



What State Leaders Should Know about Early Head Start

June 2011

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Early Head Start Tools

CLASP has additional tools available for state leaders ready to engage in more comprehensive planning and implementation efforts.

- *Building Comprehensive State Systems for Vulnerable Babies:* This tool is for state leaders who are looking to better align the components of early childhood development systems and take action steps to operationalize a comprehensive system.
- *Key Policy Choices for State Early Head Start Initiatives: A Decision Tool:* This tool is for state leaders who are ready to design or improve a state initiative that builds on and expands access to the comprehensive federal EHS services.

Assistance in using these tools is available from CLASP. Please contact Danielle Ewen at dewen@clasp.org or 202-906-8004.

Introduction

What is Early Head Start?

Early Head Start (EHS) 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. The mission of EHS is to support healthy prenatal outcomes and enhance the intellectual, social, and emotional development of infants and toddlers to promote later success in school and life. EHS grew out of the Head Start program serving preschool children and their families as a two-generation approach to fighting poverty. Congress created EHS in 1995 with strong bipartisan support as a means to start promoting healthy development in vulnerable families even earlier, through supporting low-income pregnant women and improving the early care of at-risk babies and toddlers.

All federally-funded EHS programs must comply with federal Head Start Program Performance Standards, which were adapted to address the needs of infants, toddlers, and pregnant women when EHS was created. These comprehensive services include: child health and development, education and early childhood development, child health and safety, child nutrition, child mental health, family partnerships, services to pregnant women, and services for children with disabilities. EHS is delivered through a variety of program options, with about two of every five slots for children in home-based programs, and about half of the slots in center-based programs. Research has shown that EHS positively impacts children's cognitive, language, and social-emotional development; parents' progress toward self-sufficiency; and a wide range of parenting outcomes.¹

Why Should State Leaders Be Interested in Early Head Start?

Although Early Head Start is a federal-to-local program, there are opportunities for collaboration at the state level that have expanded in recent years. For example:

- State leaders may consider how key program elements of EHS relate to state activities and initiatives, such as child care licensing regulations, quality rating and improvement systems (QRIS), and early learning standards.
- States may wish to explore ways to better integrate EHS with other state early childhood programs, for example, through initiating joint professional development opportunities that meet the needs of EHS providers as well as child care providers.
- State child care subsidy policies, if designed well, can promote partnerships between child care and EHS programs.
- The State Early Childhood Advisory Councils offer an opportunity to bring EHS together with other state and federal services to build strong early childhood systems built around substantial supports for vulnerable young children.

State leaders can seize opportunities such as these to break down silos and create collaborative state systems and programs to better meet the needs of vulnerable young children in their states.

Purpose of this Paper

This paper reviews 11 key aspects of how the federal Early Head Start program works. Each section includes considerations for state leaders, such as how other state systems relate to a particular aspect of EHS, or what types of policy changes and partnerships states could consider to coordinate and leverage EHS resources with other state programs. Each section concludes with links to related online resources. This paper is not designed to provide official guidance or interpretation of the laws and regulations governing EHS, but to serve as an introduction to the program for state policymakers.

The key aspects discussed in this paper are:

- grantees and delegates;
- federal-to-local structure and funding process;
- eligible population;
- comprehensive EHS services;
- program delivery options;
- ratios, group sizes, and caseloads;
- staff qualifications;
- training, technical assistance, and professional development;
- monitoring and oversight;
- data reporting, and;
- state collaboration directors.

Many of the program requirements and structural features of how EHS operates also apply to the federal Head Start program for preschool-age children. However, because this paper's focus is EHS, a specific discussion of areas of overlap between programs is not included.

Key Aspects of the Federal Early Head Start Program

Selection of Grantees and Delegates

An Early Head Start *grantee* is an agency that is awarded funding by the Office of Head Start (OHS) to deliver EHS services. An Early Head Start *delegate* is an agency that an EHS grantee contracts with to deliver some or all of the services for which that EHS grantee is responsible.

What does this look like “on the ground” when trying to paint a picture of who is delivering EHS services in a given state or community? EHS grantees can range from small individual nonprofit organizations operating a few EHS classrooms or a small home-based program to “super-grantees” such as a large city school district. Some grantees have many delegates; for example, a large county department of human services may delegate EHS services to several community-based organizations, or a grantee may just have one or a few delegates.

Grantees may also choose to operate all services themselves, including across multiple program sites, without entering into delegate relationships. Further, individual grantees and delegates may provide services in a large geographic area beyond the city or county where the grantee/delegate itself is located

(Note: One agency may receive a grant for both EHS and the Head Start preschool program. Although such an agency may strive to deliver integrated services from birth to age 5, on paper their EHS and Head Start preschool grants are separate, have their own reporting and program requirements, and may not be jointly administered or implemented.²)

Considerations for State Leaders

State leaders wanting to partner with federal Early Head Start will want to identify all the EHS grantees and EHS delegates in their states, the location of these programs, the types of services they deliver, and how many children are served. By doing so, states can assist in better aligning resources and leveraging expertise and services at the community level.

