

Supporting the Head Start Workforce and Consistent Quality Programming

NHSA’s Summary of the Proposed Rule

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Overview

The Supporting the Head Start Workforce and Consistent Quality Programming draft rule, which was released on November 20, 2023, proposes the most significant changes to Head Start and Early Head Start in almost a decade. With dozens of new requirements, new policy aspirations, and revisions to existing requirements, the proposal as currently written will have a sweeping impact on Head Start and Early Head Start.

The first section addresses workforce challenges facing Head Start and Early Head Start grant recipients across the country - the single biggest issue facing Head Start and Early Head Start. Low compensation, benefits that are not competitive and stressful working conditions have all contributed to workplace turnover that is at its highest rate in over two decades. Further, as noted in the Notice of Proposed Rulemaking (NPRM), “for decades, the Head Start program has been subsidized by low paid workers committed to the mission; and the absence of clear federal requirements for staff compensation has allowed this practice to continue.” While changes to compensation and benefits are long overdue and urgently needed, there are significant concerns about how grant recipients can afford to implement these

changes, and what the tradeoffs will look like in terms of the number of children and families served without additional funding.

In addition to new workforce supports, the NPRM deeply embeds mental health—both for children and staff—into the Head Start Program Performance Standards (HSPPS), consistent with priorities expressed by the current administration across multiple other programs and systems. It also proposes numerous additional reporting and administrative requirements, particularly in the area of child safety, and eliminates obsolete requirements.

When the 2016 comprehensive overhaul of the Head Start Program Performance Standards was published, the Office of Head Start discussed the importance of affording programs more flexibility, reducing the number of requirements, and writing regulations in a manner that were easily understood. This NPRM is a step back towards the direction of prescriptive oversight. Many requirements contain words – including promote, should, encourage, consider, facilitate, and assist – which in some cases do not seem legally binding and in other cases raise the question of how programs could demonstrate compliance. As written, these proposed regulations will be a huge lift for even the highest functioning programs to both understand and to implement.

Despite the challenges around funding and the apparent shift to more prescriptive oversight, this proposed set of changes includes some strong and aspirational goals that would have a positive impact on children, families and staff. With comments due on January 19, 2024, NHSA looks forward to further analysis of the proposed rule and working with the Head Start community and others to assess its impact, delineate areas of agreement, and where necessary, recommend changes so that we can improve services for children and families without eliminating access or chipping away at Head Start’s deeply rooted values of local flexibility and community empowerment.

Unless otherwise noted, all requirements are effective 60 days after the publication date of the final rule.

Summary of Proposed Changes

Definition of Head Start and Related Terms

1305.2, NPRM pp. 14-15

This section proposes to add six new or revised definitions, with a goal of providing more clear and consistent terminology. Most notably, it distinguishes Head Start Preschool from Head Start. This section is not open for comments.

- **Head Start:** an umbrella term for any program authorized under the Head Start Act
- **Head Start Preschool:** a program that provides services to children from age 3 to compulsory school age, including tribal and migrant or seasonal Head Start programs
- **Early Head Start:** a program that serves pregnant women and children from birth to age three, including tribal and migrant or seasonal Head Start programs

- **Program:** any funded Head Start Preschool, Early Head Start, Migrant or Seasonal Head Start or tribal Head Start program
- **Head Start Agency:** a local, public or private non-profit or for-profit entity designated by the Administration for Children & Families (ACF) to operate a Head Start Preschool program, Early Head Start program, or a Migrant or Seasonal Head Start program
- **Grant recipient:** replaces “grantee”

Workforce Supports

The NPRM takes a comprehensive look at staff compensation and benefits, and proposes broad changes to improve staff recruitment and retention through improved pay and benefits. It notes that “low wages and poor benefits—despite increased expectations and requirements for staff—are a key driver of rapidly increasing staff turnover among Head Start teachers and staff, and that “for decades, the Head Start program has been subsidized by low paid workers committed to the mission.” However, it is critical to note that the NPRM does not come with a mechanism to fund the proposed improvements in salary and benefits.

