



BUILDING A UNIVERSAL PRESCHOOL SYSTEM AROUND HEAD START

GUIDING AN EQUITABLE
PANDEMIC RECOVERY



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[INTRODUCTION]

A COMPOUNDING CRISIS

It is difficult to be a child in 2021 America. The COVID-19 pandemic has comprehensively hammered American families. With many schools, early education programs, and child care programs closed, working parents and caregivers in almost any job and industry have spent more than a year balancing health and economic risks as they tried to support their children’s development and pay the bills. Families from historically marginalized racial, socioeconomic, ethnic, or immigrant backgrounds have faced greater challenges, disproportionately struggling with lost hours and wages, unemployment, food insecurity, housing instability, and much more. Worst of all, throughout the pandemic these families have been more likely to get—and get sicker from—COVID-19. For Black families and other families of color in particular, all this has unfolded on top of the longstanding, chronic pandemic of systemic racism, stood up and maintained by policy.

But the tragedies of the pandemic shouldn’t obscure the degree to which most American families were already struggling in the years before. In 2019, child poverty rates in the United States were already higher than in almost any other wealthy, developed nation. Racial disparities in access to resources and opportunity spanned every facet of life for Black, Latinx, Indigenous, and other people of color.

This is why the end of the pandemic cannot simply mark a return to that inadequate pre-pandemic normal. President Biden recently announced the outlines of his [American Families Plan](#) (AFP), a wide-ranging series of investments aimed at supporting children and families from cradle to career. The plan includes paid family leave, accessible quality child care and universal public Pre-K, child tax credits, various workforce diversity and development investments, and free community college. Paired with the historic investments made via the [American Rescue Plan Act](#), the AFP could fundamentally change the quality of life and life outcomes of children and families across the United States.

This brief focuses on one element of the AFP—universal preschool—and describes how, alongside other elements like quality child care, child tax credits, and paid family leave, it can bridge opportunity gaps and promote healthy, positive outcomes for young learners.

America's new universal preschool system must be holistic. It must meet the full range of children and families' needs—health, mental health, economic, food and housing security, and research-based learning. Fortunately, there is already a national preschool program with a model fit for this moment: Head Start. Head Start was designed to deliver high-quality early learning services, paired with comprehensive health and social services to families who need them.

Head Start already exists in nearly every community in the United States and is well-positioned to partner with child care programs, Pre-K programs, and the K-12 system to guide the development of a universal, high-quality preschool system. As the pandemic has dramatically expanded the number of families struggling to get by, Head Start should be central to the operationalization of the AFP's ambitious preschool plans.

Head Start has a long track record of success, improving outcomes for children and families in the short- and long-term. Recent reforms, starting with the reauthorization of the Head Start Act in 2007, the implementation (and continued improvement) of the Designation Renewal System, and the recently streamlined and improved Head Start Program Performance Standards have further improved the program's overall quality of services. However, Head Start has never been sufficiently funded to reach all children who would benefit from its family-oriented model of delivering social services.

A new, universal pre-K system built around Head Start can deliver on the program's full potential by expanding it from a program targeted at families in low-income households (and funded to serve only a fraction of them), to the cornerstone of a universal preschool system available to all families. This will require more funding and a continued and enhanced commitment to innovation, quality improvement, and equity. Our proposal to build the supply needed to reach all children who want services is anchored by Head Start, and includes expansion of this long standing holistic program, and new partnerships with child care and state and local Pre-K systems. It ensures a mixed delivery, high-quality, and comprehensive system that optimizes existing funding streams and coordinates new ones to meet this unique moment in history. Taken together, these reforms will ensure that the system delivers high-quality, equitable, and holistic learning opportunities for all children.

HOW CAN WE MAINTAIN A FOCUS ON EQUITY AND INDIVIDUALIZATION IN A UNIVERSAL SYSTEM?

