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Public Witness Testimony of Kim H. Dodd, M.Ed.

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Submitted to:

Subcommittee on Labor, Health & Human Services, Education, and Related Agencies

House Committee on Appropriations

Addressing:

U.S. Department of Health and Human Services, Administration for Children and Families,

Office of Head Start FY 2024 Appropriations

Chairman Aderholt, Ranking Member DeLauro, and Members of the Subcommittee, I am Kim Dodd, Director of Children's Services at the Community Action Partnership of North Alabama (CAPNA) in Decatur, Alabama. We serve over 2,500 families each year, providing the basic building blocks of learning, health, dental, nutrition, mental well-being, and child development. Thank you for the opportunity to address the need for at least \$16.47 billion in Head Start funding for FY24, as recommended by the National Head Start Association (NHSA).

Head Start, including Early Head Start, is a program that prepares children for success in school and life, and employs over a quarter of a million individuals across the country. For nearly 60 years, Head Start has effectively embraced and implemented a "whole child, whole family" model. Children living in poverty, in foster care, or experiencing homelessness, children of migrant farm workers, American Indian and Alaska Native children, and other children known to be at-risk due to life circumstances, benefit from comprehensive education, health, and nutrition services provided by Head Start. And it's not just children. Their parents and caregivers also benefit greatly from Head Start services, such as employment, housing, and educational support.

In FY22, Head Start and Early Head Start served over 820,000 children and families, including nearly 13,000 in my state of Alabama. Nationally, staff conducted over 4.5 million home visits to families, helped over 550,000 children stay up-to-date on diagnostic and treatment screenings, and provided preventative dental care to over 370,000 children during that time.

The House Appropriations Committee has shown bipartisan support for Head Start and Early Head Start because of its proven, federal-to-local track record of serving children and families. CAPNA and the entire Head Start community appreciates the Subcommittee's continued commitment to providing annual cost of living adjustments for our staff. But that is not enough. Barriers to access, severe staffing shortages, limited mental health resources, and aging and subpar facility space all stand in the way of providing pregnant women, infants, toddlers, and preschoolers a path to success in school and life on par with their more advantaged peers.

At CAPNA, for example, it's been extremely difficult hiring teachers and family service staff. As a result of our staffing shortage, we have been unable to open four classrooms which would serve approximately 65 children. And we have a waitlist of 567 for Early Head Start and 598 for Head Start, demonstrating there is significant demand far exceeding what we are able to provide.

What is true in North Alabama is also true for the Head Start community nationwide. Chronic low compensation, challenging classroom conditions, and opportunities with employers who pay more continue to create a crisis that demands immediate action. In February of this year, NHSA surveyed Head Start grantees to determine the extent to which workforce struggles continue to be an ongoing problem. The findings were troubling, at best:

- 20% of Head Start and Early Head Start classrooms were closed, and 81% of grantees with closed classrooms cited staff vacancies as the primary reason.
- 19% of staff positions were vacant, and 65% of respondents cited compensation as the primary reason.
- There were an estimated 137,000 to 275,000 children on Head Start or Early Head Start waiting lists. This equates to 17 to 33% of currently funded slots.

The Head Start workforce crisis is impacting children, families, and staff. Children are showing up with greater behavior challenges and developmental delays, resulting in a more challenging classroom. A lack of staff closes some classrooms, while others are open but just barely—a sick teacher can mean the difference between a classroom being open or closed, and children and families having the care and education they are counting on. A lack of qualified candidates to fill

critical roles places current staff under greater stress. And of course, at the heart of these challenges is compensation – the primary factor driving turnover in the Head Start workforce.

Compensation continues to be the top reason for the workforce crisis impacting Head Start. This takes different forms in different communities. The salary gap between Head Start and other employers has taken on new significance in the current tight labor market. Staff – and potential staff – are making financial decisions in the best interest of their own families and seeking higher paying jobs unrelated to early childhood education. This turnover includes not only lead teachers – whose expertise and credentials make them particularly suited to move to the public-school system – but also other Head Start staff who are leaving for entry-level jobs that pay more and offer better benefits. We recognize the need to rebuild interest in the Early Childhood profession by working with apprenticeship programs, providing tuition assistance and partnering with local schools to encourage students to choose a career in a profession that makes a difference in the trajectory of children and families to break the cycles of poverty and many other risk factors.

