head Start program administrator. Both these states also house their Head Start State Collaboration Office in these same divisions.

## **Children and Families Served**

Almost all the states included in the study are reaching additional children and families through their state initiative beyond those who receive federally funded EHS services (see Table 3). Four states (Illinois, Iowa, Kansas, and Minnesota) provide EHS services to expectant mothers. At the time of this study, no state had as yet equaled the number of federally-funded EHS children and pregnant women served through the state initiatives to reach more children with the EHS program, although Kansas has since reached that goal. The District of Columbia's initiative extends the day/year of EHS services for almost all the federally-funded EHS children in the city. Nebraska's initiative to improve child care quality through partnerships with EHS reports reaching more children in the state through their initiative than are reached by the federally funded EHS programs in that state.

## **Funding**

Funding levels vary according to the extent and comprehensiveness of state initiatives. Some states provide funding to allow access to Early Head Start for more children, others supplement existing programs to augment or add on to EHS to extend the day for children already in an Early Head Start slot. Some include costs of technical assistance and independent monitoring, others leave that to the federal government. Still others have initiatives, such as California, Montana, and Illinois (Child Care Collaboration program), that do not make any new state funding available. Rather, they entail policies that make it easier to blend federal EHS and other dollars to provide extended day/year programs.

**Table 3. State Initiatives are Promising, but Most Serve a Small Number of Children and Families as Compared to Federally Funded EHS**

State	STATE INITIATIVES	FEDERALLY FUNDED EHS
	Total number children 0-3 and pregnant women served by all state EHS initiatives <sup>1,2</sup>	Total ACF-funded slots for children and pregnant women <sup>3</sup>
California	Not applicable (state initiative does not set aside funding beyond federal EHS allocation)	7,696
District of Columbia	300	311
Idaho <sup>4</sup>	Approximately 68 <sup>5</sup>	400
Illinois	141 <sup>6</sup>	2,699
Iowa	58	1,045
Kansas	1,017 <sup>7</sup>	1,060
Maine	482 <sup>8</sup>	489
Maryland	98 <sup>9</sup>	845
Massachusetts	Unavailable	884
Montana	Not applicable (state initiative does not fund additional children beyond federal EHS allocation)	439
Minnesota	531	786
Missouri	574	1,300
Nebraska	1,033 (FY 2006)	882
Nevada	Unavailable	276
New Mexico	140	901
New York	Not applicable (state initiative does not fund additional children beyond federal EHS allocation)	3,808
Oklahoma	888 <sup>10</sup>	1,076
Oregon	60	718
Vermont	45	279
Wisconsin	Unavailable <sup>11</sup>	1,022

<sup>1</sup> All numbers are for FY 2007, unless otherwise noted.

<sup>2</sup> Three states; Iowa, Kansas, and Minnesota; report serving pregnant women in their state EHS initiative.

<sup>3</sup> U.S. Department of Health and Human Services, Office of Head Start, Program Information Report (PIR) data for 2006. Figures reflect all ACF-funded slots for Early Head Start located within a state, including slots for tribal EHS programs in the state.

<sup>4</sup> Funding for Idaho's efforts to extend the capacity of existing EHS programs and extend the day/year for Tribal Head Start Programs ends 6/30/08.

<sup>5</sup> Idaho uses multiple strategies to build upon EHS and serves a total of approximately 68 children birth to age 3. Approximately 50 children are served in the state initiative to extend the day/year for Tribal Head Start programs, and 18 children birth to age three are served in the state initiative to expand capacity of existing EHS programs by allowing state supplemental funds to be used for EHS.

<sup>6</sup> Illinois has multiple initiatives to build upon EHS. The information included in this chart covers those children in the Prevention Initiative, which provides resources and assistance to early care and education providers to help them deliver services that are intended to reach EHS standards. Illinois also has a Child Care Collaboration Program that makes it easier for child care providers to combine state child care subsidies with federal EHS funding to extend the day/year of EHS for 975 children birth to age 3. The state does not specifically set-aside funds for this program, so these numbers are not included here.

<sup>7</sup> In FY 2007, Kansas Early Head Start served 1,017 children birth to age 4.

<sup>8</sup> In FY 2007, Fund for a Healthy Maine served 482 children birth to 5, although the number of children birth to three served is unavailable.

<sup>9</sup> Maryland serves 98 children birth to age 3 in the state initiative to extend the day/year of existing EHS. Maryland also has a state initiative that expands the capacity of existing EHS and HS programs and supports partnerships between EHS and center-based and family child care providers to improve the quality of care. However, data is not available on the number of children served as part of this initiative.

<sup>10</sup> The Oklahoma Pilot Early Childhood Program uses multiple strategies to build upon EHS and serves a total of 888 children birth to age 3. The state serves 424 children birth to 3 in the initiative to provide resources and assistance to child care providers to help them deliver services meeting EHS standards, and 464 children birth to 3 in the initiatives to extend the day/year of existing EHS services and expand capacity of existing EHS programs.

<sup>11</sup> In FY 2007, Wisconsin funded 1,397 additional Head Start and Early Head Start slots, although the number of additional slots for EHS alone is unavailable.



Funding sources for EHS state initiatives are as diverse as their various approaches (See Table 4).

- **General revenue:** Ten states report using state general revenue to build on EHS, often in combination with other funding sources.
- **Special funding streams:** In addition to other funding sources, Missouri reports using state gaming revenue, while Maine and Kansas use state tobacco revenues.
- **Existing federal dollars:** Several states use other federal funding sources to supplement Early Head Start. Ten state initiatives, all of which work with child care providers to build upon EHS, report using Child Care and Development Block Grant (CCDBG) funds: seven states use funds from the child care subsidy portion of the block grant; three states use funds from the quality set-aside; and one uses funds from the infant and toddler set-aside. Additionally, Idaho reports using TANF funds to purchase additional “slots” in Early Head Start programs, and New Mexico extends the day for their Early Head Start programs by using the State Maintenance of Effort dollars required by the federal government to access TANF funds.<sup>51</sup>
- **Private foundation support:** Oklahoma reports using private foundation funds as part of a public-private partnership that is designed to increase the capacity of programs to serve more children, extend the day, and help child care providers to meet EHS standards.