Head Start has always been an anti-poverty program serving families from low-income households, children with disabilities, children experiencing homelessness, and children involved with the child welfare system. It will be critical to retain and intensify a focus on equity as it intertwines with other early learning programs to serve a broader array of families. How can a universal preschool system also equitably serve children from the most marginalized communities? Are equity and universality mutually exclusive?

Simply put: no. In fact, building a universal preschool system from Head Start could be the route most likely to result in equity and universality.

Head Start's standards, while not perfect, include a number of equity provisions. They prohibit harsh discipline, which disproportionately affects Black children; require programs to provide bilingual learning for dual language learners when a critical mass of the children in a program share a home language; invest in families as leaders and advocates; and include children with disabilities across all program operations. There are also specific programs for migrant and seasonal farmworkers and American Indian/Alaska Native communities. In sum, they go well beyond any state's standards for early learning systems.

Head Start's individualization and holistic approach to learning is also key to building out an equitable, universal system. Head Start programs connect families to food support, job training, housing vouchers, help with utilities, and health systems. Considering Head Start only serves a fraction of eligible children, and that, especially after the pandemic, more families will need these types of supports, making this model universal can promote equity. Not all families will need all services, but it is important to treat individualization as a key tenet of a universal preschool system.

Finally, a universal system cannot be built overnight. As the country moves toward building universal supply, families currently eligible for Head Start should be the first in line to access services. As sufficient spots become available, the federal government should partner with states and communities to blend and braid funding to facilitate socioeconomic diversity at the classroom level. It will require intentional work to maintain its focus on the most marginalized families and grow its efforts to promote racial equity. But it's possible.

INVESTING IN THE YEARS BEFORE AND AFTER PRESCHOOL

While high-quality preschool can be a particularly impactful intervention, children's development does not start when they turn three or culminate in kindergarten. Robust plans to invest in preschool must be preceded by paid family leave and high quality infant toddler child care for families who need it, and followed by bold investments in K-12 education that maintain a holistic approach to children's well-being, via, for example, community school models. Although this brief focuses on preschool, investments in and restructuring of the infant and toddler system and the early grades are critical to promote seamless, quality learning experiences across children's trajectories.

Early Head Start, the national program that serves infants and toddlers from low income households, reaches fewer than 10% of eligible babies. While the entirety of the early care and education workforce is underfunded, underappreciated, and overworked, the infant and toddler workforce is compensated the least and has least access to resources. This is particularly at odds with the overwhelming research showing that these years are arguably the most consequential period in children's brain development.¹ Also of note, women of color make up a larger proportion of the workforce in this age group, compared to the preschool or K-12 workforces. A re-envisioned system for infants and toddlers would center Early Head Start standards, expand Early Head Start-Child Care Partnerships, prioritize family child care, and commit to increased workforce compensation, support, and credentialing.

Another challenge is what happens after preschool. Too often, children attend high-quality Head Start or other preschool programs only to transition into poorly funded, under-resourced elementary schools, which eventually undermines advantages gained from their early education experiences. Research finds that an aligned combination of holistic, high-quality early care and learning and elementary school programs works. High-quality Head Start followed by well funded schools is associated with increases in educational attainment and earnings and decreases in poverty and incarceration.²

Community schools can play a critical role in ensuring this continuum of supports. These programs are often operated in partnership with health and social service providers to increase access to comprehensive services through local educational agencies, community-based organizations, public elementary and secondary schools.³ Many community schools offer all-day services, including medical and dental care, mental health support, and housing assistance to meet the needs of both children and families in the community.⁴ Although the research on the academic outcomes associated with these models has been mixed, some studies have found that they can have a meaningful impact.⁵ Students attending community schools are more likely to regularly attend class and report feelings of belonging on campus.⁶ Increasingly, research indicates these integrated supports are associated with increased math and reading scores.⁷ Studies have also found that community schools are associated with reduced suspensions and increase in trust in teacher-student relationships.⁸

The COVID-19 pandemic presents an even more pressing need for comprehensive services for children and families across the learning and educational continuum. The infusion of resources from the American Rescue Plan Act and previous COVID-19 response packages provide a unique opportunity to invest in children, holistically and equitably, across their educational trajectories. State and community leaders should use this unprecedented opportunity to build a holistic, comprehensive learning system from birth and throughout K-12 years.

