January 19, 2024

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

To Whom It May Concern:

We, the undersigned Head Start organizations, welcome the opportunity to respond to the Notice of Proposed Rulemaking (NPRM) entitled "Supporting the Head Start Workforce and Consistent Quality Programming," published by the Office of Head Start (OHS) on November 20, 2023.

Recognizing the devastating impact poverty can have on the future success of young children and their families, Head Start and Early Head Start (henceforth referred to as "Head Start" unless otherwise noted) represent a longstanding national commitment to provide early learning opportunities for children from at-risk backgrounds and comprehensive supports to help them and their families achieve long-term stability and success. Since 1975, the Head Start Program Performance Standards ("Standards") have helped programs across the country deliver on this two-generation commitment. We believe that every child, regardless of circumstances at birth, has the ability to succeed in life if given the opportunity that Head Start offers to children and their families.

The following comments and recommendations are the result of an extensive consultation process. Over the past 60 days, the National Head Start Association (NHSA) has convened four webinars open to all in the Head Start community to discuss the proposed changes. In addition, a detailed survey garnered almost 1,700 responses, from program directors to bus drivers and parents. NHSA also convened a series of work groups to discuss proposals in a smaller group setting, as well as additional meetings with state/regional Head Start associations, other organizations with an interest in Head Start's success, and Head Start parents/caregivers. We are united in ensuring that any changes to the program are done in a way that reflects best practice, are clear in purpose and impact, and pursue a Head Start vision for the following decade or more.

Overarching Comments

In 2016, a landmark change came to Head Start when the Standards were comprehensively re-written for the first time. Decades of accumulated rules, coupled with a micro-compliance mindset that was deficit-oriented and focused on box-checking compliance, had resulted in programs being evaluated on inputs and process rather than outcomes and continuous quality improvement. The shift to outcomes-based monitoring has empowered program leaders and staff to evaluate and make informed decisions that best suits the uniqueness of their community. Nowhere was this more evident than during the pandemic, when Head Start leaders and staff were required to come up with solutions to issues they had never before faced. Whether it was a rapid pivot to providing meals to families abruptly out of work due to the lockdown, having teachers make home visits to check in, or expanding outdoor play spaces to keep children in safer environments, Head Start staff and leaders identified the real and immediate challenges and successfully addressed them.

Empowering staff results in stronger programs and better outcomes; research bears this out. Our concern is that, while well intentioned, the NPRM represents a return to the pre-2016 era of federal prescriptive oversight in a manner that will disrupt innovation and distract from addressing the complex needs of children and families. From mandated five minute breaks to adult-size desks and chairs to prescribed mental health consultation frequency, the NPRM seeks to address genuine issues facing Head Start with a bevy of solutions, all of which will need additional guidance and are subject to monitoring for compliance. Other areas, notably but not exclusively new reporting requirements for child incidents, are overly vague as currently drafted. We fear they will distract from the overall priority of keeping children safe, while creating uncertainty and a climate of distrust and fear which is well documented to contribute to staff turnover while not improving safety. Our comments offer alternative solutions to many of these proposals that will empower staff and management to address issues at the local level and prevent a return to a punitive approach to federal oversight.

For too long, the Head Start workforce, like much of the early childhood education workforce, has relied on implicit wage subsidies from low-paid but mission-driven staff willing to work for near poverty-level pay in order to serve as many children as possible. While this commitment to the mission of Head Start is admirable, the long-term sustainability of such reliance has been laid bare by serious workforce shortages and turnover, coupled with a lack of sufficient action from the Administration and Congress in recent federal appropriations. We support the intent behind the NPRM's workforce compensation and benefits provisions; the early childhood field is long overdue a fair, professional wage in exchange for their hard work and expertise. As noted in the NPRM, however, the direct cost of wage and benefit improvements will either be borne through increases in funding from Congress or through reductions in the number of children Head Start programs will be able to enroll. We have already seen this play out across the country in the past several years, with numerous programs applying for slot reductions in order to boost compensation and retain staff, despite demonstrated need and want for Head Start services in their communities.

