Building Better Early Care and Education Systems for Children in Foster Care: Opportunities for Head Start

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Many young children in foster care (CiFC) have experienced significant adversity, including neglect and disruption in their caregivers and living arrangements (Casanueva et al., 2024). One potential buffer to this instability is access to stable, high-quality early care and education (ECE). This includes participation in the federal Head Start program (Lee, 2020; Lipscomb et al., 2013), which offers a constellation of supports for early learning, health, and family well-being to eligible children ages birth to 5 years across the United States, including CiFC (Office of Head Start, 2025). For CiFC, participation in Head Start has positive impacts on their academic skills, teacher–child relationships, and behavior (Lee, 2020; Lipscomb et al., 2013; Meloy & Phillips, 2012; Merritt & Klein, 2015), as well as on their social-emotional and health outcomes (Lee, 2020).

Key Findings: In focus group discussions with 12 staff from six Head Start programs across Arkansas, we learned about the programs and strategies for enrolling and supporting CiFC in Head Start. These discussions yielded the following key takeaways, which we elaborate on in this brief:

1. Head Start programs and services focus on meeting the developmental needs of children who have faced adversities, including CiFC.
2. Prioritizing enrollment slots for CiFC and offering extended hours of care could enable Head Start programs to more effectively support foster families.
3. Head Start programs have found ways to collaborate with their local child welfare agencies to support CiFC.

Findings suggest that Head Start's comprehensive approach is well positioned to meet the developmental needs of CiFC. Strengthening partnerships and supporting the child care needs of foster families can help more CiFC access Head Start services and supports.

Despite their eligibility for this potentially beneficial program, relevantly few CiFC attend Head Start programs. In Arkansas—the focal state of this study—just 6% of age-eligible CiFC attended Head Start programs in 2022 (Ortiz et al., 2024). To further explore the factors that may support access to and use of Head Start programs and services in Arkansas, we examined administrative data and conducted focus groups to address the following research questions:

1. What challenges do Arkansas Head Start programs face in enrolling and serving CiFC?
2. What strategies do Arkansas Head Start programs use to promote enrollment of CiFC and to ensure stability and features of quality tailored to the needs of CiFC?

Methods

Administrative Data Analysis

To understand access to and use of Head Start programs and services for CiFC in Arkansas, we merged and analyzed data from three Head Start and child welfare sources.

Source	Year	Details
Head Start Program Information Report (PIR)	2024	Program-level enrollment and services data from the 33 Head Start programs in Arkansas
Arkansas Department of Human Services, Division of Children and Family Services annual report	2024	County-level data on the number of CiFC for each of the 75 counties in Arkansas
Arkansas Child Care Licensing database	Fall 2025 download	Center-level enrollment and services data from the 272 Head Start centers in Arkansas

The research team cleaned, merged, and analyzed the data using Stata 18. All code was quality-checked by SRI's Education Data Services group.

Focus Groups

To understand the challenges faced and strategies used in both enrolling and providing services to CiFC in Head Start programs, we conducted focus groups with 12 staff from six Head Start programs in Arkansas. Staff included eligibility, recruitment, selection, enrollment, and attendance (ERSEA) managers; family services managers; education managers; mentor coaches; a program director; and a communication and quality assurance manager. We conducted the focus groups virtually over Zoom in the late winter and early spring of 2026. A team of four researchers double-coded all transcripts in Dedoose (2026), using inductive and deductive methods to identify themes. To support reliability of coding, we used consensus coding practices in which the coders met to discuss and reach agreement on any discrepancies in coding. The first two transcripts were coded by all four researchers to ensure consensus across the entire group; the remaining five transcripts were each coded by two researchers. After coding was complete, all four researchers reviewed and collaborated to synthesize and pull key themes from the assigned codes.

We characterize focus group responses in this report in the following way: "some" refers to 2 of the 6 programs (33%), "several" refers to 3 of the 6 programs (50%), "many" refers to 4 of the 6 programs (67%), and "most" refers to 5 of the 6 programs (83%).

Head Start programs and services are designed to meet the developmental needs of children who have faced adversities, including CiFC.

Head Start is designed to support early learning and development, health, and family well-being for eligible children, which includes children in families with incomes at or below the federal poverty level or who receive public assistance, as well as children who are homeless or in foster care (Office of Head Start, 2025). Focus group discussions with Arkansas Head Start program staff reflected this model of providing whole-child and family support, particularly in how they discussed embedding strategies to support CiFC in their general outreach and services. In addition to specific provisions for CiFC, staff frequently discussed how their overall strategies meet the needs of CiFC simultaneously with other eligible groups of children who have experienced adversity.