Related Resources

- The Office of Head Start maintains a website called the Early Childhood Learning & Knowledge Center (ECLKC). Information on Early Head Start grantees/delegates in each state can be found online in the ECLKC [Head Start Program Directory](#) and [Head Start Locator](#).
- State leaders may also want to contact their [Head Start State Collaboration Director](#) for more information about the service delivery areas of EHS grantees and delegates in their states.

Federal-to-Local Structure and Funding Process

Early Head Start is a federal-to-local program. Individual community agencies apply directly for funding to the federal Office of Head Start within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS). In administering EHS, OHS is assisted by the ACF

Regional Offices, which provide support to several ACF-funded programs for children and families.

The first EHS grants were awarded in 1995. When new funding is available, OHS issues a Funding Opportunity Announcement (FOA) inviting applications from agencies that want to provide EHS services. The most recent FOA for new EHS grantees was issued in 2009 to award funds made available for EHS through the American Recovery and Reinvestment Act (ARRA).³ Prior to that, the last FOA for new EHS grantees was issued in 2002.⁴

Several types of non-profit and for-profit agencies are eligible to apply to become EHS grantees, including:

- agencies operating Head Start, American Indian/Alaskan Native Head Start, and Migrant/Seasonal Head Start programs;
- public entities; and
- nonprofit or for-profit entities, including community-based and faith-based organizations.⁵

Applicants first identify a proposed geographic area of service, then conduct a communitywide strategic planning and needs assessment (also referred to as a community assessment), to determine the areas of greatest need within that area among pregnant women, infants, toddlers, and their families. This needs assessment reviews population demographics, existing services, and gaps in resources. Using this data, applicants propose how they will deliver comprehensive EHS services in order to meet the needs of vulnerable families—for example, whether the applicant will offer center-based services, home-based services, or a combination. Agencies that are awarded EHS grants must conduct a needs assessment every three years in order to identify changing community demographics and needs, and must plan accordingly for adjustments to their services.⁶

The Head Start Act requires EHS applicants to form community partnerships in order to leverage existing funds and provide resources and services to families to the fullest degree possible. For example, an applicant may partner with: a community agency that is willing to

offer facilities space for a center-based Early Head Start program at low or no cost; a local pediatrician's office willing to donate staff time and expertise to conduct required health and developmental screenings; or a local business partner willing to donate the funds needed to pay the salary of a family and community partnership worker. These partnerships with private and non-profit agencies allow EHS grantees to design programs that build on what is in a community, avoid duplication of services, and ensure that infants and toddlers and their families have the full range of comprehensive services needed. Because partnerships help grantees leverage existing resources and refer families for some services, these agreements reduce the overall proposed budgets and needed funding levels for the services that the EHS applicants will provide themselves.

After taking into account community partnerships and resources, EHS applicants prepare a budget outlining what it will cost them to deliver the full program. As a result, there is not one uniform cost or per-child rate. Successful applicants may receive grant awards that vary substantially in terms of dollars awarded, based on the resources that partner organizations can offer and the cost of providing services in different communities across the country. Further, grantees must contribute non-federal matching funds that comprise 20 percent of their total program cost, and can be monetary contributions to the budget or in-kind donations.⁷

Grants are awarded prospectively, before an agency begins providing EHS (i.e., not on a reimbursement basis after services have been provided). On an annual basis, grantees submit updated applications for the renewal of their grants, including information on their budgets for the coming year and the number of children they will serve.⁸

Considerations for State Leaders

State leaders may decide to interact with Early Head Start programs in several ways. First, they may want to improve and expand on community partnerships. State leaders can consider how to best support connections between early childhood programs and other resources, such as health and mental health clinics, family support services, agencies and programs providing public

benefits for families, or programs for providers like the Child and Adult Care Food Program (CACFP). States can:

- sponsor community forums to bring publicly-funded programs together;
- provide grants to early childhood programs to build and sustain partnerships; or
- review outreach, application, and intake procedures for public programs and make any needed changes to improve coordination between those programs and EHS.

State policymakers may also opt to use EHS program data to identify unmet needs in individual communities. The EHS needs assessments may identify demographic groups who are underserved by existing programs, demonstrate the need for full-day and full-year programs in a specific community, highlight gaps in health and mental health services for young children and their parents, or otherwise tell the story of available early childhood resources at the neighborhood level. State leaders can use this information to target available funding and services to these communities.