The proposals in this NPRM are worthy, but also come with a substantial cost when fully implemented. When the last Head Start reauthorization was passed in 2007, it increased teacher credential requirements, including the mandate that at least 50 percent of lead teachers have a bachelor's degree. This substantial change in the law came with a promise that remains unfulfilled to this day: that these teachers would be paid a wage that reflects not just their expertise but also their professional credentials. Thus, as noted in the NPRM, the share of Head Start Preschool teachers with a bachelor's degree has risen to 71 percent in 2022, "yet inflation-adjusted salaries for these teachers decreased by two percent during this timeframe, with an average teacher salary of just $39,096." Again, as noted in the NPRM, the average salary for a public school-based preschool teacher was $53,200 while kindergarten teachers earned $65,120 on average. Pushing the burden of rectifying this problem onto the backs of Head Start programs without providing additional federal resources or flexibilities is not only an abdication of leadership by the Administration and Congress, but it is an unjust recipe for failure.

Because of our skepticism, borne of experience, that Congress will fully appropriate the funds needed to reach the compensation and benefits requirements mandated in this NPRM, we propose an implementation period that directly relates to the amount of funding available for implementing such changes. The required reduction in slots that would, in the absence of sufficient funding, be necessary to fully offset the costs of this NPRM could be dramatic enough to force small (often rural) programs to close entirely, while other programs would face cuts so steep as to further impair the ability of Head Start to fulfill its mission.

Additional questions arise from the compensation and benefits proposals as well. For example, how would new funding be distributed to programs? There are core equity issues involved here, in that the need is far greater in some programs than others. Poverty is not static; the depth of need can change over time, as can access to additional resources. Further complicating the issue is consideration for programs that have

already reduced the number of children they serve in order to improve wages and retain staff – should that be taken into account when allocating any new resources, especially when many programs have long wait lists of eligible families?

Further implementation questions arise as well, notably in the areas of technical assistance, monitoring, and the capacity for the Office of Head Start to enforce the myriad new provisions when it already struggles with timely responses to Change in Scope applications, incident reports, facility acquisition or renovation, and other core parts of program implementation. We recognize the complexity of running a program that serves nearly one million children and their families in every corner of the country, including some of our most remote areas. However, with additional administrative responsibilities stemming from this NPRM, we are concerned that the sheer volume of work will distract from core oversight priorities and overarching program priorities that are longer-term and more systemic in nature.

In our broad and deep outreach across the Head Start community, one concern came up again and again: the disparate impact the NPRM will have on small and/or rural programs, including American Indian/Alaska Native (AIAN) and Migrant and Seasonal Head Start. Downsizing the number of children served might be possible, to an extent, in medium or large sized programs, but programs such as the St. Croix Chippewa Indians of Wisconsin Tribal Head Start in Hertel, Wisconsin (two classrooms), the Pocono Services for Families and Children in East Stroudsburg, Pennsylvania (seven classrooms), and the Chicanos Por La Causa-Child Care Partnership in Eloy, Arizona (two classrooms) have expressed doubt they could find the budgetary flexibility to handle the costs this proposal will generate, such as compensation requirements, paid Family and Medical Leave Act (FMLA) absences, mandated breaks, Mental Health Multidisciplinary Team creation and implementation, and more. While child health and safety must always be paramount, the ability to operate a small or rural program is called into question with the additional mandates in this NPRM. Our fear is that the Administration is regulating small programs into extinction. We therefore urge OHS to consider allowing waivers or exemptions for small or rural programs, as well as those operating under tribal sovereignty. These communities not only are rural child care deserts but also tend to lack additional community resources which in other places help bolster Head Start in key ways and, without such waivers, we fear they will be forced to close their doors.

The potential for further reductions in the number of children served (beyond what we have experienced over the past several years), should the requirements in this NPRM be finalized but lack new funding, is substantial. This begs the question: how has OHS calculated the potential number of slots that will be cut in the absence of sufficient appropriations? Has it accounted for the likely closure of some small and rural programs, leaving those communities further underserved? How much is too much?

