



Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.

## Fiscal Year 2022 Recommendation Head Start & Early Head Start | HHS – ACF – OHS

	FY 2020 Enacted	FY 2021 Enacted	FY22 Recommendation
<b>Head Start &amp; Early Head Start Base Grant</b>	\$10,193,051,316	\$10,493,022,323	\$10,748,095,000 <sup>1</sup>
<b>Cost-of-Living Adjustment (COLA)</b>	\$193,000,000	\$123,000,000	\$247,000,000
<b>Quality Improvement Fund (QIF)<sup>2</sup></b>	\$250,000,000	\$0	\$363,000,000
<b>Extended Duration</b>	\$0	\$0	\$730,000,000
<b>Total<sup>3</sup></b>	<b>\$10,613,095,000<sup>4</sup></b>	<b>\$10,748,095,000<sup>5</sup></b>	<b>\$12,088,095,000</b>

Last year, the Head Start and Early Head Start community faced unplanned and unprecedented financial and operational hurdles with the overwhelming onset of COVID-19. All 1,600 grantees were uniquely challenged in ways unimagined from PPE shortages to standing up virtual learning overnight. Because of the dedicated coordination and planning, [Head Start was commended by the Centers for Disease Control and Prevention](#) for its ability to successfully operate in person while mitigating COVID-19 spread. Heroically, Congress made many of these efforts possible with a collective \$1 billion in supplemental emergency funding in 2020; however, “returning to normal” is far from certain, and in reality, the systemic issues that plagued Head Start programs pre-COVID-19—workforce wages, childhood trauma, infrastructure—were only exacerbated by the pandemic.

For FY22, the President’s Budget request includes \$11.9 billion for Head Start, concentrating the \$1.184 billion on expanding access to Head Start and Early Head Start services (+950 million) and providing a cost-of-living adjustment to the workforce (+\$234 million). Elsewhere, the request also includes substantial investment in the Head Start workforce in the amount of \$2.5 billion within universal preschool, citing the turnover driven by the fact that “Head Start preschool teachers earn nearly 90 percent less and Early Head Start teachers earn nearly 120 percent less than the average annual salary of kindergarten teachers.”

These are laudable efforts that recognize the service of program staff. While expansion is important and the Head Start community welcomes a chance to serve more families, critical long-standing concerns must also be addressed. As such, **the National Head Start Association (NHSA) recommends \$12.1 billion in FY22 to sustain the workforce (\$247 million), provide first-rate counseling and mental health support to children of trauma (\$363 million), and extend program hours provided to existing families in an unprecedented time of economic transition (\$730 million).** Further, in 2015, the U.S. Department of Health and Human Services identified a \$4.2 billion Head Start facility need, and the urgency to meet this need has only grown under COVID-19. As was stated, these very needs *pre-date* the COVID-19 pandemic and are critical to a post-COVID-19 recovery.<sup>6</sup>

<sup>1</sup> The base grant funding is an estimate.

<sup>2</sup> As authorized in the 2007 Head Start Act, QIF may be used for a number of program-specific needs, including increasing duration of services to better support working families, staff training, improving community-wide coordination, facility improvements, enhancements to classroom environments, and the strengthening of transportation safety. QIFs are designed to meet needs that already exist through providing the flexibility to address specific, dire local priorities, all with a goal of improving program performance.

<sup>3</sup> Totals include training and technical assistance, research, among other administrative costs, per the Head Start Act. Early Head Start-Child Care Partnerships funding is reflected in the total.

<sup>4</sup> This total includes funding to re-establish partnerships with tribal colleges and universities. This does not include COVID-19 relief funding.

<sup>5</sup> See above.

<sup>6</sup> All funds appropriated to Head Start in FY22 should include a minimum 4.5% set aside for Migr22 and Seasonal programs and 3% for American Indian/Alaska Native programs, per the Head Start Act.

**Specifically, NHSA recommends addressing the following needs to the fullest extent practicable:**

### **Address Childhood Trauma** – \$363 MILLION IN ANNUAL SPENDING

Children affected by trauma face significant challenges and require specialized care, compelling programs to adapt services and increase staffing, especially in the wake of COVID-19. The COVID-19 pandemic has destabilized many of the at-risk families who participate in Head Start, and in many cases, put children in dangerous situations, as demonstrated by increased domestic abuse and plummeting reports of child abuse and neglect. The need to address trauma is well-documented, and funding targeted through Head Start is shown to have [dramatic long-term cost savings](#). Building on initial investments made in FY20, NHSA recommends \$363 million in FY22 to enable programs to address childhood trauma and adverse childhood experiences.

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### **Stabilize the Workforce** – \$247 MILLION IN ANNUAL SPENDING

All Head Start programs struggle to retain quality staff even though high rates of teacher turnover have direct impacts on the quality of services and continuity of care. Investing in the workforce through a cost-of-living adjustment (COLA) is the most pressing, daily need for programs across the country, as well as for their staff, many of whom struggle to provide for their own families. NHSA recommends \$247 million in FY22 for workforce investments through a formula-based, across-the-board COLA in line with the 12-month Consumer Price Index-Urban that was released in January 2020 (2.3%).

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### **Extend Duration** – \$730 MILLION IN ANNUAL SPENDING

Finally, NHSA has long advocated to address the need to provide longer hours of service to align with K-12 schedules, fully support working parents, and keep with the 2016 *Head Start Program Performance Standards*. Despite support for this work from Congress and the past two administrations, an annual shortfall of \$730 million prevents all programs from creating a full-day option.

## **Serving More Children, Pursuing Pay Parity, and Addressing Deferred Needs**

NHSA's FY22 recommended funding level *does not explicitly* include the funding needed to support long-term sustainability for Head Start or the opportunity to maximize the role Head Start plays in supporting families in recovery from the pandemic. NHSA encourages Congress to examine unmet Head Start needs including investing meaningfully in Head Start's historically undervalued workforce and addressing critical infrastructure deficits.

- Even before COVID-19, Head Start served only 36% of eligible three and four-year-olds and only 11% of eligible infants and toddlers. There are far fewer Early Head Start slots than there are Head Start slots, with about 4 Head Start slots for every one Early Head Start slot. This dynamic prevents a continuum of care for the youngest learners and undermines quality. While approximately **\$50 billion in annual funding would allow Head Start and Early Head Start to serve all income-eligible families, \$7 billion would create an Early Head Start slot for every Head Start slot.**
- Addressing the pay gap between equally qualified early childhood education and K-12 educators is of critical importance to Head Start programs. Strong outcomes for children rely on well-qualified teachers. **This widening gap (\$966 million) creates tremendous staffing and continuity challenges for programs** and is detrimental to programs' ability to invest in the development of their staff, as educators are compelled to seek better paying, salaried positions in local school systems.
- **Over \$4.2 billion in deferred maintenance and facility upgrades was identified by the U.S. Department of Health and Human Services in 2015.** Notably, many of these facilities were down-trodden and inadequate pre-COVID-19. The pandemic has simply magnified the challenges of aging, outdated facilities. While all young children deserve nurturing, healthy, safe environments to learn and grow in, Head Start programs have received no direct funding to address this accumulating need.