There is a large, growing pay gap between the early learning and K-12 public education sectors as states and localities adjust salaries and expand hiring flexibilities to attract staff for school district positions. With early childhood education ranking in the bottom 10% of all professions in terms of compensation, it is difficult to compete, and Head Start staff continue to depart for the higher salaries in school districts. Across the country, the median elementary school teacher earns \$61,350 per year. For Head Start teachers—who are subject to federal bachelor’s degrees requirements—the median hourly wage is \$19.10, which equates to \$34,073 per year.

Children are also showing signs of trauma and are behind on developmental milestones. Teachers are seeing developmental and socialization delays caused by pandemic-related isolation and disruption. Teachers have noted the presence of children who are not potty-trained in their classrooms of four-year old’s. And more children are showing up with clear signs of trauma and related behavioral issues. Not only has this had a cumulative effect on staff, but it is coming at a time when children need more reliable support and care while there has been a significant decrease in access due to closures during the past few years.

A lack of staff is impacting the services that programs can provide, impacting child and family stability and child outcomes, as well as increasing staff burnout. According to research cited in a report by the Federal Reserve Bank of Minneapolis a “break in the child-teacher relationship due to teacher turnover can disrupt the benefits of positive child-teacher interactions, which include early language and literacy skills, social development, and inhibitory control.” The report also notes that a recent study of Head Start participants found “kids who experienced higher teacher turnover during the school year had smaller gains in vocabulary and literacy and higher levels of parent-reported behavior problems than peers who had more continuity with their caregivers.” We are seeing a decrease in children’s communication skills – both language and literacy – in our own 15 county-program based on program assessments.

We urge you to take immediate action to help address the spiraling workforce crisis challenging Head Start and its communities. And it is indeed a crisis. When we have 20% of classrooms closed, 19% of staff positions vacant, and are unable to serve tens, if not hundreds, of thousands of children on our waitlists nationwide, the situation cannot be classified as anything less than a crisis – one which, without immediate action, will linger for years to come.

With all this in mind, we are thankful that the President called for an increase in Head Start funding of over a billion dollars in his recently released FY24 budget. And we are further thankful that his budget specifically called for \$575 million to improve compensation for Head Start workers. But, as I noted earlier, that is not enough. That would represent a 4.8% across the board wage increase, doing little to close the gap between Head Start teachers and those with similar qualifications in school district positions.

Instead, NHSA is recommending total funding of \$16.47 billion for FY24 – primarily to address the workforce crisis – with three primary goals to renew this critical program and maximize the role Head Start plays in supporting our country’s most vulnerable children and their families:

1. Keeping Head Start open: NHSA estimates a year-long continuing resolution for FY24 – when factoring in today’s inflation rate of 6.4% – would result in over 49,000 fewer children served. A more drastic 28% budget reduction would result in the closure of hundreds of

programs, many in rural areas or child care deserts, and over 265,000 children losing access to high-quality early learning.

2. Lifting children, families, and communities out of a cycle of poverty: The Head Start model is proven to be a wise investment that delivers for taxpayers. A study published in December 2022 in the Journal of Political Economy concluded that Head Start children (and their children as well) have higher educational attainment, lower teen pregnancy, and less criminal engagement on average. These findings complement other research concluding that Head Start benefits the children it serves. Building on that success, it's essential that we continue to invest in Head Start's proven, crisis-tested work that unlocks the doors to opportunity for children and families across our great nation.
3. Maximizing Head Start's effectiveness: This increased investment will sustain and support the Head Start workforce; provide flexibility to address local quality improvement priorities; address the epidemic of childhood trauma; and restore critical purchasing power while addressing deferred maintenance issues and facility constraints.

Equally important is continuing the critical investment necessary to address skyrocketing rates of childhood trauma and allow Head Start staff to manage increasingly complex classroom dynamics. Of the NHSA request, one billion dollars is devoted for this purpose.

We realize some of these funds will require structural reform and other Committees in Congress to step forward. We also know that the Subcommittee has a rare opportunity to visibly and tangibly assert and support Head Start in FY24 and we're asking, better yet, pleading for the Subcommittee to take a bold step in support of a highly defensible and proven federal-to-local partnership.

Head Start is a lifeline for children and families. And our teachers, classroom aides, special needs aides, and support staff deserve to earn a living wage with proper benefits. Please take time to talk with Head Start leaders in your communities and visit programs. I'm quite certain you will immediately hear the daily struggle to keep and retain quality staff and the desperate need for change. As you evaluate FY24 funding requests, I hope you will make an immediate and significant investment in the compensation of our Head Start workforce nationwide so that we can continue to serve the most vulnerable children and their families, ultimately leading to greater prosperity for future generations. Thank you for your consideration of this critical request.