



RIN: 0970-AD01

January 19, 2024

Submitted electronically via Regulations.gov.

Office of Head Start
Attention: Director of Policy and Planning
330 C Street SW, 4th Floor
Washington, DC 20201

Re: Supporting the Head Start Workforce and Consistent Quality Programming (RIN: 0970-AD01)

Dear Director Hutchison:

Start Early and the Educare Network appreciate the opportunity to comment on the Office of Head Start's (OHS's) proposed rules on Supporting the Head Start Workforce and Consistent Quality Programming. **Overall, our organizations support the proposed changes and applaud OHS for promoting quality through support for the workforce.** We also applaud OHS's expressed goals of centering the voices of families and the workforce, and have similarly based our comments on the input of approximately 150 staff and families from the Early Head Start/Head Start programs that Start Early and the Educare Network partner with. Below, we offer specific considerations for implementation of the proposed changes (organized by topic area) based on the experiences and expertise of Early Head Start/Head Start staff and families. **We encourage OHS to provide additional guidance to programs on the implementation of the proposed changes and to consider the significant resources that programs will require in order to fully realize the benefits of the updated performance standards.**

About Start Early:

[Start Early](#) is a non-profit, public-private partnership that works to advance quality early learning for families with children, before birth through their earliest years, to close the opportunity gap. We do this work with a recognition that advancing equity in early childhood access, use, participation, and outcomes for young children and their families is inextricably tied to advancing equity and justice for people of color and communities that have been under-resourced and divested from.

Thousands of young children, parents, and members of the early childhood workforce are reached each year through our programs, training, evaluation, and advocacy efforts. In 1985, Start Early launched the [Early/Head Start Network](#) to provide early learning services to young children and their families living in under-resourced communities in Chicago. As a federal Head Start grantee, Start Early convenes its partner agencies in a network designed to continually improve our practice. Each community-based agency brings its own local relationships, unique perspectives and strategies to strengthen the early childhood field. Start Early partners with twelve community-based agencies to deliver quality early learning and care to more than 1,400 children and families across Illinois. This includes Educare Chicago, a Head Start/Early Head Start program staffed and operated directly by Start Early.



RIN: 0970-AD01

About the Educare Network:

The [Educare Learning Network](#) (the Network) is housed at its coordinating organization, Start Early. The Network is dedicated to increasing the quality of early childhood education and access to critical supports for young children and their families in communities impacted by systemic inequities. We do this through our network of 25 independent non-profit birth-to-five schools across 15 states, the District of Columbia, and on tribal land in the Winnebago Indian Reservation; field-building professional development and research initiatives; and federal, state and local advocacy efforts. We see connections to the changes OHS has proposed related to improving Head Start quality and supporting the workforce with policies the Network prioritizes in our [Educare Five Policy Agenda](#). The Educare Five was shaped by the contributions and voices of Educare school parents, staff and leaders, and community and research partners from across our Network. The comments and recommendations below reflect insights gathered from Network parent leaders and staff committed to more equitable early learning services and systems.

Feedback on Proposed Revisions to the Head Start Performance Standards:

Overall Feedback

The Early Head Start/Head Start staff and families associated with Start Early and the Educare Network who provided their input for this comment overall support the proposed changes to the performance Standards. As one Educare school staff member stated: *“These changes are very helpful for the well being of the children and families that we serve daily. We want to ensure that the teachers are at their best and we can’t do that if they are over worked, short staffed, and underpaid.”* These critical changes to the day-to-day practices of Early Head Start/Head Start educators will not only help them prioritize their wellness and financial security, they will also have ripple effects on school culture and, ultimately, the ability of a school to serve its community and advance OHS’s goals related to educational equity. *“These changes seem to be a big step in creating equitable and inclusive educational programs for students, families and staff,”* wrote one Educare staff member. *“It supports teaching staff’s wellbeing and keeping them from burnout, while also creating more opportunities for families furthest from educational justice.”*

However, many we spoke with also expressed concern over the **implementation timeline** as well as the **costs that programs will incur** as a result of these changes. While the clarity of OHS’s timeline was appreciated by several contributors, many expressed a need for faster or more incremental implementation and more clarity on the parity scale that would be accepted, particularly related to proposed rules raising staff wages. While we recognize that policy, programmatic, and operational changes take time to implement, changes that will take place several years into the future are unlikely to support today’s workforce. As noted by OHS as the rationale for the proposed changes, staff turnover is currently extremely high, and without faster or more incremental changes, Early Head Start/Head Start programs across the country will lose thousands of passionate and qualified educators before additional staff supports are fully implemented.