Instead, it proposes a seven year phase-in to allow for the time it will take to fund the proposed changes and for programs to make necessary adjustments, and that therefore, slot reductions would not be an immediate necessary step. However, this gradual implementation period also means that these changes do not correspond with the immediate [workforce crisis](#) facing programs today.

Staff Wages: Progress to Pay Parity for Head Start Education Staff

1302.90(e)(2), pp. 15-36

The NPRM proposes pay parity requirements for Head Start education staff. This includes those who work directly with children as part of their daily job responsibilities, including lead teachers, assistant teachers, home visitors, and family child care providers.

Effective Date: August 1, 2031

- Progress towards wage parity for Head Start and Early Head Start teachers (classroom staff) comparable to teacher salaries in kindergarten through grade three (K-3) in their local school district, or in some instances a neighboring school district.
- As part of the seven year phase-in, programs must show incremental progress towards pay parity with K-3 by first demonstrating pay parity with public school preschool.
- Must pay teachers commensurate with responsibilities, qualifications, and experience. For example, a new teacher should not be paid the same as a ten-year experienced teacher, or a teacher with an AA should not receive the same pay as one with a BA or master’s degree
- Programs must collect data to track their progress to pay parity

Staff Wages: Pay Scale for All Staff

1302.90 (e)(1), pp. 36-40

Effective Date: August 1, 2031

Wage ladders or pay scales help to promote more transparency and competitive wages within the early childhood field. Though a majority of Head Start programs are already instituting formal pay scales, these changes make them required for all.

- Programs must implement pay scales that apply to all staff, and which promote competitive wages across positions and take into account responsibilities, qualifications, and experience as well as hours worked
- Pay structure must promote salaries comparable to similar services in relevant industries in their area
- Must review pay structure once every five years to ensure competitive wages
- Staff salaries cannot exceed the rate payable for Level II of Executive Schedule (already a provision in the Head Start Act)

Staff Wages: Minimum Pay Requirement

1302.90 (e)(3), pp. 40-43

Effective Date: August 1, 2031

This proposal is intended to ensure that all staff earn a wage sufficient to cover their basic living needs, and focuses especially on those who earn the lowest wages: aides, floaters, office staff, janitors, cooks, bus monitors, or other positions. The NPRM discussion section suggests a minimum floor is anticipated to be \$15, or higher in some high-cost geographic areas.

- Requires programs to establish a salary floor/minimum pay sufficient to cover basic costs of living in the geographic area. Such needs may include food, housing, utilities, medical costs, transportation, and taxes.
- Programs must provide a wage to all staff that is generally sufficient to cover basic needs
- Required minimum pay is calculated based on if the worker's hourly wage were paid according to a full-time, full-year schedule

Staff Wages: Wage Comparability Across Head Start Preschool and Early Head Start

1302.90 (e)(4), pp. 43-46

Effective Date: August 1, 2031

The pay gap between Head Start Preschool and Early Head Start is longstanding. This provision seeks to remove this distinction in salary structures.

- A program's pay structure must not distinguish between Head Start Preschool and Early Head Start, but instead, must provide for wage comparability based on qualifications and experience.

Staff Benefits

1302.90, pp. 47-60

Effective Date: Two years after publication date of final rule

The NPRM includes new requirements for programs to provide certain benefits to staff. The requirements vary based on whether staff are full-time or part-time.

