Child Care Trust™

Head Start's Impact on the Child Care Gap

How the Loss of Head Start Would Widen Child Care Gaps and Weaken Local Systems

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Authors Linda K. Smith, Caroline Hickey, and Anubhav Bagley

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Executive Summary

Head Start plays a critical role in reducing child care* gaps across the United States. Without it, child care gaps would widen, especially in rural communities and areas with high child poverty. This reduced child care access without Head Start has negative economic and workforce consequences.

FINDINGS

Head Start reduces unmet child care need

Nationally, the child care gap would increase from **28% to 33%** without Head Start, leaving an additional **654,500 children** without access to care. Existing child care systems do not have sufficient capacity to absorb the loss, even when accounting for unused licensed slots.

Impacts are uneven

The repercussions of losing Head Start would be felt across the country, but in **19 states**, child care gaps would increase by **20% or more. Mississippi, West Virginia, Texas, Ohio, and New Mexico would be most impacted**. Rural communities would face disproportionate harm, with gaps increasing by **18% in rural areas** compared to **15% in urban areas**.

Many communities rely on Head Start for core capacity

Head Start provides **30% or more of total child care capacity in 399 counties**, and **50% or more in 128 counties**. In **seven counties**, Head Start is the *only* source of formal child care. Reliance is generally higher in rural areas than urban areas.

Economic consequences are substantial

Reduced child care access associated with the loss of Head Start would result in an estimated additional **$32.8–$49.9 billion in economic losses over the next 10 years**, driven by lower workforce participation, reduced productivity, and declining tax revenues.

STRENGTHENING HEAD START THROUGH BETTER DATA

Strengthening Head Start requires treating data as core infrastructure for child care access, workforce stability, and accountability. The following federal actions would improve oversight, clarify Head Start's role in state systems, and ensure programs continue to meet families' needs:

- **Require state licensure** for all Head Start grantees, including delegate agencies and part-day programs in public schools, to ensure consistent program ID, accurate location data, and integration into state child care systems.
- **Improve data reporting** by ensuring the timely publication of the Office of Head Start (OHS) Services Snapshot reports, creating annual archived snapshots of Head Start Service Location Datasets, and adding variables to the Head Start Service Location datasets to capture state license information, funded slots by age group, and last data modification date.

*In this report, child care is inclusive of Head Start and Early Head Start in addition to licensed child care centers, licensed-exempt home- and center-based providers, faith-based providers, public PreK, and Military Child Development Centers.

- **Clarify point-in-time enrollment, cumulative enrollment, and funded slots** in the OHS data dictionary and ensure consistent use of these terms across reports to minimize confusion when interpreting program reach.
- **Improve transparency around services**, requiring Head Start grantees to report hours of operation, program duration, and use of wraparound services, including how extended care is funded and whether families receive CCDBG subsidies. Collect data on the number and ages of children receiving transportation, distance traveled, and reasons transportation is needed, with particular attention to infants and toddlers to better understand access barriers.
- **Standardize enrollment and service dosage reporting,** requiring reporting of child enrollment using a full-time equivalent (FTE) measure, along with hours per day, days per week, and months per year of classroom hours to improve transparency around access and service availability.
- **Expand workforce data reporting**, requiring employee-level reporting on full-time and part-time status, wages, and salaries. Head Start employees should also be required to participate in state child care workforce registries to strengthen workforce planning and reduce data gaps.

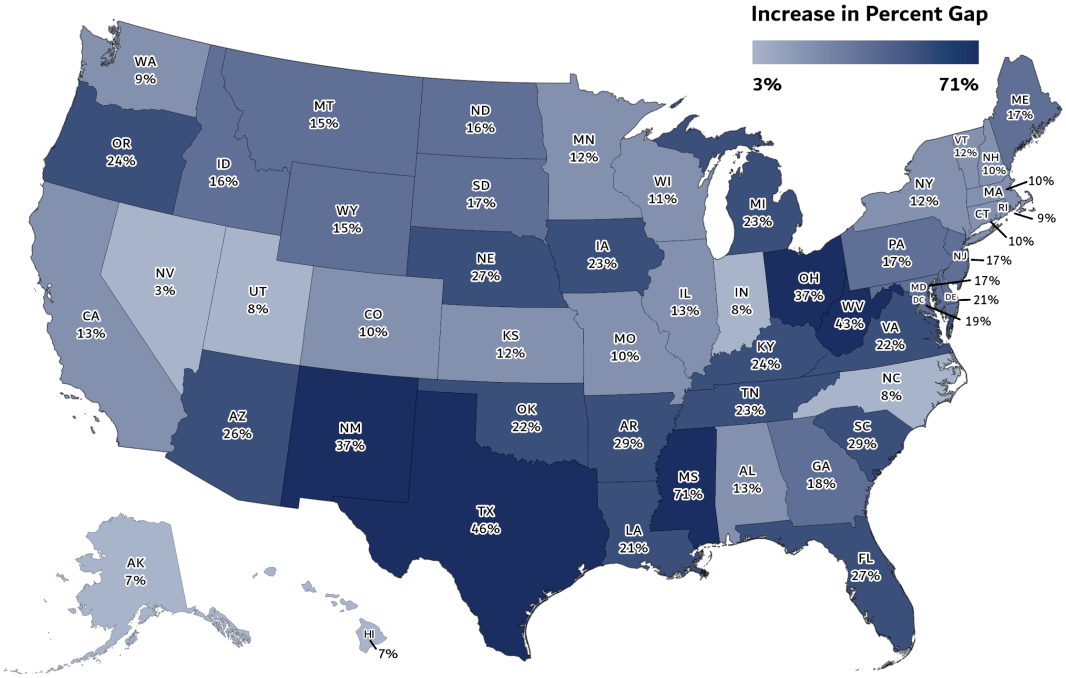
These improvements would enable:

Better accountability: Clearer understanding of where Head Start capacity exists and how it interacts with state child care systems.

Stronger planning: Improved ability to identify unmet need and understand program dosage.

Workforce stability: More complete data to inform recruitment, retention, and compensation strategies for workers.

Smarter investment: Data-driven decisions that strengthen, not undermine, Head Start's role in the child care system and how these programs support working families.



Introduction

Access to reliable child care is essential for families' economic stability and for the functioning of the broader workforce. Yet across the United States, the supply of child care consistently falls short. Previous analyses of the child care gap typically focused on licensed private providers and publicly funded child care subsidies. Less frequently included in these assessments are federally funded early learning programs, including Head Start and Early Head Start. As such, this report refers to child care as inclusive of Head Start and Early Head Start in addition to licensed child care centers, licensed-exempt home- and center-based providers, faith-based providers, public PreK, and Military Child Development Centers.

Head Start and Early Head Start provide early learning and care to infants, toddlers, and preschool-aged children from low-income families. They are often discussed in the broader context around school readiness and child development, but they also are a critical source of child care for low-income working families. Head Start programs operate in every state and serve families who are working, enrolled in job training, or pursuing education.

Understanding Head Start's role in the child care system is especially important given ongoing pressures related to workforce shortages, enrollment fluctuations, and uncertainty in federal funding and program implementation. This report does not predict changes to Head Start, but it examines the implications of a plausible risk scenario: the loss of Head Start services.

"Understanding Head Start's role in the child care system is especially important given ongoing pressures related to workforce shortages, enrollment fluctuations, and uncertainty in federal funding and program implementation."

Using a consistent methodology across all 50 states and Washington, D.C., the analysis compares child care gaps with and without Head Start, evaluates whether existing child care systems could absorb affected children, and assesses how impacts vary across states, counties, and rural and urban areas. The report also estimates the economic consequences associated with reduced child care access, including potential losses for households, businesses, and tax revenues.

It is also important to note what this analysis does not do. It does not evaluate the quality or effectiveness of Head Start programming. It does not assess child development outcomes. Instead, our analysis focuses on how Head Start's absence would impact system capacity, families, and local economies.