We applaud OHS for championing the needs of the Early Head Start/Head Start workforce and creating policies that have the potential to improve the lives of educators across the country and the children



RIN: 0970-AD01

and families they serve. However, realizing the full promise of these proposed changes will require new investments in Early Head Start/Head Start programs overall. We believe that the revised performance standards would yield several critical improvements in the final stages of their implementation, but will also require larger programmatic budgets. We encourage OHS to partner with Congress to also ensure additional funding for the federal technical assistance centers who will be supporting programs in implementing the updated performance standards.

We also encourage OHS and Congress to acknowledge that additional resources and funding will be required as programs build the experience and expertise necessary to assess their current policies and procedures and work towards implementation of the revised performance standards. Assessing and improving operational and financial models, supporting families in new ways, and providing effective change management will require significant staff time and training. Thus, programs will require additional funding and other supports even prior to the completion of OHS's proposed timelines for implementation of the revised standards.

Similarly, while the Early Head Start/Head Start staff we spoke with applauded prioritization of staff wages and benefits, **some expressed concern over the need to reduce slots and services in order to align with the proposed changes.** In communities with high numbers of families to serve or in areas where early learning programs are minimal ("early childhood education deserts"), reducing slots could result in programs growing their waitlists, further distancing them from being able to meet the full needs of their communities. We urge OHS to clarify in its proposed changes to the performance standards how programs that currently have waitlists should approach the proposed reduction in slots, continue to provide technical assistance and guidance for the reduction of slots and conversions, and whether there are other recommended means of reducing costs in order to raise wages and benefits.

We also encourage OHS to consider including language in the updated performance standards that allows for a pause in some or all of the requirements if federal appropriations do not keep pace with the resources needed for programs to fully implement the performance standards. This allows for flexibility based on local community needs (i.e. reducing program slots to meet salary targets might be easier in larger, urban programs, but tougher in smaller, rural communities or other early childhood education "deserts"). We also encourage OHS to partner with Congress to ensure additional funding for the federal technical assistance centers who will be supporting programs in implementing the updated performance standards.

Some Early Head Start/Head Start programs we spoke with also acknowledged that they (or all of the Early Head Start/Head Start programs in their state) are already implementing many of the proposed changes to the performance standards. Our learnings from these programs are included in the sections below, including many related to the support many of them currently need related to workforce development and retention as well as their ongoing need for additional funding. We urge OHS to leverage the experiences of programs and state/local early care and learning systems that have already begun to make these changes as a means of anticipating the types of support needed for programs that will need to make larger adjustments to meet the newly-proposed performance standards.



RIN: 0970-AD01

Finally, we encourage OHS to review [The Next Generation of Head Start](#), a report created by the Children's Equity Project, Equity Research Action Coalition, and the Center on the Ecology of Early Childhood Development. The report outlines 10 key updates that could strengthen and improve Head Start for the next generation, including building bridges to kindergarten entry, ensuring slots are available to highest need families, workforce compensation and retention, and more. We encourage OHS to evaluate its proposed changes to the performance standards through the proposed updates described in *The Next Generation of Head Start* and the report's critical emphasis on advancing racial equity.

Staff Wages

Insights from both staff and parents who offered input across our Early Head Start/Head Start programs echoed a similar theme: that these proposed changes to improve staff wages mark progress to recognizing the complex and essential work early educators do each and every day. As one Educare parent shared, *"The staff, educators, and faculty have one of the most important and the most difficult jobs and absolutely should be compensated generously. How can I expect for my son's teacher/assistant teacher to give my child 100% -- take my role for 8 hours of a day -- when my child's teacher is worrying about how she/he will feed their family? Dealing with toddlers is difficult enough, dealing with their mothers/fathers/caregivers can exacerbate their day to day five times as much. We should be paying our staff and anyone involved in a child's education as much as we pay our athletes. I 100% support this proposal."*

However, building on our summary comments above, the timeframe for full implementation of the wage requirements is several more years away. Programs face real barriers to recruiting and retaining a qualified workforce and sustaining robust operations. **More support to help the workforce now is essential – we recommend implementing required gradual and incremental increases that can help boost compensation in the immediate.** As one Educare school staff member shared, *"We consistently see the hardships the staff experience because of low wages that are not at a survivable standard. Six of our 12 classrooms have been closed for almost two years. Classroom closures also cause low enrollment numbers."* Early learning programs, including Early Head Start/Head Start, also experience competition for staff with local school districts and other industries that might provide higher pay and more comprehensive benefits. With low pay, some early learning professionals also balance needing to take on other jobs to be able to support their families which has implications for programs. *"This is detrimental to the well being of their families, their mental health and wellness. Families are affected by the increased instances of classroom closures due to a teacher not able to come into work or the classroom being closed because it is unstaffed or understaffed,"* the Educare staff member emphasized.

