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**Public Witness Testimony of Rachael DeSpain**

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**Submitted to:**

Committee on Appropriations  
Labor, Health & Human Services, and Education Subcommittee

Dear Chairwoman DeLauro, Ranking Member Cole, and Members of the Subcommittee:

On behalf of the Head Start community, and the millions of vulnerable children and families across the nation that local Head Start and Early Head Start programs partner with, I extend our sincere gratitude for the remarkable funding received in fiscal year (FY) 2021 and during the COVID-19 pandemic to continue these vital life-giving programs. Over this last year, the COVID-19 pandemic presented Head Start with never anticipated, never foreseen challenges. Programs endured totally unexpected costs, new, often contradictory regulations, serious staff and child health considerations, facility limitations, and so much more. Yet Head Start doubled down, went to work and persevered through it all—so much so that the Centers for Disease Control and Prevention identified Head Start as a model for implementing safe in-person early learning under COVID-19. Today, nearly 100% of Head Start programs are open with the vast majority conducting live, safe, and in-person programming and care. This feat would not have been possible without the support of Congress. In FY22, we ask for Congress' support in building on these successes by providing Head Start with \$12.1 billion.

I'm grateful for the opportunity to submit testimony regarding the National Head Start Association's funding recommendation for Head Start in FY 2022 of \$12.1 billion and to share a

bit of my story of how Head Start helped me as a new mom advance to getting my college degree and ultimately lead a nine-county organization in northwest Illinois.

I grew up in a very small, rural Northwestern Illinois community, where opportunities for people are limited. There are no stop lights in my hometown of Mount Carroll, IL. Diversity is nearly non-existent, and mental health services only exist for those who can afford healthcare and travel. Today, the population in this 96% white county is just over 14,000 after generations of decline, with a per capita income under \$30,000. Our last hospital closed decades ago leaving emergency care a thirty-minute drive away, just as far as the nearest Walmart.

Only after becoming pregnant at age 18 and being able to rely heavily on the stable home provided by my parents, did I begin to fully appreciate the struggle of those who experience far more challenges than I. Make no mistake, being pregnant at 18 and leaving college to become a mother was not easy, but I did not have the additional burdens faced by so many we serve. Fortunately, I had a healthy baby boy and soon after found two part-time jobs, one of which was a part-time teacher assistant in a Head Start classroom. With the help of my fantastic parents, 16 years later I have earned a graduate degree and have the honor of directing that same program and its services across nine counties.

As the Head Start and Early Head Start Director of Tri-Country Opportunities Council (TCOC), I have been the unfortunate witness to the significant hardships faced by the 633 children we serve as family destabilization, social isolation, and domestic abuse often affect this community. Sadly, these hardships have only increased over the last fourteen months, and our teachers and staff are bracing for unprecedented challenges. Traumatized children desperately

need supportive relationships in safe environments to overcome traditional challenges of at-risk populations, global pandemics notwithstanding. Educators are not typically charged with duties of mental health workers, yet in Head Start, they are faced with responding to such challenges daily. From bus monitors to food service workers and teachers, our program staff must have the professional training and development to aid children and families through times of stress as remaining resources, if available, are inadequate. Without such training, these needs go unmet, and therefore, children are underserved. Leadership, culture, and coaching have become instrumental components of TCOC's comprehensive approach to learning and child development. In FY22, NHSA is recommending an additional \$363 million in Quality Improvement Funds specifically to support trauma-informed care training and counseling.

Second, quality learning environments demand stability. In order for Head Start programs to provide necessary consistency and overcome high staff turnover rates, investing in our workforce is essential. Many staff struggle to provide for their own families as current funding provides for income at or near the national poverty level. For example, a Teacher Assistant working in one of our full-day, full-year classrooms earns \$13.32 per hour. She recently welcomed her first child and exceeds the federal poverty guidelines by only \$5,648. If this were her second child, she would then be eligible for program services due to being under the established federal poverty guidelines by only \$1,180.80. Economic inequality continues to be a hotly debated topic, yet many of our staff are economic equals to those they are charged with assisting despite carrying their own financial challenges. Present workforce opportunities, including those in K-12 and Preschool for All programs, result in competition for employees, increasing the urgency for equitable compensation. Over the course of 26 months (January 1,

2018 to March 20, 2020), the program lost 53 employees. Broken down even further: 17 left within the first six months, 11 within the first year and an additional 25 before being employed with the program for two years. Of the 53 staff who left, 48 were responsible for providing direct support and service to those enrolled in the program. In FY22, the Head Start community is requesting a \$247 million investment in our workforce—the very workforce that worked tirelessly throughout the pandemic to serve families when it was needed most.

Finally, across the nine counties we serve, classroom hours range from three and one half per day to ten. Shorter duration classrooms serve children in families opting to provide necessary socialization skills and enable TCOC to enroll a larger share of eligible populations. In recent years, classrooms have increasingly transitioned to longer durations, meaning smaller portions of communities can be served. These changes were borne out of a need to provide consistent educational, nutritional, and safe environmental opportunities to children of often non-traditional households. Furthermore, parents with access to full-day educational opportunities for their children enter into broader range of employment opportunities. In FY22, the \$730 million in funding that NHSA is requesting for additional classroom hours would mean TCOC could provide support to working parents and optimize child outcomes while not reducing enrollment.

Last year, Congress acted expeditiously providing Head Start necessary funds to combat the pandemic, beyond traditional operational expenses. Head Start and Early Head Start programs, including TCOC, continue to combat increased expenses, trauma-informed care needs, staffing challenges and classroom hour duration deficiencies which, when rectified, will improve the lives and livelihoods of children and families who have been most adversely

affected this past year. These needs did not originate with COVID-19, but they were greatly exacerbated as the pandemic unfolded and will remain well after.

Nationwide, Head Start's nearly 1,600 grantees serve more than one million children birth to age five and pregnant mothers each year and employ a workforce of nearly 300,000. Each Head Start (children age 3-5), Early Head Start (pregnant women and children age 0-3), Migrant and Seasonal Head Start (children age 0-5), American Indian and Alaska Native (AIAN) Early Head Start (0-3), and AIAN Head Start (3-5) program has worked to ensure families have the resources and tools they need to succeed in times of crisis, filling gaps left by other services and programs, standing by families, and standing with communities.

In FY22, I ask that you focus on the children who depend on Head Start's comprehensive services, the parents who thrive with the support provided by Head Start, the members of the early childhood workforce who, even without a living wage, showed up every day this past year, and I ask you to know that Head Start is yet to reach even a small proportion of those who are eligible. For every four children in Head Start, there is only one Early Head Start slot, and millions of children go unserved. Among the millions unserved are the children who have been disproportionately affected this past year, those who face historic and systemic racism and those who face greater likelihoods of childhood trauma. In FY22, I urge you to consider just how important it is to sustain Head Start's critical services for our children and families, and beyond that, I urge you to consider Head Start as an investment that builds equity and opportunity in our communities, including my very own small, rural community.

Thank you for your consideration.