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## MEMORANDUM

**DATE:** March 7, 2014  
**TO:** TechMIS Subscribers  
**FROM:** Charles Blaschke, Blair Curry, and Suzanne Thouvenelle  
**SUBJ:** Head Start

As we mentioned in earlier TechMIS reports, we were planning to submit a rather brief background document on Head Start opportunities in early February; however, in light of the large FY 2014 budget appropriation increase in Head Start/Early Head Start funding of more than \$1 billion and related increases/sequester restorations in other early childhood education programs, we expanded the scope of this TechMIS Special Report.

Subscribers who have questions or otherwise wish to use some of their prepaid consultation time can contact Dr. Suzanne Thouvenelle directly at 703-283-4657 or Charles Blaschke at 703-362-4689.

# **Special Report: Opportunities in Early Education/Head Start: Marketing Strategy Suggestions**

*A Technology Monitoring and Information Service (TechMIS)  
Special Report*

*Prepared by:  
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*March 7, 2014*

## **Introduction**

Prepared in close collaboration with Dr. Suzanne Thouvenelle, our Early Childhood consultant, the report identifies some of the opportunities created by recent developments and funding increases for Head Start and other early education programs. It should be extremely useful to TechMIS subscribers, who are in this market niche or are considering taking advantage of some of these new opportunities. This report should be viewed as a combination of background information, trends, and other data which could be useful to subscribers in developing market strategies for existing or envisioned products/services.

In addition to highlights and details on Head Start/Early Head Start program opportunities and directly-related opportunities in programs administered by other Federal and state sources, we also offer suggestions for developing such marketing strategies.

The primary author, Dr. Suzanne Thouvenelle, brings almost three decades of experience in working directly or indirectly with Head Start/Early Head Start programs as a consultant and also a co-founder of a firm which developed /marketed specific products to this market for more than three decades. She is also extremely familiar and knowledgeable about other early childhood education programs mentioned in the report and is the primary author of virtually all TechMIS reports and Washington Updates on early childhood education programs.

The marketing and related suggestions for TechMIS clients are based on more than five decades of our collective experience in assisting firms, conducting three national pre-K surveys, or actually selling products into the early childhood education and Head Start markets. These suggestions follow several principles:

- Immediate sales opportunities have to be closely aligned with new priorities (e.g., quality improvement and specific programs' priorities) and have to be positioned in such a way with research and evidence that supports how products and services enable grantees and other entities to meet new policy/funding priorities.
- The actual demand for products and services is also a direct function of newly-

appropriated funds or funds redirected from other areas to meet new priorities, which are likely to result in additional classrooms, expanded services, or new services provided by grantees and other entities.

- Opportunities also exist over time in Head Start and other grantees' programs in which improvement in certain areas is required by law (e.g., new re-competitions in Head Start).
- Technology-based products and services need to take into account the installed base in most ECE programs and the decision-making process.

## A. Background

Large-scale public preschool programs can have substantial impacts on children's early learning. Scientific evidence on the impacts of early childhood education has progressed well beyond exclusive reliance on the Legacy Perry Preschool and Abecedarian programs. A recent analysis integrating evaluations of 84 preschool programs concluded that, on average, children gain about a third of a year of additional learning across language, reading, and math skills. At-scale preschool systems in Tulsa and Boston have produced larger annual gains of between a half and a full year of additional learning in reading and math. Benefits to children's socio-emotional development and health have been documented in programs that focus intensively on these areas. ([\*Investing in Our Future: The Evidence Base on Preschool Education\*](#))

The most important aspects of quality in preschool education are stimulating and supportive interactions between teachers and children and effective use of curricula. Children benefit most when teachers engage in stimulating interactions that support learning and are emotionally supportive. Interactions that help children acquire new knowledge and skills provide input to children, elicit verbal responses and reactions from them, and foster engagement in and enjoyment of learning. Recent evaluations of early childhood programs tell us that effective use of curricula focused on such specific aspects of learning as language and literacy, math, or socio-emotional development provide a substantial boost to children's learning. (See [\*Investing in Our Future: The Evidence Base on Preschool Education\*](#) ).

Quality preschool education is a profitable investment. Rigorous efforts to estimate whether the economic benefits of early childhood education outweigh the costs of providing these educational opportunities indicate that they are a wise financial investment. Available benefit-cost estimates based on older, intensive interventions, such as the Perry Preschool Program, as well as contemporary, large-scale public preschool programs, such as the Chicago Child-Parent Centers and Tulsa's preschool program, range from three to seven dollars saved for every dollar spent. The federally funded Head Start Program is one of the premiere examples of efforts to promote school readiness for children from low-income families. (See [\*Investing in Our Future: The Evidence Base on Preschool Education\*](#) ).