The sections that follow describe the methodology used in this analysis, present key findings on the scale and distribution of impacts, and outline policy recommendations to improve data quality, system integration, and oversight. Together, these findings present a clearer understanding of Head Start's role within the nation's child care system.

Child care gap data are available at childcaretrust.org.

Head Start and Early Head Start programs deliver services to infants, toddlers, and preschool-aged children from low-income families and pregnant women. The Office of Head Start administers grant funding to about 1,600 public and private nonprofit and for-profit agencies that offer Head Start services in local communities. Head Start and Early Head Start grant recipients provide services in every U.S. state and territory, farmworker camps, and more than 150 tribal communities.

Methodology

This analysis estimates how the availability of Head Start and Early Head Start services impacts child care access across the United States. Specifically, it compares child care gaps in all 50 states and Washington, D.C. Child care gaps were calculated twice: once ***including*** Head Start capacity, and once ***excluding*** Head Start capacity.

The difference between these estimates reflects the role Head Start plays in reducing unmet child care need. This report also evaluates the extent to which existing child care systems could absorb affected children, where unmet need would increase, and the economic impact of the loss of Head Start programming. This approach allows us to assess the scale of Head Start's contribution to child care and calculate how that contribution varies across geographies, including urban and rural areas and regions with high child poverty.

For complete details on the methodology process and data sources, visit childcaretrust.org.

Glossary of Key Terms

Child Care Gap: The number of children needing care whose families lack reasonable access to formal child care based on distance. Gaps in this analysis are calculated using metrics based on accessibility to child care.

Child Poverty: Children aged 5 and younger living in families with incomes below 100% of the federal poverty level.

Child Care Supply: All child care that states consider legally operating, regardless of licensing status. This includes licensed child care centers, license-exempt home- (family child care) and center-based providers, faith-based programs, public PreK programs where applicable, Military Child Development Centers, and Head Start and Early Head Start programs.

Delegate Agency: A public, private nonprofit, or for-profit organization that has been given all or part of the responsibility of operating a Head Start program by a Head Start grantee.

Economic Impact: The economic burden of child care gaps on households, businesses, and tax revenues resulting from constrained workforce participation and productivity.

Formal Child Care: Child care that is paid and provided in regulated settings like licensed child care centers or family homes. These programs are often structured and may include educational components.

Legally Operating Child Care: All programs, including center-based and home-based (or family child care) providers. They may or may not be licensed, but are legally operating within the state or county.

Licensed Capacity: Capacity of child care programs based on licensing regulations, usually calculated using square footage.

Potential Need: The number of children aged 5 and below who have all available parents in the workforce and who need some type of child care.

Rural Areas: All territory, population, and housing units not included within an urban area, as defined by the U.S. Census Bureau.

Urban Areas: Comprising a densely settled core of census blocks that meet minimum housing unit density and/or population density requirements. This includes adjacent territory containing non-residential urban land uses. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,000 housing units or have a population of at least 5,000.

Accounting for Capacity and Accessibility

Child care supply was defined as the total number of slots offered by legally operating and state-recognized child care providers serving children aged 5 and under. Because states vary in how they define and report licensed capacity, provider counts may include a range of program types, including licensed centers, family child care homes, and publicly funded early education programs.

Importantly, the child care gap is not calculated as a simple difference between potential need and total capacity. Instead, it reflects accessible capacity. All estimates reflect access to care within a reasonable driving distance, not theoretical statewide capacity.

Estimating Capacity Absorption Without Head Start

To assess whether existing child care systems could absorb children currently served by Head Start, the analysis incorporates licensed provider capacity data to identify unused slots. Child care gaps were recalculated under the assumption that Head Start children could be accommodated in these unused slots where available.

This approach highlights the distinction between theoretical capacity and practical availability. Even after accounting for unused capacity, substantial child care gaps remain in many states.

"All estimates reflect access to care within a reasonable driving distance... This approach highlights the distinction between theoretical capacity and practical availability."

Measuring Poverty and Economic Impact

To examine whether Head Start services are concentrated in areas with the greatest need, the analysis assesses the relationship between child care gap increases and child poverty rates. Child poverty was defined as children aged 5 and under living in families with incomes below 100% of the federal poverty level.

The report also estimates the economic consequences associated with reduced child care access. Economic impact reflects losses to households, businesses, and tax revenues resulting from constrained workforce participation and productivity. Both high and low estimates are presented to reflect a range of potential impacts. These estimates capture first-year losses as well as cumulative losses over a 10-year period. The future impact does not include new economic losses from gaps that may exist in later years.

Methodological Limitations

This analysis relies on the best available national and state data; however, several limitations should be noted. Variability in state reporting practices, differences in how Head Start programs are integrated into state systems, and limited data on enrollment, program hours, and duration introduce uncertainty into estimates of capacity and access.

These limitations underscore the importance of improved data collection and reporting standards, which are addressed later in the policy recommendations.

Findings

Head Start and Early Head Start are critical pieces of the U.S. child care system. Child care systems are already strained. The removal of Head Start services would worsen access gaps, particularly in rural areas and communities with high child poverty, and further restrict child care options for low-income families.

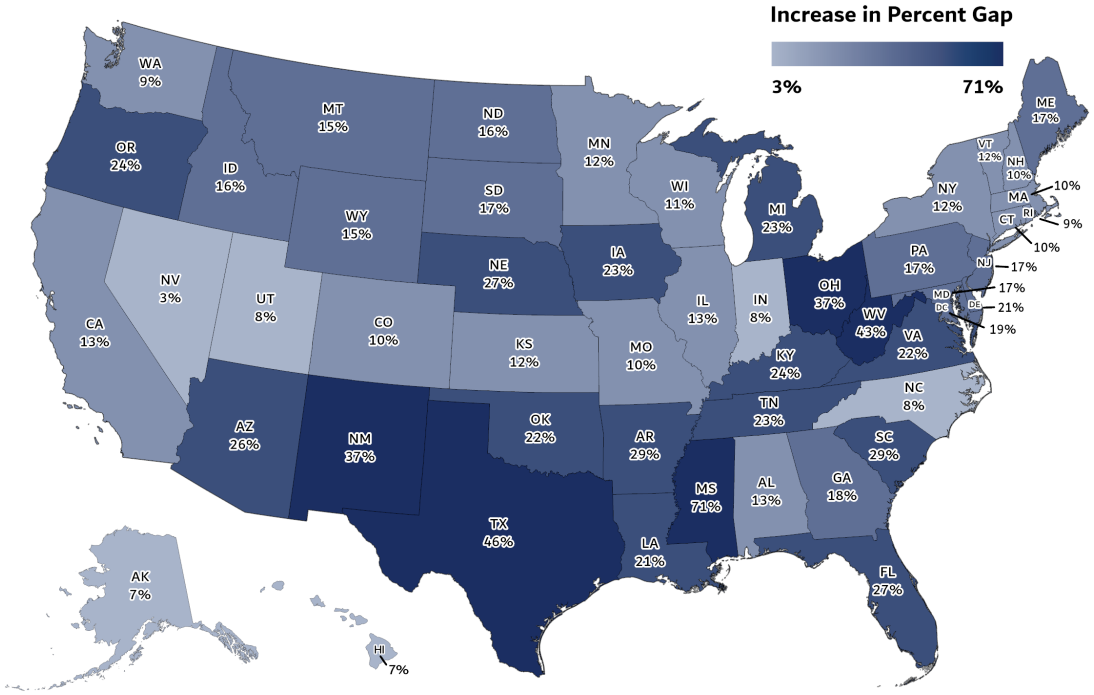
Nationally, more than 14.8 million children aged 5 and under have all available parents in the labor force, indicating potential need for child care. Even with Head Start included, existing child care systems do not fully meet this need. The national child care gap—defined as the share of children with potential need who cannot access care within a reasonable distance—is estimated at 28.2%.

