



Fiscal Year 2018 Recommendations
Head Start & Early Head Start
HHS – ACF - Children and Family Services Programs

Item	TOTAL	Head Start/Early Head Start Base	Workforce Investment Increases <i>(Included in HS/EHS Base)</i>	EHS Expansion & Child Care Partnerships	Quality Improvement Fund Increase
FY16 Enacted	\$9,168,095,000	\$8,214,095,000	\$141,000,000	\$635,000,000	\$294,000,000
FY17 Enacted	\$9,253,095,000	\$8,588,095,000	\$80,000,000	\$640,000,000*	--
FY 18 POTUS Budget	\$9,168,095,000	\$8,214,095,000	--	\$635,000,000	--
FY 18 NHSA Recommendation	\$9,818,643,596	\$8,768,444,995	<i>\$180,349,995</i>	\$653,440,000*	\$396,758,601

**Includes an increase of \$5,000,000 in FY 17 Enacted and \$13,440,000 in FY 2018 NHSA Recommendation for cost of living adjustment.*

The Head Start community greatly appreciates Congress’ continued commitment to expanding access to Head Start’s high-quality early learning opportunities for our nation’s most vulnerable children and their families. In FY 2017, Head Start received \$9,253,095,000 in funding – a noteworthy increase of \$85,000,000 (including \$5,000,000 for EHS Expansion–CC Partnership grantees). The timely investment will strengthen the Head Start workforce.

This support follows forward-thinking congressional investment in FY 2016 of an additional \$570 million in Head Start to expand infant-toddler access and support working families through extended duration of services. Further, this increase allowed the Head Start field to begin strategic implementation of new and laudable 2016 Head Start Program Performance Standards (HSPPS) which include ensuring continuous quality improvement, strengthening evidence-based practices, and extending the duration of Head Start programming. However, significant concern persists within the Head Start community that costs of implementing the HSPPS may impact program access for existing and future children.

With programs working diligently on HSPPS implementation and retention of effective teachers, NHSA recommends funding Head Start and Early Head Start at **\$9,818,643,596** in FY 2018. Within this amount, NHSA recommends an additional **\$396,758,601** be allocated for Quality Improvement funding to support the implementation of HSPPS and **\$193,789,995** (including \$13,440,000 specifically for EHS Expansion–CC Partnership grantees) be allocated for Workforce Investments through a cost of living adjustment (COLA). Funds appropriated to Head Start in FY 2018 should include no less than a 4.5% set aside for Migrant and Seasonal programs and no less than 3% for American Indian/Alaska Native programs, per the Head Start Act.

NHSA further recommends that Quality Improvement funds be provided without restriction. As outlined in the 2007 Head Start Act, these funds may be used to increase duration of services to support working families, enhance staff training, conduct communitywide planning, improve classroom environments, and strengthen transportation safety.

Lastly, NHSA recommends that funding for the EHS Expansion–CC Partnership grants be funded at \$653,440,000 which includes an increase of \$13,440,000 for a COLA. First appropriated in FY 2014, interest in this program model continues to grow substantially as the supply for high-quality infant/toddler care fails to keep up with consistently high demand.

The Head Start community genuinely recognizes the budgetary pressures facing Congress in FY 2018 and is grateful for the sustained investment in a million low-income children and their families a year through a strong Head Start program.

*For questions, please contact Tommy Sheridan of NHSA at 703.739.7560
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