Established in 1965, Head Start (HS) promotes school readiness for children in low-income families by offering educational, nutritional, health, social, and other services to build families' self-sufficiency. Since its inception, Head Start has served more than 30 million children, birth to age 5, and their families. In 2012, Head Start was funded to serve nearly one million children and

pregnant women in centers, family homes, and in family child care homes in communities throughout the nation.

In 1995, the federal Early Head Start (EHS) program was created to address the comprehensive needs of low-income pregnant women and children under age 3. Both HS and EHS programs provide services focused on the “whole child,” including early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; parent, family engagement activities; referrals to social service providers for the entire family; and mental health services.

The Head Start/Early Head Start data presented in this report are from the FY 2012 Program Information Reports (PIRs) submitted by every Head Start and Early Head Start program on an annual basis. Some additional updates are from the FY 2013 PIR data that have been published to date and from other sources cited below, including the Center for American Progress (CAP) and Education TURNKEY Systems. (Head Start Program Fact Sheets are available at <http://eclkc.ohs.acf.hhs.gov/hslc/mr/factsheets> .)

## **B. Market Size—Funding**

The Great recession cost Head Start about \$22M, about 1% of the appropriation that was \$7,983,633,000. Sequestration dropped the budget by another \$600M—57,000 fewer slots, shorter hours, and fewer staff.

The FY 2014 budget (January 2014) removed the sequester cuts for at least the next two years and increased funding to \$8.6 billion in FY 2014, a \$1 billion increase with about \$500 million in new funding for Early Head Start (pregnant women and infants/toddlers birth to 3).

EHS spending in 2012 totaled \$1.3 billion. In 2012, the EHS program served 151,342 children under age 3 and 16,175 pregnant women through 1,015 grantees/delegates across the country. The Program Information Report (PIR) collects data on all children and pregnant women who participate in Head Start at any point during the program year, including those who do not complete the year. Eleven percent of all federally funded Head Start slots were in EHS. Nationally, about 4 percent of eligible children were served by EHS.

As with many federal grants, Head Start/Early Head Start budgets must include a 25 percent non-federal match or in-kind contribution from the program itself. Head Start programs may use the terms Non-federal share or in-kind contribution interchangeably, but there are slight distinctions in the terms references to cash, goods, and/or services. There are a number of grantees/communities that contribute more than 50% of the actual costs of implementing the EHS/HS program.

The Head Start program serves children, families, and pregnant women in all 50 states, the District of Columbia, and six territories. The funding allocations and funded enrollment of Head Start programs in each state and territory are available at: <http://eclkc.ohs.acf.hhs.gov/hslc/mr/factsheets/2012-hs-program-factsheet.html>.

### **C. Head Start/Early Head Start in the Context of Overall Pre-K through Age Eight Federal Funding**

The \$8.6 billion in FY 2014 Federal funding for Head Start/Early Head Start should be viewed in the context of other Federal funding for early care and education of children birth through age eight (third grade) and pregnant women from a variety of other sources, which are highlighted below.

According to the Center on American Progress (CAP) (January 2014), Title I Part A grants to states provide slightly over \$4 billion funding for pre-K through third grade for districts of which we estimate \$500 to \$750 million are allocated for the pre-K services.

IDEA state grants are estimated by CAP to provide slightly over \$3 billion of which between \$750 million and \$1 billion are provided for various pre-K through K programs, including early interventions and related programs which are receiving relatively large increases in the most recent FY 2014 budget. Moreover, their focus is increasingly on Coordinated Early Intervening Services (CEIS) and Response-to-Intervention (RTI) approaches.

Childcare and Development Fund Block Grants provide slightly over \$5 billion annually for children through age eight, of which approximately \$1 billion provide some support for Head Start type programs and populations. Currently the Office of Child Care and the Office of Head Start Partnership is focused almost exclusively on funding birth to three-year-olds including expansion of the home visiting program models. Some of the \$500M increase for Early Head Start will be used to support collaboration with the state child care efforts. The home visiting program has seven models meeting the evidence-based practice criteria (see below), and only those collaborations that include one of these seven models will be funded in the birth to three programs.

Race to the Top funding competitions over the last two years have provided the majority of their funds for Early Childhood Challenge programs which target pre-K education systems across states. For FY 2014, the entire \$250 million will be allocated for pre-K programs for a number of components that are similar to the President's Universal Pre-K initiative (i.e., proposed \$750 million), which did not receive funding in the FY 2014 Appropriations Act.