Without Head Start, the child care gap would increase to **32.7%**, representing an additional 654,500 children and their families without access to child care. This equates to a **15.6% increase in unmet need nationwide.**

> "The national child care gap—defined as the share of children with potential need who cannot access care within a reasonable distance—is estimated at 28.2%. Without Head Start, the child care gap would increase to 32.7%."

These findings underscore that Head Start is not a marginal contributor to child care access; its removal would restrict many families' ability to secure care.

Percent Increase in Gap Without Head Start

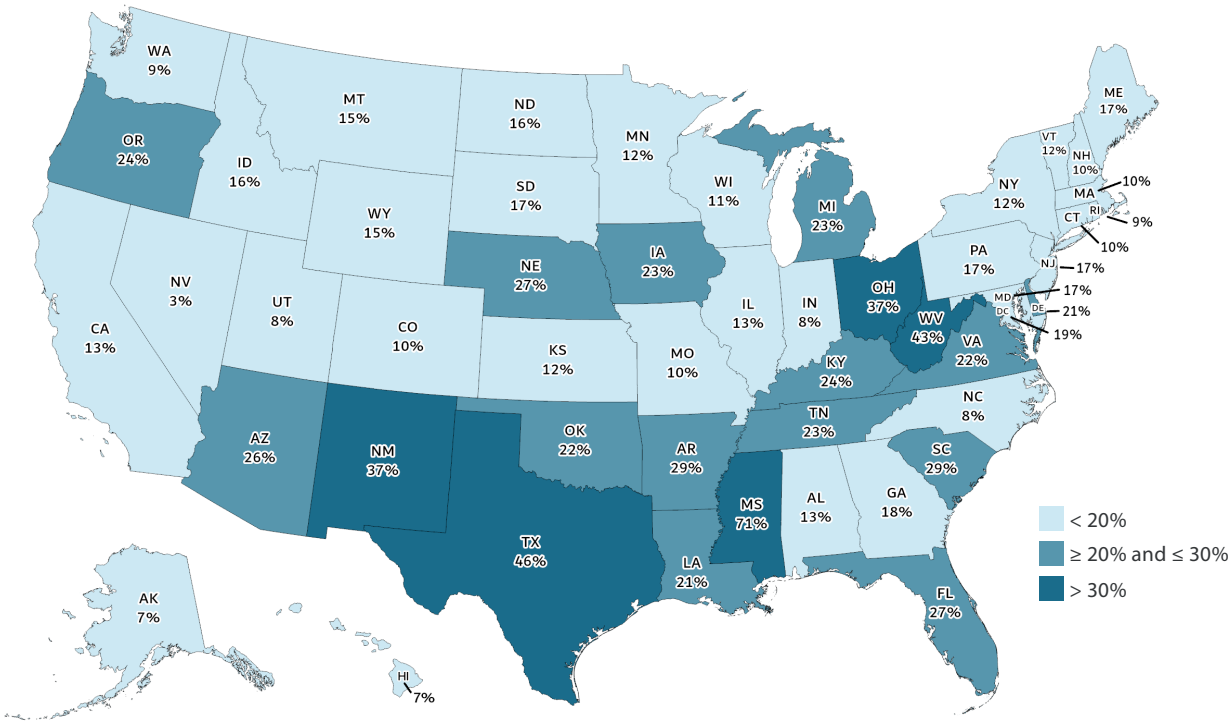


Uneven Impacts Across States and Communities

The impact of Head Start service loss would not be felt evenly across the country. In 19 states, the child care gap would increase by 20% or more without Head Start. The child care gap would widen most in Mississippi, Texas, West Virginia, New Mexico, and Ohio. Head Start plays a particularly important role in local child care systems in these states.

"In 19 states, the child care gap would increase by 20% or more without Head Start."

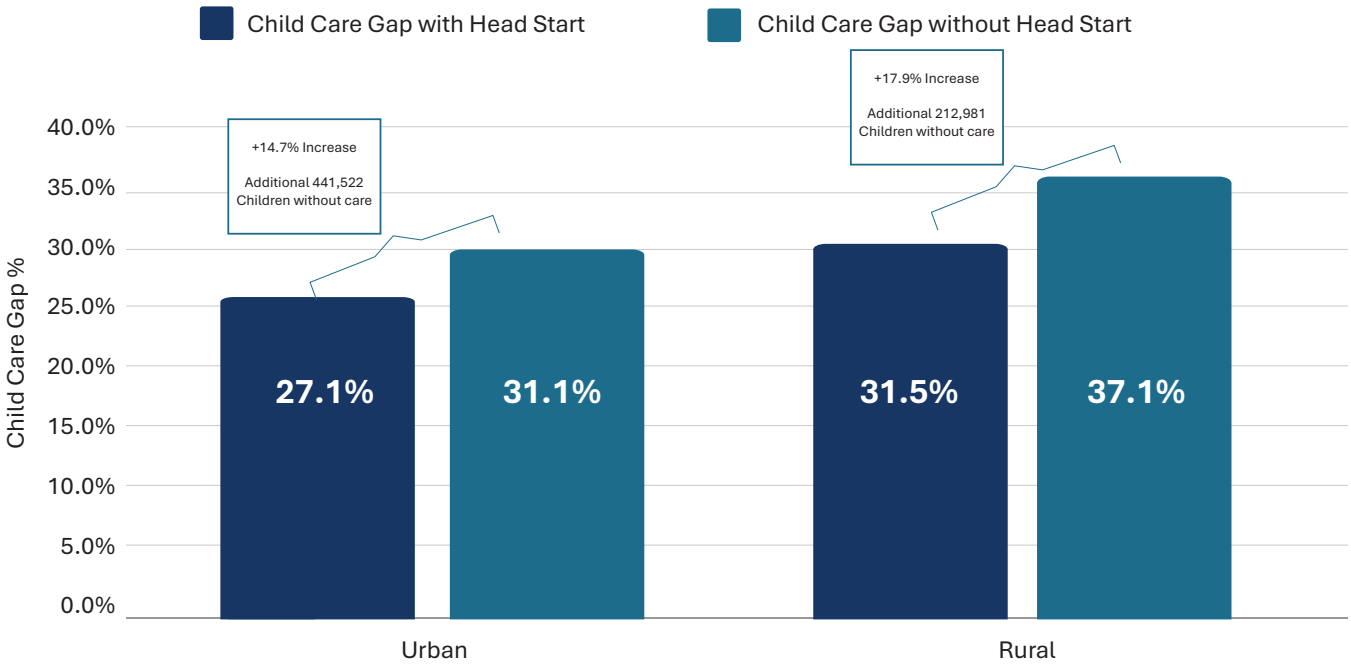
Uneven Impacts: States with the Greatest Gap Percent Increases Without Head Start



Rural Communities Face Disproportionate Impacts

The loss of Head Start would disproportionately impact rural communities. Nationally, rural areas would experience larger gap percent increases than urban areas.

Urban/Rural Change in Child Care Gap



Rural areas also rely more heavily on Head Start for child care supply. Nationwide, Head Start accounts for approximately 10% of total rural child care capacity, compared to 6% in urban areas. In Alaska, Louisiana, Mississippi, Oregon, and West Virginia, Head Start provides more than 20% of rural child care capacity. Combined with fewer unused slots and longer travel distances, rural child care systems are particularly vulnerable to service loss.

"The loss of Head Start would disproportionately impact rural communities…. In Alaska, Louisiana, Mississippi, Oregon, and West Virginia, Head Start provides more than 20% of rural child care capacity."

U.S. Child Care System Relies on Head Start

While the total share of Head Start may appear modest at the national level at 6.8% of total capacity, in Alaska, Mississippi, Montana, and West Virginia, Head Start accounts for 15% or more of total child care capacity.