The amount of funding for state EHS initiatives varies greatly (See Table 5). Investments range from just over \$200,000 per year in Nebraska to develop partnerships to improve child care quality, to an estimated \$25 million starting in FY 2008 in Oklahoma for their multi-faceted initiative which both expands existing Early Head Start programs and helps child care providers meet EHS and other state standards. Encouragingly, in the 10 interviewed states, in recent years funding has either remained level or increased overall, ranging from a modest 7 percent increase over two years in Nebraska, to a substantial 67 percent increase from the first to second year of the initiative in Oklahoma.

### **Outreach to Potential Providers**

All of the states interviewed reported that Head Start or Early Head Start programs are eligible to participate in the initiatives, and in five states, other organizations are also eligible. Of these five states that award grants to non-Head Start or Early Head Start agencies:

- Five states allow private non-profit child care centers to participate;
- Four allow private for-profit child centers to participate;
- Five states allow school districts and community agencies to participate; and
- One state (IL) would allow family child care homes to participate in both their initiatives: the Child Care Collaboration Program that alters child care subsidy policies to make it easier to blend funds to extend the day for eligible children in EHS services and the Prevention Initiative that assists child care providers to meet EHS standards.

**Table 4. Funding Mechanisms for State EHS Initiatives**

State	State Revenue Sources			Private Sources	Federal Funding Sources					
	State General Revenue	State Tobacco Settlement	State Gaming Revenue		Private Foundation	Child Care Subsidy (CCDBG)	Infant-Toddler Earmark (CCDBG)	Quality Set-aside (CCDBG)	TANF	Head Start –State Collaboration
California					✓ <sup>1</sup>					
District of Columbia					✓					
Idaho					✓				✓	
Iowa							✓			
Illinois	✓				✓ <sup>1</sup>			✓		
Kansas	✓						✓			
Maine	✓	✓								
Maryland	✓				✓		✓			
Massachusetts	✓									
Minnesota	✓									
Missouri			✓		✓					
Montana					✓ <sup>1</sup>					
Nebraska							✓			
Nevada					✓					
New Mexico	✓									
New York										✓
Oklahoma	✓			✓						
Oregon					✓					
Vermont	✓				✓					
Wisconsin	✓									

<sup>1</sup> In their Extend the Day/Year models, California, Illinois, and Montana have policies to make it easier for federal EHS grantees to access state administered child care subsidy dollars; they do not allocate additional separate funds to build on the federal program.

Eligible agencies learn about the initiatives in various ways. For example:

- **Targeted outreach to grantees:** States in which only Head Start or Early Head Start programs are eligible to participate often conduct targeted outreach through a Request For Proposals (RFP) process or direct communication.
- **Outreach across auspices:** States that allow other agencies to participate often conduct broader outreach through state e-mail listservs, the Child Care Resource and Referral agencies, the state quality rating system of child care providers, and websites.

**Table 5. Total Reported Funding Levels for State EHS Initiatives (FY 2007)**

Total Reported Funding Levels for State EHS Initiatives (FY 2007)	States
No specific funding provided	California, Illinois Child Care Collaboration Program
Less than \$100,000	New York
\$101,000 through \$500,000	Iowa, Nebraska, Oregon
\$501,000 - \$1 million	District of Columbia, Illinois Prevention Initiative, Maryland
\$1.1 million through \$5 million	Minnesota, Missouri, New Mexico
\$5.1 million through \$10 million	Kansas
\$10.1 through \$15 million	Oklahoma
Specific data on amount spent on EHS model not available	Idaho, Maine, Massachusetts, Montana, Nevada, Wisconsin, Vermont

- **Workshops and technical assistance:** Illinois' Prevention Initiative conducts extensive outreach for their initiative that aims to help child care providers meet EHS standards, including hosting a conference to inform potential applicants and conducting presentations at other state child care and Head Start/Early Head Start conferences. Additionally, The Ounce of Prevention Fund worked with the Illinois State Board of Education to develop a one-day training institute for center-based child care providers to learn more about the initiative.

### Selection of Participating Programs

The processes through which agencies are selected to participate and receive funds can be both competitive and non-competitive.

- **Competitive:** Six of the 10 states report currently using a competitive RFP process through which local programs or agencies submit an application, and participants are selected based on quality criteria. Once an agency is selected through the RFP process, many states allow grantees to reapply each year through a continuation funding process which is not as rigorous as the original RFP.
- **Non-competitive:** Three of the 10 states report that funds are distributed to grantees through a non-competitive process that allocates money to Head Start and Early Head Start grantees on a formula basis. In some cases, such as when the EHS initiative develops relationships with child care providers, grantees then enter into contracts or agreements with local providers, and funding may further flow to them. Additionally, one state reported that although current programs receive funds through continuation funding grants, they will implement a competitive RFP process for any additional programs that are created.

## Federal Head Start Program Performance Standards

Although most interviewees reported that they expected programs to meet federal standards, not all state contracts include an explicit provision to this effect. Approaches include:

- **Explicitly require federal standards:** Seven states report that they require grantees to meet the federal Head Start Program Performance Standards. However, even states that require federal program standards may not fully follow them. For example, three states that reported that they require the federal standards be followed also do not allow an option to serve pregnant women or provide funding to do so, meaning the federal provision to allow *local* discretion on whether to provide prenatal services is not followed. Some interviewees clarified that they intended for programs to follow the educational, family support, and health components of the federal standards, but did not include other standards related to program governance.
- **Require EHS programs to meet federal standards, but not child care partners:** Three of the states that support EHS-child care partnerships do not require federal standards be met by the child care partner—either because the model is intended to improve quality but not necessarily move partners to deliver EHS, or because the state is using the federal home-based model to deliver EHS services to children in family child care and family, friend, and neighbor providers (see box, EHS AND HOME-BASED CHILD CARE: The Iowa Early Head Start Pilot Project, p. 30).
- **Phase-in federal standards:** Models that help child care providers work toward attaining federal standards may phase in their requirements. For example, the Oklahoma Early Childhood Pilot Program contract with providers states that if the program is not operating as an Early Head Start program at the time of contract, compliance would be required by June 1, 2007.
- **No explicit requirement to meet federal standards:** Two states (Illinois' Child Care Collaboration Program and Maryland) with initiatives to extend the day/year of EHS reported that they don't require federal standards for that care. State administrators did not feel an explicit requirement was necessary because they were contracting with federal grantees that were already meeting federal Head Start Performance Standards.

