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Subcommittee on Labor, Health and Human Services, Education and Related Agencies  
Senate Appropriations Committee  
Department of Health and Human Services, Administration for Children and Families  
Head Start and Early Head Start

Chairman Blunt, Ranking Member Murray and other members of the Subcommittee, thank you for allowing the National Head Start Association (NHSA) to submit testimony on behalf of funding for Head Start and Early Head Start in Fiscal Year 2016 (FY16). This year marks the 50th year that Head Start centers have been creating opportunities for at-risk children and families to achieve success in life by providing critical early education, health, nutrition, parent engagement and family support services. NHSA respectfully urges the Subcommittee to continue its enduring bipartisan support by allocating $10,117,706,000 for Head Start and Early Head Start in FY16, in line with the President’s Budget.

Impact of the FY13 Sequester
The Head Start and Early Head Start community remains appreciative of your leadership in ensuring that the FY14 Omnibus Appropriations legislation not only helped restore the damaging cuts from sequestration, but also made investments in ongoing quality improvement that enabled Head Start providers to keep pace with rapidly rising operating costs. Our community was equally pleased that Congress retained this level of investment in the FY15 Omnibus. That said, the impact of the sequester was severe and, despite appropriations being restored, programs are still recovering. Services were reduced by 1,342,015 days, Head Start Centers closed, transportation services were cut, and teachers were furloughed and laid off. Head Start grantees continue to struggle to regain trust and support in some communities where centers were closed and partnerships ended. The long lasting impact of sequestration has been truly devastating and something that must be avoided in the years to come.

Recommendations for FY16
In FY16, we urge the Subcommittee to continue and build on investments made in FY14 and FY15 by allocating $10,117,706,000 for Head Start and Early Head Start. This funding will allow us to continue services to nearly 959,828 children and their families from birth through age five, continue supporting the recently awarded Early Head Start expansion grants and child care partnerships, support our critical workforce and enable a special focus on improving program quality. Specifically, we propose a $1.228 billion allocation for Quality Improvement funds which, as outlined in the Head Start Act of 2007, may be used for increasing the duration of instruction time, staff training, improving community-wide planning, improving classroom environments, strengthening transportation safety, and increasing hours of program operation. We also urge the Subcommittee to join us in asking the Administration to honor its promise to release, this Spring, a long-overdue revised set of Head Start Program Performance Standards, aligned to the Head Start Act of 2007.

Supporting the Workforce
It is well known that one of the hallmarks of excellence in any early learning program is the caliber of its teachers. More than 70% of Head Start teachers have a bachelor’s degree or higher in early learning or related fields, which significantly exceeds the 50% minimum mandated by Congress in the 2007 reauthorization and enables the program to have one of the best-trained workforces in the country. However, the average salary for these degreed teachers is $30,086 – lower than what schools pay teachers, and much lower than salaries for many other jobs with comparable education requirements.

Examples of programs losing their best staff to higher paying schools or other providers are plentiful across the country. In New York, one Head Start social/emotional education mentor-coach reported seeing several “gifted teachers, assistants and aides leave our classrooms after short stays due to the pressure to provide for...
their own families.” Many of the staff that do choose to stay with Head Start struggle to make ends meet – such as the Oregon teachers who have depended on a local food bank to help feed their own children or the Mississippi staff that work evening jobs just to be able to pay their electricity bills. Focusing increased investment toward workforce quality improvements will help enable programs to hold on to dedicated teachers, and provide a solid foundation for the good of our students and families. To that end, NHSA supports the Administration’s request of $284,482,375 for workforce investments in order to help programs retain staff and keep up with a rising cost of living in our country.

**Ongoing Quality Improvements:**
Recognizing the need for programs to retain staff, improve facilities, expand transportation services, and increase program duration, we recommend providing $1.228 billion to the Quality Improvement fund. Investing in the Quality Improvement fund, rather than mandating funds to be used to expand hours of service as the President’s budget does, enables programs to determine areas of greatest need for their individual program and improve services in their own community. This is especially true for rural programs and we believe that it will still accomplish the Administration’s goal of increasing the duration of instruction time to meet the needs of working families. We encourage the funds, as well as all other funds in the Head Start base, to be disseminated in accordance with such process described in the Head Start Act, specifically including no less than 4.5 percent of the funds be made available to Migrant and Seasonal Head Start programs and no less than 3 percent for American Indian/Alaska Native Head Start programs.

**Early Head Start Expansion and Child Care Partnerships:**
We are thrilled that the first round of Early Head Start-Child Care Partnership grants have been awarded, resulting in an additional 30,000 vulnerable infants and toddlers now able to access high quality early learning. We encourage the Subcommittee to include $500,000,000 in FY16 to continue to support this emerging program. Given the challenges expressed by providers in the field and the collective desire to expand access to high-quality programs immediately, we encourage the Administration to keep the option of these funds being available for straight Early Head Start expansion as well. Mandating or incentivizing one model of service, such as the child care partnership, would eliminate the opportunity for many providers to compete for these funds, especially in rural and frontier communities that have few available partner options. The grants, whether for expansion, conversion, or partnerships, should be awarded based on how effectively the model design fits the needs of the community in question, versus an adherence to a partnership model that may be inappropriate to that locality.

**Head Start is a High Yield Investment:**
NHSA believes that the budget caps now in place limit opportunities to make high-yield investments in non-defense discretionary spending. Every President and Congress over the past 50 years has supported Head Start on a bipartisan basis. While we have no reason to believe that this support will wane in coming years, we do recognize the constraints the caps put on the Subcommittee. Every dollar invested by the federal government should seek a high yield impact and be used accountably. Studies show that for every one dollar invested in a Head Start child, society earns at least $7 back through increased earnings, employment, and
family stability; as well as decreased welfare dependency, health care costs, crime costs, grade retention, and special education. These are the very results taxpayers demand for their investments.

Again, the Head Start community understands the pressure the Subcommittee faces and is grateful for the commitment shown by Congress and the President to keep early learning, and Head Start in particular, as a top priority. With a strong concern about the possibility of a FY16 sequester in mind, we urge the Subcommittee to build on the bipartisan investments made in Head Start and Early Head Start to increase access, improve quality, and ensure the prosperity of our next generation – especially in this fiftieth year of our nation’s commitment to providing our nation’s most vulnerable children and families an opportunity to succeed through Head Start. Thank you for your time and consideration.


6 NHSA Public Policy and Research Department analysis of data from a Montgomery County Public Schools evaluation. See Zhao, H. & Modarresi, S. (2010, April). Evaluating lasting effects of full-day prekindergarten program on school readiness, academic performance, and special education services. Office of Shared Accountability, Montgomery County Public Schools.