THE CASE FOR BUILDING UPON HEAD START

Head Start was launched by President Johnson's administration in 1964, as part of the War on Poverty, a historic effort to address rising poverty, improve living conditions, and provide greater access to economic opportunities for people from low-income households. The program has long maintained bipartisan support and been touted as an effective strategy for supporting the growth and development of children from low-income households, with ongoing investments in meeting nutritional, psychological, health, social, and emotional needs.

The subsequent 57 years have given researchers unique opportunities to study Head Start's effectiveness. Children who participate in Head Start demonstrate significant improvements in writing, math, and vocabulary skills.⁹ Three-year-olds in the program show growth in language and literacy (e.g., letter-word identification, letter naming), pre-writing skills, and math skills (e.g., applied problems). Four-year-olds in the program show significant growth in language and literacy. Children who do not speak English as their first language show significant gains in school readiness. Children who demonstrate hyperactive behavior (e.g., difficulty maintaining attention to tasks) show improvements by the end of the year, and decreases in behaviors adults label challenging. Additionally, Head Start has been shown to contribute to improved parental involvement with their children, as well as children's social-emotional and cognitive skill development.¹⁰

Children's health outcomes in Head Start further demonstrate the benefits of a holistic approach to learning. Research has shown that, for students who entered Head Start with a less healthy weight, participation was related to children being less underweight, less obese, and less overweight.¹¹ In fact, nationally representative findings indicate that Head Start participants are healthier, on average, than individuals who attended a preschool program other than Head Start or did not attend preschool at all.¹² Research indicates that compared to parents of children who were enrolled in non-Head Start programs, parents of Head Start children report that their children receive more dental care, have better overall health, and greater insurance coverage.¹³

While these more immediate returns are promising, studies that examine the program's long-term benefits are even more encouraging. Head Start participation is associated with decreased likelihood of grade retention, and increased likelihood of high school and college graduation, skill certification, as well as improved health.¹⁴ Further, children who participate in Head Start, on average, have higher adult wages and reduced likelihood of adult poverty, particularly when they are enrolled in well-funded Head Start programs that precede high per-pupil expenditure experiences in grades K-12. There is evidence to suggest that the largest positive effects for educational attainment and earnings are among those Head Start attendees who enrolled from the lowest income households.¹⁵

The positive outcomes for Head Start extend beyond children to their families. Compared to parents whose children attended a non-Head Start program, parents who enroll their children in Head Start incorporate more positive parenting practices, including more frequent read-alouds, reviewing the alphabet, offering praise, and spending quality time together. Parents have reported that Head Start contributed to their use of positive parenting practices, and in particular, spank less, utilize time-out less often, and have a less authoritarian parenting style.¹⁶ Mothers of Head Start students have reported that participating in activities at their centers positively contributed to their general and psychological well-being (e.g., symptoms of distress, symptoms of depression), and reported feeling more satisfied with life by the end of the year.¹⁷ Evidence indicates that parents of children who attended Head Start for two years, as three- and four-year-olds, had higher educational attainment by the time the child was six years old compared to those whose children did not attend Head Start.¹⁸ One study found that for Latinx children whose mothers did not complete high school, Head Start was associated with a higher likelihood of graduating high school and completing post-secondary credits.¹⁹

THE PATHWAY TO A HEAD START-LIKE EXPERIENCE FOR EVERY CHILD

The case for expanding high-quality early education access was overwhelming well before the COVID-19 pandemic. However, delivering on that promise is no simple feat; the logistics of a national push to make early education universally accessible are daunting. In particular, many communities will face real infrastructure challenges. It will be difficult for some areas to find sufficient space and staffing to quickly establish new, high-quality early education programs, particularly considering the abysmal compensation that early educators earn, on average. What's more, the critical comprehensive services children need to thrive, like health, mental health, and dental healthcare access are in short supply in many places across the United States, particularly in rural communities and historically marginalized communities.

