The True Cost of Reopening Head Start

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

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The COVID-19 pandemic has caused unprecedented disruption in the lives of Head Start children and families. In response, Head Start programs have not missed a beat as many transitioned to remote services to meet the needs of at-risk children and families in the face of the COVID-19 crisis. Program staff have remained employed, working in overdrive to keep contact with families and provide them with support and academic activities for children. Immediate triage efforts for the at-risk population served by Head Start included meal drop-offs, provision of diapers and formula, wellness checks, and connection to telehealth services. Head Start services have been essential throughout the pandemic and continue to be, particularly as parents look to return to work.

Head Start received $750 million from the CARES Act to support the immediate needs of programs, largely covering sanitation costs and providing the means to make up for lost learning time for some children. While this funding has been critical as an immediate support for programs, the needs of Head Start children, families, and staff have continued to evolve as the pandemic’s impact in local communities has taken shape, and needs concerning further funding to reopen safely have arisen as a result. Conservative estimates place the cost of reopening Head Start programs and meeting increased health and safety needs through the calendar year at $1.7 billion above usual operating costs.

Recently, the National Head Start Association (NHSA) completed a nationwide, comprehensive survey of program needs in order to quantify the costs associated with the COVID-19 pandemic. When it was asked how programs will or have spent CARES Act funding, a substantial percentage of programs reported covering incurred costs in each of following areas: 1) personal protective equipment (PPE) (93%); 2) recurring janitorial services (84%); 3) staff technology needs (78%); and 4) mental health needs of children (62%). More than two-in-five programs were proceeding with using CARES funding to operate a summer session, at the urging of the Office of Head Start, to mitigate learning loss for children headed to kindergarten in the upcoming year.

As local programs approach a new program year and prepare to reopen their doors, the survey uncovered the extent to which programs have been confronted with a barrage of new challenges and costs. These changes—largely in the form of additional staffing, facility and transportation adjustments, and recurring sanitation costs—contribute to reopening costs that far exceed initial triage that was afforded by CARES Act funding.

By the Numbers

Conservative estimates place the cost of reopening and meeting increased health and safety needs through the calendar year above the usual operating costs at:

$1,700,000,000

Anticipated Costs of Programs

90% Revising Group Ratios or Breaking Up One Class into Multiple Classrooms*

90% Requiring Renovations or New Supplies

60% Will Hire New Staff or Add Hours to Existing Staff for Sanitation Purposes

* This compels programs to hire new teaching staff or jointly operate a remote learning model for some children.
Increased Staffing Needs

One of the most crucial aspects of reopening is ensuring that teachers are prepared and willing to return. With increased protocols and ever-changing information and guidelines from states and the federal government, there are a number of reasons programs have been compelled to adjust staffing, add extra hours to existing staff, and even hire new staff. Among these changes are the staff time required for health checks, reduced group sizes, and increased sanitation.

As an Early Head Start program director in Nevada prepares for reopening, she shared that her program is utilizing additional staff to accommodate social distancing and implement new safety measures. According to the program director, additional staff now bring children to and from the classrooms, as parents are no longer allowed inside the center. Instead, the program has orchestrated for families to drop children off in front of the school where a staff member also performs daily health screenings.

New responsibilities for health checks and accompanying smaller groups of children for this Nevada-based Early Head Start program amount to $15,000 in increased costs each month, totaling $90,000 in increased costs above typical operating costs for a six-month period. Other programs that are splitting single classrooms into two smaller group sizes with additional staff in order to comply with state requirements are confronting even steeper increases in staffing costs. Nationally, six months of programmatic changes that require new staff amounts to more than $1.6 billion.

Meeting Sanitation Needs in Early Childhood Classrooms

In addition to teachers, it has become increasingly pertinent for programs to clean more frequently and expand the breadth of cleaning efforts. While programs previously had cleaning and sanitizing protocols in place, there is now a far greater need to sanitize and disinfect surfaces and classroom items more frequently.

