



# HAWAII EARLY HEAD START State Policy Agenda

## Infant and Toddler Care in Hawaii is far too limited to meet the needs of our families.

The 2017 University of Hawaii (UH) Center on the Family “Early Learning Needs Assessment” identified one licensed seat for every 37 infants and toddlers, statewide. A 2018 Comprehensive “Risk and Reach” Needs Assessment conducted with federal Preschool Development Grant Birth to Five (PDG B-5) funding described an abundance of childcare deserts in numerous communities across the islands. Longitudinal data from PATCH, Hawaii’s childcare resource and referral agency, indicate the majority of parents looking for childcare are looking for infant/toddler care. This lack of access to infant and toddler care leaves thousands of families without childcare options, limiting their employment and educational opportunities. It also leaves Hawaii’s youngest and most at-risk children without the child development, health, and family support services they need in their earliest years in order to thrive.

**As Hawaii strives to build a strong prenatal-to-five system, substantial and sustainable investments and policy changes targeting the infant/toddler care system, including Early Head Start (EHS), will be key.** A national “EHS Rising Campaign!”, spearheaded by the National Head Start Association, endeavors to increase access to EHS across all states for our most vulnerable. The Head Start Association of Hawaii (HSAH) is a part of this campaign, and this EHS policy agenda attempts to:

- elevate the need for EHS services, as well as for infant and toddler care in general;
- increase supports for the workforce that cares for these children; and
- address issues that will better support and sustain the EHS community, as well as the larger infant and toddler care community in Hawaii.

## The Early Head Start Program has a proven track record of supporting pregnant women, children prenatal to three, and their families.

While the federal Head Start (HS) holistic and multi-generational approach to service delivery model has been around for 56 years and is well-known, its sister program, Early Head Start (EHS), is less known. For more than 25 years now, EHS has leveraged the proven HS model to achieve positive outcomes for pregnant women, infants, and toddlers. EHS supports children and families of low-income – prenatal to age three – with quality, comprehensive child development and family support services through center-based and home visiting program models. Like HS, EHS specializes in partnering with families to increase economic self-sufficiency and family well-being through goal-setting and linkages to community resources. EHS prioritizes enrollment of children with risk factors, including children of teen parents, those with disabilities, those in foster care, and/or those experiencing homelessness. Yet while there is clear consensus within the scientific community that supporting brain development prior to age three is critical, only 11% of income-eligible families, nationwide, can access EHS due to limited funding. Hawaii only receives funding to serve a total of 681 pregnant women, infants, and toddlers in the entire state.



## FACTS & FIGURES



**681**  
Early Head Start Slots



Number of Classrooms **18**

Serving approximately 144 children; all other children served through a home-visiting model.



Number of Home Visits **25,454**

Individual home visits provided weekly; group activities (socials) provided twice a month

# Three EHS Policy Priorities for Hawaii

## PRIORITY 1: ADDRESSING THE INFANT/TODDLER WORKFORCE SHORTAGE

### **THE ISSUE: State childcare licensing requirements for the infant/toddler workforce (including EHS) related to work experience is a challenge to meet.**

The federal EHS standards require classroom teachers to have an infant/toddler Child Development Associates (CDA) credential. The additional infant/toddler licensing requirement in Hawaii of requiring 12 or 24 months “full-time work experience” (depending on educational background) “in a licensed child care facility with children under the age of 36 months” creates a significant barrier to meeting staff qualifications for EHS-qualified professionals. Community-based individuals who do not meet the staff licensing experience requirement can only be hired as aides in order to then gain the work experience needed to qualify as a caregiver or lead caregiver, while accumulating the necessary coursework or infant/toddler training hours. The work requirement necessitates hiring staff from out-of-state who may come with the required work experience, but not the cultural knowledge or place-based experience that is critical for quality care in Hawaii. EHS directors report that it might take as long as six months to a year to fill staff vacancies due to the staff licensing work experience requirement.