Head Start's comprehensive services and trauma-informed care can be particularly valuable for CiFC.

In the focus groups, Head Start programs referred to services that can support the specific developmental needs of CiFC, such as developmental therapies, screenings, family engagement, and support through transitions (including transitions in and out of the child welfare system, as well as transitions between foster families). Yet staff also specified that their approach to services is the same for CiFC and the other children in their care. All programs reported providing developmental screenings and on-site developmental therapies or mental health consultations, which may be particularly useful for foster families. Additionally, most programs described family engagement activities that included but were not limited to foster families. These "family learning parties," parenting classes, and take-home activities may help new foster parents connect and bond with children.

> **"These are events that are to help families … better connect and bond with their children. And so these events are really helpful because oftentimes you know, if it is … a foster care family and they're still trying to get to know their child, right? These are really good bonding moments."**
>
> – Family Services and ERSEA Manager for an Arkansas Head Start program

Half of programs described having trauma-informed training, often citing the emotion and social skill program Conscious Discipline. Many programs also expressed interest in more training that was specifically about supporting children who have experienced trauma.

> **"I don't think you could ever train enough because children are evolving … So I don't think you ever stop needing training for the different situations that are popping up with foster care. And then you know, you talk about kids who've been abused and how to … It's a lot."**
>
> – Family Services and ERSEA Manager for an Arkansas Head Start program

Head Start program outreach to CiFC is frequently bundled with more general outreach and recruitment.

Half of programs described specific outreach they conduct for CiFC, such as recruiting at community events where they expect foster families to attend or reaching out to grandparents who may have children in kinship care. Yet all programs also shared aspects of their general outreach strategy that includes, but is not exclusive to, CiFC.

> **"We try to get as many kids as we can. So, just to focus on foster kids? No … We go out to different recruitment fairs, and we … give out flyers and that type of information to try to recruit as many kids as we can—whether it be foster, whether it be homeless."**
>
> – ERSEA Manager for an Arkansas Head Start program

Prioritizing enrollment slots for CiFC and offering extended hours of care could enable Head Start programs to more effectively support foster families.

Past research for this project found that nearly all Arkansas foster families who responded to a survey (91%) reported needing child care to enable work outside the home (Grindal et al., 2025). A follow-up study found that logistical considerations, such as the center's location and availability of full-day care, were a priority in child care decision-making for foster parents (Perez et al., 2025). To enable participation of CiFC in Head Start developmental services, programs often shared creative solutions that aimed to support foster families' child care needs.

Some programs have developed creative scheduling and funding solutions to offer care beyond typical school-day hours.

Based on analysis of administrative data from Arkansas Head Start programs, the proportion of Head Start program slots in centers with afternoon extended hours was positively correlated with the percentage of CiFC enrolled in the program ($r = .37$, $p < .05$). Likewise, in the focus groups, most programs noted the importance of extended care to enable enrollment of CiFC. This result is consistent with previous findings from our research partnership indicating that foster parents need child care (Grindal et al., 2025) and that they prioritize full-day care when selecting an ECE program (Perez et al., 2025).

Most programs represented in the focus groups reported they had offered some form of extended hours in the past, although only two programs did so at the time of data collection. Programs reported that their ability to provide extended hours depended on additional funding. Two programs indicated that afterschool care would be discontinued in the next school year because of changes in available funding. One program's

solution was to operate on a four-day schedule to offer longer days, stating that their families said it was easier to find one full day of child care than a few hours of supplemental care each day.

Many programs offered flexibility with attendance and available slots for CiFC.

In the focus groups, program staff also discussed the challenge of available slots for children in their programs. Foster families may face unique challenges with securing a slot in a Head Start program, as they may not be able to plan ahead to get a slot at the start of the school year if they begin fostering a new child mid-year. Indeed, two programs discussed how they frequently lacked available slots at unpredictable times when foster parents need to enroll. Yet several other programs did not face this issue. One program saved slots for CiFC, and two programs said they accepted all CiFC even if overenrolled. To do this, one program mentioned moving the floater teacher and children around to ensure compliance with group size and ratio requirements.