Further, the existing child care and Pre-K landscapes are gravely uneven in quality, standards, and oversight, state to state, making it difficult to build a cohesive, reliably high-quality system. Private early care and education markets create significant socioeconomic stratification whereby wealthy families are able to reliably purchase access to exclusive, highly-resourced learning opportunities and other families are not. Public ECE systems are run through a range of local, state, and federal funding streams, many of which are governed by inconsistent and/or incompatible standards.

By contrast, Head Start programs share a common set of quality standards that include access and connections to comprehensive services for children, and support for families—including prioritizing family engagement and leadership. Head Start's quality baseline is backed by resources: per-child funding for the program is more comparable across state and community lines than in other parts of the early care and learning system. And this common set of standards and funding are accompanied by common and consistent oversight to ensure public funds are expended responsibly and reach the children and families who need them most.

Given the variability of Pre-K and child care resources and governance, programs often lack the quality standards and holistic focus on child and family wellness and partnership that define Head Start's model. And though funding varies across state lines, in most cases, Pre-K per-child spending and child care subsidy values are lower than Head Start's average per child expenditure.

In the past, proposals for universal Pre-K have been designed as wholly separate from Head Start. There have been suggestions to coordinate growing state funded Pre-K systems with Head Start by "pushing Head Start funding down," or serving more infants and toddlers with Head Start funding, while states expand access for preschool-aged children to

HEAD START PROGRAMS SHARE A COMMON SET OF QUALITY STANDARDS THAT INCLUDE ACCESS AND CONNECTIONS TO COMPREHENSIVE SERVICES FOR CHILDREN AND SUPPORT FOR FAMILIES.

Pre-K programs. This approach would benefit the supply of infant and toddler quality learning, a significant need, but would also leave more preschool-aged children and their families without the comprehensive services that Head Start offers. It is worth noting that many school districts are Head Start grantees, some Head Start programs operate in schools, and many local Head Start programs participate in state Pre-K. Too often, though, these efforts, even at the grantee level, operate in silos.

Both Pre-K and child care have significant strengths that can and should be leveraged to create a unified, high quality universal ECE system. Child care providers supply crucial supports to working families and the economy more broadly. Pre-K programs often include a strong academic focus and degreed and certified teachers, and compensation strategies tied to K-12 systems that are more likely to result in a more livable wage. A universal high-quality system can unify these strengths to create a system that works for children and for families. It can also begin to undo socioeconomic and racial segregation driven by funding streams with different eligibility requirements.

Given the current state of the field and children's and families' needs, especially during and after the COVID-19 pandemic, the most obvious pathway to making high-quality preschool universally accessible across the United States should begin by expanding and building on Head Start, including via partnerships with the child care and Pre-K systems. These partnerships would serve to even the quality landscape across funding streams, promote greater integration across income, and capitalize on the strengths of child care and public Pre-K systems, while being anchored by Head Start's standards. This can and should happen alongside improving Head Start, including intentional efforts to sharpen the focus on promoting racial equity by ensuring equity in **access**, particularly as the system ramps up to universal; **positive, enriching experiences** for children and families, especially those from historically marginalized communities who are most often overlooked or mistreated within systems; and targeted efforts to **support, monitor, and hold grantees accountable for advancing equity and narrowing disparities in outcomes** where they exist.

Below we outline a process to build the supply needed for this high-quality, equitable, holistic, mixed delivery, preschool system.