### **RECOMMENDATION:**

- Modify staff licensing qualifications related to work experience to either align with the federal EHS standards or allow additional flexibility in meeting the work experience requirement

### **THE ISSUE: Increasing infant/toddler staff compensation and access to professional development is critical in attracting and sustaining a stable and qualified workforce**

For decades now, childcare providers have been overworked, undervalued, and underpaid. It took a pandemic to uplift the value of childcare workers as essential workers to support the economic stability of families and states. Yet the median hourly wage for childcare workers in Hawaii is only \$12.43, while the living wage for a single adult with a child is \$40.44/hour. The poverty rate for early educators in Hawaii is 16.3%, compared to Hawaii workers in general (6.1%), and 4.5 times higher than for K-8 teachers (3.6%). (Child Care Employment, Early Childhood Workforce Index 2020) These data demonstrate one of the key contributing factors to Hawaii’s current early childhood workforce shortage – adequate compensation. EHS programs, too, suffer from significant staff shortages, and in some cases, have had to serve fewer children in order to increase staff compensation to attract and retain staff. EHS directors report that compensation is an essential contributing factor for not accepting an EHS teaching position and/or leaving EHS to find a different job.

Access to ongoing professional learning opportunities has long been recognized as critical to supporting job performance and reducing turnover, especially among novice and midcareer educators. Effective professional learning should build upon knowledge obtained during preservice and continue throughout a professional’s career, providing opportunities to gain new knowledge and enrich current skills. Educators report higher job satisfaction and improved child/student outcomes when they participate in collaborative professional learning communities. Unfortunately, access to ongoing professional development is out of reach for many early childhood educators or potential educators because of the cost of college tuition.

### **RECOMMENDATION:**

- Support and finance the recommendations that come out of the Early Childhood Educator Excellence and Equity (ECE3) Compensation study being conducted by the UH at Manoa College of Education to support a stronger and more stable workforce for Hawaii’s keiki, birth to five.
- Support wage, bonus, stipend, and supplemental initiatives that target funds to the infant/toddler workforce.
- Support funding for the Early Educator Stipend Fund to support access to ongoing professional learning opportunities and create a set-aside within this fund, specifically for the infant/toddler workforce, to ensure equitable access to these funds.





“Even though I had my Associate’s in ECE, I had to work for 2 years before I could be recognized as an Infant/Toddler Lead teacher.”

~ EHS Staff

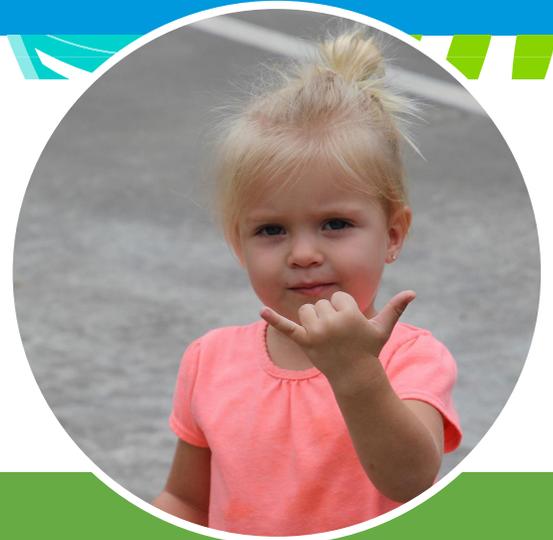
## PRIORITY 2: INCREASING ACCESS TO EHS SLOTS BY EXPANDING FUNDING FOR EHS AND EHS-CHILD CARE PARTNERSHIPS THROUGH FEDERAL FUNDING OPPORTUNITIES.

**THE ISSUE:** Direct federal funding for EHS and EHS-child care partnerships from the Office of Head Start (OHS) limits Hawaii’s ability to serve more vulnerable infants and toddlers.

Only 11% of income-eligible families with children, birth to three, nationwide are provided services with current funding. In Hawaii, only 681 pregnant women, infants, and toddlers, and their families can receive services statewide through OHS funding, and no state funds are provided to increase these numbers. Another 263 families are either on the waitlist for center-based programs and/or are interested in center-based slots for their children. Access to federal pandemic-relief dollars is a significant opportunity available to states to strengthen childcare systems, especially for our youngest populations.