It is also important to recognize that many programs that are already implementing salary increases/parity or floors that mirror the changes proposed still face challenges hiring and retaining staff. For example, \$15 an hour in 7 years will be worth considerably less than \$15 today (conservatively, slightly more than \$10 per hour); in places like Chicago where \$15 is already the salary floor/minimum wage, workforce hiring remains difficult. **While increased compensation is critical, we ask OHS for additional support to ensure more dedicated resources, strategies, and technical assistance for recruitment and retention efforts that can build and retain a workforce pipeline of qualified and passionate early learning**



RIN: 0970-AD01

professionals. Wage thresholds (especially minimum levels) should also continue to be reevaluated due to cost of living changes over time to ensure pay is competitive but also adequately supports a thriving workforce. As another Educare staff member noted, *“This change is necessary but not sufficient for us to be of high quality given the teacher shortage that is a long-term structural issue.”*

Additional considerations should be made with regard to the proposed changes based on perspectives from our Early Head/Head Start programs who offered feedback. For example:

- Some Head Start programs are unionized and the proposed changes might affect pay scale/equivalences across positions and complicate salary floor; guidance for those programs might be beneficial.
- While we appreciate the intention behind OHS’s proposed guidance that would require programs to examine their progress to pay parity by regularly tracking data to wages paid in their local or neighboring school district, these wage comparisons and studies often take time, expertise, and funding for programs to conduct well. We encourage OHS to implement a nation wide wage comparisons and studies to reduce the burden on grant recipients and provide guidance for programs, as well as funding, is needed to ensure that accurate data is collected for a study comparison.
- As wage increases are planned and implemented, we ask that OHS consider guidance around equitable pay strategies that honor knowledge and perspectives of staff with varied experience that might not be documented through education. This includes but is not limited to expertise gained from lived experience and/or bilingual skills that can be assets to working with diverse young children and their families.
- We appreciate OHS inviting public comment on how wage standards apply to partnership agreements such as the Early Head Start-Child Care Partnership grant recipients. Several Educare organizations administer Partnership grants with local child care centers and family child care homes, school districts, special education programs, homeless shelters and other community organizations. Some offer concerns about partner programs and the sustainability of programming for partners with staff, for example, for center-based programs where wages must increase for all staff at comparable rates. Intentional guidance and support would be helpful for Partnership programs to implement wage increases in ways that meet their needs.

Staff Benefits

Start Early and the Educare Learning Network applaud OHS’s efforts to address staff benefits as a means of improving staff well-being and retention. Parents and staff who provided input for this comment agreed: Early Head Start/Head Start educators deserve the same benefits afforded to many of their colleagues who work in K-12 education. As one Educare staff member indicated: *“It’s important that staff are afforded the same opportunity as other teachers that are in the field. We have families and needs as well.”* A parent advisor to the National Center on Parent, Family, and Community Engagement agreed that staff benefits, particularly health care, have a major effect on educators’ ability to care for both themselves and the children in their classrooms: *“For our children to be well, the staff they are with must be well. This means healthcare needs to be available.”*



RIN: 0970-AD01

Additionally, according to the 2021 report [*Anti-Racist Policymaking to Protect, Promote, and Preserve Black Families and Babies*](#), although greater access to paid family leave helps address many birth and health equity disparities, only 40.8% of Black non-Hispanic parents have access to paid family leave. We applaud OHS for proposing rules that aim to promote equity and increase access to paid family leave among Early Head Start/Head Start staff.

Parents and staff who provided input for this comment also shared several ways that staff benefit offerings could be strengthened further:

- All benefits should be provided regardless of whether staff are full- or part-time.
- Retirement benefits for all staff should be added to required benefit packages. We acknowledge that this would require additional funding for programs overall and encourage OHS to advocate for the funding levels necessary to make this addition.
- Where programs are required to “facilitate access” to particular benefits, including child care subsidies and public insurance options, we encourage OHS to consider what policy and funding changes could be made to move beyond merely making staff aware of their options and instead increasing access among staff to these resources. For example, children of Early Head Start/Head Start staff members could be automatically eligible for the program in which they work.

They also expressed a need for clarification in two areas:

- Respondents sought clarification on whether participation in state-run universal paid leave, paid sick, and a retirement plan would meet employers’ requirements under the revised performance standards. This ensures that providers do not perceive a need to purchase private plans unnecessarily and that state-run plans maintain their stability and do not lose members.
- Respondents also sought clarification on what specific types of services (e.g. Employee Assistance Programs) meet the proposed requirements for behavioral health services for staff.