### A VETERAN PROGRAM: Kansas Early Head Start

Kansas Early Head Start (KEHS) began in 1998 when former Governor Bill Graves approved the transfer of TANF block grant funds to CCDBG to establish a state EHS program following the recommendations of a state advisory committee and the state Department of Social and Rehabilitative Services (SRS). As of FY 2008, \$11.3 million in state general revenue, tobacco funds, and federal CCDBG quality set-aside funding is provided to 15 sites to serve 1,177 children birth to age four and pregnant women. KEHS now exceeds the federally funded EHS allotment of 1,145 slots for children birth to 3 and expectant mothers (according to 2007 Head Start PIR data). Still, SRS estimates that 639 children and pregnant women were on the waiting list as of the 3rd quarter FY 2007. Key features of the initiative include:

- Grantees are required to collaborate with existing child care centers and licensed family child care providers to provide EHS services and raise the overall quality of child care for infants and toddlers in the community.
- Child care partners may receive grants, technical assistance, professional development, additional funding and comprehensive services for the families they serve in order to meet federal Head Start Program Performance Standards.
- All parents must be employed or attending school as per the state's child care subsidy rules. Programs provide services year-round, and most center-based programs offer at least six hours a day of care.
- All children and pregnant women receive services meeting federal Head Start Program Performance Standards, regardless of the setting in which they are served.
- All programs receive federal technical assistance from the ACF Region VII office and triennial monitoring reviews through a state-federal agreement. SRS conducts annual visits. The University of Kansas has just begun a 13-month KEHS evaluation project.

- **Require state-specific standards:** Several states reported they require state-specific program standards either in addition to or instead of federal Head Start Program Performance Standards and basic child care licensing. For example, Oklahoma’s model expects programs to meet Head Start Program Performance Standards for infant and toddler center-based care, but also requires adherence to higher teacher education, salary, accreditation, and extended hours requirements. Vermont requires maintenance of national accreditation and a four or five star rating on the state quality rating system.

### **Coordination with Federally-Funded Head Start State Collaboration Offices and Federal Agencies**

Coordination with federally-funded regional Head Start agencies and the Head Start State Collaboration Office is a common strategy employed by states to implement the various administrative and supportive activities involved in the initiatives.

- **Collaborative planning and program selection:** Nine of the 10 interviewed states report coordinating with their Head Start State Collaboration Office to plan their initiative, and seven states report coordinating with them to select programs to participate. Two of the 10 states report working with their regional Head Start agency to select programs.
- **Coordinated technical assistance and professional development:** Many initiatives also coordinate with the regional Head Start office and the State Collaboration Office to provide technical assistance and professional development to grantees, although some report that this coordination happens at the local level or is done informally.
- **Joint monitoring of program quality:** Kansas, Maine, Minnesota, and Missouri report working with their regional Head Start agency to monitor program quality, while Illinois’ Child Care Collaboration program, Iowa, Maryland and Vermont coordinate with the Head Start State Collaboration Office to do so.

In Vermont and Kansas, the Head Start State Collaboration Office is co-located with the initiative, making coordination of these activities easier. In other states, the initiative is co-led by the Head Start State Collaboration Office (Iowa), the initiative administrator also serves in the role as the Head Start State Collaboration Director (Maine and Maryland) or the administrator serves on the Head Start Collaboration Team (Minnesota).

### **Monitoring and Evaluation**

Policies vary considerably as to what aspects of state initiatives are or are not monitored by the state. In some cases, programs do not receive additional on-site monitoring as a result of the initiative. State interviewees, however, listed multiple other ways that monitoring took place, including state licensing processes and the federal triennial site visit that occurs for federal Head Start/EHS grantees. Other states have developed additional monitoring processes specifically to assess the initiative itself.



- **On-site monitoring specific to the initiative conducted by state agencies:** Four states (Kansas, Minnesota, Missouri, and Maryland's extended day/year initiative) conduct on-site annual visits to funded programs to assess their quality and compliance with initiative goals, and two newer initiatives (Illinois' Prevention Initiative and Iowa) have plans to do so. In the years that participating Head Start/EHS grantees receive their triennial review, some states coordinate their annual visit with the federal reviewers. The states that monitor for quality use a variety of tools, with Minnesota and Missouri using state-developed tools, and others using nationally recognized tools such as the Infant Toddler Environment Rating Scale (ITERS), Family Day Care Rating Scale (FDCRS), the Early Childhood Environment Rating Scale (ECERS), the Ounce Scale, and the Ages and Stages Questionnaire (ASQ).
- **On-site monitoring through state licensing or other state requirements:** In all the states, participating programs must follow state licensing rules, meaning that in most cases Early Head Start centers must be licensed unless license-exempt in that state. Depending on state rules, family child care homes that are part of the initiative must also be licensed. Iowa pointed out that homes with fewer than five children are not required to be licensed in the state, but all participants in the initiative received a Family Day Care Environment Rating Scale assessment. It is critical to remember, however, that state licensing rules vary in terms of how often programs receive on-site monitoring. In Vermont, participating programs must also rate four or five stars on the state quality rating system, which triggers an annual monitoring visit through that system.
- **Federal triennial on-site monitoring for compliance with federal Head Start Program Performance Standards:** In all states, when a participating program also is a federal Head Start/EHS grantee, that program undergoes monitoring by the Administration for Children and Families (ACF) using the Program Review Instrument for Systems Monitoring (PRISM) every three years. Additionally, Maine also has an agreement with their regional Head Start office and Minnesota has an agreement with the federal Office of Head Start to monitor state-funded slots in addition to those funded by federal dollars.

In addition, almost all of the 10 states require regular data reports from participating programs. These data are collected on an annual basis at a minimum, but many states report collecting data twice per year, quarterly or even monthly. These reports are often aligned with the expectations and goals outlined in the contract or agreement between the state agency and the grantee and include information on how the state funds have been used and how goals have been met. A few states have developed the reports submitted by programs by adapting the federal Program Information Report (PIR) questions required annually of federal Head Start/EHS grantees. Oklahoma requires programs to enter program and child assessment information regularly in an on-line service managed by Teaching Strategies, Inc.