- Codifies that a full-time position is 30 or more hours per week during the program year
- For full-time staff, programs must provide or facilitate access to high quality and affordable health care, either as an employer-sponsored plan or by facilitating enrollment in a health insurance marketplace or Medicaid. For part-time staff, programs must, at a minimum, facilitate enrollment in a health insurance marketplace or Medicaid.
- Must offer paid sick leave based on an accrual system (based on hours worked) or by offering a specific number of days updated annually
- Programs must offer job-protected periods of paid family leave to employees consistent with eligibility for and protections in the Family Medical Leave Act (FMLA), regardless of employer size
- Must offer full-time staff the accrual of paid vacation or personal leave commensurate with experience or time working at the program
- Full-time employees must have access to three to five outpatient behavioral health visits annually with minimal or no out-of-pocket cost
- Facilitate access to other relevant benefits, including child care resources and subsidies and the Public Student Loan Forgiveness program, for all staff
- Programs can choose to prioritize enrollment of staff's children through selection criteria
- Programs must assess and determine at least every five years if their benefit package is adequate for recruiting and retaining full-time staff. Also, programs may offer additional benefits including more enhanced health benefits, retirement saving plans, flexible saving accounts, life, disability and long-term care insurance
- ACF is seeking comment about whether a retirement savings plan for full-time staff should be included as a required benefit

Staff Wellness

1302.93, pp. 60-65

Effective Date: Three years after publication date of final rule

Program management must ensure staff have access to specific breaks and classroom furniture as follows:

- Require 15-minute break for staff working four to six hours and a 30-minute break for staff working six or more hours
- When one teacher is on break, they can be replaced by one staff member who does not meet the teacher qualifications for the age group so long as that staff member has the necessary training and experience to ensure the safety of the children and minimal disruption of quality services

- Offer unscheduled five-minute wellness breaks for teaching staff. Programs must have a staffing plan in place to ensure child safety during these breaks
- Must provide staff access to adult size furniture in classroom – chairs or desks depending on what the classroom layout allows. (Effective one year from publication of the final rule.)

Employee Engagement

1302.92, 1302.101, pp 66-68

Meaningful and effective employee engagement practices help improve the wellbeing of the workforce by helping identify and address job-related stress, burnout, and workload issues. Changes to this part of the HSPPS are intended to “discourage staff supervision approaches that are primarily top-down by requiring programs to promote clear and reasonable roles and responsibilities for all staff with meaningful and effective employee engagement practices as part of their systematic approach to staff supervision.”

This section contains three revisions to existing standards:

- Promotes clear and reasonable roles and responsibilities for staff with meaningful and effective employee engagement practices
- Program must establish and implement a systemic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high quality, comprehensive services within the scope of their job responsibilities and attached to academic credit as appropriate, and integrated with employee engagement practices
- Codifies statutory language requiring a Professional Development Plan and that professional development must be high-quality, sustained, intensive, and classroom focused in order to have a lasting positive impact on classroom instruction and performance

Mental Health Services

The importance of mental health as a critical component of child wellbeing cannot be overstated. As noted in Subparts A, D, H and I of the NPRM, “mental health and social-emotional wellbeing during early childhood are foundational for family wellbeing and children’s healthy development and early learning and are associated with positive long-term outcomes.” In addition, the NPRM seeks to address increased concerns about staff mental health, an integral part of programs’ success and the impact on children in their care. The NPRM proposes enhanced mental health supports for both children and adults by making changes throughout the HSPPS to clarify existing mental health policies.

Subpart A: Eligibility, Recruitment, Selection, Enrollment and Attendance

1302.17, pp. 71-76

Changes to Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) include significant revisions to existing regulations pertaining to suspension and expulsion.

- Adds a definition for expulsion: permanent removal of a child from the learning setting or a requirement that a child unenroll in a program (OHS prohibits expulsion)

- Modifies suspension regulation: suspension may only be used as a last resort, when a serious safety risk has not been reduced or eliminated. Emphasizes that the program should take active steps to attempt to reduce or eliminate the concern and must demonstrate that these steps have not worked.
- Modifies existing regulation to require the Mental Health Multidisciplinary Team be part of discussion when a temporary suspension is being considered and the program must implement interventions and supports as recommended by the mental health consultant prior to consideration of suspension.
- Strengthens existing regulation by requiring programs to explore all possible steps and document all steps to facilitate the child’s safe re-entry into the program
- Strengthens existing regulations by requiring the Mental Health Multidisciplinary Team and other staff to continue to engage to support the child, provide additional programs supports and services, including home visits, and requires coordination with child’s individualized education program (IEP) or individualized family service plan (IFSP)
- Adds a requirement that if a program makes a determination that there is a more appropriate placement for the child, the program must directly facilitate the transition to a more appropriate setting that can immediately enroll the child