We also offer that **the provision of benefits will require additional funding for programs.** This is particularly true for providers that may be smaller or less resourced, including Early Head Start-Child Care Partnerships, which include child care centers and home-based providers that operate as small businesses. Additional guidance or cost modeling information is needed to support providers who will find it challenging to provide benefits like insurance and paid time off.

Additionally, in order to support OHS’s proposed rules related to paid time off, programs will require assessments, training, and support related to creating an organizational culture that encourages staff to make use of available paid time off. Even with increased availability of paid sick time, personal time, and parental leave, staff may not take full advantage of these benefits if they do not feel that their colleagues and supervisors support them in utilizing that time. Additionally, we encourage OHS to partner with programs to ensure that they have clear and sustainable plans for identifying and funding qualified substitute teachers when permanent staff utilize paid time off. These plans should be clearly communicated to all staff. Without these plans in place, classroom staff may hesitate to use paid time off out of concern for the children in their care and a desire to ensure child safety and high-quality experiences.



RIN: 0970-AD01

In addition to paid sick time, personal time, and parental leave, we also urge OHS to address paid reflection time for teachers and other classroom staff. Many of the practices that help reduce burnout and promote quality early learning experiences – such as reflective supervision, identifying and confronting biases, professional learning, and collaboration time with Early Interventionists and Infant/Early Childhood Mental Health consultants -- require dedicated time for reflection, learning, and cross-team dialogue. This time should be available on an ongoing basis and offered in addition to more targeted trainings and professional learning opportunities.

Staff Well-being

Start Early and Educare Network staff support OHS's proposal to implement wellness breaks throughout the day to ensure the health of Head Start staff. This step toward centering wellness for staff is imperative to prevent burnout among staff and secure the safety and overall care of young children who attend Head Start programs across the country. As one Educare researcher put it: *"We are in a mental health crisis in our whole childhood ecosystem from the workforce and families to children. This should be the bare minimum expected for professionals, to be able to take time to take care of themselves. For too long, many women and Black women especially have been asked to forego their health and take care of others."*

Although this is a critical first step towards securing the wellness of our teachers, we also have concerns regarding this particular section of the proposed performance standards. With the shortage occurring in the workforce, there is a concern about whether funding will be provided to hire more staff to support wellness breaks or whether programs will have volunteers fill the roles to relieve staff, considering that the proposed changes to the performance standards do not currently outline any additional resources to create an environment conducive for staff to take wellness breaks.

Also, noting that some programs already offer these types of breaks informally, there is a need to clarify whether wellness breaks will be unpaid or paid, as some programs may provide both kinds of breaks for staff. Guidance on how to help programs implement this will be needed.

Income & Eligibility

We applaud OHS's proposal to subtract housing costs from a family's gross income when determining eligibility. By acknowledging the relationship between housing costs and access to other benefits – including high-quality early childhood education – OHS is helping to mitigate the impacts of historic, systemic racism that took the form of housing discrimination like redlining, subprime loans, real estate agencies bias, credit report and usage bias. This will not only ensure that more families have access to Early Head Start/Head Start programs, but will also benefit single-parent households in particular. As one Educare staff member stated: *"Housing is a matter of equity and the expenses incurred for providing shelter to their family should be considered in the eligibility criteria."*

To ensure that this proposed rule has maximum impact, we urge OHS to support programs in implementing new income verification procedures in ways that are as least burdensome for families as possible. For example:



RIN: 0970-AD01

- OHS should look to lessons learned from implementation of similar provisions in the Supplemental Nutrition Assistance Program and programs in the Department of Housing and Urban Development.
- Programs could use average housing costs in a geographic area based on a family's zip code.
- Programs could use verified statements from families rather than requiring extensive documentation of their expenses.
- Requiring the minimum amount of documentation possible, i.e. once a family demonstrates that their housing and utility costs represent at least 30% of their total gross income, they do not need to bring in any additional documentation. For example, if utilities alone represent 30% of a family's total gross income, they are not required to bring in statements regarding housing costs as well.

We feel that streamlining the process for families in these ways would help communicate that programs trust families to accurately represent their income and housing situation, a necessary condition for this important change to have its full intended impact.

We encourage OHS to cost model the impact of this rule on programs, as increasing eligibility will lead to increased enrollment in some areas.