With regard to program evaluation, four of the 10 states (Illinois' Child Care Collaboration program, Kansas, Nebraska, and Oklahoma) either have a finished evaluation of their initiative or one is underway or beginning. The Illinois Department of Human Services is currently conducting an evaluation of their initiative to extend the Early Head Start day. Kansas has entered into a contract

**EHS AND HOME-BASED CHILD CARE: The Iowa Early Head Start Pilot Project**

Iowa started a pilot program in 2006 that uses EHS-child care partnerships to expand the reach of EHS to 42 more children in child care settings located in homes, including family child care providers and family, friend, and neighbor care. The state provides grants to three federal EHS grantees and one community-based family support organization to recruit and partner with home-based caregivers to allow provision of EHS services to children in their care.

During the first year of the pilot, Iowa used \$400,000 in federal Child Care and Development Block Grant quality set-aside dollars and in the second year appears likely to instead use state general revenue for the same amount. Pilot site contractors must:

- Comply with federal Head Start Program Performance Standards for the home-based model;
- Be evaluated by an independent assessor using the Family Day Care Rating Scale (FDCRS) at the beginning and end of the program year;
- Develop a quality improvement plan based on the initial FDCRS assessment; and
- Follow state child care regulations which require family child care providers to be registered if they care for five or more children.

with the University of Kansas to start an evaluation project on the initiative.<sup>53</sup> Nebraska contracted with the University of Nebraska at Lincoln to conduct a program evaluation for FY 2006. Oklahoma is currently working with the University of Oklahoma at Tulsa to create an evaluation process. Other state interviewees reported that there are no full program evaluation plans at this point.



# OPPORTUNITIES AND CHALLENGES FACING STATE POLICYMAKERS

Even with the great variation among state policies, the lessons from state administrators shared a number of common themes. The following opportunities and challenges emerged in this research.

## Opportunities

**Early Head Start is a model and a resource for states wanting to improve care for vulnerable infants and toddlers and be responsive to community needs.**

State interviewees relied on the established federal EHS model and rigorous evaluation research to garner support for state investment in initiatives to expand access to Early Head Start. They appreciated that the design of the program allowed flexibility for community-level expertise to determine how best to implement the program.

**States can expand access to EHS services provided by federal EHS/Head Start grantees and improve the quality of community-based child care settings.**

Many states require partnerships with child care providers in order to improve the quality of child care, support full-day and full-year work for parents of EHS eligible children, and deliver EHS services to children already in other care settings. Some states believe that by requiring participating child care programs to meet EHS standards, they can benefit all the children in care, not just those eligible for services.

**The federal resources dedicated to high quality implementation of Early Head Start can be leveraged by state policymakers to improve the quality of existing child care programs.**

States can design state EHS policies to draw on the knowledge base and resources of federal EHS in accessing training, technical assistance, professional development opportunities, and shared monitoring. State leaders said this leveraging was critical since relatively few dollars from federal or state child care funding sources are dedicated to quality enhancement, and child care providers usually need extensive help to meet and maintain federal program standards.

## Challenges

**Stagnant federal funding for EHS and the Child Care and Development Block Grant negatively impacts the ability of states to build on the promise of EHS and partner with child care.**

Some interviewees mentioned that sustaining and expanding state EHS initiatives has been hampered since federal HS/EHS funding has not been keeping pace with inflation in recent years, leading state dollars to be used to make up the difference. Others said that finding child care partners is difficult since federal and state child care funding is not sufficient to address current needs, and the set-aside for improving access to high quality infant and toddler child care has not grown in recent years. The 2007 reauthorization of the Head Start law set-aside half of future program expansion dollars for EHS, but proposed federal appropriations for this coming fiscal year are not adequate to allow for program expansion.

**Inability to attract and retain well-educated teachers with infant and toddler expertise challenges EHS expansion.**

No matter the model that states are using, they reported challenges caused by the high turnover, low compensation, and insufficient supply of teachers to meet federal staff-child ratio (1 to 4) and education requirements. These issues are especially pressing when the state model relies on partnerships with child care providers, who have “trouble finding time to balance work and training, finances, access to available and reliable substitutes, and scheduling conflicts and turnover.”<sup>54</sup>

**A significant upfront investment in training and technical assistance on the EHS approach and meeting federal Head Start Program Performance Standards is critical to implementation when creating new EHS slots in community-based child care or federal Head Start grantees who have not worked with infants and toddlers and their families before.**

States report confusion about what the federal Head Start Program Performance Standards require for infant and toddler programming, the different EHS models, and how to ensure access to

comprehensive family support, home visitation, and child health services. States address these concerns with planning, support, and technical assistance.

**States are tapping federal funding sources tied to parental work status for EHS initiatives but are confused by and struggle with requirements that seem to conflict with the EHS model.**

A number of states use Child Care and Development Block Grant or Temporary Assistance for Needy Families funds for their state EHS initiatives, or rely on local programs' ability to blend child care subsidies into their EHS programs. Balancing these funding streams is a challenge given the differing requirements for eligibility. Whereas normally a child determined income eligible for EHS as an infant could remain in that program until age 3, some states have designed their initiatives so that when a parent loses their job or otherwise becomes ineligible under state-determined child care subsidy rules, the child loses access to the initiative. This hits families with low-skill jobs, non-traditional hours, and changing school schedules hard. Some states report using the quality set-aside dollars from CCDBG, which are intended to improve care for all children, to make funding available to de-link work status or co-pay requirements from children in their EHS initiative. Program guidance for CCDBG is more flexible than state practice, noting that "the Lead Agency may establish a different eligibility period for children in Head Start, Early Head Start, or State pre-K/child care collaborative programs than generally applies to CCDBG-funded children."<sup>55</sup>