Early Head Start can also act as a model for policy and practice in state funded efforts such as the child care subsidy program, TANF child care programs and state-funded pre-kindergarten. For example, states could consider awarding subsidy payments prospectively rather than retrospectively, as EHS does. States could also promote continuity of care by ensuring that families using a voucher for child care who are also in Early Head Start can remain eligible for subsidy through the entire period they are eligible for EHS.⁹

Related Resources

The ECLKC website has a specific section with resources on:

- [Family and community partnerships](#);
- [Community needs assessments](#); and
- [Fiscal Information](#)

Eligible Population

Several populations are eligible for Early Head Start:

- Pregnant women and children whose family incomes are below the federal poverty level;
- Homeless children;
- Children in families receiving public assistance; and
- Children in foster care¹⁰

Additionally, at least 10 percent of children served by federal EHS grantees must be infants and toddlers with disabilities, as defined by the *Individuals with Disabilities Education Act* (IDEA).¹¹ Grantees are also required to develop formal selection criteria when more families apply than there are funded spaces.¹²

Besides these mandatory provisions, grantees have some choices regarding eligibility and enrollment. For example, grantees may choose to prioritize services to children and families with key risk factors or high-needs demographic groups in their service area, such as teenage mothers or homeless families. Programs may serve, to a reasonable extent, participants in their service area who are not eligible under these criteria but who meet other criteria established by programs for serving at-risk children; up to 10 percent of participants can be in this category.¹³ A new provision in the *Improving Head Start for School Readiness Act of 2007* specifies that if a grantee can demonstrate that children with family incomes below 100 percent of poverty are already fully served, up to 35 percent of the grantee's enrollment may be used to serve participants between 100 percent and 130 percent of the federal poverty level.¹⁴

Early Head Start operates with “presumptive eligibility,” i.e., once a child is determined eligible for EHS, he or she remains eligible for Early Head start throughout the course of the program.¹⁵ For example, a child determined to be eligible and enrolled in EHS at the age of three months could remain in Early Head Start until the year of his or her third birthday, when the child would transition to Head Start or another setting serving preschool-age children. Further, children's eligibility is not tied to parental work requirements. Nor can programs charge parents fees or co-payments for Early Head Start services.¹⁶

Considerations for State Leaders

Individual early care and education programs often blend and braid multiple funding streams, for example EHS and child care assistance, in order to provide the extended care hours that many families need and to promote continuity for children. State administrators have the authority to set the eligibility requirements for early childhood programs and funding streams in their states. For example, subsidy administrators determine their state's eligibility policies for families receiving assistance, including income thresholds, copayments, and time period for redetermination. Aligning such policies can make it easier for individual programs to use multiple funding sources, and can facilitate families' ability to participate in Early Head Start if they are working or going to school or training.

Guidance from the Office of Child Care notes that states have the discretion to set their eligibility for all Child Care and Development Block Grant (CCDBG)-funded slots; CCDBG does not specify an eligibility period. With this flexibility, states can set different eligibility policies for collaboratively-funded programs. For example, a state could specify that infants and toddlers attending programs using both EHS and CCDBG funds could remain eligible for their CCDBG subsidy until age 3, matching the “presumptive eligibility” of EHS.

Related Resources

- The Office of Child Care issued [guidance](#) on aligning eligibility requirements for collaboratively-funded slots (ACYF-PIQ-CC-99-02).

Comprehensive EHS Services

Federal law stipulates that EHS grantees “provide, either directly or through referral, early, continuous, intensive, and comprehensive child development and family support services that will enhance the physical, social, emotional, and intellectual development of participating children.”¹⁷ The federal Head Start Program Performance Standards mandate a set of comprehensive services that include:

- child health and development services,
- education and early childhood development,

- child health and safety,
- child mental health,
- family partnerships,
- services to pregnant women, and
- services for children with disabilities

The federal Head Start Program Performance Standards specify requirements in each of these areas. The overarching philosophy is that Early Head Start grantees are responsible not just for children’s early care and education, but for their health, mental health, and other needs. Grantees are responsible for *tracking* key items about children in their care, such as whether each child has a medical home where they can receive well-child preventive health visits, immunizations, and sick care. If children do not have medical homes, health insurance, dental homes, or other needed social services, grantees are responsible for helping families *access* these services and supports. Beyond initial access, grantees provide *follow-up* for children and families to ensure service delivery and help families work through any barriers to accessing needed supports. The same philosophy of tracking, access, and follow-up applies to services for pregnant women. Specific standards include ensuring that women receive prenatal and postpartum health care, information on fetal development and breastfeeding, and needed mental health interventions and follow-up, for example.

To achieve these results for pregnant women, infants, toddlers and their families, grantees must create strong community partnerships. The Head Start Program Performance Standards state that: “Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs.”¹⁸ Early Head Start was founded and designed as a community-based program that could be the nexus of a wide variety of services for the most vulnerable children and families.