### RECOMMENDATIONS for targeted expansion of funding for EHS:

- Use federal recovery funding to support the creation of new EHS classrooms through DHS contracts to existing Head Start and Early Head Start providers.
- Use additional federal funding opportunities (e.g., components from the original Build Back Better Act, EHS Expansion grants) to increase access to infant/toddler care in general and EHS, through a mixed delivery system of services for children birth to five.
- Expand on existing EHS-child care partnerships, marrying the best of childcare and EHS services. Such partnerships between EHS and center-based and/or family childcare providers have proven to be cost-effective, raise quality, improve access, and provide longer hours of care for working families.
- Prioritize grants to HS/EHS providers with proven demand (e.g., those with waitlists), those in childcare deserts, and support targeted vulnerable populations, such as teen parents or those experiencing homelessness, all of whom EHS serves.



“EHS services have allowed me to work as a reading tutor at an elementary school and to finish my teaching credential to become a classroom teacher.”

~ Parent

“My son loves going to school! He is gaining important social, language, physical and problem-solving skills. Our family is SO grateful for the EHS program.”

~ Parent

“If you are looking for good pay, this ECE field is NOT it. You have to have the heart to teach and care for little ones.” ~ EHS Staff



### PRIORITY 3: INCREASING THE QUALITY OF INFANT/TODDLER CARE

#### **THE ISSUE: Securing facilities and funding is necessary to enhance environments to meet health, safety, and quality standards associated with infant and toddler care.**

Facilities in Hawaii that can be licensed for use as infant/toddler centers are “few and far between”. Center-based infant and toddler care requires high-quality facilities that meet health and safety standards, are accessible to families, and have the required indoor and outdoor space necessary for providing attractive and stimulating learning environments. Specialized equipment appropriate for this age group must be safe, sturdy, durable, and of good quality. A state fund, established years ago, enabled early childhood providers to access mini-grants to make repairs, renovations, and general enhancements to their classroom or family childcare home (FCCH) learning environments.

#### **RECOMMENDATION: We recommend that a special fund or grants program be set up specifically for infant and toddler care that supports**

- Enhancing infant and toddler classrooms and/or FCCH environments with materials and supplies aligned with child development, health, and safety standards in Hawaii (e.g., installing area rugs, safety gates, indoor climbing equipment).
- Enhancing outdoor environments and playgrounds with portable equipment, gardens, pathways, and other elements that contribute to attractive and developmentally appropriate learning spaces for infants and toddlers.

#### **THE ISSUE: Addressing infant/early childhood mental health (IECMH) support and consultation needs.**

The mental health of the infant and young child in the context of early relationships and settings is viewed as foundational for health in all areas of development, with costly social and academic consequences for unmet needs. EHS program standards have always included a requirement that a mental health consultant be available to provide onsite support to the child, family and/or program to ensure mental health and well-being. All of Hawaii’s children need a system of care that prioritizes the promotion of mental health and well-being and the provision of early interventions and treatment, as needed. Since the pandemic, the Department of Health Early Intervention has seen a dramatic decline in infant and toddler social and emotional development, and a new study out of Columbia University reveals that children born during the pandemic have issues with motor skills and social development due to the stress the pandemic has had on mothers during pregnancy.

#### **RECOMMENDATION: To address infant/early childhood mental health needs, we recommend that Hawaii:**

- Support the implementation of components in the Integrated Infant and Early Childhood Behavioral Health Plan (2021): for example, developing an infant mental health consultancy model to support caregivers; integrating infant mental health competencies into early childhood programs and services; financing infant mental health services; and creating a data system to support this work.
- Support ongoing opportunities for professional development related to social-emotional development, early childhood trauma, and trauma-informed care and response practices.

The Head Start Association of Hawaii (HSAH) is an all-volunteer organization representing the six non-profit agencies that operate Head Start and Early Head Start sites across our islands. Together we serve approximately 3,000 children and their families annually. The HSAH has provided critical family strengthening and child development services for vulnerable children in Hawaii since 1965.

#### **Contact information:**

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#### **HSAH MISSION STATEMENT:**

“We are a unified voice for Head Start in Hawaii, advancing high-quality, comprehensive services that ensure children (prenatal to five) and their families grow and thrive in an ever-changing world.”

This EHS Policy Agenda was developed in collaboration between the HSAH and the Hawaii Head Start State Collaboration Office in March 2022.