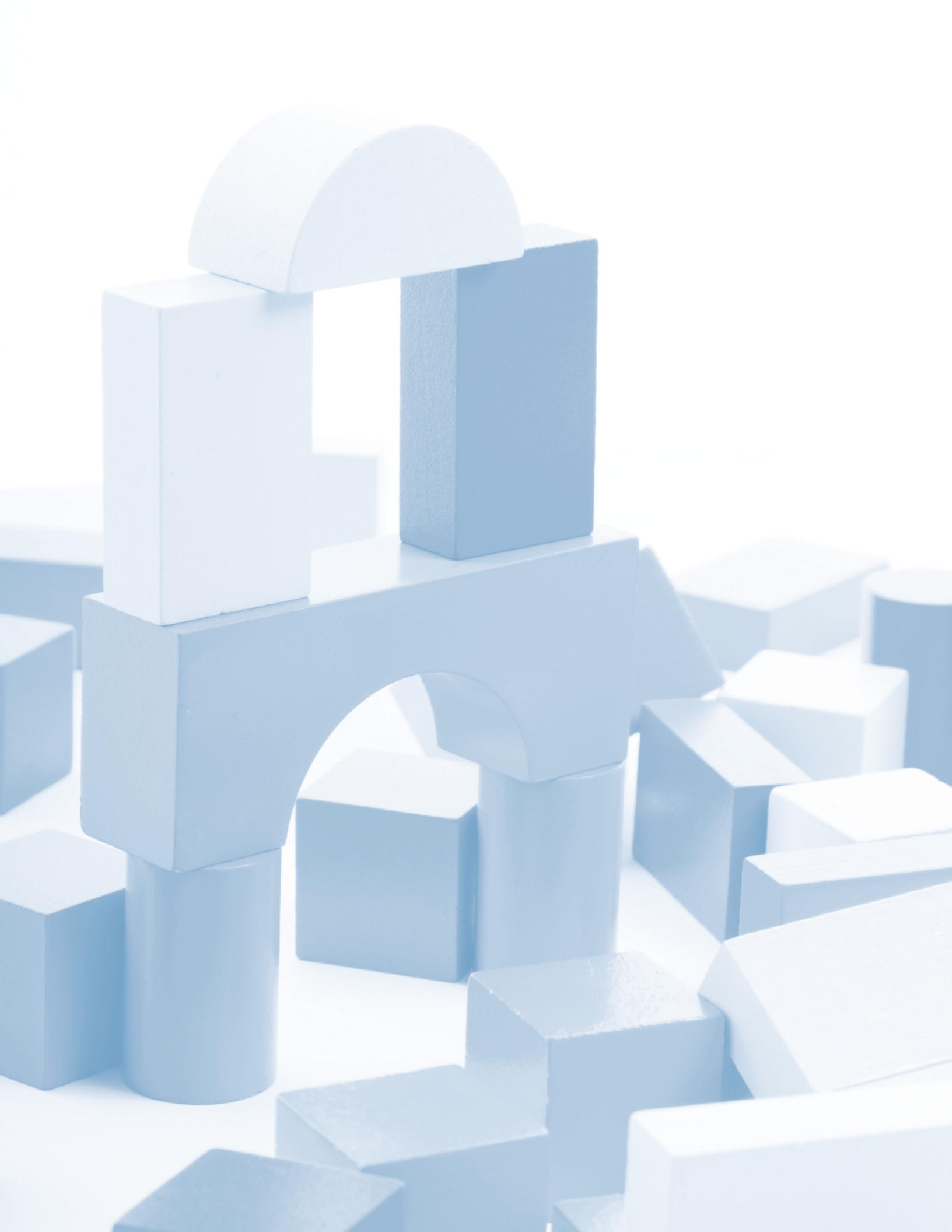
**Implementing a comprehensive state EHS initiative that builds the quality of existing child care programs requires cross-state agency and state-federal collaboration.**

As one interviewee noted, "Where should the program live—it is not quite family support, not child care. It is really a blended program of EHS, child care and family support." Programs are also struggling with how to connect with quality rating systems and other existing quality enhancement systems, which may or may not be located in the same agency as the state EHS initiative.

**How state policymakers develop and sustain support for state investment in EHS varies, but in many cases the state initiative is not well known nor very large. More needs to be done to build support and funding for these initiatives.**

Many programs do not seem to be on the radar screen of governors and state legislatures. Thus the programs may not see dramatic growth and support after first being created. However, a low profile can also allow state administrators to quietly expand, improve, and build support for the program through administrative decision. State policymakers still need help to make the case that vulnerable children need the comprehensive model of EHS.







# RECOMMENDATIONS FOR STATES

The evidence from this study is clear: states can invest in the EHS model and the federal Head Start Program Performance Standards to provide comprehensive early childhood services for vulnerable infants and toddlers. Research shows that disadvantaged children may not benefit as much from investments in preschool if they have not already received high quality, comprehensive early childhood services from birth.<sup>56</sup> Given the promise of EHS, and the limited access to the program under current funding levels, **states leaders interested in promoting better futures for at-risk children should review the approaches described in this paper, and take appropriate action.** Recent changes to federal law present new opportunities for states to build on EHS and coordinate policies to increase expertise in infant and toddler development and programs at the state and local levels.

Based on comments by the state policymakers interviewed, CLASP and ZERO TO THREE make the following specific recommendations to state leaders interested in building on the promise of EHS in their states:

**Provide sufficient state funding to the EHS initiative and participating providers to ensure stable resources in communities and to attract and retain high quality staff.**

State policymakers acknowledge that the EHS model costs more per child than the level set for basic child care subsidies. However, they argue that given the promising research on well-implemented EHS programs, this level of service is critical to help improve the odds for vulnerable young children and families in their states. States should consider carefully the funding sources they use for EHS, and educate themselves on how flexible their use of CCDBG and TANF funds may be under federal program guidance, remaining true to the EHS model of continuous, child-centered services.<sup>57</sup>

- Illinois *taps into a specific source of state general revenue funding* by using dedicated infant and toddler set-aside dollars from the state preschool block grant to support the Prevention Initiative.
- Oklahoma’s State Pilot Early Childhood Program uses state general revenue and private foundation funding, and *requires that teachers with a bachelor’s degree receive comparable salaries to local public school teachers* with commensurate experience and provides payments sufficient to do so.
- Vermont *combines federal funding from child care subsidies and state general revenue* to contract with providers to deliver high quality, full-day, full-year programs, and *allows programs to apply for three-year agreements* to stabilize their resources over time.