[ONE]

CONDUCT A LANDSCAPE ANALYSIS OF AVAILABILITY AND ACCESS TO QUALITY PRESCHOOL

The U.S. Departments of Health and Human Services (HHS) and Education (ED) should begin their planning for a universal system by conducting a landscape analysis of Head Start, child care, and Pre-K supply and preschool special education services (i.e. IDEA Part B 619 programs) in states and communities across the country. This landscape analysis should include availability of slots at the neighborhood level, considering emerging data indicate that Black and Latinx children have less access to Head Start programs in their neighborhoods,²⁰ which research shows, can impact participation in the program.²¹ It should also consider where there are segregated self contained preschool special education slots and how they can be integrated into the broader early care and learning system.

Although there is much we do not know about quality and access, there is at least some data from each system that can be analyzed to create a more thorough understanding of supply and quality across the country, including from existing national datasets and needs assessments required in both the Head Start Program Performance Standards (HSPPS) and the State Preschool Development Grant (PDG) program. HHS could also consider requiring all existing grantees to conduct updated needs assessments, including accounting for both historical marginalization and assets in communities, neighborhood level access to high-quality programming, and opportunities for socioeconomic integration, to inform the allocation of resources and slots.

In assessing the state of “access to quality,” it is critical to consider the definition of quality and whether equity is a component. For example, if a program serves all Spanish-speaking dual language learners but provides instruction only in English, should it be considered “high-quality”, regardless of the other indicators it may meet, like research based curriculum or teacher credentials? Should a program that expels children be considered quality? Should a program that does not meet the needs of children with disabilities be considered quality?

As the Department and states continue to examine access to quality, it is critical to expand our definition to include the environmental and systemic factors that influence the experiences of children of color and children from other historically marginalized communities in preschool and the early learning system more broadly.

Overall, just over a third of eligible preschoolers have access to Head Start services.²² As such, efforts to build a universal system must ensure that all Head Start-eligible children whose families want services receive access first and as soon as possible, and that addressing inequities in resource allocation and neighborhood access are prioritized. But as the country pushes towards a universal model, this priority can and should exist alongside a goal for socioeconomically integrated classrooms to prevent the exacerbation of the segregated systems currently in operation.

There are already clear mechanisms for advancing integration as the country grows towards a universal preschool system. At present, programs can use cost allocation or braided funding to pursue socioeconomic integration. For example, consider a center-based program that is funded to provide Head Start services to 50 children, and also serves 25 children supported through state Pre-K funds, and 25 children funded with parent tuition. Rather than segregate children by funding streams at the classroom level, the program can cost allocate. All classroom operating costs, including staff, space, and materials, can be funded proportionally by each funding stream, based on the classroom makeup. Additional on-site services, such as health screenings required in Head Start, would be funded through health insurance for most children, and Head Start for any Head Start-eligible child without health insurance. Mental health consultants, funded through and required in Head Start, would support teachers at the classroom level, which would be a benefit to all children. All classrooms would have to meet Head Start standards if children are integrated at the classroom level, resulting in a common level of quality, regardless of family income or funding stream.

[TWO]

EXPAND EXISTING HEAD START GRANTS

Informed by this review, HHS should first grow supply for a universal system by identifying existing Head Start programs that operate in areas of high need—including at the neighborhood level, are in good standing, rank highly on monitoring quality measures, and have potential space and staff accessible to quickly expand the number of children they serve. Direct expansion of seats through Head Start will be particularly critical in places with limited supply of high-quality Pre-K and child care. Grantees should articulate plans that explicitly promote equity in access and in experiences, and a description of how they will use new funds to facilitate socioeconomic integration of classrooms.