We also offer that **enrollment staff will require additional training** regarding income calculation and eligibility determinations; support will be needed in both the calculation of families' income and communicating the new eligibility guidelines to current and prospective families. In particular, programs may require strategic communications support as they attempt to reach families that may not previously have been eligible prior to the revised performance standards. As one Educare parent stated: *"Too many hardworking families are barely shy of poverty level, barely affording food, bills, and housing because they 'don't qualify'. This has to change."* The parents described in this statement are the very parents who programs will need to reach out to in order to share the updated income eligibility guidelines. We encourage OHS to create an enrollment calculator tool that staff can use to streamline the eligibility determination process and ensure accuracy and ease of record-keeping for programs. As OHS aims to reflect the high cost of housing in its eligibility criteria, we also strongly encourage alignment with the definitions and criteria included in the McKinney Vento Act to ensure clarity on how this rule applies to families who are unhoused.

Family and Community Engagement

Start Early and the Educare Network support OHS's recommendation to implement caseload requirements for family and community engagement specialists. One Educare staff member stated: *"This proposed rule change will help ensure that families are experiencing an engaged family advocate who has the expectation to set meaningful goals and monitor their progress."* For example, the Start Early Early/Head Start grant recipient has a process for caseload management to mitigate burnout among staff as well as ensure that families' experiences are positive. We encourage OHS to identify and amplify examples of reduced family caseloads.

However, family engagement should not be considered as a support solely of child development; rather, there should be a focus on disrupting intergenerational poverty. *The Next Generation of Head Start* (linked



RIN: 0970-AD01

in the Overview section of this comment) highlights evidence that if a child is born in poverty, there is a likelihood that the child will not gain economic mobility and remain in poverty for the rest of their life. The Head Start model has the capacity to familiarize and connect families with resources such as the Temporary Assistance for Needy Families (TANF) program, tax credits, and other supports that will support a family's economic stability.

Moreover, Start Early recommends that OHS support programs in using the community assessment tool as one way to engage families on how to communicate with them. Another way to identify the most useful communication methods is by surveying families. Programs may find that a mixed methods approach for communication is necessary. OHS should research and disseminate best practices and technology to reduce barriers for families in geographic areas where the most support is needed.

Ratios in Early Head Start

While the families and staff members who provided input for this comment support the goals behind lowering ratios in Early Head Start classrooms, they also expressed some concern over the proposed changes. Some highlighted the need for increased investments in programs prior to implementing this rule; lowering ratios will substantially increase the cost of providing care and will require more staff and physical space, which will be difficult for programs to absorb without additional funding. As one Educare staff member stated: *"Lower ratios are always best for children and teachers. Encouraging it though, will probably not be enough. Grantees are in survival mode, so unless there are additional funding dollars it is unlikely to happen."*

Others expressed concern about the impact of these proposed changes on the experience of young children in Early Head Start, including the difficulty of transitioning from a very small classroom size in Early Head Start to a large Head Start class. This would be particularly challenging for children with special needs and thus may require additional supports. Staff also urge OHS to clarify how programs should maintain the required ratio of typically-developing children to children with disabilities in small Early Head Start settings.

Mental Health Services and Consultation

Overall, we applaud OHS's proposed changes to offer program-wide mental health resources for the well-being of children, families, and staff. A parent from one of our Start Early programs noted, *"Mental health is a huge concern right now. We need to make sure we are not passing along trauma unconsciously. There needs to be access for all."* While there is strong support for mental health resources, a top concern raised from our Early Head Start/Head Start staff and parents was related to **ensuring robust funding for these mental health supports**. They also put forth other important considerations for these provisions.

One critical consideration, if not already in place for programs, is hiring for additional mental health staff as part of the proposed requirements to engage a multi-disciplinary team of those tasked with providing mental health support and including infant/early childhood mental health consultants/professionals in program services. We appreciate the language included in the section that reiterates the mental health team's/consultant's role in coordinating supports for adult mental health and well-being in ways that support staff wellness and more nurturing relationships with families; this is distinct from the provision of



RIN: 0970-AD01

direct therapy services for children and families and recommend added clarification for programs so there is shared understanding. However, we recognize that mental health services including direct therapy support for children and families are all necessary but would require additional staff or more clarity of who might hold this responsibility (such as the mental health consultant) if provided in-house within the program structure. With the integration of increased mental health support, we also recommend involving disability coordinators into planning and dialogues on mental health services that are needed for the program to ensure that those services also meet the needs of staff supporting children with disabilities.

In addition, we received feedback across our programs about the **existing shortage of mental health staff and its implications to meet these requirements. We recommend considering some added flexibility when implementing this rule and addressing the issue by helping to create a pipeline of mental health professionals.** For instance, OHS can engage and/or partner with other agencies supporting mental health workforce efforts or highlight examples of hiring initiatives that encourage emerging mental health professionals or students to obtain the credentials to work as mental health staff. We also suggest OHS consider encouraging programs to engage in strategic partnerships that can help programs connect with mental health providers. We also recognize that **adequate compensation and supports for mental health providers** will need to be considered to recruit and retain them given rising wages and the complexity of their work. The dual pandemics of COVID-19 and systemic racism exacerbated the number of children and families, and staff, experiencing trauma over the last few years. It is important that mental health staff members themselves develop mental health skills and receive support as needed to manage their day-to-day jobs and stress.

