



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
Head Start & Early Head Start Base Grant	\$10,304,037,484	\$10,435,325,435 ¹	\$10,748,095,000 ²
Cost-of-Living Adjustment (COLA)	\$193,000,000	\$123,000,000	\$247,000,000
Quality Improvement Fund (QIF)³	\$250,000,000	\$0	\$363,000,000
Extended Duration	\$0	\$0	\$730,000,000
Total⁴	\$10,613,095,000⁵	\$10,748,095,000⁶	\$12,088,095,000

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. Every one of the nation's 1,600 grantees were challenged to reimagine early learning; retool for safe and clean learning environments; restock shelves with PPE; reformat programming to include online and virtual learning; reinvest in personnel; and redouble efforts to engage parents and caregivers to support the emotional, physical, and financial impacts of this pandemic. 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.⁷ Heroically, Congress continues to make these efforts possible with a collective \$1 billion in supplemental emergency funding provided in 2020, although survey data of Head Start grantees suggest that more support is needed. The Head Start community is encouraged by this investment as well as the \$123 million provided in the FY21 Consolidated Appropriations Bill for Head Start to make annual adjustments in program costs.

Even with the tremendous support in 2020, 2021 has brought on additional challenges as programs respond to the operational costs, facility demands, and compounded childhood trauma and child welfare needs that have been created these past 12 months. Critical funding needs remain, and the National Head Start Association (NHSA) recommends including a meaningful increase in FY22 to address outstanding needs and fully leverage Head Start in supporting children and families. These needs pre-date the COVID-19 pandemic, and have been considerably exacerbated by the impacts of the pandemic, including programs' need to address childhood trauma, extend in-class duration where necessitated, and stabilize the workforce in the face of unprecedented challenges.⁸

¹ The base grant funding is an estimate.

² See above.

³ 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.

⁴ 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.

⁵ This total includes funding to re-establish partnerships with tribal colleges and universities. This does not include COVID-19 relief funding.

⁶ See above.

⁷ [Implementing Mitigation Strategies in Early Care and Education Settings for Prevention of SARS-CoV-2 Transmission – Eight States, September–October 2020](#)

⁸ All funds appropriated to Head Start in FY21 should include a minimum 4.5% set aside for Migrant 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.

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%).

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* 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.

- Head Start and Early Head Start programs stand ready to address the substantial challenges facing children and families living in poverty today. Even before COVID-19, Head Start served only 36% of eligible three and four year olds and only 11% of eligible infants and toddlers. As a program that is proven to disrupt poverty, **an additional \$2.1 billion and \$3.3 billion for the expansion of Head Start and Early Head Start, respectively, would support both in reaching an additional 10% of children and families** from at-risk backgrounds.
- 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 ACF Office of Planning, Research and Evaluation (OPRE) in 2015.** Notably, many of these facilities were downtrodden 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.