Subpart D: Health Program Services

1302.40, pp. 76-89

Changes in this section of the HSPPS are designed to promote a culture and activities that support the mental health and wellbeing of children and staff.

- Language changes throughout the HSPPS are designed to elevate mental health in conjunction with health. This includes a newly renamed Health and Mental Health Services Advisory Committee, the addition of “mental health” wherever health is mentioned, and to align with the EPSDT. Other language changes to more fully integrate mental health and overall wellbeing include:
 - Adds: “when a program is identifying a child’s nutritional health, relevant developmental and mental health concerns should also be considered
 - Changes “Wellness promotion” to Program-wide wellness supports” for children and adults

Subpart D: Child Mental Health and Social and Emotional Wellbeing

1302.45

- Replaces section title “Child mental health and social and emotional wellbeing” to “Supports for mental health and wellbeing”
- Requires programs to have a multidisciplinary team for mental health whose purposes are to develop and implement program-wide wellness supports and mental health efforts (that are not related to consultation), and to facilitate communication and coordination. Specific purposes include:
 - coordinating supports for adult mental health and wellbeing including engaging in nurturing and responsive relationships with families, engaging families in home visiting services, and promoting staff health and wellness
 - securing mental health consulting services no less than once a month, which is a change from “schedule of sufficient and consistent frequency”

- o annual assessment of program’s approach to mental health consultation to ensure it meets the needs of children and adults
- o ensuring all children receive adequate screening and follow up and parent receives referrals to access services for social, emotional, behavioral, or other mental health concerns
- o facilitating coordination and collaboration between mental health and other relevant program services, including education, disability, and family engagement
- Removes unnecessary and misleading administrative burden to obtain parental consent for mental health consultant because the mental health consultant does not provide services to the child
- Changes to mental health consultation are intended to focus on “promotion and prevention efforts by broadening and building programmatic and adult capacity to support the mental health of the children for whom they care.” Revised requirements for mental health consultants include:
 - o If a program cannot find a licensed mental health consultant, the program can hire a person working towards license and under the supervision of a licensed mental health professional
 - o Can work with any staff (not just teachers) and families (as opposed to parents)
 - o Emphasizes role of mental health consultant when considering suspension or expulsion
- Requires programs to provide necessary supports to child and family impacted by a significant health and safety incident
- Must support family’s navigation of health and mental health systems
- Requires support to pregnant women and other members of the family during prenatal period

Subpart H: Services to Enrolled Pregnant Women and People

1302.81-82, pp. 89-91

- Broadens the scope of awareness of the mental health information, services, and education that may be helpful to provide to expectant families and adds language that is more inclusive of family members and supports
- Removes “relevant” that precedes “family members” to be inclusive of family compositions as identified by the enrolled pregnant women and not the program
- Programs must support pregnant women, mothers, fathers, partners, or other family members to access mental health services, to address concerns including perinatal depression, anxiety, grief or loss, birth trauma, and substance use
- Program must address pregnant women’s needs for appropriate supports for social and emotional wellbeing, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood

Subpart I: Human Resource Management - Staff Qualifications and Competency Requirements

1302.91, pp. 91-92

- Mental health consultant can be in the process of obtaining license

Subpart I: Human Resource Management - Staff Health and Wellness

1302.93, pp. 92-93

- Should cultivate a program-wide culture of wellness so staff can effectively accomplish work in a high quality manner

Modernizing Head Start's Engagement with Families

The NPRM outlines a number of areas “that could benefit from time-saving improvements and much-needed efficiencies.”