In addition, staff from our programs recommend more clarification on the following areas:

- Role and responsibilities of the infant/early childhood mental health consultant to support adults within the program around mental health best practices.
- Conducting mental health consultations at least once a month; how many hours might this involve? Does it require providing services in person?
- The supports and strategies that should be put in place for staff – including classroom staff and administrators - to have time to meet with the mental health team/consultant.
- The annual self-assessment of the mental health consultation approach and perhaps resources around that assessment.
- The multidisciplinary team and perhaps examples around make up of that team (including where an existing mental health coordinator fits within that), how it might be decided by a program, and potentially what strategic partnerships can support connections to mental health professionals.
- Resources available to develop and introduce these services to programs and supports that might be helpful to address consistency through program staff/coaching.

Furthermore, in our commitment to diversity, equity, inclusion and belonging, we want to ensure that mental health is responsive to the needs of a variety of cultures and backgrounds. We must ensure that “mental health” is not based on a traditional, Eurocentric view of what is mental health - what it should look like, and how people should benefit. **There should be opportunity to integrate mental health services in ways that are meaningful and culturally-valid while ensuring that there are financial supports**



RIN: 0970-AD01

for programs to adequately provide these services. We support recommendations to promote anti-racist and culturally appropriate strategies that promote radical healing in health services, as highlighted in the report by the RISER Network, [*Black Parent Voices: Resilience in the Face of Two Pandemics-COVID-19 and Racism*](#).

Child Safety & Lead Exposure

Start Early and the Educare Network applaud OHS's proposed changes related to lead testing in water and paint and are confident that they will help protect those who are most susceptible to the effects of lead: our nation's children. Communicating with families about a potential or confirmed lead exposure risk requires a balance of transparency and accessibility. We encourage OHS to support programs in developing notifications about this issue that convey the risks and next steps involved without being alarmist. We also encourage OHS to support programs in proactively identifying families' preferred communication methods before any notifications of this type need to be sent out.

The cost associated with testing can burden programs in high-risk areas. For example, geographic areas with older housing stock may need more testing and remediation. **Adequate funding for those areas will be needed to implement testing.** In addition, there are contaminants beyond lead, such as groundwater toxins, that might need to be considered and/or tested for to ensure that programs have a safe environment, especially for children of color and other marginalized communities. We encourage OHS to partner with the federal Environmental Protection Agency and state public health agencies to identify available resources for programs.

For programs with a lead testing process in place already, additional guidance from OHS would be helpful to better understand how their current policies align with the proposed changes to the performance standards (e.g. if a sample must only be taken by someone who is trained specifically in lead sample testing, versus a staff member utilizing a lead testing kit that would go to a certified facility). The staff and families who provided input for this comment noted these existing processes have been effective for their site and can serve as best practices for others.

Services for Pregnant People

The families and staff members who weighed in from the Educare Network and Start Early overall support OHS's proposal that Early Head Start/Head Start programs should utilize curricula specific to the needs and experiences of pregnant people. Start Early's Head Start/Early Head Start Network successfully follows this practice. We also applaud OHS's effort to clarify the intent of the newborn visit for newly postpartum families. As these rules are implemented, we encourage OHS to conduct an assessment of and maintain a list of best practices that programs have found most effective as they implement these services. In particular, we encourage OHS to amplify community-based and community-led curricula and best practices in order to demonstrate support for and raise awareness of efforts to center the perspectives and leadership of community members in curriculum design and communication.



RIN: 0970-AD01

Similarly, as OHS establishes new requirements for tracking and reporting services provided to pregnant people, we encourage consideration of the following:

- Require that programs use or develop a curriculum that is culturally resonant and responsive to the racial and ethnic groups that are engaged in their programming.
- Require service and outcome data disaggregated by race/ethnicity. This aligns with OHS's goal that services must help address racial and ethnic disparities in pre- and postnatal outcomes. We acknowledge that in smaller or more racially/ethnically homogeneous communities, reporting disaggregated data can compromise the privacy of program participants. We encourage OHS to provide guidance on how programs can report this data in a way that protects clients' identities. We also urge OHS to report this data at the state and national levels in order to track the progress and impact of these critical Early Head Start services.
- How programs can be supported in connecting pregnant clients with doula services.
- How programs can be supported in administering screenings for Perinatal mood and anxiety disorder (PMAD) or connecting clients with other programs that administer these screenings.
- In addition to the standardized data points required by OHS, inquire with programs about what data and outcomes are most meaningful for them and their communities. This allows programs the opportunity to elevate both quantitative and any qualitative data (e.g. comments from program participants, focus groups, surveys, etc.) as well as any specific data related to the cultural resonance of their programs and any other indicators that are significant specifically in their programmatic or local context.