At the county level, reliance on Head Start is even more pronounced. Head Start accounts for 30% or more of total child care capacity in 399 counties, and 50% or more in 128 counties. In seven counties, Head Start represents 100% of available child care capacity, meaning families in these areas would have no formal child care options without it. These counties are:

- Alaska: Aleutians West and Wrangell counties
- Kentucky: Robertson county
- Missouri: Iron county
- South Dakota: Douglas, Harding, and Jones counties

"Head Start accounts for 30% or more of total child care capacity in 399 counties, and 50% or more in 128 counties. In seven counties, Head Start represents 100% of available child care capacity."

In areas where state-funded pre-K exists, Head Start remains a vital piece of the child care puzzle because of its potential to reach more infants and toddlers.

In many regions, Head Start is not simply one option among many; it is the system families rely on. Areas with a higher reliance on Head Start would face greater difficulty replacing lost services, particularly where alternative providers are limited or geographically inaccessible. This is especially true for Early Head Start programs.

"In many regions, Head Start is not simply one option among many; it is the system families rely on."

Existing Systems Cannot Absorb the Loss of Head Start

To assess whether existing child care systems could accommodate children currently served by Head Start, child care gaps were recalculated under the assumption that unused licensed capacity could be used to absorb displaced children.

Child care gaps still exist even after accounting for a state's ability to accommodate Head Start children with its existing capacity. This means that, while some children *could* be absorbed in state child care systems without Head Start, not all Head Start children could be served without expanding the child care supply. With fewer unused child care slots, rural areas are generally more susceptible to this challenge.

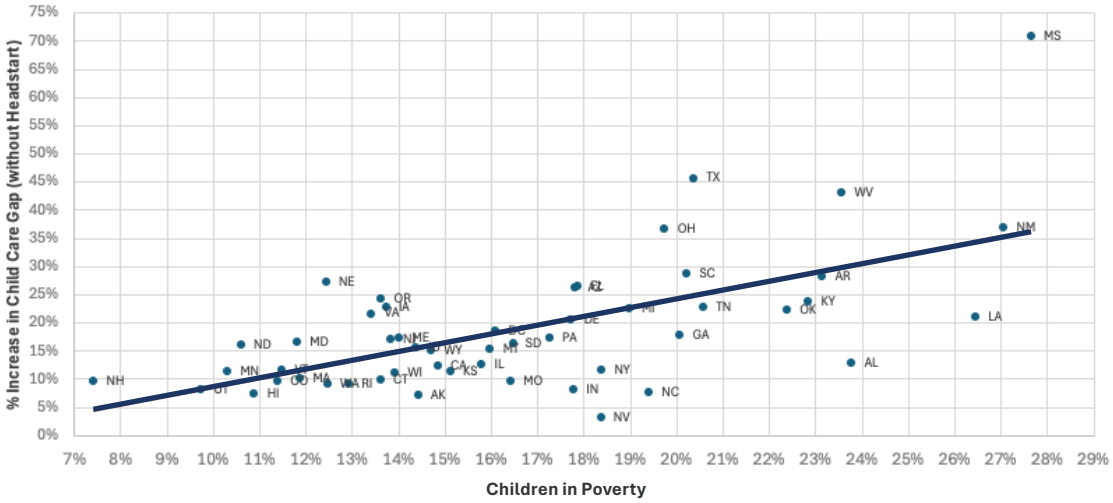
This finding highlights the difference between nominal capacity and realistic access. Child care slots that exist on paper may not be usable due to location, hours of operation, or other constraints that affect family choice.

Head Start Serves Areas with Higher Child Poverty

Head Start is designed to support low-income families, and the findings indicate that it generally operates in areas with higher child poverty. Across states, there is a moderate-to-strong positive correlation (0.62) between child poverty rates and the percent increase in the child care gap without Head Start. In other words, states with higher child poverty tend to experience larger increases in unmet child care need when Head Start services are removed.

"States with higher child poverty tend to experience larger increases in unmet child care need when Head Start services are removed."

Child Poverty and Percent Increase in Gap Without Head Start



Head Start is largely fulfilling its intended role of strengthening child care access in communities where families face the greatest economic barriers to care.

Reduced Child Care Access Carries Economic Costs

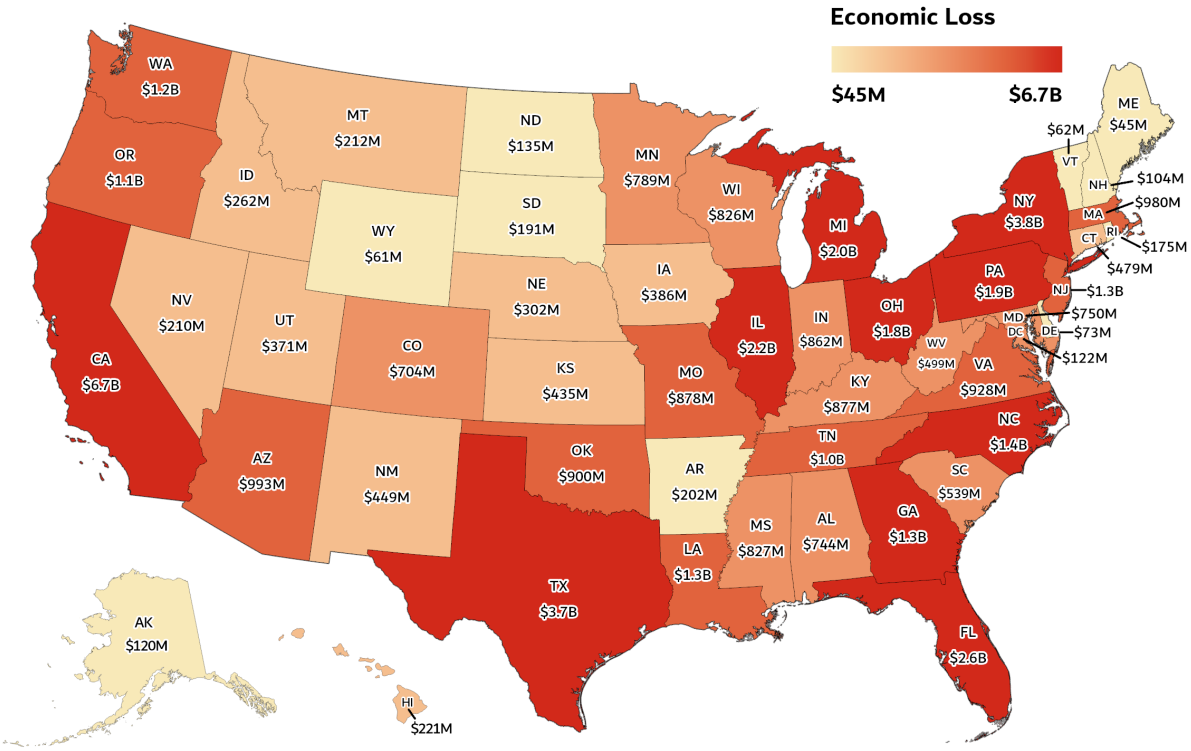
Child care inaccessibility has economic consequences for households, businesses, and governments. Reduced access can limit parents' ability to work, decrease productivity, and lower earnings, resulting in lost tax revenue.

With Head Start included, long-term national economic losses associated with child care gaps are estimated to range from $216.4 billion to $329.4 billion over the next 10 years. Without Head Start, these losses would increase to an estimated $249.2 billion to $379.3 billion, representing an additional $32.8 billion to $49.9 billion in economic losses.

The largest increases in economic losses would occur in California, New York, and Texas, reflecting both population size and the scale of unmet child care need.

These findings show how the loss of Head Start could exacerbate negative economic impacts.

Increase in Economic Loss Without Head Start



"With Head Start included, long-term national economic losses associated with child care gaps are estimated to range from $216.4 billion to $329.4 billion over the next 10 years. Without Head Start, these losses would increase to an estimated $249.2 billion to $379.3 billion."

Policy Recommendations

While Head Start is a strong investment, limitations in current data systems make it difficult to fully understand how the program interacts with state child care systems, how well it meets family needs, and where targeted improvements could strengthen its impact. Addressing these data limitations is essential for informed policymaking, program accountability, and long-term system stability.

