

Summary of Conference Call Regarding NHSA's Fiscal Year (FY) 2011 Appropriation Request

Conference Call Highlights

On October 27, 2009, Yasmina Vinci, NHSA Executive Director, held a conference call with members of the NHSA Board of Directors and state and regional Head Start association presidents and executive directors. She was assisted on the call by Ben Allen with NHSA and Zoe Beckerman with Feldesman Tucker Leifer Fidell LLP. The purpose of this conference call was to share with the Head Start community that NHSA is seeking an increase of \$3.74 billion in FY 2011 to sustain the American Recovery and Reinvestment Act (ARRA)-financed expansion of Head Start and Early Head Start slots and to have additional Head Start and Early Head Start expansion beyond that. This expansion would occur through the traditional Head Start and Early Head Start funding formula with the exception that NHSA proposes for a 1-year change in the allocations of the expansion funds. In order to honor the President's pledge of quadrupling Early Head Start, these expansion funds would be divided 25% for Head Start and 75% for Early Head Start, instead of 50% for Head Start and 50% for Early Head Start. Using these assumptions, the \$3.74 billion increase would sustain the Office of Head Start estimated 14,080 Head Start slots and 54,667 Early Head Start slots financed under ARRA, would create an estimated 95,972 new Head Start and Early Head Start slots, of which 62,467 of these new slots would be Early Head Start slots, and would provide substantial quality improvement and training and technical assistance funds to maintain the quality of these programs. Members of the NHSA Board of Directors on the conference call strongly supported this \$3.74 billion request.

Positions of the NHSA Board of Directors

This \$3.74 billion request is consistent with the following positions that were approved at the last NHSA Board of Directors meeting:

Motion: The Joint NHSA Research/Evaluation and Government Affairs Committee moves to have NHSA take a strong position in support of the Single Head Start ASK.

Motion: The Joint NHSA Research/Evaluation and Government Affairs Committee moves to have NHSA strongly support a campaign to retain our funding base in the 2011 Head Start Appropriation while increasing funding for Quality Improvement and Expansion.

With this authorization from the NHSA Board of Directors, NHSA developed Head Start FY 2011 Appropriations Principles.

Head Start FY 2011 Appropriations Principles

As the number of poor children under the age of six has increased by 1.1 million between 2001 and 2008, the need and importance of Head Start and Early Head Start (collectively 'Head Start') programs has drastically increased.¹ Fortunately, President Barack Obama pledged during his presidential campaign to increase Head Start enrollment and to quadruple Early Head Start enrollment. The Obama Administration began to make good on that promise through the American Recovery and Reinvestment Act (ARRA) funding for Head Start. This additional infusion of funds into Head Start programs— while serving our nation's growing neediest — is both an investment for the future and a cost effective anti-poverty policy that directly creates new jobs.

Therefore, NHSA is advocating a \$3.7 billion increase in funding for Head Start and Early Head Start programs in the 2011 fiscal year based on the following principles:

- First, we believe Head Start and Early Head Start collectively is a birth-to-five program.

NHSA's Fiscal Year 2011 appropriation request must maintain and encourage Head Start to remain a birth-to-five program. Rigorous research supports importance of serving children from birth to age 5.

- Second, we must do no harm.

NHSA would like Head Start and Early Head Start programs across the country funded through the Head Start Act funding formula and ARRA supplemental appropriation to be held harmless as compared to last year. This includes ensuring that programs that have been recently started or expanded will continue to receive funding to provide services to the thousands of new Head Start children and families nationwide.

- Third, we take care of those that take care of Head Start children.

The best way to improve program quality is to have highly-qualified teachers. To do so, they must be paid a fair, living wage. Funding the quality set-aside and other key aspects of the Head Start funding formula that can go to improving staff salaries is imperative to the long-term health of the Head Start program.

- Fourth, we leave no type of Head Start program behind.

¹ Source: U.S. Census Bureau.

We believe in fully funding Head Start. To get to that point, we support prioritizing expansion funding for Early Head Start, Migrant and Seasonal Head Start, and American Indian/ Alaska Native Head Start – all parts of the Head Start continuum that do not currently reach as great a percentage of the low-income population as traditional Head Start does.

- Finally, we support President Obama’s goals of expansion, program quality, and accountability.

We support President Obama’s goal of quadrupling Early Head Start while ensuring that all Head Start programs continue to be accountable and high-quality.

Collaborative Process

Throughout the development of NHSA’s FY 2011 funding request, NHSA consulted with members of the NHSA Board of Directors, state and regional Head Start association presidents and executive directors, Head Start and Early Head Start program directors, staff, and parents. These consultations occurred through numerous meetings and conference calls over several months. In addition, NHSA consulted with other relevant national organizations, and through negotiations NHSA reached an agreement on this \$3.74 billion figure with the National Women's Law Center, NAEYC, CLASP, First Five Years Fund, and ZERO TO THREE.