Services for Children with Disabilities

Start Early and the Educare Network support the changes OHS has proposed to the Head Start performance standards related to services for children with disabilities. As one Educare school community member shared: *"So many families have struggled due to not being serviced because there has been nothing available until now. I am grateful to see this underserved community get the attention and due services/ resources needed."* Below, we offer some additional considerations and needed clarifications articulated by the staff and families who provided input for this comment.

- **10% Enrollment Floor:**
 - The parents and staff we spoke with applauded OHS's effort to clarify that 10% enrollment of children with disabilities should be considered a floor not a ceiling for programs. They expressed that additional communication is needed from OHS to ensure that programs fully understand this rule.
 - Staff also encouraged OHS to consider providing additional guidance and technical assistance to programs on how to maintain the ratio of typically developing children to children with disabilities -- which (per OHS) must be maintained at 70-30 -- under the new performance standards. For example, they observed that when programs reach 10% enrollment of children with disabilities early in the program year, it can potentially increase the rolling enrollment of children with disabilities, potentially increasing the percentage far above 10%, which could require additional guidance on how to rebalance ratios and staffing. We enthusiastically support OHS's statement that it "encourage[s] all



RIN: 0970-AD01

Head Start programs to recruit and enroll as many children who are eligible for IDEA services as possible.” For programs with less experience meeting or exceeding the 10% floor, additional support on maintaining ratios will be needed.

- Relevant to the example above, staff requested that OHS clarify whether the 10% floor should be implemented in relation to a program’s actual enrollment (i.e. at the start of the program year) or cumulative enrollment (i.e. as children enroll throughout the program year).
- **Alignment with External Partnerships and Services:**
 - The parents and staff who provided input for this comment applaud the proposed changes that lessen the impact of external factors programs face in regard to delays in processing times for school district and Early Intervention evaluations that potentially qualify children for special education services. This is especially relevant to ensuring early identification of a delay or disability and has significant racial equity implications; data from Division for Early Childhood, Equity Research Action Collaborative, and the Early Childhood Technical Assistance Center (see [Advancing Racial Equity in Early Intervention and Preschool Special Education](#)) as well as the National Black Child Development Institute and Points of Access (see the [Black Child National Agenda: America Must Deliver on its Promise](#)) indicates that delays and disabilities among Black children in particular are frequently not identified early and thus children’s access to appropriate services is delayed.
 - As the performance standards are reviewed for this set of proposed changes and as some programs begin to enroll higher numbers of children with disabilities in order to meet the 10% actual enrollment floor, we strongly urge OHS to consider how it can support programs – through policies and technical assistance – in aligning with inclusion services more holistically and meaningfully. This includes looking beyond solely bringing services into programs and ensuring that parents and caregivers of children with disabilities understand the full array of service options and settings available to them. We urge OHS to support programs in ensuring that families know their rights and be able to easily access and coordinate the services they select for their child. For Head Start programs to successfully enroll and serve any number of children with disabilities, they must establish and maintain strong partnerships with early intervention and preschool special education to meet the needs of these children.
- **Additional Support for Staff:**
 - Start Early Early Head Start/Head Start Network staff who provided input for this comment recommend that following the full implementation of the proposed rules on the 10% enrollment floor, OHS require each classroom to have one licensed special education teacher and require each program to have a full-time designated disabilities coordinator, as the latter is often combined with other roles (e.g. mental health services staff).
 - As some programs that have not yet met the 10% actual enrollment floor prepare to increase the number of children with disabilities they serve, we urge OHS to partner with these programs to assess staff readiness to work with students with disabilities and fill



RIN: 0970-AD01

any gaps in professional development as needed (e.g. Professional learning and reflection on creating inclusive learning opportunities and managing challenging behaviors specific to a child's disability). Ensuring that children with disabilities are being served by staff who are appropriately trained is critical to ensuring that children's rights are upheld. It will also help ensure that staff feel a sense of efficacy in their roles and promote staff satisfaction and retention. We urge ongoing partnership and reflection between OHS and programs who are increasing their enrollment of children with disabilities to ensure that programs address emergent needs for staff in the implementation phase of the revised performance standards.