Recent changes to OHS data publications have made data timelier and more accessible; however, Head Start data can be strengthened further. The following recommendations outline federal policy actions that would improve data quality, enhance data integration with state systems, and support more effective oversight.

Issue: The role of Head Start in state early childhood systems is unclear.

Discussion

Head Start's integration into state early childhood systems varies widely. Many states exempt Head Start grantees (including delegate agencies and part-day programs in public schools) from licensing, Quality Rating Improvement Systems, and workforce registries. Data matching was therefore required to understand how Head Start supports state early childhood systems. Data matching between Head Start and state data was difficult because Head Start grantees may have multiple locations and some locations may list multiple Head Start sub-grantees (delegates). Head Start classrooms may also be housed within another facility, such as a school or child care center, making it hard to pinpoint the location of each Head Start program. As a result, it is difficult to fully understand how Head Start contributes to local child care capacity. This fragmentation limits states' ability to plan for child care supply, workforce needs, and family access.

Recommendation

- OHS should require all Head Start grantees, including delegate agencies and part-day programs in public schools, to be state licensed. Universal licensure would ensure that all Head Start programs have consistent, unique identifiers and accurate location data. This change would support more reliable data matching and enhance system-level planning.

Issue: Head Start data reports are often dated and incomplete.

Discussion

Dated and incomplete data make it difficult to measure the needs, availability, and impact of programs. As noted above, location data discrepancies make it challenging to identify the locations of Head Start grantees and delegates. Reports published by OHS are also often dated. There are delays in publishing the OHS Services Snapshot. The Head Start Service Location Datasets are updated regularly, but archived data are inaccessible, hindering the ability to track trends over time. Additionally, the Head Start Service Location Datasets include reports of closed Head Start programs. Further examination found that some of these reportedly closed programs were still in operation.

Recommendation

- OHS should ensure the timely publication of Services Snapshot reports.
- Along with these reports, OHS should publish annual snapshots of the Head Start Service Location Datasets, providing an archived copy of the data for comparisons over time. The date of the annual Head Start Service Location Datasets snapshots should match the date of the Services Snapshot reports. These changes

would support ongoing research on improvements to child care access over time.

- The Head Start Service Location Datasets should be updated to include variables capturing state license information, funded slots by age group, and the date the data were last updated by the grantee. Data on funded slots by age group at the location-level would facilitate a better understanding of trends in the ages of children being served.

Issue: Inconsistent use of terms creates confusion when interpreting the reach of programs.

Discussion

Unclear definitions and inconsistent use of terms make it challenging to determine the number of children receiving services. Head Start grantees report cumulative enrollment, which is often different from point-in-time enrollment and funded enrollment. Enrollment at a single point in time is typically lower than funded slots, while cumulative enrollment is almost always higher. Reporting cumulative enrollment alone makes it difficult to understand the number of children served at a given point in time, and how to reconcile these data with funded slot data. Clearly defined terms used consistently across reports and programs would improve data clarity, reporting, and the ability to interpret program reach.

Recommendation

- OHS should clearly define all relevant terms in its data dictionary, including point-in-time enrollment, cumulative enrollment, and funded slots. These terms should be used consistently in all reporting requirements. This would help clarify the reach of Head Start programs at different points in time.

Issue: Information on program operations and family service access is limited.

Discussion

Limited data on program duration, hours of operation, and wraparound services make it difficult to determine whether Head Start grantees meet the needs of working families. While some grantees operate part-day or part-year, there is little systematic information on how families supplement care or whether additional services are available to support full workforce participation.

There is also limited transportation data. Transportation is a key factor in child care access, particularly in rural and high-poverty communities. Current Head Start reporting captures only the number of children receiving transportation services, without information on why it is needed, how far children travel, or the ages of children being transported. This lack of detail limits understanding of access barriers, safety considerations, and cost drivers.

Recommendation

- OHS should require all Head Start grantees to report their daily hours of operation, days per week, and months per year. Grantees that operate less than full-day or full-year should be required to report how they support families' child care needs, including the availability of wraparound services and the funding sources used to support extended care. OHS should also require reporting on the use of Child Care and Development Block Grant subsidies among Head Start families to better understand how grantees interact with broader child care financing systems. Taken together, these data would facilitate a stronger understanding of how Head Start programs support working families.
- Grantees should also be required to report the number and ages of children receiving transportation services, the average distance traveled, and the primary reasons transportation is needed. At a minimum, data should be collected for grantees serving infants and toddlers, for whom transportation may pose more challenges.

Issue: Limited data and the inconsistent use of terms creates confusion when interpreting child-level program exposure.

Discussion

The goal of Head Start is to support school readiness for young children. To understand the effectiveness of programs in achieving this goal, researchers need to know how many hours children receive Head Start services (i.e. program dosage). Limited data and inconsistent use of terms (point-in-time enrollment, cumulative enrollment, and funded slots) make it difficult to determine how many children are served at a given time and how many hours of care they receive. Current reporting practices using cumulative enrollment make it difficult to distinguish between full- and part-day

participation, limiting the ability to assess program dosage.

Recommendation

- To improve transparency, support more accurate assessments of access, and strengthen research on child and family outcomes, OHS should require grantees to report enrollment using a full-time equivalent (FTE) measure that reflects the number of hours children are served over the course of a year. This measure should differentiate between full- and part-time students. Grantees should also consistently report hours per day, days per week, and months per year of classroom hours, which may differ from hours of operation. These changes would clarify child-level data needed to inform research on child outcomes.
- OHS should require grantees to report reasons for child exits to better understand transitions between Head Start and other child care services.

Issue: Limited employee-level data of the Head Start workforce hinders understanding of recruitment and retention.

Discussion

Current reporting does not consistently capture whether employees work full-time or part-time, nor does it provide detailed employee-level compensation data (salary and wage data below senior administrator positions are only reported as averages). Limited staff-level data constrain the ability to understand wage structures, employment patterns, and retention challenges. These metrics would support workforce quality improvement initiatives.

Recommendation

- OHS should require grantees to report staff employment status (full-time or part-time) and employee-level wage and salary data.
- Head Start employees should also be required to participate in state child care workforce registries. Integrating Head Start workforce data with state registries would support more comprehensive workforce analyses and inform strategies to improve recruitment and retention across early childhood systems. It would also reduce data loss that may occur when the workforce transitions between programs, for example, if an early childhood professional leaves a state program to work at a Head Start program.

Together, these recommendations underscore the importance of treating data as infrastructure for effective policy. Implementing these changes would align with recent Head Start data improvement efforts. Improved data collection and system integration would strengthen oversight; enhance program accountability, utilization, and dosage; support more strategic investments in Head Start; and reduce the need for child care subsidies and other wraparound services for Head Start families.

Conclusion

This analysis makes clear that Head Start and Early Head Start programs are not a peripheral component of the U.S. child care system. They are foundational sources of care for hundreds of thousands of low-income families and, in many communities, a central pillar of local child care capacity. Without Head Start, child care gaps would widen nationwide—leaving more than 650,000 additional children without access to care, disproportionately impacting rural and high-poverty communities, and contributing to up to $50 billion in additional economic losses over the next 10 years.

The findings also underscore that existing child care systems are not positioned to absorb the loss of Head Start services. Even where unused capacity exists, practical constraints, location, hours of operation, and workforce availability limit whether that capacity is usable by families. In many regions, particularly rural areas, Head Start is not simply one option among many; it is the program families rely on.

There are also opportunities to strengthen Head Start. Gaps in data on location, enrollment, program operations, workforce, and transportation limit our ability to fully understand how Head Start supports families and how it interacts with state child care systems. Addressing these data gaps is critical, as reliable, consistent data are essential infrastructure for informed policy decisions.

Strengthening Head Start requires treating information systems with the same seriousness as physical infrastructure and ensuring programs are visible within state systems, services are accurately measured, and workforce and access challenges are clearly understood.