Under the Affordable Care Act the Maternal Infant and Early Childhood Home Visiting Program has been authorized to provide about \$300 million annually to help states pay for programs that pair at-risk mothers with trained professionals who visit family homes. Additional funds are available to states under competitive grants to support children in the 0-3 age range.

Other funding initiatives impacting birth through age eight programs, which are relatively new or have increased recently, as well as other activities with funding implications identified in the recent CAP report include the following:

- As of 2012, more than 30 states had a third-grade reading law in place which includes requirements for the identification, intervention, and in some cases retention of third-

graders who are not deemed reading proficient. In 2014, 15 states must show proficiency for children to be promoted to the fourth grade.

- New DHHS regulations are designed to improve program standards through the use of the Quality Rating and Improvement System (QRIS).
- In 2013, 22 states required districts to assess students' school readiness using an instrument measuring early literacy and numeracy while some states also incorporate domains such as social-emotional development or physical development.
- The Promise Neighborhood grant program emphasizes use of wraparound services, including providing access for children to health and wellness services and other family supports.
- All states now have early learning standards. Currently, Common Core State Standards (CCSS) do not address pre-K learning standards. Although most states have published early learning standards for pre-K, these are not aligned with the CCSS because pre-K CCSS have not been published, let alone accepted by the states that are supporting the K-12 CCSS.

One interesting finding from the recent CAP publication relates to the little priority emphasis on technology use in early education programs: "But technology is rarely mentioned in Federal education programs and is not part of most advocacy efforts. Most organizations that provide early education are held back by outdated or non-existing technology. Many Head Start centers, for example, are not allowed access to Federal government E-Rate discounts to pay for broadband access." In states where pre-k is part of the public school education legislation, Head Start is eligible to apply for E-Rate discounts; it is only in those states that do not include pre-k as part of the state education legislation that HS is ineligible according to Universal Service Administration Corporation's (USAC) program criteria, which could be changed under new E-Rate modernization efforts.

The CAP report also notes that the New America Education Policy Program in the New American Foundation has published new data in its Federal Education Budget Project database that includes state-funded pre-K enrollments and funding at the school district level. It displays a number for the budget cuts or spending increases in each state (go to: [www.edcentral.org](http://www.edcentral.org)).

According to the National Institute of Early Education Research (NIEER) state pre-K funding decreased by over half a billion dollars in 2011-2012, adjusted for inflation, the largest one year drop ever. The size of these unprecedented budget cuts can be attributed to the lingering effects of the Great recession on state budgets, especially as at least \$127 million in American Recovery and Reinvestment Act (ARRA) funds from the previous year were no longer available (NIEER, [The State of Preschool 2012](#)). After a decade of growth, Pre-K enrollment has stalled. This marks the first time in the decade that there is no increase in the percentage of children served in state pre-K. Further, despite stagnant enrollment, state funding per child fell by more than \$400 compared to the previous year 2010-2011, bringing the average real funding per child across the states down to \$3,841 per child (go to [http://nieer.org/sites/nieer/files/yearbook2012\\_executivesummary.pdf](http://nieer.org/sites/nieer/files/yearbook2012_executivesummary.pdf)).

While the CAP report also cites the NIEER report that states that the year 2011-12 was the worst in a decade for states' funding of pre-K programs, according to a recent Education Commission

of the States (ECS) report, more than half of the states will increase funding for early childhood programs in FY 2014.

#### **D. Target Audiences for Head Start and Early Head Start Programs**

Head Start programs work with families to ensure they have the means to obtain health insurance, services for children with disabilities, adequate housing, job training, and more.

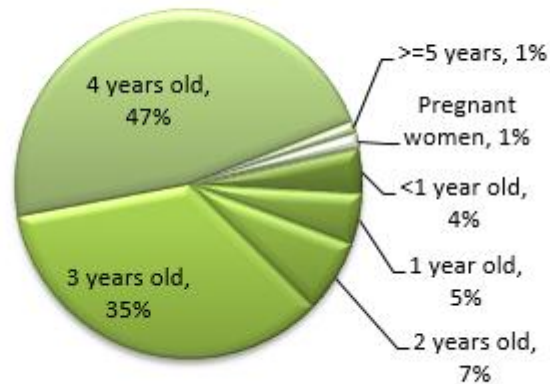
According to Head Start Program Facts in FY 2013:

- Most children had public health insurance. At the end of the program year, 89 percent of children were enrolled in Medicaid, CHIP, or a state funded child health insurance program.
- Twelve percent of Head Start cumulative enrollment was made up of children with disabilities, defined as children having special plans (i.e., IEPs) under the Individuals with Disabilities Education Act (IDEA). In comparison, nationally, about three percent of infants and toddlers and six percent of preschool-age children have identified disabilities. Head Start serves a greater percentage of children with disabilities than found in the overall population.
- Among pregnant women enrolled in EHS, approximately 91 percent received prenatal education on fetal development and 20 percent had medically high risk pregnancies.
- Head Start served about 1,034,000 families cumulatively throughout the program year. The number of families served is a little less than the number of participants served, since some families have more than one child enrolled.