Transportation and Other Barriers to Enrollment and Attendance

We appreciate the inclusion of considering barriers to enrollment and attendance related to transportation and support the requirement for programs to carefully look at transportation as a potential access challenge for families. **We recommend transportation data be collected from prospective families regardless if they are selected/enroll in a program.** As one Educare parent shared, *"Transportation in some cases is the make or break in having better attendance and helping parents with multiple children, special needs, weather issues etc."* We believe this proposed change can hold Early Head/Head Start programs accountable for better meeting families' needs and also encourage family support staff to fully engage with families to understand what transit-specific barriers they face in enrolling and attending the family.

We offer the following additional considerations and request clearer guidance on this proposed change based on feedback from staff and families in our programs:

- If programs identify transportation as a barrier, we want more information about what would be required of programs to meet families' transportation needs. Questions and comments include:
 - Would programs or OHS determine when to implement transportation? What would be the radius in which programs would be required to provide transportation (also, who determines)? Will it continue to be allowable that programs provide public transit cards + Uber/Lyft cards to support families with transportation needs? There are liability issues with families using Uber/Lyft as well as logistics that need to be navigated; will OHS monitor this or continue to allow federal funds to be used for this service?
 - Programs will also need insurance to provide its own transportation which is an added cost. Additionally costs can be high to provide bus transportation in itself– for example, in the New Orleans area, bus transportation for 3 to 5 year olds is \$2,000 a year per child. Will OHS be increasing levels of funding to help grantees absorb those costs? More guidance would be useful to understand how OHS would support programs in potentially providing transportation.
 - Also, in many cases, staffing for transportation from programs would present a barrier for programs. In some rural communities, where transportation is often a greater need for families and less available, there are lack of drivers for providing services such as school bus pick ups. Adequate compensation for drivers is necessary to help increase hiring.



RIN: 0970-AD01

What guidance and/or supports would OHS offer to programs who might seek staff/hiring supports for transportation?

Suspension and Expulsion

We applaud efforts from OHS and the Administration for Children and Families as a whole to reduce the disproportionate use of suspension and expulsion practices across different racial and ethnic groups of children. We support OHS's proposed efforts to ensure that children are able to return to the classroom quickly following a suspension and to clarify that suspension is a measure of last resort. We support OHS's integration of a program's multidisciplinary mental health team and mental health consultants in this process. We encourage OHS to provide additional clarification about the use of suspension and expulsion practices for children with disabilities, particularly as it pertains to the proposed standards on transitioning a child to another placement. Specifically, we urge OHS to clarify that a new placement must be able to immediately enroll and provide services to the child including any Early Intervention or other services that the child is entitled to under the Individuals with Disabilities Education Act (IDEA). We encourage OHS to require that programs indicate in their suspension and expulsion plans and data whether a child has a diagnosed disability or developmental delay.

Additionally, we encourage OHS to expand its proposed standards on engaging families with regard to behavior. While we agree with OHS's proposal that families should be engaged if a transition is even being considered, we encourage guidance for programs that conveys the importance of engaging with families about behavior even *before* any behavioral challenges appear. This could mean hearing from parents/caregivers about a child's strengths and needs at enrollment or ongoing check-ins with parents regarding both positive and challenging behaviors.

Other Recommendations:

We recognize that home visiting/Early Head Start home based services was not a focus in the proposed changes. We received feedback from one Educare program providing home based services that consideration be given to the 90 minute visit and weekly duration. The current structure might be too long for families to commit to; additionally they recommend consideration be given for virtual visits when families are ill or too busy to meet in person.

Additional suggestions we received include the need for:

- Clarification on what is meant by "teacher" would be helpful across the proposed changes. In some program models, "teacher" includes Lead Teachers, Teachers, and Associate Teachers. We see language in the proposed performance standards utilizes the term "Head Start education staff". Perhaps making this language more consistent across the proposed changes could help avoid confusion.
- Revisiting the Head Start nutrition provisions to address food insecurities which we know are increasingly impacting families and staff as communities face food inflation, rising costs of other basic needs, and the end of pandemic-era aid.



RIN: 0970-AD01

Conclusion:

Thank you for consideration of the above comments. For any additional information, please contact Rio Romero-Jurado, Assistant Director of National Policy at Start Early (33 West Monroe Street, Suite 1200, Chicago, Illinois 60202 / rromerojurado@startearly.org).

Sincerely,

Yvette Sanchez Fuentes,
Senior Vice President,
National Policy,
Start Early

Keith Liederman,
CEO, Clover/Educare New
Orleans
Co-Chair, Educare Policy
Workgroup

Cynthia D. Jackson, Executive
Director, Educare Learning
Network;
Senior Vice President, Start Early