Community Assessment

1302.11, pp. 96-101

Effective Date: One year after publication of final rule

All Head Start programs are required to conduct a community needs assessment every five years in order to assess whether the services they are providing best meet the needs of the surrounding community. This can be a cumbersome and time-consuming effort. The NPRM seeks to streamline and update the community assessment process in several ways.

- Revisions to the collection of community assessment data and process to increase clarity, outline its objectives, and simplify the process
- Requires a strategic approach to determine what data to collect and the most efficient and effective ways to do so, in advance of conducting the community assessment
- Details the objectives to include who programs will serve and associated risk factors; how they will serve them in a manner that reflects their needs and diversity while promoting equity, inclusion, and accessibility in service delivery; and informing ERSEA process to prioritize enrollment for those most in need
- Allows programs to use publicly available data as a proxy to reduce cost and burden of their own data collection
- Adds language to include “transportation” as part of the assessment of community resources since lack of transportation remains a significant barrier for many families most in need

Recruitment

1302.13, pp. 94

- Programs must use modern technologies to encourage and assist families in applying for admission, and to streamline the admission and enrollment process, while ensuring families without access have equitable access to the program

Enrollment

1302.15, pp. 94

- Requires a user-friendly enrollment process, which programs must regularly examine to determine whether improvements or further simplifications are needed

Parent and Family Engagement in Education and Child Development Services

1302.34, pp. 94

- Communication methods and modalities should be the best available for engaging enrolled and prospective families of all abilities

Family Engagement

1302.50, pp. 95

- Must communicate with families in a format that is most accessible – both what families prefer, and what's necessary to address the needs of family members who have limited English proficiency or who are individuals with disabilities

Eligibility and Barriers to Access

Adjustment for Housing Costs for Eligibility Determination

1302.12

Head Start eligibility criteria are designed to identify and serve children and families from the most at-risk backgrounds yet, in some parts of the country, the high cost of living can disguise that true need. In particular, housing costs vary significantly across the country, often taking up disproportionately more than 30% of a low-income family's household budget. Other programs with income requirements, such as the Supplemental Nutrition Assistance Program (SNAP), adjust for excessive housing costs. The NPRM seeks to account for regional variability in housing costs for income determination purposes.

- Allows programs to make an adjustment to a family's gross income calculation for purposes of determining eligibility in order to account for excessive housing expenses
- If housing costs are in excess of 30% of gross income, programs may reduce gross income by the amount above the 30% threshold
- Housing expenses includes rent, mortgage, insurance, utilities, interest, and taxes

Migrant and Seasonal Eligibility

1302.12, pp. 105-106

Currently, to be eligible for Migrant and Seasonal Head Start, a family must demonstrate that their income comes primarily from agriculture work. Yet instability in agriculture has resulted in more farmworker families seeking additional employment outside of agriculture, resulting in barriers to Head Start participation.

- Allows for eligibility if one family member is primarily engaged in agricultural employment (rather than “the family’s income comes primarily from agricultural work”). The family must still meet the rest of Head Start eligibility criteria (e.g. living at or below 100% of the federal poverty line). This provision was included on a temporary basis in the FY23 appropriations legislation.
- Migrant and Seasonal programs are no longer required to verify infant and toddler eligibility after two years, and instead will align with traditional Early Head Start’s three year period

Barriers to Transportation and other Barriers to Enrollment and Attendance

1302.14, 1302.16, pp. 107-109

Effective Date: One year after publication of final rule

- Requires programs to identify when a child cannot attend due to lack of transportation, and to include transportation in their community assessment (and consider providing or facilitating transportation as necessary) as part of their strategic planning
- Requires programs to examine barriers to regular attendance

Serving Children with Disabilities

1302.14, pp. 110-111

- Revises language regarding meeting 10% enrollment of children with disabilities to say “10% of actual enrollment” instead of “10% of funded enrollment”
- Encourages programs to serve as many children with disabilities as possible

Ratios and Duration

Ratios in Center-based Early Head Start Programs

1302.21, pp. 111-113

- Programs are encouraged to lower Early Head Start teacher-child ratios to 3:1 in infant classrooms

Center Based Duration for Early Head Start

1302.21, pp. 114-115

- Requires 1,380 hours be provided across 46 weeks minimum for Early Head Start center-based services. The NPRM indicates that most programs are already operating at this standard.