## Cumulative Enrollment by Age

Chart Label Key	
<	less than
>=	greater than or equal to



<1 year old, 4%  
1 year old, 5%  
2 years old, 7%  
3 years old, 35%  
4 years old, 47%  
5 years and older, 1%  
Pregnant women, 1%

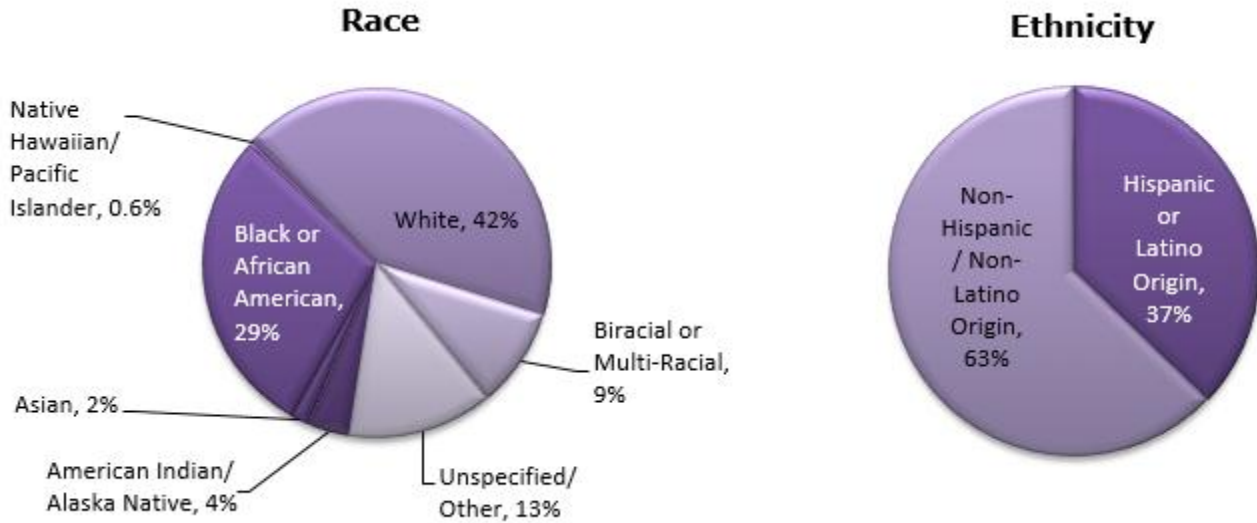
[\(Office of Head Start: Head Start Program Facts Fiscal Year 2013\)](#)

Head Start serves a diverse group of children, families, and pregnant women. Thirty-seven percent identified themselves as Hispanic/Latino, and almost 29 percent were Black/African American.

Families were asked to self-identify both an ethnicity and a race category based on U.S. Census Bureau measures. For example, a family that identifies their child as Black and Cuban was counted in the "Black or African American" race category for the race question and counted in the "Hispanic or Latino" category for the separate question on ethnicity.

Twenty nine percent of participants were from families that primarily spoke a language other than English at home. Nearly 25 percent of participants were from families that primarily spoke Spanish at home. Nearly 25 percent spoke Spanish at home.





(Office of Head Start: Head Start Program Facts Fiscal Year 2013)

**Race**

- American Indian/Alaska Native, 4%
- Asian, 2%
- Black or African American, 29%
- Native Hawaiian/Pacific Islander, 0.6%
- White, 42%
- Biracial or Multi-Racial, 9%
- Unspecified/ Other, 13%

**Ethnicity**

- Hispanic or Latino Origin, 37%
- Non-Hispanic/Non-Latino Origin, 63%

[\(Office of Head Start: Head Start Program Facts Fiscal Year 2013\)](#)

## **E. Target Audience for Marketing**

### **1. Head Start Program Operations**

The Office of Head Start (OHS) is a federal agency under the Administration for Children and Families (ACF) within the Department of Health and Human Services (DHHS). Funding to Head Start grantees and delegates flows from the OHS at the federal level through the 12 Regional DHHS offices to local communities. There are 1,750 Head Start grantees and 1,000 EHS grantees and delegates.