[THREE]

FUND NEW HEAD START GRANTS

New grants will be necessary in places where no Head Start program currently exists, including at the neighborhood level, or where existing programs do not have the capacity to expand. In this phase, it will be critical to consider and proactively address long standing inequities in the distribution of Head Start slots across the country. A 2016 report from the National Institute for Early Education Research found significant differences in the proportion of children in poverty served by Head Start across states. For example, Nevada served only 17% of 4-year-olds in poverty, compared to North Dakota, which served 100% of its children in poverty.²³ These inequities extend to the local and neighborhood level, with Black and Latinx children having less neighborhood access to Head Start programs, which affects uptake and enrollment.²⁴

[FOUR]

ESTABLISH NEW HEAD START-CHILD CARE PARTNERSHIPS

Building a universal, high-quality preschool system will require a major effort to even the quality landscape across systems. Otherwise, we risk simply expanding access to our current uneven, bifurcated, and inequitable system. A push to meaningfully support families in the pandemic recovery and beyond cannot accept or extend the inherent inequity in our current status quo, which provides few children with access to high-quality experiences, while too many others only receive (limited) access to lower-quality experiences. Expanding the Early Head Start-Child Care Partnerships model to preschool-aged children is one potential solution to address this issue. The administration can also expand the model to consider a funding base based on child care contracts, as opposed to or in addition to subsidies, which in general, would ensure greater stability in the system.

The EHS-CCP model, first designed and launched in 2014, provides federal funding to support formal partnerships between child care programs and Early Head Start programs. The funding ensures that child care programs have the resources and support they need to meet rigorous Head Start standards, like higher staff credentials, a research-based curriculum, and access to comprehensive services. It improves the experiences of infants and toddlers who are currently in partner child care partner programs through increased standards and resources, and it creates new high-quality slots. In their ideal form, the Partnerships can be a tool for equity by providing access to resources that would typically be unattainable for smaller, lower resource child care programs that do not have the bandwidth, time, or staff to apply for and win large Head Start grants.

There is no developmental reason why these rich supports and services should end when a child turns three or when they transition to kindergarten. Three- and four-year-olds, and their older siblings and peers, need high-quality learning and comprehensive services too, especially during and after the pandemic, regardless of which funding stream pays for their seat.

The Head Start-Child Care Partnerships (HS-CCP) model, as in the EHS-CCP version, would disseminate funding via Head Start, and be layered on top of child care subsidies or contracts, to cover the costs of providing high-quality early care and education, aligned with families' work needs. In the case of child care subsidy (or contract) eligible working families, HS-CCP funds would fill the gap between the child care subsidy value, which varies by state, and the local cost of providing comprehensive, high-quality services, in line with Head Start Program Performance Standards. For children with disabilities, preschool special education services would be delivered in these inclusive preschool settings, ensuring inclusion accompanied by appropriate accommodations and supports. Eligible applicants for this model would be the same as the current EHS-CCP model, and could include existing Head Start programs, child care partners, localities, states, or other entities with formal agreements in place.

Improving quality and building supply through this approach should start by identifying existing Partnership grantees that are in good standing, serve or have the capacity to serve three- and four-year olds, and have potential new partners or the possibility to expand slots with existing partners. To expand further, the administration could hold an open competition to identify new grantees, starting in communities with the highest needs. To ensure that these new partnerships are rolled out equitably, Head Start grantees would need to partner with the highest-need, lower-resourced child care partners. This should include family child care providers, as the EHS-CCP model does, who often have less access to resources, but serve a vital role in many communities across the United States.

[FIVE]

ESTABLISH NEW HEAD START- PRE-K PARTNERSHIPS AT THE STATE AND LOCAL LEVEL

The administration should also create a new Head Start-Pre-K Partnership program, targeted at school districts, cities, counties, and states that already fund and operate public Pre-K programs. This new variation of the Partnership model would build on existing Pre-K investments by funding a partnership with area Head Start programs to ensure that all slots meet high quality standards and ensure access to

comprehensive services. In essence, funding could be used to bridge the gap between Pre-K per-pupil funding and the funding needed to meet Head Start standards, including the provision of comprehensive services. **As a condition for funding consideration, applicants would be required to blend or braid Head Start funding with existing Pre-K dollars, and ensure common standards across the entirety of their system, socioeconomically diverse classrooms, and that all Head Start eligible children whose families want services are served. Diversity in the workforce should also be prioritized, including racial and linguistic diversity, among others.**