Center-Based Duration for Head Start Preschool

1302.21, 1302.24, pp. 115-117

- No substantive changes; removes all obsolete language to align with current regulations passed after the 2016 Program Performance Standards were issued

- Programs must provide 1,020 hours of planned classroom operations over the course of at least eight months per year for at least 45% of Head Start Preschool funded enrollment

Ratios in Family Child Care Settings

1302.23, pp. 118-120

- Clarification about family child care provider ratios and group size for “mixed age with preschoolers” of 1:6 with no more than two children under 24 months
- Clarification about family child care provider ratios and group size for “infants and toddlers only” (under 36 months) of 1:4, with a maximum group size of four infants and toddlers
- Eliminates reference to “assistant providers” and replaces with two providers

Preventing and Addressing Lead Exposure

Head Start facilities are frequently located in older buildings, in which lead exposure through water or air is a possibility. Given that there is no safe level of lead exposure, especially for young children, the NPRM seeks to reduce potential exposure.

Effective Date: Date of publication of the final rule; however, programs will not be monitored until one year after publication

Lead in Water

1302.48, pp. 122-128

- Programs in facilities built before 2014 must test annually for lead coming from their water fixtures.
 - Requires “tester” must be adequately trained to collect samples
 - Requires water samples are analyze in a certified lab
- If results show that water is contaminated (at or above five parts per billion), then programs are required to:
 - restrict access to the contaminated water fixture within 24 hours of test result
 - take action to remediate
 - ensure devices used as part of any action taken (e.g. water filters) are certified and tested regularly
- Requires programs to consider remediation even when detectable lead levels are below five parts per billion
- Must use point of use devices that are certified by third party consistent with NSF/ANSI standards

Lead in Paint

1302.48, pp. 128-132

- Programs with facilities built before 1978 must test for lead-based paint, unless they can document that lead-based paint no longer exists.
- Must use a certified risk assessor
- If results show the existence of lead paint requiring abatement, programs must:

- o Immediately restrict access to areas where lead has been detected in paint until abatement occurs by an EPA-certified abatement contractor
- o Reassess every two years after abatement by a certified risk assessor
- Programs must notify parents and staff about lead results and remediation

Family Service Workers, QRIS, Serving Pregnant Women

Family Service Worker Assignments

1302.52, pp. 133-137

Effective Date: Three years after publication date for final rule

Family service workers play a critical role in Head Start’s comprehensive approach to child and family services, partnering with families to assess strengths and needs and support them in achieving the goals for their child and themselves.

- Family Service Worker caseloads cannot exceed 40:1

Participation in Quality Rating and Improvement Systems

1302.53, pp. 138-141

- Softens requirement from “must” participate to “should” participate
- Eliminates conditions related to program’s participation

Enrolled Services to Pregnant Women and People

1302.80, 1302.82, pp. 142-147

Effective Date: 120 days after final publication of rule

- Requires newborn visit to include discussion of postpartum mental and physical health, infant help, and support for basic needs
- Requires program to track and document services to pregnant women

Effective Date: 180 days after final publication of rule

- Enrolled pregnant women should receive Family Partnership services directed towards their perinatal and postpartum care needs
- If a program chooses to use a curriculum, it should focus on maternal and child health
- Requires identification and reduction of barriers to healthy pregnancy outcomes