**Use EHS initiatives not only to build on federal EHS capacity, but also to partner with and enhance the quality of child care already serving infants and toddlers in the state.**

States said that working with child care as partners or providers of EHS builds on the state investment in child care, improves continuity of care for working families, and leverages state and federal investments in child care. States also pointed out that the state initiative can enhance the services federal EHS grantees provide. For example:

- Iowa *uses the home-based model of EHS to partner with family child care providers and family, friend, and neighbor caregivers*, a model that recognizes the fact that over 60 percent of children in Iowa’s child care subsidy program receive child care in homes.
- Maryland *allows federal EHS grantees to use state initiative dollars to improve services based on local needs*, including meeting CDA and professional development requirements, training staff to work with English Language Learner children, and enriching literacy in classrooms.
- Nebraska *leverages the federal EHS program knowledge base and resources* by requiring that participating federal grantees give their child care partners access to EHS resources, agency trainings and conferences, as well as help partners assess strengths and weaknesses and improve quality.

**Build in sufficient training, technical assistance, and monitoring to ensure that all participating programs meet the educational, family support, health and nutrition components of the federal Head Start Program Performance Standards.**

Many states said it is critical to have funds set aside to ensure program quality and model fidelity by helping states get up to speed on the EHS Performance Standards and to create an infrastructure for training, technical assistance and professional development, especially for providers who are new to the EHS program model. For example:

- The Illinois State Board of Education contracted with The Ounce of Prevention Fund to help bring in and maintain child care partners for the Illinois Prevention Initiative by conducting workshops to *educate potential partners* about federal Head Start Program Performance Standards and *providing ongoing technical assistance* once grants are awarded.

- Maine draws on the knowledge base of the state infant and toddler specialist to support program by connecting them to community resources. Maine's infant toddler specialist helps coordinate state-funded EHS efforts with child care providers, as well as connects Head Start with home visiting programs.
- Kansas conducts annual on-site visits and coordinates with the federal EHS triennial review process to monitor program compliance with federal Head Start Program Performance Standards.

### **Cultivate champions for EHS and the needs of vulnerable infants and toddlers, inside and outside state government.**

Several states reported that a key component in implementing a state EHS program is cultivating champions—across state agencies, parents, legislators, providers, and business leaders. For example:

- Kansas Early Head Start programs continually foster relationships with state and local representatives and encourage visits from legislators to the programs. Federal representatives, including both senators, have made visits to the programs and are supportive allies. Parents have also been effective in speaking with representatives and sharing their stories and experiences in testimony before the state legislature.
- Missouri established trust across state agencies early in the process by bringing together all the state agencies that have funding for early childhood related programs to be a part of the advisory committee to the Head Start State Collaboration Office, which then developed the state EHS initiative.
- Minnesota raises the profile of infant and toddler policy by holding an annual birth to three conference, and including the fields of child welfare, public health, and child protection.

### **Ensure that data collection and evaluation are built into state policies to better help programs provide high quality early childhood services, meet the Head Start Program Performance Standards, and ensure children benefit from initiatives.**

States reported using a variety of tools to collect regular program and service data to monitor what programs were delivering and to understand the population being served, often drawing on federal resources and agencies to do so. Only a few states have put resources forth to conduct evaluations, and most of the results are not complete.

- Maine requires programs receiving Fund for Healthy Maine dollars to report on a subset of federal Head Start Program Information Report (PIR) data points, including enrollment, immunizations, physical, cognitive, and socio-emotional development, whether children are in a medical home, and access to preventative medical services.
- Missouri conducts on-site monitoring once a year using a tool developed by the state, and also partners with federal agencies to conduct the triennial on-site review of programs jointly.

- Nebraska Department of Health and Human services *contracted with an outside agency to evaluate the process and the impact of the EHS-child care partnership approach on child care quality using environmental rating scales and other measures.*

With the late 2007 passage of Head Start reauthorization legislation, it is also important that states **monitor new opportunities to build on the federal EHS program**, including:

- Whether there are increases in federal funding (half of which has been set-aside for Early Head Start);
- Opportunities to coordinate state efforts with new requirements to improve EHS quality and teacher qualifications; and
- Ways to assist Head Start preschool programs in the state that wish to convert federal Head Start funds to serve more infants and toddlers.





# CONCLUSION

Vulnerable babies and toddlers need good health, strong families, and positive early learning experiences to promote healthy intellectual, social, and emotional development, but many grow up without these supports. Research on the federal Early Head Start model demonstrates that the program has positive impacts on key areas of child and family development, helping lay a strong foundation for young children as they move into their preschool and school age years. Some states have taken steps to expand the promise of Early Head Start to more vulnerable children in their states. The examples and lessons learned from this study will hopefully encourage and inspire state leaders to start or expand investments that build on EHS. Although expanded federal support of the Early Head Start program may occur in future appropriations given the changes made in the 2007 federal reauthorization, state leaders should not hesitate to take action now. With less than 3 percent of all children who are federally eligible for Early Head Start being served, states can and should take a leadership role in ensuring that our nation's at-risk babies and toddlers are ready to succeed in school and in life.



## APPENDIX: Overview of State Initiatives Building on EHS

State	Approach	Year Started	Funding Mechanism
<b>INITIATIVES THAT EXTEND THE DAY/YEAR OF EXISTING SERVICES</b> by making additional funding available or implementing policies to ease the process of blending federal EHS with other funding sources.			
California	Extend the day/year of existing EHS services (through policies to ease blending funds)	2002	Not applicable, state initiative does not make specific funding available beyond federal EHS allocation
District of Columbia	Extend the day/year of existing EHS services	1998	CCDBG subsidy funds
Idaho <sup>1</sup>	Extend the day/year for Tribal Head Start Programs	1999	TANF and CCDBG subsidy funds
Illinois	Extend the day/year of existing EHS services (through policies to ease blending funds)	1998	Not applicable, state initiative does not make specific funding available beyond federal EHS allocation
Maine	Extend the day/year of EHS services	2001	State tobacco settlement funds
Maryland	Extend the day/year of EHS services	2005	CCDBG quality set-aside funds
Montana	Extend the day/year of EHS services (through policies to ease blending funds)	2000	Not applicable, State does not make specific amount of funding available beyond federal EHS allocation
Nevada	Extend the day/year of existing EHS services	2002	CCDBG subsidy funds
New Mexico	Extend the day/year of EHS for TANF/TANF-eligible families	1999	State general revenue (counted as TANF MOE)
Oklahoma	Extend the day/year of existing EHS	2006	State general revenue and private foundation funds
Oregon	Extend the day/year of existing EHS services	1991	CCDBG subsidy funding
Vermont	Extend the day/year of existing EHS	1999	State general revenue and CCDBG subsidy funds