Potential community partners specified in the standards include:

- health care providers (including clinics, physicians, dentists, and other professionals),
- mental health providers,
- nutritional service providers,
- service providers for children with disabilities and their families,
- family preservation and support services,
- child protective services,
- local elementary schools,
- educational and cultural institutions serving children and families, such as libraries and museums,
- child care providers, and
- other organizations and businesses that provide families with support and resources¹⁹

Other partnership requirements include conducting outreach to recruit volunteers to EHS programs and developing interagency agreements around serving children with disabilities.²⁰ Grantees must also work through community partnerships to promote successful transitions for children and families from Early Head Start to an appropriate child development program for preschool-age children in the community.²¹

The overall impact is that pregnant women, infants, toddlers, and their families who are enrolled in Early Head Start receive services that address their comprehensive developmental needs and have an advocate in the EHS staff that works with community partners to ensure needed services are delivered.

Considerations for State Leaders

The Head Start Program Performance Standards are often considered a gold standard in the field for comprehensive program standards that address all areas of children’s development. State leaders may want to adopt these standards for other early care and education programs in their state. Alternatively, state leaders may want to select specific standards in areas that they wish to improve in their state and choose appropriate vehicles for promoting those standards. For example, the Head Start Program Performance Standards require a comprehensive developmental screening that is age- and linguistically-appropriate within 45 calendar days of a child’s entry into the program.²² States could consider

embedding into child care licensing a requirement that each child receive an appropriate developmental screening within 45 days of entering licensed child care; states can then either provide technical assistance and resources to licensed child care providers to help them meet this requirement or link child care providers to community partners who could provide these screenings. States may also wish to track this information for children as EHS agencies are required to do.

Specific partnership activities required by the Head Start Program Performance Standards also provide opportunities beyond community collaborations for more coordinated statewide efforts, such as those around serving children with disabilities and transition activities from Early Head Start to other programs for preschool-age children.

Related Resources

- The [Head Start Performance Standards and Other Regulations](#) specify the required comprehensive services in Early Head Start.
- Other resources available from the ECLKC website include:
 - Resources on [early childhood development](#);
 - Information on services for children with [disabilities](#); and
 - A technical assistance paper on serving [pregnant women](#).

Program Delivery Options

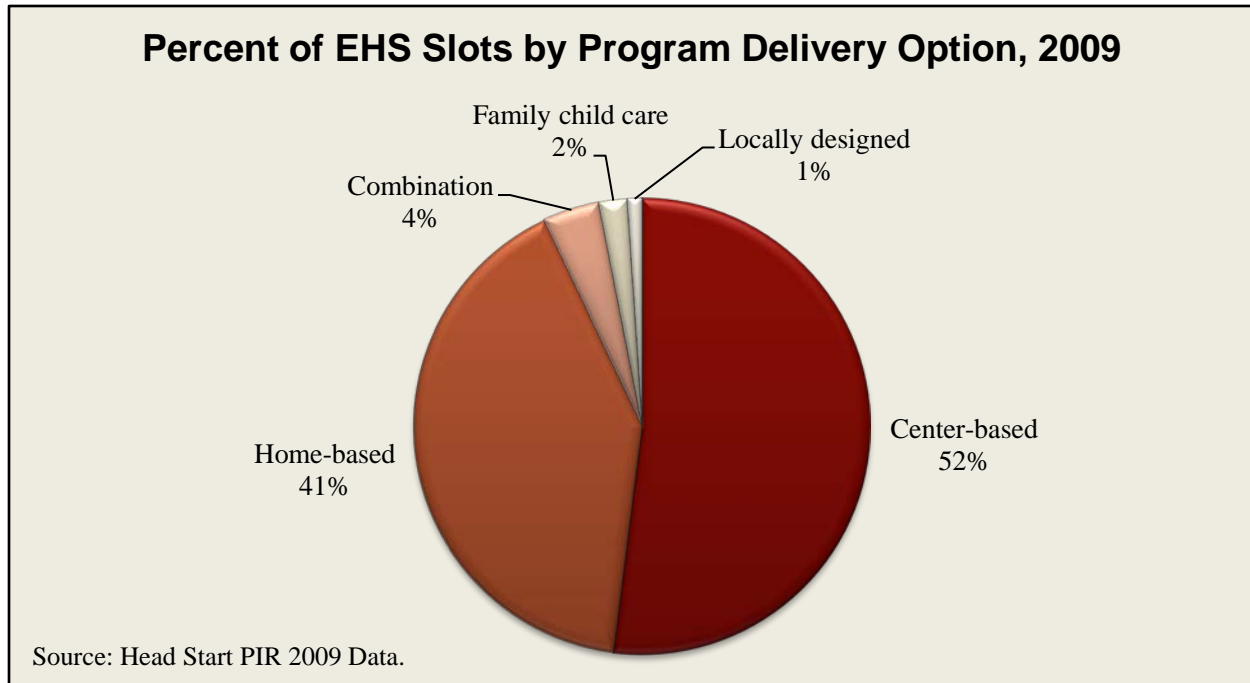
Federal EHS grantees apply to deliver comprehensive child development services according to a particular program option defined by the federal Head Start Program Performance Standards and must base that choice on data about community needs. The program delivery options are:²³

- **Center-based program:** Children enrolled in a center-based program receive the “educational child development services” (as defined in the standards) 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. Services are intended to operate for the full working-day and the full calendar-year.