This model could be co-administered by HHS and ED to ensure that services are coordinated and that strengths across agencies are optimized to achieve maximum reach and quality care and learning, responsive to children and families' needs. This is particularly critical for the integration of the preschool special education system with the broader early childhood system and to aid in the goal of decreasing segregated learning, and providing access to inclusive, high-quality preschool to children with disabilities.

At the local level, this model may be especially promising in districts that use Title I funds to support preschool access, as these settings tend to be particularly uneven in quality. Districts could develop partnerships with local Head Start programs, blend and braid funds, and increase quality and access to comprehensive services. Other benefits may include preventing under-enrollment, and coordinating outreach and enrollment processes for families.

This could also be a uniquely beneficial model for states, few of which fund robust access and high-quality, holistic early education to preschoolers in their state, especially 3-year-olds. In state models, HHS could require that Partnership funding be blended or braided with existing state Pre-K investments to reach as many children as possible through a mixed delivery system. State grantees, like any other grantee, would have to meet Head Start standards and apply them across all of their public early learning settings to avoid a two (or more) tiered system of differing quality. The federal government could require states to ensure that all Head Start eligible children who want services are served, while also requiring states to blend and braid funding to avoid classroom segregation by funding stream.

Although Early Head Start and the EHS-CCPs have been open to states since their inception, the Head Start program has exclusively been a federal to local program.

The federal government should pursue this approach with the appropriate guardrails, tight monitoring, and clear accountability for failing to meet standards that would require a reallocation of slots and funds to local entities in the state. The goal of enabling states to apply for these partnerships, similar to EHS-CCPs, would be to provide additional pathways from states' existing preschool contexts to universal access to seats in high-quality, mixed-income settings. While it would not be appropriate for many states to become grantees under this model, it could be an effective approach for helping others rapidly grow, increase quality, and/or unify their systems.

[SIX]

INVEST IN HEAD START QUALITY ENHANCEMENTS

Head Start has the most comprehensive standards in the early care and learning system in the United States, by far. The common quality standards, monitoring, and provision of technical assistance, make it the most logical system to use as a foundation for building a universal preschool system. But it is not perfect. Expansion should progress alongside continuous quality improvement. Head Start's quality standards are the most robust in the field, but implementation of those common quality standards varies, with many grantees needing further oversight and support in an array of operating domains, including instructional practice

Investments in the workforce are also paramount, including fair base compensation that increases with educational milestones and demonstrated competencies, and investments in preparation-including increasing access to educational opportunities, mentoring programs, and loan and debt forgiveness. Head Start has a long history of building the supply of early educators, including supporting paraprofessionals and Head Start families in attaining the credentials and degrees necessary to become lead teachers. Building a universal system from Head Start also enables greater alignment and articulation in higher education. This can be a unique opportunity to better embed equity in workforce preparation and development systems, and scale

our efforts to lift up bilingual paraprofessionals, and other professionals of color in becoming lead teachers, coaches, administrators, and systems leaders.

Although Head Start's standards already include some indicators of equity, there is room to do more. For example, the Head Start standards include reference to bilingual learning opportunities and the requirement for bilingual staff in programs that serve certain proportions of dual language learners, but more should be done to ensure that programs go beyond exposure to the home language to formal dual language instruction, using best practices to promote bilingual and early biliteracy development. HHS should examine the extent to which DLLs in the program have meaningful access to high-quality dual language instruction and deploy targeted supports where access is low in order to transition programs that operate primarily in English to a dual language model.

