

Early Head Start Resources and Tools

Additional resources and tools are available for state leaders ready to engage in more comprehensive planning and implementation efforts.

- [Early Head Start-Child Care Partnership Toolkit](#): This tool from the Office of Head Start provides information and guidance to help potential applicants navigate the planning and application processes for the partnerships.
- [State Child Care Subsidy Policies That Support Early Head-Start Child Care Partnerships](#). This tool presents a menu of policy options for states looking to improve child care subsidy access and retention for families and support providers through improved payment policies.
- [Expanding Access to Early Head Start: State Initiatives for Infants and Toddlers at Risk](#): This publication highlights how states are using innovative funding, policies, and partnerships to expand EHS and better meet the needs of low-income children and pregnant women in their state.

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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.

All federally-funded EHS programs must comply with federal Head Start Program Performance Standards. These standards address: 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.

What are Early Head Start-Child Care (EHS-CC) partnerships?

In 2014, Congress appropriated \$500 million to expand Early Head Start services through Early Head Start-Child Care (EHS-CC) partnerships and new EHS grants. EHS-CC partnerships are intended to leverage the quality standards of EHS so that more low-income infants and toddlers in licensed child care centers and family child care homes can benefit from high-quality services.

EHS-CC partnership funding will be available to all states based on their share of poor young children

and applicants will compete for available dollars in each state. Grants will fund partnerships between new or existing EHS grantees and licensed child care serving low-income infants and toddlers. Funding will be available to help child care programs meet Head Start (HS) standards and for training and technical assistance. All grantees and partners must meet the federal Head Start Program Performance Standards.

EHS-CC partnership grants will support full-day, full-year services for children who are eligible for HS. EHS-CC partnership funds may be used to support salary and benefit increases, staffing to meet required ratios, staff training, equipment and supplies, mental health contracts for classroom observation, minor facility improvements, parent training, and other improvements required to meet HS standards. They may also fund comprehensive services for children who are EHS eligible. These may include developmental screening, referrals, family service workers assigned to an EHS-eligible child's family, home visiting by teachers, formula, diapers, and identification of specific resources needed by the family.²

Why should state leaders be interested in Early Head Start?

Early Head Start is a federal-to-local program; however, there are opportunities for state policymakers to support EHS programs and partnerships through state policy. 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, such as initiating joint professional development opportunities that meet the needs of EHS and child care providers.

- States can design child care subsidy policies to support strong partnerships between child care and EHS programs.

State leaders can seize these opportunities to break down silos and create collaborative state systems and programs that will facilitate EHS-CC partnerships and 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 states could consider to better coordinate and leverage EHS resources, including new dedicated funding for EHS-CC partnerships. 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. At the time of writing, the funding opportunity announcement for the EHS-CC partnership grants had not been released; as a result, this paper cannot offer detailed information on how they will work.

The key aspects of EHS discussed in this paper are:

- Grantees and delegates;
- Federal-to-local structure and funding process;
- Eligible population;
- Comprehensive services in EHS;
- 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. Information on Head Start standards in this paper is based upon the Head Start Act and federal Head Start Performance Standards unless otherwise noted.

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 EHS *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.

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 have just 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.

Considerations for State Leaders

State leaders can 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 EHS grantees and 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 entities 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. When new funding is available, OHS issues a Funding Opportunity Announcement (FOA) inviting applications from agencies that want to provide EHS services. All entities eligible to apply for EHS are eligible to apply for EHS-CC partnership grants, including: existing HS grantees; nonprofit or for-profit community-based organizations; territories; and state, local, and tribal governments.

Applicants conduct a community-wide 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 explain how they would deliver comprehensive EHS services in order to meet the needs of vulnerable families; for example, the applicant may propose offering center-based services, home-based services, or a combination of both. 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 to adjust their services accordingly.

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 nonprofit 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. 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 no 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; these can be monetary contributions or in-kind donations such as those provided by community partners described above.

Grants are awarded prospectively, before an agency begins providing EHS. Grants are awarded for a five-year period and all grantees are subject to the Designation Renewal System (DRS) as of 2011. The DRS provides a way to identify Head Start programs in need of improvement and maintain the quality of Head Start and Early Head Start programs.³ EHS-CC partnership grants awarded to existing Head Start providers will be considered separate grants and will not be subject to the formal monitoring process until 18 months after the date of the award.