The FY 2014 appropriation for Head Start is \$8.6 billion. In 2013, the Head Start preschool program served 946,011 young children through 1,765 grantees nationwide (go to <http://www.clasp.org/resources-and-publications/files/HSpreschool-PIR-2012-Fact-Sheet.pdf>). Approximately 1/3 were public schools; 1/3 single purpose agencies—incorporated just for purposes of Head Start grants; and 1/3 are part of Community Action Agencies or other Economic Opportunity programs. For example, the City of New York through the Administration for Children’s Services (ACS) funded (with Head Start and other monies) 76 delegate agencies across five boroughs -- serving approximately 10,000 children/families and pregnant women—from Manhattan to Staten Island to Far Rockaway.

Head Start/Early Head Start programs cumulatively served 1,130,000 children ages birth to 5 and pregnant women throughout the 2012-2013 program year.

Ninety-six percent of Head Start preschool slots were center-based. Two percent were in home-based programs, which included weekly home visits and group socialization activities. Slots in family child care homes, locally designed programs, and combination programs each comprised 1 percent or less.

### **2. Program Characteristics:**

Grantee services provided include:

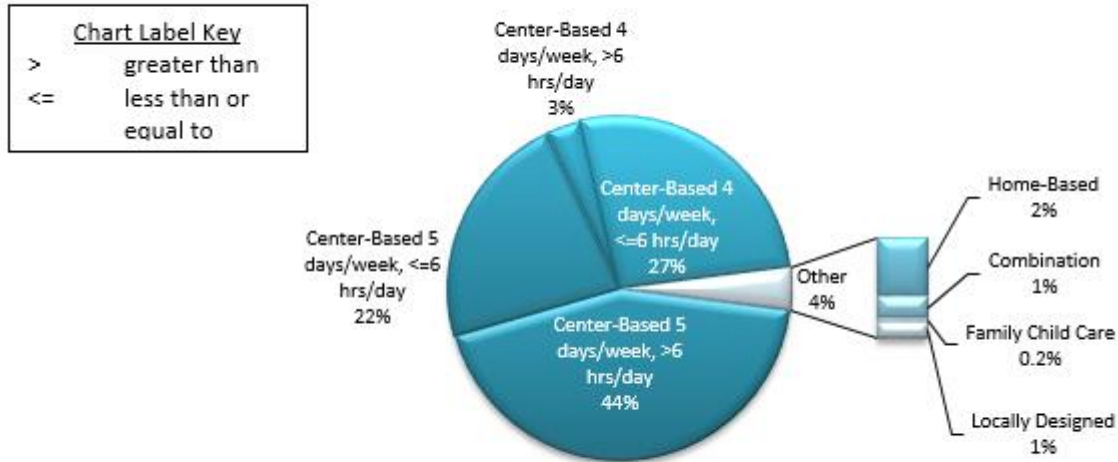
43 percent of grantees operated Head Start preschool services only.

13 percent of grantees operated Early Head Start (EHS) services only.

44 percent of grantees operated both Head Start and Early Head Start services.

Most Head Start preschool services were provided in center-based settings that, based on local design, vary in the number of days per week and hours per day classes are in session. Early Head Start services are more evenly distributed between center-based and home-based environments.

## Head Start Preschool Program Option



(Office of Head Start: Head Start Program Facts Fiscal Year 2013)

### Head Start Preschool Program Option

Center-Based 5 days/week, >6 hrs/day 44%

Center-Based 4 days/week, <=6 hrs/day 27%

Center-Based 5 days/week, <=6 hrs/day 22%

Center-Based 4 days/week, > 6 hrs/day 3%

Other 4% includes: Home-Based (2%), Combination (1%), Family Child Care (.02%), or Locally Designed settings (1%).