- **Home-based program:** 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, lasting at least 90 minutes each, from a qualified visitor, as well as bimonthly group activities (16 minimum per program year).
- **Combination program:** 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.
- **Family child care:** Grantees may choose to deliver comprehensive child development services primarily in the home of a licensed child care provider or other family-like setting. Grantees provide child development specialists to support family child care providers and retain responsibility for meeting the Program Performance Standards.
- **Locally-designed program:** Grantees may apply to the Office of Head Start for an alternate program plan designed to meet unique local needs.

Further, some federal EHS grantees have evolved into mixed-delivery approach programs to offer multiple options that meet the changing needs of families. A grantee may offer home-based services as well as center-based services and allow families to move from one to the other if a different program option becomes more appropriate for their needs. For example, a family with a newborn may enter EHS and begin receiving home-based services, but if the mother needs to return to work, center-based services may better meet the family’s need for full-time care. Federal data are not available on the number of children in programs that offer families the ability to switch between multiple service delivery options.



Considerations for State Leaders

State leaders interested in partnering with existing EHS grantees to leverage resources will want to review the distribution of center-based EHS services, home-based EHS services, and other EHS program delivery options in their state. States may be surprised by the high percentage of EHS delivered through home-based services. Several of the agencies that were awarded new EHS grants in the latest round of funding through ARRA stated in their applications that they planned to use the home-based program option for delivering EHS services, so this percentage may increase when data including new grantees becomes available. The new federal Maternal, Infant, and Early Childhood Home Visiting Program may offer states support for expanding home-based services and partnering with Early Head Start, particularly since EHS is one of the evidence-based home visiting models that has been approved for this funding.²⁴

Related Resources

- An [Early Head Start Tip Sheet](#) addresses how to choose program options that best support the needs of families served.
- The Early Head Start National Resource Center (EHSNRC) produced a [webcast](#), “Supporting Infants, Toddlers, and Families through the Family Child Care Program Option.”
- The Department of Health and Human Services has published [Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program](#)

Ratios, Group Sizes, and Caseloads

Federal regulations specify staffing requirements for professionals delivering Early Head Start in a variety of settings.

- **Center-Based:** The teacher-to-child ratio is 1:4 with a maximum group size of eight for infants

and toddlers. If state or local regulation requires a more stringent ratio or group size, grantees must meet the more stringent regulation.²⁵

- **Family Child Care (FCC):** If there is a single FCC provider, she may have a maximum of six children in care with no more than two children under age 2. An FCC provider plus an assistant may care for 12 children with no more than four under age 2. Alternatively, one FCC provider may care for up to four infants and toddlers, as long as no more than two children are less than 18 months old. Regulations specify that smaller group sizes or additional assistance may be necessary when serving children with special needs.²⁶
- **Home-Based:** EHS home visitors may serve a maximum of 12 families.²⁷

Additionally, all child development providers, regardless of the care setting in which Early Head Start services are delivered, receive supervision and support.

Considerations for State Leaders

In many states, licensing requirements do not meet the EHS requirements. State leaders may wish to evaluate how to best support child care providers in moving to improve ratios and group sizes.

States have several options for improving ratios and group sizes through policy changes in their child care subsidy system. States can pay higher subsidy payment rates to center-based providers who meet and maintain low ratios and group sizes to help offset the higher costs of hiring additional staff. States can likewise pay higher rates to family child care providers who limit their group size and the number of infants and toddlers in care to help offset costs. States can also contract directly with providers for subsidized slots meeting certain quality standards, such as ratio/group size requirements. Such initiatives could make it easier for child care providers to blend and braid EHS and CCDBG funds.

States operating home visiting programs may also set a maximum caseload for the number of families each

home visitor can serve. As states design, implement and coordinate home visiting services through the new federal program, state leaders can evaluate staffing patterns and caseloads to promote quality services.

Staff Qualifications

As of September 30, 2010, all center-based Early Head Start teachers providing direct services to children and families are required to have a minimum of a Child Development Associate (CDA) and training or coursework in early childhood development. The *Improving Head Start for School Readiness Act of 2007* tasked the Secretary of HHS with establishing staff qualification goals to ensure all teachers have training or coursework specifically in infant/toddler development by September 30, 2012.²⁸ It also requires the Secretary to establish qualification and training standards for Early Head Start home visitors, as well as content of home visits.²⁹

Considerations for State Leaders

State leaders may wish to compare the education and training requirements of early childhood providers across licensing, subsidy, QRIS, EHS, home visiting, and any other state programs providing early care and education services to young children. State leaders may also want to inventory the availability of such education and training offerings through state colleges and universities, community colleges, child care resource and referral agencies, and other settings, as well as supports to providers in attaining and maintaining these requirements. To help providers access more education and training, states may provide grants, scholarships, paid release time, or funds to cover the cost of substitutes. Opportunities may also exist to conduct joint training for EHS staff and other early care and education providers in the state.