> **"Our rule for foster kids is even if we're fully enrolled, we will take a foster child … A foster child is never turned away for any reason."**
>
> – Family Services and ERSEA Manager for an Arkansas Head Start program

Relatedly, several programs reported allowing for attendance exceptions for CiFC, including for off-site therapies or visits with their biological parents. Programs have also been flexible by holding spots for CiFC during longer absences: One program mentioned holding a spot for 30 days for a child as a leave of absence, so they could return to their same slot.

Head Start programs have found ways to collaborate with their local child welfare agencies to support CiFC.

All participating Head Start programs were connected with their local Department of Human Services (DHS) or Division of Children and Family Services (DCFS), and half also partnered with other child welfare agencies, such as organizations that recruit and support foster families or health clinics that support child well-being more broadly. Collaboration typically involved strategies to support enrollment and service delivery. For example, all programs received referrals from their local DHS/DCFS despite not all partnerships actively focusing on referrals. Additionally, many collaborations focused on exchanging information between the Head Start program and child welfare agencies. Four programs reported regular communication with DHS/DCFS, but this was not always explicitly about CiFC. Some Head Start programs received trainings from DHS/DCFS on broad topics or provided information to DHS/DCFS about the benefits of Head Start.

Programs also shared information specifically about CiFC, particularly around ensuring smooth transitions. Four programs discussed gaps in documentation as a challenge in serving CiFC, especially documentation of prior screenings and services. To support consistency in documentation, programs described

communicating with DHS/DCFS and using medical passports (health records for CiFC managed by the Arkansas DHS). Half of the programs said they also transfer their internal Head Start records to other programs if the child transitions to a new program. Additionally, many programs discussed communicating about continuity of care or maintaining eligibility so long as the family remains interested post-transition.

> **"In the past, if I have a foster child who changes homes, I try to reach out to their DHS caseworker and say, 'Hey … don't forget. Tell that new family about us,' because they automatically qualify still, even if it's a new family."**
>
> – ERSEA Manager for an Arkansas Head Start program

Collaboration also varied in the formality of partnerships. In the focus groups, half of programs reported having a formal partnership or memorandum of understanding (MOU). Often, the collaboration between Head Start and DHS/DCFS was facilitated by other required reasons to work with DHS, including licensing and sharing documentation for the Supplemental Nutrition Assistance Program (SNAP) or Medicaid. One Head Start program described its MOU with DHS:

> **"Basically, it names all the services that DHS has. And at the same time, it mentions what Head Start is willing to do, provide these services … They come to our self-assessment. We may end up [with] some coming to our health advisory committee meetings … They already send somebody to the meeting, and that's also a part of the agreement that they participate in those activities."**
>
> – Director of an Arkansas Head Start program

Various contextual factors, such as relationships and community context, can support collaboration and partnership.

While the specifics of the contextual factors were different for each program, many discussed something specific about their context that facilitated partnership with DHS/DCFS, often related to existing relationships or community-specific factors. Regarding relationships, three programs said they had a clear point of contact with DHS/DCFS. These were often facilitated through personal relationships to child welfare, including program staff with family members who worked for DHS/DCFS and staff who had previously worked at DHS/DCFS or had been foster parents. Some programs also mentioned physical proximity to DHS/DCFS or living in a small community as facilitators of partnership.

> **"Being a small community, our foster parents … know that we're here … DHS will contact us and go, 'Okay, we're moving a foster child here. The foster parent has expressed a desire for them to be in child care during the day, whatever, whatever.' And if there's special needs, they'll give us a rundown of that. And so then we'll start making a plan for taking that child in as soon as it's placed with that foster family."**
>
> – Family Services and ERSEA Manager for an Arkansas Head Start program

Conclusion and Recommendations

Findings from this study suggest that, as aligned to the program mission, Head Start outreach and services aim to support children who have faced adversity, including CiFC. Yet as identified in past research, most Arkansas foster families also need ECE to enable the adults in the household to work outside the home (Grindal et al., 2025; Perez et al., 2025). Therefore, many Head Start programs use creative solutions to support foster families' child care needs by offering flexible attendance policies, prioritizing CiFC for slots, and offering extended hours of care—better enabling participation of CiFC in Head Start. Additionally, all Arkansas Head Start programs that participated in this study reported collaborating with their local child welfare agencies in some capacity, with the partnerships varying in their depth, focus, and formality.