### Early Head Start Program Option

Home-Based, 43%

Center-Based 5 days/week, >6 hrs/day 40%

Pregnant Women, 6%

Other Center-Based Options, 6%

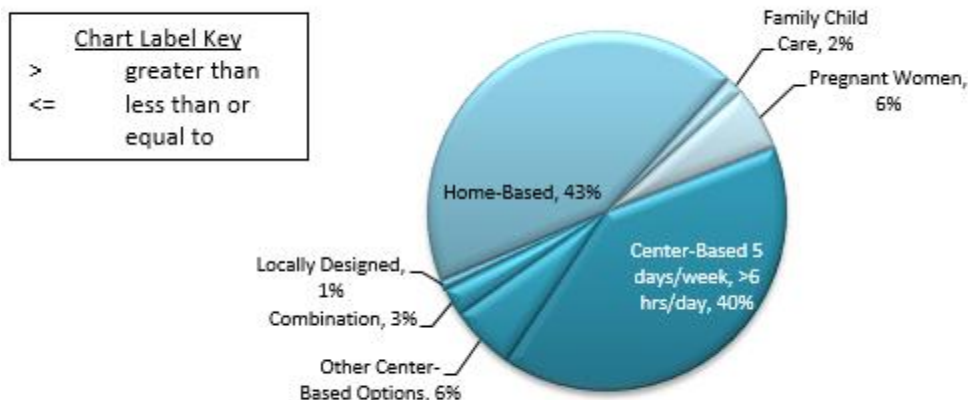
Combination, 3%

Family Child Care, 2%

Locally Designed, 1%

[\(Office of Head Start: Head Start Program Facts Fiscal Year 2013\)](#)

## Early Head Start Program Option



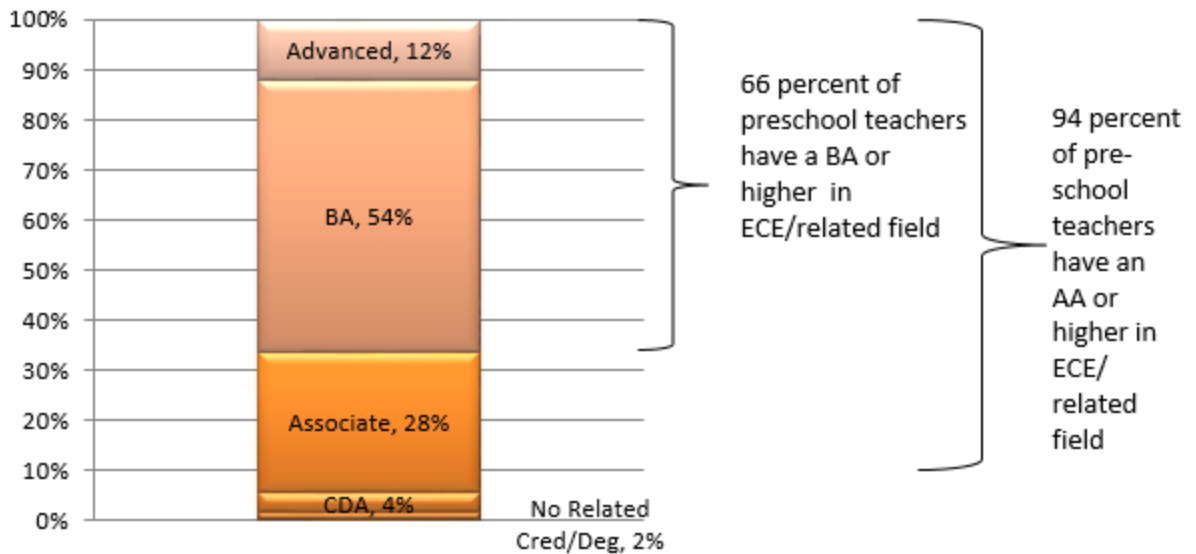
(Office of Head Start: Head Start Program Facts Fiscal Year 2013)

### 3. Program Staff

Head Start programs employed and/or contracted with 250,000 staff. Parents of current or former Head Start children made up 23 percent of Head Start staff.

- More than 1.2 million adults volunteered in their local Head Start program. Of these, 818,000 were parents of Head Start children.
- About 122,000 staff members provided child development services to children, including teachers, assistant teachers, home visitors, and family child care providers.
- Among child development staff, 30 percent were proficient in a language other than English.
- Sixty-six percent of all Head Start center-based preschool teachers had a baccalaureate degree or higher in early childhood education, or in a related field with experience. The Head Start Act of 2007 specified that 50 percent of center-based preschool teachers nationwide should have these credentials by 2013. Head Start has exceeded this target for employing teachers with relevant college degrees.

## Center-Based Preschool Teachers' Degrees



(Office of Head Start: Head Start Program Facts Fiscal Year 2013)

## F. Suggestions for Marketing to Head Start

### 1. Respond to OHS Priorities

OHS has established specific grantee outcomes as priorities for Head Start and Early Head Start programs. In addition to the legislatively required mandates these priorities have implications for marketing. Consider leading with your products' positioning in terms of how they support the EHS/HS required program outcomes (in the bulleted list below).

The 2007 Head Start Act, the Head Start Program Performance Standards, and a relatively newly promulgated [Federal Regulation 45 CFR 1307](#) are key legislative mandates that will help position products and services for the Head Start market. The OHS priorities are a way to begin to address and build your understanding of what's currently at the top of the priority list. Below are the expected outcomes for local HS and EHS programs.