Related Resources

EHSNRC resources include:

- A [technical assistance paper](#), “Early Head Start Program Strategies: Staff Development.”
- An [Early Head Start Tip Sheet](#), “EHS Staff Development.”

- A [technical assistance paper](#), “Early Head Start Home-Based Program Option: Recruiting, Training, and Retaining Qualified Staff,” that also includes grantee profiles.

Training, Technical Assistance, and Professional Development

Training, technical assistance, and professional development are hallmarks of the Early Head Start program, and as such, specific funds for these activities are mandated in the Head Start Act. The latest reauthorization of the Head Start Act in 2007 changed to how technical assistance (TA) is funded and what specific elements are required, including setting aside at least 20 percent of all TA funds specifically for Early Head Start programs.³⁰ Within the EHS allocation, the law specifies that at least 50 percent of funds be made available directly to Early Head Start grantees for TA and professional development needs they identify.³¹

At least 25 percent of EHS TA funds contribute to the state-based training and TA system, which, in addition to other activities, supports at least one full-time infant/toddler specialist in every state.³² These specialists provide assistance to Early Head Start grantees on pertinent issues in infant/toddler care and development and can be an important source of information and support.

Remaining funds designated for EHS technical assistance have a variety of allowable uses, including: providing ongoing TA to EHS grantees to improve service delivery, supporting a national network of infant/toddler specialists, providing training to regional office staff, offering planning and implementation assistance to new EHS grantees, creating TA materials on serving high-risk populations such as children in the child welfare system and homeless children, and providing professional development to increase participation of underserved populations.³³

The Head Start Act also makes funding available for professional development activities needed to meet new teacher degree requirements included in the 2007

reauthorization. Funds are available to improve the compensation and benefits of HS/EHS staff to attract and retain qualified staff, including staff trained to work with children with disabilities and staff that have or obtain bilingual certification.³⁴

Considerations for State Leaders

States may have existing networks of infant/toddler specialists, child care health consultants, or nurse health consultants and may explore opportunities to collaborate with Early Head Start infant/toddler specialists. State training and TA networks funded through Head Start and Early Head Start may be available to provide additional training to other providers working with vulnerable young children, or to provide joint training and professional development opportunities.

Related Resources

- The [Early Head Start Technical Assistance Project](#) was designed to support EHS programs funded through ARRA.
- Early Head Start’s [Start-Up Planner Project](#) consists of consultants trained specifically to help new EHS programs plan and begin delivering services.
- The ECLKC website has a section on [professional development](#).
- A [paper](#) titled, “Supportive Supervision: Promoting Staff and Family Growth Through Positive Relationships,” provides information for Early Head Start staff and supervisors.

Monitoring and Oversight

The Head Start Act requires a full monitoring review of each EHS grantee every three years, as well as a review after the first year of operations for a new grantee. Other reviews, including unannounced inspections, may be conducted as appropriate.³⁵ The reviews evaluate grantees’ services against requirements in the Head Start Act, the Program Performance Standards, and other regulations. Monitors assess whether the program adequately addresses:

- family and community needs, including those identified by the communitywide strategic planning and needs assessment;

- collaboration with other community services and programs;
- requirements for outreach;
- enrollment policies and procedures as well as selection criteria; and
- the needs of children with disabilities.

Additionally, monitoring teams review grantees' fiscal management; observe classroom quality and teacher-child interactions; and strive to maintain consistency and objectivity, including checks to ensure reliability among reviewers in the same program and across programs.

The Head Start Act requires that monitoring review teams include members who are knowledgeable about the diverse languages and cultures of the children and families served. For review teams monitoring Early Head Start programs, the Act mandates that team members are knowledgeable about infant/toddler development.³⁶ Additionally, the Head Start Act requires an annual independent audit of each grantee's financial statements.³⁷

If an EHS monitoring review finds deficiencies, the law provides for a series of corrective actions depending on the severity of the deficiency, including quality improvement plans and technical assistance to grantees. Any item threatening the health or safety of children or staff must be corrected immediately.³⁸

The 2007 reauthorization of Head Start added new language to the law regarding annual self-assessments by grantees, including setting goals, developing improvement plans, and establishing procedures for ongoing monitoring of their own program operations.³⁹ The self-assessments are a vehicle for grantees to engage in continuous quality improvement and seek technical assistance on areas that they identify as wanting to improve.