The policy recommendations outlined in this report would improve transparency, support smart investments, and help Head Start continue to meet the needs of some of our most vulnerable families.

Protecting and strengthening Head Start is essential, not only for children and families, but also for our nation's existing child care system and the broader economy it supports.

Appendix

Appendix A: Potential Need, Supply, and Child Care Gap With vs. Without Head Start

State	With Head Start				Without Head Start			
	Potential Need	Facility Capacity	Child Care Gap	% Gap	Potential Need	Facility Capacity	Child Care Gap	% Gap
AL	221,876	130,243	90,005	40.57%	221,876	118,251	101,692	45.83%
AK	33,400	17,232	18,471	55.30%	33,400	14,191	19,819	59.34%
AZ	296,795	256,420	48,924	16.48%	296,795	240,815	61,764	20.81%
AR	137,400	154,659	11,261	8.24%	137,400	145,881	14,476	10.54%
CA	1,675,246	1,078,066	600,419	35.84%	1,675,246	1,002,209	675,622	40.33%
CO	246,991	157,655	91,591	37.08%	246,991	148,171	100,511	40.69%
CT	158,649	106,307	54,606	34.42%	158,649	101,064	60,027	37.84%
DE	45,207	43,860	5,195	11.49%	45,207	42,029	6,267	13.86%
DC	36,651	36,234	5,687	15.52%	36,651	34,028	6,747	18.41%
FL	883,085	766,050	128,961	14.60%	883,085	726,273	163,228	18.48%
GA	499,339	401,930	102,948	20.62%	499,339	380,807	121,320	24.30%
HI	61,297	24,110	37,197	60.68%	61,297	21,368	39,946	65.17%
ID	80,233	56,260	25,148	31.34%	80,233	52,444	29,099	36.27%
IL	586,487	371,621	217,287	37.05%	586,487	343,384	244,769	41.73%
IN	320,946	166,666	147,196	45.86%	320,946	154,592	159,404	49.67%
IA	169,133	156,448	24,665	14.58%	169,133	149,565	30,297	17.91%
KS	146,710	94,019	56,453	38.48%	146,710	87,559	62,962	42.92%
KY	201,751	145,944	56,630	28.07%	201,751	131,820	70,153	34.77%
LA	229,337	139,758	88,885	38.76%	229,337	121,050	107,722	46.97%
ME	50,596	54,901	3,720	7.35%	50,596	52,105	4,369	8.64%
MD	305,213	255,490	49,433	16.20%	305,213	247,819	57,633	18.88%
MA	303,045	202,669	102,029	33.67%	303,045	191,909	112,408	37.09%
MI	430,514	311,240	120,349	27.95%	430,514	283,292	147,685	34.30%
MN	301,430	213,927	88,809	29.46%	301,430	202,920	99,032	32.85%
MS	136,514	127,759	19,940	14.61%	136,514	105,948	34,092	24.97%
MO	293,562	151,858	138,103	47.04%	293,562	138,390	151,410	51.58%
MT	45,087	24,909	21,235	47.10%	45,087	21,087	24,517	54.38%

State	With Head Start				Without Head Start			
	Potential Need	Facility Capacity	Child Care Gap	% Gap	Potential Need	Facility Capacity	Child Care Gap	% Gap
NE	110,877	96,198	16,305	14.71%	110,877	91,051	20,742	18.71%
NV	132,879	44,790	87,897	66.15%	132,879	41,877	90,737	68.29%
NH	53,752	40,422	13,813	25.70%	53,752	39,080	15,157	28.20%
NJ	439,688	372,530	81,008	18.42%	439,688	358,349	94,917	21.59%
NM	83,102	71,044	17,016	20.48%	83,102	62,919	23,321	28.06%
NY	865,264	479,384	363,605	42.02%	865,264	437,000	405,827	46.90%
NC	461,353	197,084	257,668	55.85%	461,353	177,732	277,586	60.17%
ND	44,014	39,055	10,551	23.97%	44,014	36,528	12,270	27.88%
OH	541,961	491,586	68,872	12.71%	541,961	460,257	94,168	17.38%
OK	181,350	119,151	62,054	34.22%	181,350	104,545	75,926	41.87%
OR	163,167	107,854	57,025	34.95%	163,167	92,959	70,940	43.48%
PA	558,792	411,471	154,689	27.68%	558,792	378,140	181,467	32.47%
RI	46,709	21,852	23,744	50.83%	46,709	19,573	25,951	55.56%
SC	221,687	206,521	28,351	12.79%	221,687	194,905	36,517	16.47%
SD	50,494	35,269	17,806	35.26%	50,494	31,055	20,753	41.10%
TN	300,920	238,992	65,111	21.64%	300,920	223,882	79,952	26.57%
TX	1,414,602	1,332,866	111,492	7.88%	1,414,602	1,266,133	162,552	11.49%
UT	157,291	95,250	63,086	40.11%	157,291	89,766	68,310	43.43%
VT	25,216	19,498	6,987	27.71%	25,216	18,265	7,814	30.99%
VA	395,667	357,795	52,919	13.37%	395,667	345,131	64,433	16.28%
WA	316,566	174,218	143,300	45.27%	316,566	160,672	156,476	49.43%
WV	61,530	40,248	17,554	28.53%	61,530	32,402	25,139	40.86%
WI	276,611	171,047	104,959	37.94%	276,611	158,386	116,711	42.19%
WY	24,892	22,702	5,404	21.71%	24,892	21,121	6,229	25.02%
Total	**14,824,878**	**10,833,062**	**4,186,363**	**28.2%**	**14,824,878**	**10,100,699**	**4,840,866**	**32.7%**

Appendix B: Change in Capacity and Child Care Gap Without Head Start

State	Capacity Loss Without Head Start	Gap Number Increase	Gap Percentage Point Increase	Gap Percent Change Increase
AL	-11,992	11,687	5.26	12.98%
AK	-3,041	1,348	4.04	7.30%
AZ	-15,605	12,840	4.33	26.24%
AR	-8,778	3,215	2.30	28.55%
CA	-75,857	75,203	4.49	12.53%
CO	-9,484	8,920	3.61	9.74%
CT	-5,243	5,421	3.42	9.93%
DE	-1,831	1,072	2.37	20.64%
DC	-2,206	1,060	2.89	18.64%
FL	-39,777	34,267	3.88	26.57%
GA	-21,123	18,372	3.68	17.85%
HI	-2,742	2,749	4.49	7.39%
ID	-3,816	3,951	4.93	15.71%
IL	-28,237	27,482	4.68	12.65%
IN	-12,074	12,208	3.81	8.29%
IA	-6,883	5,632	3.33	22.83%
KS	-6,460	6,509	4.44	11.53%
KY	-14,124	13,523	6.70	23.88%
LA	-18,708	18,837	8.21	21.19%
ME	-2,796	649	1.29	17.45%
MD	-7,671	8,200	2.68	16.59%
MA	-10,760	10,379	3.42	10.17%
MI	-27,948	27,336	6.35	22.71%
MN	-11,007	10,223	3.39	11.51%
MS	-21,811	14,152	10.36	70.97%
MO	-13,468	13,307	4.54	9.64%
MT	-3,822	3,282	7.28	15.46%
NE	-5,147	4,437	4.00	27.21%
NV	-2,913	2,840	2.14	3.23%
NH	-1,342	1,344	2.50	9.73%
NJ	-14,181	13,909	3.17	17.17%
NM	-8,125	6,305	7.58	37.05%
NY	-42,384	42,222	4.88	11.61%
NC	-19,352	19,918	4.32	7.73%