To achieve OHS National Priorities *Head Start/EHS programs will meet the following:*

- Set targets and track progress of children.
- Scaffold family progress across Parent, Family, and Community Engagement (PFCE) outcomes.
- Strengthen the workforce.
- Support children and families to stay healthy, safe, and ready to learn.
- Use data to drive continuous improvement.
- Use evidenced-based practices.
- Partner for continuity for children and families.

- Maintain high quality programming, including effective teacher/child interactions.
- Prepare children and families for success in kindergarten and beyond.

These areas are explicitly addressed by OHS in monitoring, conditions for re-competition, 5-year grants and continuous quality improvement and are a good place for targeting marketing efforts. These are program priorities based on federal requirements, and are not just “nice to do,” but are the essential benchmarks against which Head Start quality is measured. OHS expects and requires that programs do these as part of continuous quality improvement and requirements for monitoring. Your products should help/facilitate grantees to ensure that these outcomes are met.

There are four inter-connected, non-linear grantee steps to implementing an approach to school readiness: (1) Establish goals and metrics; (2) Plan and implement data collection; (3) Aggregate and analyze; and (4) Use and share results. While Head Start programs “excel” in collecting data -- maybe even over-achieve, many programs are not as strong in preparing, aggregating and analyzing, using their data to inform their decisions, or sharing data appropriately with different audiences. This is an area of high need for targeted products and services.

School Readiness includes parents, families, the community, and of course, the children, pre-birth to 5-years-old. Many states have early learning guidelines that identify outcomes for children enrolled in early care and education programs. These Early Learning guidelines are foundational to the building blocks of an approach to School Readiness.

In the area of School Readiness, there is a high demand for services and products across a wide range of environments, and children and families representing diverse backgrounds. Generally, discussions with Head Start on school readiness for infants, toddlers and preschoolers reflect a certain vocabulary including the following:

*As defined in 45 CFR 1307.2, school readiness goals mean the expectations of children's status and progress across domains of physical well-being and health, social and emotional development, language and literacy development, approaches to learning, and cognition and general knowledge that will improve their readiness for kindergarten. Very broadly School Readiness, according to the Office of Head Start means, “Children are ready for school, families are ready to support their children’s learning, and schools are ready for children.”*

*Domains are general areas of learning.*

*Learning Goals and Definitions are categories of knowledge and skills within each domain. Expectations are examples of typical four-year-old behavior that demonstrate competence in relation to each Learning Goal. These are also broadly applicable to infant and toddlers as well.*

*Parent, Family Community Engagement (PFCE) No longer is the term Parent Involvement in vogue -- we are beyond the Bake Sale in terms of thinking and responding*

*to the engagement of parents and families in the achievement and success of their children.*

The OHS provides three frameworks that illustrate the integration of their approach to School Readiness. Go to <http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach> for a better understanding of how school readiness integrates across overall program goals and priorities.

In Head Start and Early Head Start programs, parent, family, and community engagement means building relationships with families that support family well-being, strong parent-child relationships and ongoing learning and development of parents and children alike. It refers to the beliefs, attitudes, behaviors and activities of families that support their children's positive development from early childhood through young adulthood. Family engagement happens in the home, early childhood program, school and community, and is a shared responsibility with all those who support children and families.

For materials targeted to support family engagement for parents, consider that Spanish is the home language of 25 percent of those identified as Hispanic or Latino origin. This is an emerging and growing need in HS/EHS.

## **2. Take into Account Head Start Decision-Making**

Successful positioning of Response to Intervention and other behavioral intervention products necessitates understanding Head Start requirements for enrolling and individualizing for young children with disabilities and their families.

Special populations are served in inclusive settings that may require specialists assigned to work with classroom staff to support children with disabilities and their families. The implementation of a Response to Intervention (RTI) approach is frequently employed in classroom settings; however, the actual terminology RTI is not pervasively used or recognized in Head Start. The Head Start Act and regulations require that services, especially in the area of school readiness and classroom practice emphasize individualization to accommodate the needs, languages, cultures and abilities of ALL children enrolled.

Embedded within the requirement to individualize services to children and families is the need to address a variety of language and cultural backgrounds reflected in HS/EHS enrollments (see page 9). The dual language learners and their families speak Spanish primarily, but often include immigrant and refugee populations as well. Materials and resources that reflect cultural and language diversity are a plus as are teacher guides and training materials that are in Spanish.