Considerations for State Leaders

States provide monitoring and oversight to several types of early childhood programs, such as licensed child care. Monitoring is also a key component of the new federal Maternal, Infant, and Early Childhood Home Visiting Program, which provides grants to states to create and

expand services. State leaders can consider whether opportunities exist to implement best practices from Early Head Start monitoring to strengthen oversight of other state programs. State leaders interested in funding partnerships between EHS and other programs can also consider whether federal monitoring resources could be leveraged to help provide oversight and assistance to these partner programs.

Some states require EHS grantees to be licensed through the state child care licensing system, and this monitoring may occur more frequently than the federal reviews. Such requirements can help states support the quality of EHS grantees, and having formal state systems in place that interact with EHS grantees can also promote opportunities for partnership.

Related Resources

- The FY 2011 Office of Head Start [Monitoring Protocol and Guidelines](#) are available online.
- The ECLKC has a website section for grantees with resources for [self-assessment and ongoing monitoring](#).

Data Reporting

All Early Head Start grantees are required to submit data annually to the federal Office of Head Start through a data survey called the Program Information Report (PIR). It includes information on children and pregnant women, grantees/delegates, programs, families, and staff. The PIR also tracks key items required by the Head Start Program Performance Standards, such as: child and family service data; checks of child immunizations, health insurance, screenings, and follow-up; and staff distribution and qualifications.⁴⁰ Grantees report some data points, like enrollment, on a monthly rather than annual basis.⁴¹ Individual Early Head Start grantees may collect additional information beyond what is required by the PIR, but the PIR data is the only national source of common data items collected from all grantees.

The unit of reporting in the PIR is the grantee or delegate agency. This structure may differ from other early childhood data collection systems that have the unit of reporting as an individual child/family or as a

classroom/group of children. Thus, in the federal PIR database, data on a large grantee serving children at multiple program sites cannot be broken down by individual site. However, if a grantee has entered into formal delegate relationships with delegate agencies to provide service, each delegate submits their own PIR report.

Head Start and Early Head Start data are always reported separately, even if one agency operates grants for both programs. American Indian and Alaskan Native grantees providing EHS services report on the same set of PIR questions as non-tribal EHS grantees. Migrant and Seasonal Head Start grantees serve infants and toddlers as part of their programs serving children from birth to the age of school entry and also complete PIR reports, but typically, PIR data from Migrant and Seasonal Head Start is analyzed separately from Early Head Start data.

Considerations for State Leaders

Many states are thinking about ways to integrate early childhood data across programs and may also be thinking about how early childhood data can fit into longitudinal data systems. States may want to begin by taking an inventory of all data currently available on young children in their state, which includes data from Early Head Start and Head Start, health departments, social service departments, child care licensing, child care subsidy, home visiting, and other state programs serving infants and toddlers. Local initiatives and programs may also have program data that states could synthesize. By conducting an inventory of available data, state leaders can ensure that there is not duplication of efforts on data reporting and minimize the burden on individual programs. State leaders may also consider using Early Head Start data as a model and require other child care settings to track data on whether children are accessing key comprehensive services and supports, such as having a medical home and receiving routine developmental screening.

Related Resources

- OHS maintains a [webpage](#) with information on the latest PIR reports.
- CLASP resources include:

- A fact sheet summarizing the most recent data, titled [Early Head Start Participants, Programs, Families, and Staff in 2009](#).
- Individual [state profiles](#), which include information on Early Head Start, as well as a [national profile](#).
- A [DataFinder](#) tool that offers additional state-specific data points from the PIR specific to Early Head Start.

State Collaboration Directors

The Head Start Act provides grants to every state for collaboration between Early Head Start, Head Start, and other agencies serving children and families. The Governor designates a State Director of Head Start Collaboration, with input from the state's Head Start Association, and ensures that the director has the authority and access to fulfill his or her collaboration duties.⁴² Although the directors are federally funded, they are state employees stationed in state agencies. Each state's Collaboration Director is also required by law to be a member of the state's Early Childhood Advisory Council (ECAC).⁴³

State collaboration funds are designated for a variety of activities that make a difference for infants, toddlers and their families, including coordination between local grantees, the state child care subsidy agency, and child care resource and referral agencies (CCR&R) agencies to make full working day and full calendar year services available to children.⁴⁴ These funds also assist local grantees in coordinating with health and mental health agencies, family support and service agencies, and agencies providing services for children with disabilities, in order to meet the needs of young children and families.⁴⁵

Considerations for State Leaders

The State Collaboration Director is a resource person at the state level who has knowledge about Early Head Start grantees and initiatives to improve infant/toddler care. State leaders—including child care subsidy administrators and directors of state departments of human services, health, social services, education, and other departments with programs and services for infants

and toddlers—may want to build relationships with their State Collaboration Director and stay in touch regularly about opportunities for partnership. They may also make an effort to engage their State Collaboration Director in working or advisory group planning or overseeing statewide child care and early education initiatives. Meetings of the state Early Childhood Advisory Council can be a venue for discussing and planning collaborative activities.