Head Start Director Sonia Jaramillo from California shared about how these costs have quickly added up as she works to protect the health and safety of young children and staff in her program: “Currently, our program provides preschool services at 30 Head Start classrooms, and we only have three custodians to clean them. The custodial team barely has time to clean the classrooms during the 8 hours of work (due to distance between sites).” Head Start programs, the vast majority of which are nonprofits, operate in extremely tight fiscal circumstances in order to prioritize serving children and families. Now, as is the case with Sonia’s program, COVID-19 is stretching already impossibly thin operating budgets. For Sonia’s program increased sanitation requirement meant hiring new custodial staff, amounting to a $200,000 increase in costs. She added that the cost of overtime pay for existing staff “to ensure toys, furniture, playgrounds, etc. are cleaned and sanitized thoroughly...is still about $100,000.”

Nationally, the six-month cost for increased sanitization procedures, including supplies and personnel amounts to more than $309 million. This is a nonnegotiable cost for programs as they strive to do everything possible to keep their communities safe and healthy.

“The custodial team barely has time to clean the classrooms during the 8 hours of work (due to distance between sites). With COVID-19 requirements, I had to hire two custodian substitutes to help clean and sanitize and meet program requirements. In order for me to meet program requirements and abide by bargaining union contracts, I need to hire two additional custodians.”

Head Start Director, California
Meeting New Needs at Meal Time

Head Start programs generally serve meals family style, but now, COVID-19 has compelled programs to transition to individual meal service to maintain child health and safety. Buying individual meals—and the material needed to prepare and serve those meals—has created an unexpected but essential cost for programs.

Director Tamara Akuna-Wika shared what Chester County Head Start in Pennsylvania is doing to appropriately respond to the risks posed by COVID-19 at mealtime. Operating 13 classrooms in one location, adapting their meal procedures has compelled the program to move mealtime from the cafeteria to classrooms to reduce intermingling of students.

As a result, the program will need to purchase refrigerators to maintain perishables outside of the cafeteria. Further, instead of using family-style food containers, the children will receive meals in single-serving containers—increasing packaging and delivery needs—leading to the need for an additional kitchen staff person.

Chester County Head Start has made the necessary, comprehensive adjustments to make mealtime safe for children and staff, and programs across the country are grappling with similar adaptations. Because of the transmission risks associated with typical Head Start meal procedures, these changes come with additional costs. Six months of programmatic changes to mealtimes amounts to more than $34.3 million nationally.

Creating A Safe Space For Children Showing Symptoms

Per the Centers for Disease Control and Prevention (CDC) guidance and at the urging of the Office of Head Start, Head Start programs are establishing or renovating spaces in which a sick child can be isolated if they fall ill during the school day.

Many programs are starting from scratch to complete a space suitable to care for a sick child. The RCS Preschool in North Carolina, which operates 18 classrooms, is currently working to replace a room’s carpet with vinyl flooring, add a door, and create a sanitizing station to establish an adequate sick room. Paula Lewis, the Head Start director, says, “The plan is to make it as child friendly as possible. We plan on purchasing a child-themed sick bed, painting the room with a calming mural, and adding a pull curtain in case we have more than one child occupying the space at one time.” The cost of creating this space to reduce potential spread of COVID-19 for the North Carolina-based Head Start program totals $10,500.

There are similar efforts being undertaken across the country as cases of COVID-19 begin to occur in early childhood centers, and programs do their best to mitigate what seems to be inevitable. As a result, programs are working towards adding an isolation room or appropriately updating an existing space. The total estimated one-time cost to implement this in Head Start programs nationally amounts to nearly $40 million.

Summary

These stories from Head Start programs across the country paint a clear picture of just four of the new costs that Head Start programs are incurring as they work to meet the needs of children and families while reopening amidst COVID-19. While the specifics of the costs being incurred by Head Start programs varies from locality to locality and the resources programs are able to access through community partners, survey data makes it abundantly clear that operating an early childhood center safely brings an onslaught of unavoidable costs. Based on survey data, NHSA estimates this new six-month operational need at $1.7 billion above usual funding. These additional funds would provide the much-needed help programs require to implement a safe reopening and meet health and safety requirements while not reducing enrollment of children to afford such changes.