Recent policies in early childhood education have paid little or no attention to the rising population of dual-language learners, especially in the early years when bilingualism could more easily take hold. Clients, who have products that cater to the needs of this underserved, and under-emphasized population, can be "ahead of the curve." This trend will become more central to Early Childhood Education (ECE) requirements of serving dual language learners (DLL) and their families.



As Early Childhood Education programs begin to enroll and serve younger children below age three and their families, the need emerges for creating approaches and materials that are considered developmentally appropriate in the ways they address the growth and development of the youngest learners. At present there is a void in this area and ~~with~~ appropriate products could support such emerging ECE markets for vendors.

### **3. Accountability Requirements and Data Driven Decision-making Drive the Demand for Measures of Quality**

Intentional teaching focused on school readiness outcomes and guidelines (e.g., the number of children in a classroom, the ratio of teachers and children, and staff qualifications) help to increase the likelihood of—but do not assure—supportive and stimulating interactions. Importantly, in existing large-scale studies, only a minority of preschool programs are observed to provide excellent quality, and levels of instructional support are especially low.

OHS addresses measurement of quality through a variety of formal and informal accountability mechanisms that are used to determine the continuous improvement of program services: self-assessment, monitoring, and grantee re-funding systems and processes. These types of program accountability processes have the potential to generate opportunities for new products that address existing weaknesses in a program’s delivery of education and family services. Results of monitoring and accountability for example, may necessitate purchase of consultation, technical assistance, products and services to assure OHS that the Head Start program will deliver or improve the quality of their services to children and families.

The Designation Renewal System (DRS) requires re-competition for grantees that are identified as not achieving quality benchmarks. DRS results may fund brand new grantees or re-fund existing grantees with certain conditions defined for their continuation (e.g., grantees partner with birth to three providers to expand enrollment options to meet emerging community needs; implement and assure better accountability systems). Either of these cases could provide immediate opportunities for system-wide products and services from vendors.

Low Classroom Assessment Scoring System (CLASS) observations are one of the seven criteria that place a Head Start program on the list for Designation Renewal. CLASS scores that are below the averages for Head Start programs nationally are one of the conditions that indicate a low quality of teacher/child interactions and require that an agency must openly compete with other community entities for continued funding. Additionally, scores on CLASS are often used to identify the nature and scope of professional development required for Head Start teaching staff. When designing and preparing materials for professional development consider the demographics of program staff, including that more than 60 percent of center-based teachers have college degrees in Early Childhood Education or a related field.

CLASS™ assesses the quality of teacher-child interactions in center-based preschool classrooms. It evaluates three domains of interaction:

- Emotional Support assesses the degree to which teachers establish a positive climate in their classroom through their everyday interactions.
- Classroom Organization assesses classroom routines and procedures related to the management of children's behavior, time, and attention in the classroom.
- Instructional Support assesses the ways in which teachers implement the curriculum to promote cognitive and language development.

Supporting teachers in their implementation of instructional approaches through coaching or mentoring can yield important benefits for children. Coaching or mentoring that provides support to the teacher on how to implement content-rich and engaging curricula shows substantial promise in helping to assure that such instruction is being provided. Such coaching or mentoring involves modeling positive instructional approaches and providing feedback on the teacher's implementation in a way that sets goals but is also supportive. This can occur either directly in the classroom or through web-based exchange of video clips.

The Office of Head Start/Office of Child Care collaboration is foundational to the President's Preschool for ALL initiative. Although it is doubtful that the Obama proposal will be fully funded, the current strategy appears to incorporate various elements in a piecemeal approach into existing programs (e.g., the \$250 million 2014 Race to the Top competition). One of the central tenets of this approach is to expand services to low-income populations through regulation and funding emphases. For example, the Head Start Child Care collaboration is to expand services to pregnant mothers, birth to three, infants and toddlers, and extend connections between EHS and other community services, including home visiting; and transition from these settings to state-funded pre-K. Continued funding of Head Start, primarily enrolling 4-year-olds and other preschool services, are essential elements of the Obama effort.

Research indicates that parent/family engagement is a cornerstone of children's school achievement and success in life. In addition to emphasizing the role of parents/families in support of their children's school readiness, Head Start actively works with families to promote parent/family outcomes related to literacy and economic self-sufficiency.

In addition to consultant services and resources focused on child development principles to promote parent/family engagement, vendors with solutions in the areas of adult education, basic skills, vocational development, and acquisition of high school equivalency certificates offer market potential as the funding for comprehensive early education birth through preschool and transition services increases.

Subscribers, who have questions or otherwise wish to use some of their prepaid consultation time, can contact Dr. Suzanne Thouvenelle directly at 703-283-4657 or Charles Blaschke at 703-362-4689.