As the country grows towards a universal preschool system, a focus on racial equity must be of utmost priority. Head Start's monitoring, technical assistance, and funding opportunity announcements must explicitly and meaningfully prioritize racial equity, by:

- **tracking racial equity in access**, including at the neighborhood level;
- **ensuring positive experiences** for all children-including, for example, doubling down on the prohibition of harsh discipline and ramping up support to teachers on anti-racist practices, improving inquiry based, culturally affirming pedagogy and instructional practices, and ensuring bilingual learning opportunities for DLLs, full inclusion of children with disabilities, and health promotion services;
- **monitoring, supporting, and holding grantees accountable for narrowing disparities in child and family outcomes.**

Overall, in the push for universal access, HHS should re-examine their monitoring protocol and technical assistance systems to ensure that they are tightly linked and that grantees are receiving targeted support where they need it most. The Designation Renewal System evaluation should be used to inform improvements to generate more competition in situations where existing grantees are not adequately supporting children and families.

[SEVEN]

INTEGRATE RESEARCH AND TECHNICAL ASSISTANCE

The American Families Plan should integrate technical assistance efforts to ensure that equity-focused, research-based support is provided to all programs that serve young children, untethered to a specific funding stream or program. HHS should also invest in targeted training and technical assistance for Partnerships that include an emphasis on funding models to create coordinated, integrated, quality systems. They should fund research that is equity focused, and applicable to practice and policy change in this new, integrated system.

[EIGHT]

FUND THE STATE ADVISORY COUNCILS ON EARLY EDUCATION AND CARE (SACS)

The SACs were originally authorized through the Head Start Act of 2007, and first funded under the American Recovery and Reinvestment Act. They are tasked, in part, with coordinating fragmented early care and education systems. The AFP should include funding for the SACs and specifically charge them with coordinating the various elements of this new universal early childhood system, ensuring equal representation and decision making authority for community-based leaders and grantees, and state leaders and grantees. Their efforts should be focused specifically on 1) coordinating, blending, and layering federal, state, and local investments to ensure seamless, integrated, consistently high-quality experiences for children and families; 2) coordination and connections to the K-12 system, and in particular community schools, dual-generation programs, and/or other whole child approaches; and 3) developing and implementing an equity strategic plan that would ensure equitable access, fair and enriching experiences, and positive outcomes- including closing existing disparities in outcomes, for children.



CONCLUSION

The pandemic has been a generational crisis, a singular event that has affected the lives of essentially every American family. But if the present emergency is (possibly) beginning to recede, we must acknowledge that the country's pre-pandemic past was gravely inequitable, a slow-moving catastrophe, with historically marginalized families carrying the heaviest load of the systems' shortcomings. It remains for us to determine whether we are prepared to build a future that moves beyond both of these crises.

Designing a universal early care and education system around Head Start would be an essential piece of this project. It would ensure a mixed delivery system that offers a range of access options for families with diverse needs and preferences, a consistent standard of quality that supports children's health, development and learning by improving existing slots and creating new ones, and a greater degree of socioeconomic integration. It would provide American families with holistic, child-centered preschool settings that also engage with the full range of their needs. What's more, by blending, layering, and braiding federal, state, and local funding, it would have the potential to capitalize on the strengths of each part of the system, such as the comprehensive services and common quality standards in Head Start, the academic focus and degreed teachers in Pre-K, and the responsiveness to families' work schedules in child care. Finally, by anchoring this multi-tiered approach around Head Start's core resources and standards, it provides a first-ever national commitment to organizing and streamlining the country's disjointed preschool system in a way that brings consistency and quality to families' experiences.

Now, in 2021, more than ever before, it's clear that children's success depends on their families' overall well-being. The American Families Plan has the potential to help families recover from the pandemic—and give a generation of children a chance at a better, fairer, healthier, more prosperous post-pandemic future. A universal early care and education system built around Head Start's whole child approach would contribute immensely to each of these goals. And paired with paid family leave, high-quality infant toddler care for families who need it, and well funded, equity focused schools, may just be a game-changer.

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