Considerations for State Leaders

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 community organizations to build and sustain community partnerships; or
- Review outreach, application, and intake procedures for public programs, including child care subsidies, and make any needed changes to improve coordination and referral between those programs and EHS.

Early Head Start can also act as a model for policy and practice in state-funded efforts such as the child care subsidy program. States can consider awarding subsidy payments prospectively using direct contracts rather than retrospectively as EHS does.⁴ States can pay providers based on enrollment.

Related Resources

The ECLKC website has a specific section with resources on:

- [Community partnerships;](#)
- [Community needs assessments](#)
 - [Five Steps to Community Assessment;](#)
 - [Checklist for Conducting 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 care.

Programs may fill up to 10 percent of their slots with children from families whose income is above the federal poverty level. 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). Grantees are also required to develop formal selection criteria when more families apply than there are funded spaces. 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.⁵

EHS 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. 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. And programs cannot charge parents fees or co-payments for Early Head Start services.

Considerations for State Leaders

State administrators have the authority to set 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. States can waive parent copayments for families in poverty (including families in partnerships) to align with EHS.

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 and partnerships. For example, a state could specify that children in infant and toddler programs using both EHS and CCDBG funds remain eligible for their CCDBG subsidy until age three, 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 Early Head Start 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.” 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. 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 may include ensuring that women receive prenatal and postpartum health care, information on fetal development and breastfeeding, and needed mental health interventions and follow-up.

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: “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 HS and EHS programs respond to community needs.” EHS 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; and
- 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 resources.

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

The overall impact is that pregnant women, infants, toddlers, and their families who are enrolled in EHS receive services that address their comprehensive developmental needs and have an advocate on 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 generally considered the best benchmark for assessing whether programs address all areas of children’s development. State leaders may consider adopting particular standards for other early care and education programs in their state or coordinating 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.
- CLASP’s [financing guide](#) has information on federal funding streams that support comprehensive services.
- 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

Early Head Start 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:

- **Center-based program:** Children enrolled in a center-based program receive “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 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 are responsible 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.

Some federal EHS grantees have evolved into mixed-delivery 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 program option to another if their needs change.

Considerations for State Leaders

State leaders can 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. The percent of home-based care has increased in recent years; this is in part because EHS has been approved as an evidence-based home visiting model under the Maternal, Infant, and Early Childhood Home Visiting Program.⁶

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.”

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 regulations require a more stringent ratio or group size, grantees must meet the stricter standard.
- **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 two. An FCC provider plus an assistant may care for 12 children with no more than 4 under age 2. Alternatively, one FCC provider may care for up to 4 infants and toddlers, as long as no more than 2 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.

- **Home-Based:** EHS home visitors may serve a maximum of 12 families.

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

Considerations for State Leaders

In many states, licensing requirements do not meet 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 systems. 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. Additionally, states can also contract directly with providers for subsidized slots meeting certain quality standards, such as ratio and 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 federal program, state leaders can evaluate staffing patterns and caseloads to promote quality services.

Staff Qualifications

All center-based Early Head Start teachers are required to have a minimum of an Infant-Toddler Child Development Associate (CDA) or a preschool CDA with training in infant toddler development. EHS teachers in family child care must be enrolled in a CDA, AA, or BA program in child development within six months of beginning service and must acquire the credential or degree within two years.

Considerations for State Leaders

State leaders may wish to compare the education and training requirements of early childhood providers across licensing, subsidy, QRIS, EHS, 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 that help providers meet and maintain these requirements. To help providers access further 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.
- An [executive summary](#), *Strengthening the Early Childhood and School-Age Workforce Executive Summary*. The full report is forthcoming.

Training, Technical Assistance, and Professional Development

Training, technical assistance (TA), 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. Within the EHS allocation, the law specifies that at least 50 percent of funds be made available directly to Early Head Start grantees for the TA and professional development needs they identify.

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 EHS 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 TA 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 to meet teacher education requirements. Funds are available to improve the compensation and benefits of HS and EHS staff to attract and retain qualified workers, including those trained to work with children with disabilities and those with bilingual certification.