State	Approach	Year Started	Funding Mechanism
<b>INITIATIVES THAT EXPAND THE CAPACITY OF EXISTING EHS PROGRAMS TO INCREASE THE NUMBER OF CHILDREN AND PREGNANT WOMEN SERVED</b> by providing grants to these programs for this purpose or by allowing state supplemental funding for Head Start programs to include EHS slots.			
Idaho <sup>2</sup>	Expand capacity of existing EHS programs (by allowing state supplemental funds to be used for EHS)	1999	TANF funds
Illinois	Expand the capacity of existing EHS programs	2007	State general revenue; birth-to-three set-aside from state early childhood block grant
Kansas	Expand the capacity of existing EHS programs	1998	State general revenue and CCDBG quality set-aside <sup>3</sup>
Maine	Expand capacity of existing EHS programs (by allowing state supplemental funds to be used for EHS according to local decision)	1990s	State general revenue
Maryland	Expand capacity and quality of existing EHS	2000	State general funds and CCDBG subsidy funds
Massachusetts	Expand capacity of existing EHS programs (by allowing state supplemental funds to be used for EHS according to local decision)	2006	State general revenue
Minnesota	Expand capacity of existing EHS programs (by allowing state supplemental funds to be used for EHS according to local decision)	1997	State general revenue
Missouri	Expand capacity of existing EHS	1999	State gaming revenue and CCDBG subsidy funds
Oklahoma	Expand capacity of existing EHS	2006	State general revenue and private foundation funds
Wisconsin	Expand capacity of existing EHS programs (by allowing state supplemental funds to be used for EHS)	1992	State general revenue

State	Approach	Year Started	Funding Mechanism
<b>PROVIDE RESOURCES AND ASSISTANCE TO CHILD CARE PROVIDERS TO HELP THEM DELIVER SERVICES MEETING EHS STANDARDS</b> by providing both funding and technical assistance directly to child care providers.			
Illinois	Provide resources to child care to attain EHS standards	2007	State general revenue; birth-to-three set-aside from state early childhood block grant
Oklahoma	Provide resources to child care to attain EHS standards	2006	State general revenue and private foundation funds
<b>SUPPORT PARTNERSHIPS BETWEEN EHS AND CENTER-BASED AND FAMILY CHILD CARE PROVIDERS TO IMPROVE THE QUALITY OF CARE</b> by using a range of partnership models including: bringing comprehensive services to children and families already in family child care and family, friend, and neighbor care settings; using partnerships to leverage federal expertise and resources to improve quality of child care partners; and delivering EHS in child care settings through partnerships.			
Illinois	Support EHS-child care partnerships to deliver EHS	2007	State general revenue; birth-to-three set-aside from state early childhood block grant
Iowa	Support EHS-child care partnerships to improve quality of care (by delivering EHS services in family child care and family, friend, and neighbor settings)	2006	CCDBG quality set-aside funds <sup>4</sup>
Kansas	Support EHS-child care partnerships to deliver EHS	1998	Funding varies according to local agreements between EHS and child care partners <sup>5</sup>
Maryland	Support EHS-child care partnerships to improve the quality of care	2000	State general funds and CCDBG subsidy funds
Nebraska	Support EHS-child care partnerships to improve quality of care <sup>6</sup>	1999	CCDBG infant and toddler earmark funds

<sup>1, 2</sup> Funding for Idaho's efforts to extend the capacity of existing EHS programs and extend the day/year for Tribal Head Start Programs ends 6/30/08.

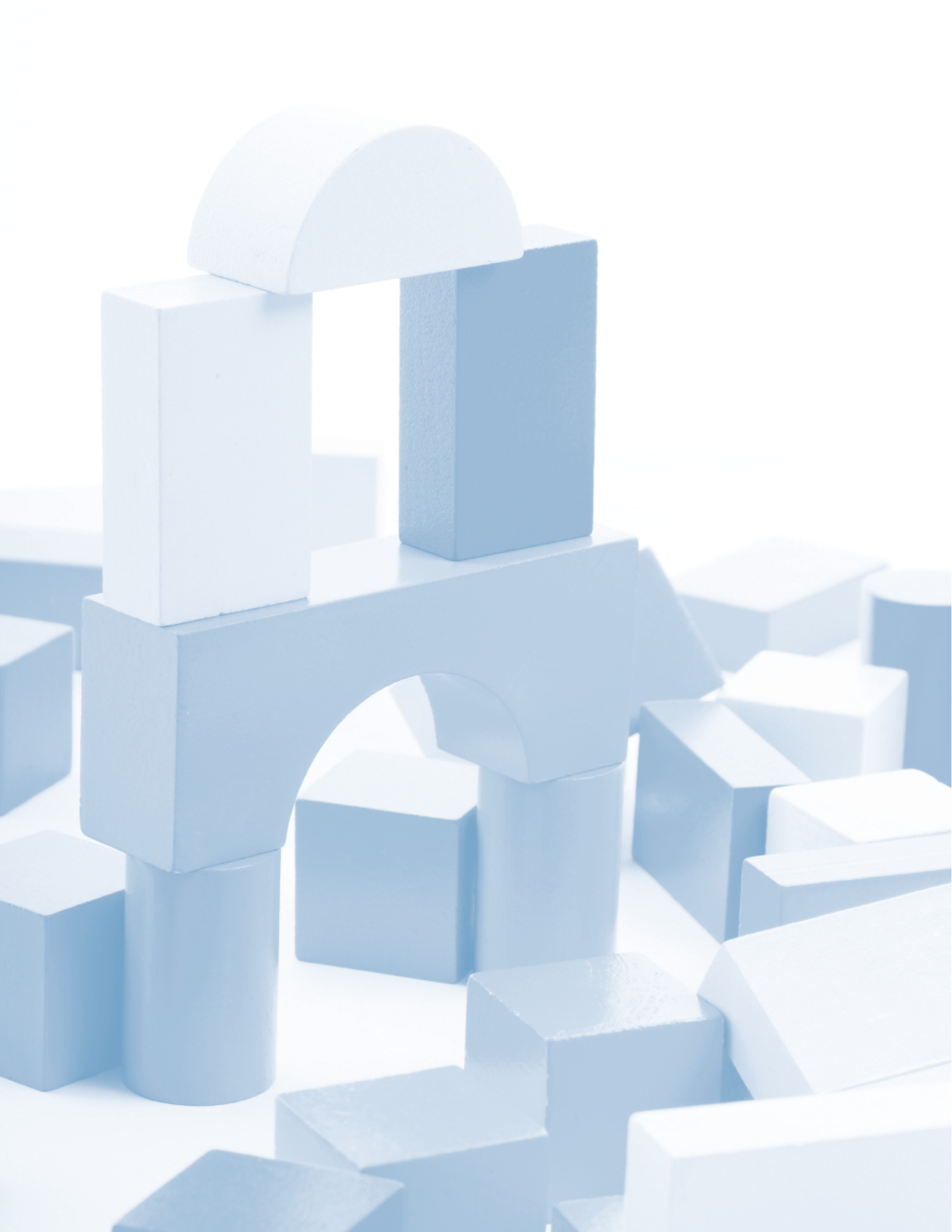
<sup>3</sup> In FY 2008, Kansas Early Head Start will use state tobacco funds to fund their EHS initiative.