Related Resources

- The [Head Start Collaboration Offices Directory](#) provides information about which government agency houses the collaboration office in each state as well as contact information for the director.
- A section of the ECLKC website contains additional information related to [State Collaboration Offices](#).

Conclusion

Early Head Start is a federal-to-local program that can provide opportunities for states to improve state systems and services for very young children and families. States can consider how key program elements of EHS relate to established state activities and initiatives. Broad opportunities may exist to coordinate services, leverage resources, or establish partnerships. Specific elements, such as the type of comprehensive data and community needs assessments collected by EHS grantees, could be a model for how other state early childhood programs and communities could target delivery of services most needed by families. By understanding the program standards and key aspects of EHS, state leaders have an example of best practices that can be expanded to serve vulnerable very young children and families.

Endnotes

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¹ U.S. Department of Health and Human Services. *Head Start Impact Study: First Year Findings*. June 2005 and U.S. Department of Health and Human Services. *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. 2002.

² Also note that American Indian and Alaskan Native tribal entities may operate both EHS and Head Start preschool programs, while the Migrant and Seasonal Head Start program operates separately and is designed to serve the needs of families engaged in agricultural labor and their children from birth to the age of school entry [Head Start Act Section 637(17)].

³ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, *Funding Opportunity Announcement: American Recovery and Reinvestment Act of 2009 Early Head Start Expansion*, 2009,

<http://www.acf.hhs.gov/grants/closed/HHS-2009-ACF-OHS-SA-0087.html>. The grants offered through ARRA funds differed from previous expansion grants, in that they were specifically for two years of program operations.

⁴ Federal Register March 14, 2002:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-5948-filed

⁵ Head Start Act Section 645A(d)

⁶ Head Start Act Section 640(g)(1)(c) and 45 CFR 1305.3

⁷ Head Start Act, Section 640(b) and 45 CFR 1301.20

⁸ Office of Head Start, *New Head Start Grant Application Instructions*, ACYF-IM-HS-00-12,

http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Fiscal/Grants/Application/resour_ime_00511a_021006.html. Head Start is in the process of developing new recompetition procedures.

⁹ U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), *Eligibility Determination for Head Start Collaboration*, ACYF-PIQ-CC-99-02, <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pq9902/pq9902.htm>.

¹⁰ Head Start Act Section 645(a)(1)(B)(i) and (ii); 45 CFR 1305.2(1)

¹¹ Head Start Act Section 640(d)(1)

¹² 45 CFR 1305.6

¹³ 45 CFR 1305.4(b)(2)

¹⁴ Head Start Act Section 645(a)(1)(B)(iii)

¹⁵ 45 CFR 1305.7

¹⁶ 45 CFR 1305.9

¹⁷ Head Start Act, Section 645A(b)(1)

¹⁸ 45 CFR 1304.41(a)(2)

¹⁹ 45 CFR 1304.41(a)(2)

²⁰ 45 CFR 1304.41(a)(3) and (4)

²¹ 45 CFR 1304.41(c)

²² 1304.20(b)(1)

²³ 45 CFR 1306.30 through 1306.37

²⁴ See *Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program Supplemental Information Request for the*

Submission of the Updated State Plan for a State Home Visiting Program

<http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf>

²⁵ 45 CFR 1304.52(g)(4)

²⁶ 45 CFR 1306.20(g)

²⁷ 45 CFR 1306.33(5)

²⁸ Head Start Act Section 645A(h) and (i)

²⁹ Head Start Act Section 645A(h) and (i)

³⁰ Head Start Act Section 640(a)(C)(i)(I)

³¹ Head Start Act Section 645A(g)(2)(A)(i) and (ii)

³² Head Start Act Section 645A(g)(2)(B)

³³ Head Start Act Section 645A(g)(2)(A)(iii)

³⁴ Head Start Act Section 640(5)(A)

³⁵ At the time of writing, the federal Office of Head Start was also in the process of developing a system for recompetition of grantees.

³⁶ Head Start Act Section 641A(c)(1) and (2)

³⁷ Head Start Act Section 647 and 45 CFR 1301.12

³⁸ Head Start Act Section 641A(e)

³⁹ Head Start Act Section 641A(g)

⁴⁰ For more information on how PIR data is collected and what data is included, see the Office of Head Start's *Early Childhood Learning & Knowledge Center* webpage,

<http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/Program%20Information%20Report>.

⁴¹ Head Start Act, Section 641A(h)(2)

⁴² Head Start Act Section 642B (a)(2)(A) and Section 642(a)(3)

⁴³ Head Start Act Section 642B(a)(4)(H)

⁴⁴ Head Start Act Section 642B (a)(2)(B)(ii)

⁴⁵ Head Start Act Section 642B (a)(2)(B)(I and iv)