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 EHS infant/toddler specialists. State training and TA networks funded through HS and EHS 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 [short paper](#), titled *Supportive Supervision: Promoting Staff and Family Growth Through Positive*

Relationships, provides information for EHS staff and supervisors.

Monitoring and Oversight

The Head Start Act requires a monitoring review of each Early Head Start 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. The reviews evaluate grantees' services against selected requirements in the Head Start Act, the Program Performance Standards, and other regulations to identify areas of strength, compliance, concern, and noncompliance or deficiency. Review teams monitor:

- Program governance;
- Management systems;
- Fiscal integrity;
- Eligibility, recruitment, selection, enrollment and attendance;
- Child health and safety;
- Family and community engagement; and
- Child development and education.

Information on key indicators is collected through interviews, file reviews, document reviews, and observations. Monitoring teams strive to maintain consistency and objectivity, including checks to ensure reliability among reviewers in the same program and across programs. Additionally, the Head Start Act requires an annual independent audit of each grantee's financial statements.

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 TA to grantees. Any issue threatening the health or safety of children or staff must be addressed immediately. In December 2011, the Designation Renewal System became effective through a regulation which outlines seven conditions that the Department of Health and Human Services (HHS) will consider when determining whether a grantee is delivering a high-quality and comprehensive program. If it is found that the grantee is not meeting one or more of those conditions, the grantee will be required to compete for continued funding.⁷

Grantees conduct annual self-assessments, including setting goals, developing improvement plans, and establishing procedures for ongoing monitoring of their own program operations. The self-assessments are a vehicle for grantees to engage in continuous quality improvement and seek TA in areas they want 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 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 EHS monitoring to strengthen oversight of other state 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 2014 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 and 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.⁸ Grantees report some

data points, like enrollment, on a monthly rather than annual basis.

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 grantees 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.

HS and EHS 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 for children from birth to the age of school entry and also complete PIR reports.

Considerations for State Leaders

Many states are considering ways to integrate early childhood data across programs. They may also be thinking about how early childhood data can fit into longitudinal data systems. States may wish to begin by taking an inventory of all data currently available on young children in their state, which includes data from HS and EHS, 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 there is no duplication of efforts on data reporting and minimize the burden on individual programs. State leaders may also consider using EHS 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 2012](#).
 - 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 Head Start, Early Head Start, and other agencies serving children and families. With input from the state's Head Start Association, the Governor designates a State Director of Head Start Collaboration and ensures he or she has the necessary authority and access to fulfill collaboration duties. 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). 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. 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.

Considerations for State Leaders

The State Collaboration Director is a resource person at the state level who has knowledge about EHS 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 state-wide 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 provides opportunities for states to improve their 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, including the recent dedicated funding made available for EHS-CC partnerships; states and communities should seize this moment to ensure their programs are reaching and impacting our youngest, most vulnerable children and families. Specific elements, such as the type of comprehensive data and community needs assessments collected by EHS grantees, could serve as a model for how other state early childhood programs and communities target delivery of the services most needed by families. EHS program standards and delivery methods are best practices that can be expanded on by state leaders to serve vulnerable very young children and families.

¹ This paper is an update of an earlier version: Elizabeth Hoffmann and Danielle Ewen, *What State Leaders Should Know about Early Head Start*, CLASP, June 2011.

² *Early Head Start – Child Care Partnership Grant Webinar Series: Demystifying the Cost-Allocation Plan and the Role of Governance*, March 31, 2014, Administration for Children and Families Office of Head Start and Office of Child Care. Child-level comprehensive services must be tied to EHS-eligible children in the partnership program. They can be provided to other children in the program only if funded by other resources.

³ For more information on the Designation Renewal System see: <http://eclkc.ohs.acf.hhs.gov/hslc/hs/grants/dr>

⁴ Matthews, Hannah and Rachel Schumacher, *Ensuring Quality Care for Low-Income Babies: Contracting Directly with Providers to Expand and Improve Infant and Toddler Care*, Center for Law and Social Policy, 2008, <http://www.clasp.org/resources-and-publications/publication-1/0422.pdf>

⁵ 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.

⁶ 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>

⁷ Office of Head Start Early Childhood Learning and Knowledge Center, *Designation Renewal*, <http://eclkc.ohs.acf.hhs.gov/hslc/hs/grants/dr>

⁸ 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>.