Yet despite these accommodations and collaborations, administrative data indicate only 6% of eligible CiFC in Arkansas attend Head Start (Ortiz et al., 2024). Given the opportunity for Head Start to provide high-quality, stable developmental services to CiFC, we offer several recommendations for state agencies that typically house or work closely with Head Start Collaboration Offices (HSCOs; e.g., divisions of early learning/children and families, education departments, departments of health and human services within which they are located; Maxwell et al., 2019), drawing on the challenges and strategies shared by Head Start program staff who participated in the focus groups. The following recommendations highlight ways to improve access to Head Start for CiFC by addressing their foster families' child care needs and leveraging partnerships with child welfare agencies.

1. **Increase investment and facilitate partnerships to support extended-day and full-year care to meet foster families' child care needs.**
   Although Head Start's mission focuses on ECE as a developmental support rather than a work support, meeting foster families' child care needs by offering extended care can enable CiFC to participate in the developmental services Head Start programs offer. Eight states have identified supplemental funds to extend the federally funded daily hours of operation in Head Start (Friedman-Krauss et al., 2026). In the absence of supplemental funding, programs participating in the focus groups shared creative strategies to support extended care, including leveraging child care subsidy funds, seeking separate grant funding for aftercare, referring children to a community-based child care provider to provide care after the typical Head Start day ends, and switching to a four-day schedule to provide longer hours on each day. State agencies or HSCOs can consider developing resources that share solutions used in other Head Start programs across the country or providing technical assistance to programs to identify, pursue, and secure supplemental funding.

2. **Develop guidance and resources to help programs to flexibly accommodate the needs of CiFC who may experience more instability and transitions.**
   In the focus groups, programs shared how they support CiFC who experience transitions in and out of the child welfare system and between foster families. HSCOs could support Head Start programs to navigate these challenges by developing and disseminating guidance and resources on how to flexibly support the needs of CiFC while ensuring access and support for other children in the programs.

Additionally, access to stable ECE services such as Head Start could be a critical support for CiFC during transitions in and out of the child welfare system or between foster families. HSCOs can provide guidance on how Head Start directors can help transitioning CiFC stay enrolled in a program that is working well for them. For example, programs reported communicating with child welfare caseworkers about any potential shifts in the child's placement, reducing the documentation and administrative burden needed to technically re-enroll with a new foster family, holding a child's spot for 30 days during a temporary placement, and transferring children to a more conveniently located center in the same program.

3. **Promote access to training and resources on trauma-informed care and other supports for CiFC.** Programs that participated in the focus groups expressed interest in more professional development and coaching to Head Start teachers on trauma-informed care. Although many Head Start programs already use trauma-informed social skill and emotional development programs (such as Conscious Discipline), HSCOs or state agencies overseeing ECE can provide more explicit professional development and coaching around CiFC who have experienced trauma and how to support their development. Additionally, state agencies can develop or disseminate guidance and resources on how to best support CiFC. In Arkansas, resources from Project PLAY provide guidance for adults who work with CiFC across settings. Other guidance might include information on how to collaborate with child welfare partners to support CiFC through transitions, such as by discussing upcoming home transitions, determining if a child's program enrollment can be maintained and, if not, supporting the child's transition to another program that is more conveniently located.

4. **Strengthen Head Start–child welfare partnerships to increase access for CiFC.** Partnerships between Head Start programs that participated in the focus groups and child welfare agencies included collaboration on outreach and enrollment. State agencies and HSCOs may support Head Start programs to conduct more focused outreach to CiFC using strategies such as notifying child welfare agencies when a slot is available, participating in community resource panels hosted by child welfare agencies, and collaborating with child welfare agencies on outreach to foster parents via social media and organizations that train and support foster parents. State agencies and HSCOs may also consider disseminating resources on Head Start directly to child welfare agencies and foster families to communicate how Head Start can support learning and well-being for CiFC. Importantly, in the focus groups, most programs that had successful partnerships with child welfare discussed roots in existing relationships, community ties, or prior collaboration unrelated to CiFC. For any partnership with child welfare agencies, HSCOs may also provide guidance to Head Start programs on how to leverage existing and build new relationships to support collaboration.

Recent proposed changes to the Head Start Program Performance Standards would rescind regulations in areas including enrollment, attendance, service duration, family engagement, and coordination. The findings in this brief suggest that, if Head Start programs gain greater discretion in these areas, attention to the practical and developmental needs of CiFC will remain important. In particular, programs and state partners may need to consider how state and program policies promote usable hours of care, continuity during placement changes, coordination with child welfare, and access to the comprehensive developmental and family supports that make Head Start particularly beneficial for CiFC.

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