State	Capacity Loss Without Head Start	Gap Number Increase	Gap Percentage Point Increase	Gap Percent Change Increase
ND	-2,527	1,719	3.91	16.29%
OH	-31,329	25,296	4.67	36.73%
OK	-14,606	13,872	7.65	22.35%
OR	-14,895	13,915	8.53	24.40%
PA	-33,331	26,778	4.79	17.31%
RI	-2,279	2,207	4.73	9.29%
SC	-11,616	8,166	3.68	28.80%
SD	-4,214	2,947	5.84	16.55%
TN	-15,110	14,841	4.93	22.79%
TX	-66,733	51,060	3.61	45.80%
UT	-5,484	5,224	3.32	8.28%
VT	-1,233	827	3.28	11.84%
VA	-12,664	11,514	2.91	21.76%
WA	-13,546	13,176	4.16	9.19%
WV	-7,846	7,585	12.33	43.21%
WI	-12,661	11,752	4.25	11.20%
WY	-1,581	825	3.31	15.27%
Total	**-732,363**	**654,503**	**4.50**	**15.63%**

Appendix C: Urban vs. Rural Change in the Child Care Gap Without Head Start

State	Urban				Rural			
	Gap With Head Start	Gap Without Head Start	Gap Number Increase	Gap Percent Change Increase	Gap With Head Start	Gap Without Head Start	Gap Number Increase	Gap Percent Change Increase
AL	40.17%	44.80%	5,154	11.53%	40.96%	46.87%	6,533	14.42%
AK	46.43%	50.59%	776	8.96%	66.52%	70.40%	572	5.83%
AZ	14.13%	17.92%	9,421	26.85%	28.59%	35.66%	3,419	24.71%
AR	8.41%	10.23%	1,205	21.57%	7.99%	10.82%	2,010	35.42%
CA	35.37%	39.80%	66,015	12.51%	39.65%	44.67%	9,188	12.65%
CO	36.76%	40.17%	6,622	9.25%	38.27%	42.66%	2,298	11.48%
CT	34.41%	37.94%	4,546	10.27%	35.19%	37.38%	875	8.47%
DE	10.53%	12.34%	585	17.23%	14.01%	17.65%	487	27.06%
DC	15.52%	18.41%	1,060	18.64%	-	-	-	-
FL	14.57%	18.39%	28,637	26.15%	14.77%	19.04%	5,630	28.92%
GA	19.81%	22.84%	10,596	15.31%	22.51%	27.70%	7,776	23.05%
HI	60.00%	64.71%	2,156	7.85%	62.70%	66.52%	593	6.10%
ID	25.08%	29.18%	1,916	16.37%	40.06%	46.12%	2,035	15.14%
IL	37.61%	42.23%	21,563	12.27%	34.85%	39.81%	5,919	14.24%
IN	43.90%	47.26%	6,925	7.67%	49.38%	53.96%	5,283	9.29%
IA	8.47%	11.31%	2,498	33.54%	21.21%	25.07%	3,134	18.20%
KS	38.49%	43.01%	4,220	11.76%	38.47%	42.75%	2,289	11.12%
KY	17.95%	22.48%	4,960	25.23%	40.08%	49.36%	8,563	23.16%
LA	37.78%	45.32%	10,990	19.96%	40.47%	49.86%	7,847	23.19%
ME	2.44%	3.24%	128	32.82%	9.62%	11.12%	521	15.65%
MD	16.90%	19.57%	6,696	15.76%	12.96%	15.69%	1,504	21.62%
MA	33.89%	37.36%	9,195	10.24%	32.14%	35.26%	1,184	9.70%
MI	29.05%	34.93%	17,680	20.25%	25.42%	32.85%	9,656	29.22%
MN	29.27%	32.13%	5,508	9.76%	29.80%	34.14%	4,715	14.57%
MS	10.10%	17.38%	3,958	72.09%	17.59%	29.99%	10,194	70.55%
MO	43.33%	47.24%	7,203	9.02%	53.32%	58.91%	6,104	10.48%
MT	36.28%	44.11%	1,515	21.59%	55.22%	62.09%	1,767	12.43%
NE	8.90%	12.68%	2,699	42.51%	25.19%	29.59%	1,738	17.46%
NV	66.06%	68.03%	2,362	2.98%	66.96%	70.67%	478	5.54%
NH	28.63%	30.64%	554	7.01%	22.60%	25.62%	790	13.36%
NJ	18.51%	21.76%	12,952	17.57%	17.62%	19.93%	957	13.15%

State	Urban				Rural			
	Gap With Head Start	Gap Without Head Start	Gap Number Increase	Gap Percent Change Increase	Gap With Head Start	Gap Without Head Start	Gap Number Increase	Gap Percent Change Increase
NM	14.53%	20.88%	3,406	43.75%	31.27%	41.10%	2,899	31.41%
NY	39.36%	44.01%	34,600	11.82%	58.98%	64.61%	7,622	10.76%
NC	57.80%	61.28%	9,851	6.03%	52.77%	58.40%	10,067	10.68%
ND	11.17%	15.10%	889	35.21%	37.37%	41.37%	830	10.34%
OH	9.81%	13.96%	16,300	42.23%	20.37%	26.42%	8,996	29.72%
OK	33.79%	39.78%	6,725	17.73%	34.92%	45.26%	7,147	29.62%
OR	31.53%	39.57%	9,658	25.47%	44.52%	54.43%	4,257	22.28%
PA	29.71%	34.33%	19,349	15.52%	23.57%	26.90%	7,429	24.74%
RI	51.70%	56.59%	1,988	9.47%	45.06%	48.65%	219	7.98%
SC	12.32%	14.96%	3,529	21.37%	13.50%	18.79%	4,637	39.18%
SD	22.33%	27.32%	1,135	22.33%	45.88%	52.41%	1,812	14.24%
TN	20.48%	25.04%	8,322	22.28%	23.44%	28.92%	6,519	23.48%
TX	6.46%	9.75%	36,125	50.88%	12.81%	17.54%	14,935	36.89%
UT	39.08%	42.22%	3,931	8.02%	44.14%	48.19%	1,293	9.17%
VT	26.14%	29.03%	208	11.05%	28.33%	31.77%	619	12.13%
VA	10.70%	12.88%	6,563	20.39%	21.86%	27.08%	4,951	23.88%
WA	44.54%	48.28%	9,364	8.39%	48.00%	53.78%	3,812	12.02%
WV	28.84%	38.28%	2,240	32.73%	28.33%	42.48%	5,345	49.91%
WI	31.54%	35.69%	6,786	13.15%	47.22%	51.61%	4,966	9.31%
WY	6.03%	8.35%	258	38.34%	34.43%	38.56%	567	11.98%
Total	**27.13%**	**31.12%**	**441,522**	**14.74%**	**31.49%**	**37.12%**	**212,981**	**17.88%**

Appendix D: Head Start Share of Total Child Care Capacity in Urban vs. Rural Areas

State	Head Start Share of Total Capacity	Head Start Share of Urban Capacity	Head Start Share of Rural Capacity
AL	9.21%	7.48%	12.39%
AK	17.65%	8.91%	30.06%
AZ	6.09%	4.91%	16.85%
AR	5.68%	4.75%	7.30%
CA	7.04%	6.78%	10.20%
CO	6.02%	5.52%	8.71%
CT	4.93%	5.42%	1.48%
DE	4.17%	3.90%	5.43%
DC	6.09%	6.09%	-
FL	5.19%	4.88%	8.25%
GA	5.26%	4.41%	8.42%
HI	11.37%	10.45%	14.81%
ID	6.78%	5.22%	11.68%
IL	7.60%	8.06%	5.16%
IN	7.24%	6.50%	10.02%
IA	4.40%	4.16%	4.82%
KS	6.87%	7.49%	5.44%
KY	9.68%	5.63%	19.14%
LA	13.39%	11.24%	20.41%
ME	5.09%	6.26%	4.34%
MD	3.00%	3.31%	1.66%
MA	5.31%	5.62%	2.61%
MI	8.98%	8.50%	10.36%
MN	5.15%	4.59%	6.44%
MS	17.07%	12.78%	22.35%
MO	8.87%	7.26%	14.20%
MT	15.34%	13.14%	19.09%
NE	5.35%	4.47%	7.44%
NV	6.50%	6.08%	14.33%
NH	3.32%	4.00%	2.32%
NJ	3.81%	3.85%	3.23%
NM	11.44%	8.43%	19.55%
NY	8.84%	8.38%	14.77%
NC	9.82%	8.11%	13.73%