Child Safety

Safety Practices

1302.47, pp. 120-122

- Volunteers should be aware of and follow safety practices
- Clarifies that volunteers cannot be left alone to supervise children anywhere, anytime
- Aligns definition of child abuse and neglect with the Child Abuse Prevention and Treatment Act (CAPTA)
- Strengthens language related to supervision at all times

Standards of Conduct

1302.90, pp. 147-152

- New language requiring staff, consultants, contractors, and volunteers to not engage in behaviors that would be reasonably suspected to negatively impact the health, mental health, or safety of children. Adds very specific definitions and examples of unacceptable behavior.
- Clarifies who is required to report incidents of abuse and neglect, including staff, consultants, contractors, and volunteers
- Strengthens language to clarify volunteers cannot be alone with children

Staff Training to Support Child Safety

1302.92, 1302.101, pp. 152-154

- Requires annual mandated reporter training
- Requires annual training on positive strategies to understand and support children’s social and emotional development and tools for preventing and managing challenging behavior
- Requires a “system” to ensure all staff are trained in reporting procedures

Incident Reporting

1302.102, pp. 154-158

The NPRM clarifies and strengthens reporting requirements for child incidents in a variety of explicit ways.

- Must report incident within three business days
- Defines a reportable incident as any significant incident that affects health, mental health, or safety of a child that occurs in a setting where Head Start services are provided that involve a Head Start adult or child
- Reportable incidents must involve:
 - Staff, contractors, and volunteers or other adults who participates in either a classroom or program at least partially funded by Head Start, regardless of whether the child receives Head Start services, or
 - A child who receives services fully or partially funded by Head Start or a child who participates in a classroom partially funded by Head Start
- Any incidents involving mandated reporter responsibilities should be reported to OHS as well as the appropriate state, local, or tribal authority, independent of the status of the investigation or outcome
- Must report classroom or center closings, except for circumstances such as natural disasters that interfere with program operations and timely reporting

- Must report any violation of Head Start Standards of Conduct, even if they don't require a mandated report to state/local officials
- Must report any significant health and safety incidents, resulting in serious harm to a child, specifically incidents involving hospitalization or emergency room care resulting from lack of adequate maintenance or lack of appropriate supervision
- Clarifies "lack of supervision while in the care of staff" includes leaving a child unsupervised anywhere on the grounds of a Head Start facility, including a classroom, bathroom, playground, parking lot, nearby street, or on a bus
- Must report any incident of unauthorized release of a child to a person without permission or authorization of a parent or legal guardian and whose identity had not been verified by photo

Other Provisions

Facilities Evaluation

1303.44, pp. 158-160

- Eliminates use of term "fair market" and replaces it with "cost" because the cost valuation is most relevant in determining fair cost of a facility acquisition.

Definition of Income

1305.2, pp. 160-163

- Clarifies and revises definition of income with the intent to provide a clear and final list of what is considered income in order to promote consistent interpretation on what to include when determining a family's eligibility.
- The new definition provides clarification about what is not considered income as it relates to military income, refundable tax credits, and public assistance.

Definition of Federal Interest and Major Renovations

1305.2, pp. 163-166

- Provides technical fixes to improve understanding of what constitutes a major renovation
- Tweaks the definition of federal interest

Definition of Poverty Line

1305.2, pp. 166-171

- Aligns with 1302.12(c) and (d) on income eligibility to clarify and codify existing practice

Conclusion

The Supporting the Head Start Workforce and Consistent Quality Programming proposed rule seeks to chart a course for the future of Head Start by recognizing the challenges facing programs today, as well as those facing the children and families served by Head Start. NHSA is grateful that the Office of Head Start has recognized and acknowledged these urgent issues, and we look forward to further exploring the details of this NPRM and providing comment and constructive input.

With an unclear path for funding coupled with a move in the direction of more prescriptive oversight, we have some significant concerns. Yet, we remain committed to finding solutions that will serve to both lift up children, families and Head Start staff while also addressing the important underlying issues outlined in the NPRM.