<sup>4</sup> In FY 2008, Iowa will support the Iowa Early Head Start Pilot Project through state general revenue.

<sup>5</sup> Kansas Early Head Start funds for FY 2007 supported 1,017 enrollment slots for children birth to age four.

<sup>6</sup> Child care programs participating in Nebraska's Early Head Start Infant/Toddler Quality Initiative may participate at three levels of involvement, the most intense of which requires EHS programs to enter into agreements with local child care centers and family child care homes.





## ENDNOTES

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- <sup>13</sup> Elizabeth Hoffmann and Danielle Ewen, *Head Start Brief No. 9: Supporting Families, Nurturing Young Children: Early Head Start Programs in 2006*, Center for Law and Social Policy, 2007.
- <sup>14</sup> Office of Head Start, 2007 Head Start Fact Sheet. <http://www.acf.dhhs.gov/programs/hsb/about/fy2007.html>.
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- <sup>16</sup> Ibid.
- <sup>17</sup> Ibid.
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- <sup>28</sup> Unless otherwise noted, all data calculations in this section were calculated by CLASP from Head Start Program Information Report (PIR) data for the program year 2005-2006, based on Early Head Start programs serving the 50 states and the District of Columbia.
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- <sup>42</sup> Karen Schulman, Helen Blank, and Danielle Ewen, *Seeds of Success: State Prekindergarten Initiatives 1998-1999*, Children's Defense Fund, 1999.
- <sup>43</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, & Evaluation, *Making a Difference in the Lives of Infants and Toddlers and Their Families*, 2002.
- <sup>44</sup> U.S. Department of Health and Human Services, Administration for Children and Families, *Research to Practice: Preliminary Findings from the Early Head Start Prekindergarten Follow Up*, 2006.
- <sup>45</sup> U.S. Department of Health and Human Services, Administration for Children and Families, National Infant & Toddler Child Care Initiative. <http://nccic.acf.hhs.gov/itcc/publications/specialists.htm>.
- <sup>46</sup> Joan Lombardi, Mary M. Bogle, eds., *Beacon of Hope: The Promise of Early Head Start for America's Youngest Children*, 2004.
- <sup>47</sup> Note that Hawaii had made \$500,000 available federal Early Head Start and Head Start grantees to expand children served and extend the day or year in the year previous to our focus year of FY 2007, but not in that year. There is a request to renew this initiative in FY 2008. Personal communication with Chris Jackson, Hawaii Head Start State Collaboration Director, March 6, 2008.
- <sup>48</sup> The methods of action outlined in *Beacon of Hope* were: expanding the capacity of Head Start and Early Head Start in the state; extending Early Head Start services to meet the complete child-care needs of already enrolled families; and/or encouraging partnerships between community-based infant-toddler child-care providers and Early Head Start.
- <sup>49</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, & Evaluation, *Making a Difference in the Lives of Infants and Toddlers and Their Families*.
- <sup>50</sup> Moncrief Cochran and Kristi Lekies, *Starting Early in the States: Applying the Lessons of Early Head Start*, 2006.
- <sup>51</sup> Mark Greenberg, *The TANF Maintenance of Effort Requirements*, CLASP, 1999. <http://www.clasp.org/publications/TANFMaintenanceofEffortRequirement.pdf>.
- <sup>52</sup> Due to a policy change to take effect in federal FY 2008, regional Head Start agencies no longer conduct program monitoring. The triennial review process is now administered by the Office of Head Start. (U.S. Department of Health and Human Services, Administration for Children and Families, ACYF-IM-HS-06-06, [http://www.acf.hhs.gov/programs/hsb/policy/im2006/acfimhs\\_06\\_06.html](http://www.acf.hhs.gov/programs/hsb/policy/im2006/acfimhs_06_06.html)).
- <sup>53</sup> Additionally, the Manpower Demonstration Research Corporation is undergoing an evaluation of Kansas and Missouri Early Head Start programs, in which one Kansas program has elected to participate.
- <sup>54</sup> Interview with Betty Medinger and Diane Lewis, Nebraska Department of Health and Human Services, and Eleanor Kirkland, Nebraska Department of Education. June 6, 2007.
- <sup>55</sup> Child Care Bureau, Policy Interpretation Question, ACYF-PIQ-CC-99-02. <http://www.acf.hhs.gov/programs/ccb/law/guidance/archives/pq9902/pq9902.htm>.
- <sup>56</sup> U.S. Department of Health and Human Services, Administration for Children and Families, *Research to Practice: Preliminary Findings from the Early Head Start Prekindergarten Follow Up*, 2006.
- <sup>57</sup> Federal program guidance for CCDBG is more flexible than state practice in some cases, and states have the flexibility to align eligibility periods when putting CCDBG funds together with EHS. (See Child Care Bureau, Policy Interpretation Question ACYF-PIQ-CC-99-02. <http://www.acf.hhs.gov/programs/ccb/law/guidance/archives/pq9902/pq9902.htm>.) States may also waive co-payment requirements for eligible families under the poverty level under current CCDBG rules. However, until such time as federal lawmakers consider the implications of tying support for children's early learning experiences to parental work status, states should educate themselves on how flexible their use of those funds may be under federal program guidance.

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