State	Head Start Share of Total Capacity	Head Start Share of Urban Capacity	Head Start Share of Rural Capacity
ND	6.47%	4.24%	10.25%
OH	6.37%	5.89%	8.74%
OK	12.26%	9.46%	19.45%
OR	13.81%	11.56%	25.01%
PA	8.10%	8.62%	6.68%
RI	10.43%	11.21%	1.76%
SC	5.62%	3.81%	10.79%
SD	11.95%	8.67%	16.34%
TN	6.32%	5.47%	8.65%
TX	5.01%	4.50%	7.90%
UT	5.76%	5.08%	9.40%
VT	6.32%	8.75%	5.06%
VA	3.54%	2.66%	7.44%
WA	7.78%	6.46%	16.66%
WV	19.49%	11.44%	28.54%
WI	7.40%	6.65%	9.49%
WY	6.96%	5.94%	8.32%
Total	**6.76%**	**6.01%**	**10.04%**

Appendix E: Child Care Gap Economic Impact in USD

State	Gap Economic Impact With Head Start		Gap Economic Impact Without Head Start		Economic Losses	
	Low	High	Low	High	Low	High
AL	3,887,319,154	5,931,124,244	4,374,618,110	6,674,626,524	-487,298,956	-743,502,279
AK	1,068,387,698	1,631,315,286	1,146,941,436	1,751,258,556	- 78,553,738	-119,943,270
AZ	2,497,822,601	3,815,722,682	3,147,867,351	4,808,743,762	-650,044,750	-993,021,080
AR	489,508,213	745,333,779	622,019,190	947,097,313	-132,510,977	-201,763,535
CA	34,463,046,053	52,505,580,835	38,862,460,982	59,208,233,753	-4,399,414,929	-6,702,652,918
CO	4,976,486,115	7,556,768,242	5,440,033,352	8,260,662,306	-463,547,237	-703,894,064
CT	3,179,396,993	4,833,444,496	3,494,530,248	5,312,522,479	-315,133,255	-479,077,983
DE	235,709,726	358,267,879	283,825,093	431,401,011	-48,115,367	-73,133,132
DC	434,554,079	656,852,373	515,550,620	779,283,095	-80,996,540	-122,430,722
FL	6,225,466,134	9,498,331,446	7,903,956,579	12,059,241,461	-1,678,490,445	-2,560,910,015
GA	5,157,360,351	7,859,680,244	6,036,115,801	9,198,880,218	-878,755,449	-1,339,199,973
HI	1,953,608,977	2,975,099,589	2,098,970,381	3,196,466,637	-145,361,404	-221,367,048
ID	1,102,255,664	1,682,573,081	1,274,194,971	1,945,035,284	-171,939,307	-262,462,203
IL	11,644,089,839	17,701,350,358	13,084,797,771	19,891,514,992	-1,440,707,932	-2,190,164,634
IN	6,880,630,255	10,485,701,209	7,446,391,821	11,347,890,647	-565,761,566	-862,189,438
IA	1,118,537,555	1,694,863,229	1,373,479,307	2,081,163,537	-254,941,752	-386,300,307
KS	2,511,239,085	3,813,968,310	2,797,746,172	4,249,103,681	-286,507,087	-435,135,371
KY	2,428,008,920	3,697,532,693	3,004,085,586	4,574,820,372	-576,076,667	-877,287,678
LA	3,985,313,170	6,092,540,121	4,824,362,847	7,375,235,758	-839,049,677	-1,282,695,638
ME	168,859,572	256,684,549	198,323,343	301,472,621	-29,463,771	-44,788,072
MD	3,070,886,405	4,664,731,677	3,564,645,082	5,414,759,952	-493,758,677	-750,028,275
MA	6,345,612,846	9,616,884,563	6,992,487,553	10,597,235,016	-646,874,707	-980,350,453
MI	5,992,855,154	9,125,233,320	7,313,978,040	11,136,887,911	-1,321,122,886	-2,011,654,591
MN	4,754,173,110	7,198,230,350	5,275,510,730	7,987,578,779	-521,337,619	-789,348,429
MS	764,299,958	1,168,579,313	1,305,188,689	1,995,573,185	-540,888,731	-826,993,872
MO	6,159,375,076	9,369,497,452	6,736,325,867	10,247,141,514	-576,950,790	-877,644,062
MT	909,177,847	1,382,044,170	1,048,454,884	1,593,759,642	-139,277,037	-211,715,472
NE	706,931,254	1,071,772,209	905,847,685	1,373,347,647	-198,916,431	-301,575,438
NV	204,526,422	6,430,854,619	4,341,747,189	6,640,734,807	-137,220,766	-209,880,189
NH	693,881,554	1,048,602,734	762,602,105	1,152,454,116	-68,720,552	-103,851,382
NJ	5,049,576,366	7,675,431,423	5,925,338,807	9,006,603,402	-875,762,441	-1,331,171,979
NM	773,228,980	1,180,957,531	1,067,213,180	1,629,961,466	-293,984,200	-449,003,935
NY	20,855,716,131	31,711,467,407	23,322,079,915	35,461,615,054	-2,466,363,784	-3,750,147,647

State	Gap Economic Impact With Head Start		Gap Economic Impact Without Head Start		Economic Losses	
	Low	High	Low	High	Low	High
NC	12,238,885,592	18,650,571,810	13,133,814,006	20,014,333,773	-894,928,414	-1,363,761,964
ND	550,207,077	830,371,110	639,473,958	965,092,459	-89,266,881	-134,721,349
OH	3,148,055,818	4,795,865,667	4,324,778,868	6,588,529,408	-1,176,723,050	-1,792,663,740
OK	2,736,890,197	4,172,184,877	3,327,099,377	5,071,914,729	-590,209,180	-899,729,852
OR	2,955,210,920	4,494,313,187	3,674,891,069	5,588,809,678	-719,680,149	-1,094,496,491
PA	7,415,588,728	11,287,123,912	8,679,529,760	13,210,943,999	-1,263,941,032	-1,923,820,087
RI	1,236,691,746	1,879,185,508	1,351,641,993	2,053,855,421	-114,950,248	-174,669,913
SC	1,246,004,355	1,902,233,733	1,599,220,633	2,441,477,369	-353,216,278	-539,243,636
SD	759,532,479	1,152,973,261	885,050,164	1,343,509,596	-125,517,685	-190,536,335
TN	2,978,485,003	4,545,012,561	3,644,447,353	5,561,236,257	-665,962,350	-1,016,223,696
TX	5,463,291,661	8,342,041,722	7,870,362,845	12,017,461,438	-2,407,071,185	-3,675,419,715
UT	2,984,507,465	4,543,223,389	3,228,278,025	4,914,307,772	-243,770,560	-371,084,383
VT	348,849,521	527,502,459	390,105,920	589,887,100	-41,256,399	-62,384,641
VA	2,844,685,998	4,326,181,868	3,454,864,607	5,254,137,936	-610,178,609	-927,956,069
WA	8,919,836,471	13,605,006,449	9,684,131,409	14,770,749,520	-764,294,938	-1,165,743,071
WV	785,410,985	1,195,717,108	1,113,431,271	1,695,098,647	-328,020,286	-499,381,539
WI	4,819,951,121	7,329,810,244	5,362,926,745	8,155,526,772	-542,975,624	-825,716,528
WY	265,814,231	403,701,041	306,161,328	464,977,537	-40,347,096	-61,276,496
Total	**216,385,740,621**	**329,420,041,317**	**249,161,900,016**	**379,334,155,909**	**-32,776,159,394**	**-49,914,114,591**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