Head Start, with its generational poverty disruption outcomes, is a vital part of the larger early childhood education ecosystem, one which includes public and private child care as well as state Pre-K. Over the past decade, it has also included Early Head Start-Child Care Partnerships (EHS-CCPs), created by Congress to leverage the best practices and expertise of Early Head Start with community-based child care providers, both family child care and center-based child care. Increased partnerships, including through Child Care and Development Fund (CCDF) state dollars and EHS-CCPs, have expanded opportunities for children to be in high quality early learning environments during their earliest years. Programs have managed to bridge many gaps or conflicts between state and federal regulatory systems. This NPRM puts these partnerships in jeopardy, however, as it increases the friction points between the two systems. For example, reporting and investigation of child incidents is being increased dramatically in the NPRM at the federal level despite the state child welfare systems being the primary agencies for investigating potential child maltreatment claims across the rest of the ecosystem.

Having faced down a global pandemic with creativity, ingenuity, grit, and support from Congress, Head Start now looks to its next chapter. The NPRM attempts to help chart this course, with worthy goals and

objectives and we commend the Administration for proposing such broad and widely-encompassing changes. Yet, we are deeply concerned about the consequences, intended or unintended, that will result from many parts of the proposal as currently written. Returning to overly-prescriptive and punitive compliance does not keep children safer. Requiring adult-sized furniture does not address overall staff health and wellness, something that program leaders should be addressing through a holistic approach in their management strategies. Building in compensation and benefit requirements without a realistic assessment of their impact on small programs or on programs with substantial gaps in pay parity, may do more harm than good in the absence of new funding. Again, we applaud the intent behind the NPRM, to strengthen and improve Head Start for future generations of children and families from the most at-risk backgrounds. We have some significantly diverging views on how to achieve this shared goal, and look forward to working collaboratively with the Office of Head Start towards those goals.

1. Workforce Compensation, Benefits, and Wellness

Early childhood education is one of the lowest paid professions, leading directly to difficulties in attracting and retaining staff. Never has this been more apparent than over the past few years, with post-pandemic job churn coupled with a hot economy having led to unprecedented difficulties in staffing for Head Start. We appreciate that the NPRM recognizes that this has become unsustainable for Head Start. However, the seven year implementation period, coupled with unclear progress markers during that seven year period, will likely result in significant reductions in the number of children and families served by Head Start.

Recommendation: As was the case for funding of extended duration, we urge OHS to add clear checkpoints to break down the seven year period, including alignment with appropriations funding.

§1302.90(e)(1) Pay Scale for All Staff

Comment: We support the intent behind the proposed change for programs to develop or update a pay structure that applies to all Head Start staff and promotes competitive wages across positions, taking into account responsibilities, qualifications, and experience. However, the complexities involved in operating a Head Start program mean that program-level considerations can make this requirement more complicated to implement than it might seem. The need for flexibility and discretion at the local level is driven by the complexity of:

- Determining wage comparability for programs with many combined positions;
- Establishing pay parity for programs covering multiple communities, counties, and states since the analysis will vary depending on the program's location;
- Reconciling the regulatory discrepancies that will arise with Head Start programs operating and interacting with other programs, such as CCDF child care or state Pre-K, and for organizations like Community Action Agencies that run a variety of anti-poverty programs with different pay structures for Head Start employees and the organization's employees working in other programs;
- Managing different pay scales when Head Start programs work with other outside organizations that may have different pay for Head Start and non-Head Start teachers, just as programs with a unionized workforce that have different pay for union and non-union staff; and
- Addressing wage compression issues when crafting or amending pay scales. For example, the NPRM's Pay Scale for All did not specifically address low wages across administrative positions such as directors, supervisors, coaches, and management which are equally as important and vital to the program.

Recommendation: We request that OHS permit flexibility and allow programs to exercise discretion regarding this requirement, especially those with combined positions, covering multiple communities, partnering with other non-Head Start programs, and with both union and non-union staff. We request that OHS recognize and address in guidance wage compression issues, including for those in administrative support roles. We are also especially concerned about the extent to which slot reductions and even program closures could occur if the necessary funding to fully implement the resulting salary changes is not forthcoming.

§1302.90(e)(2) Progress to Pay Parity for Education Staff with Elementary School Staff

Comment: We support the proposed change towards pay parity, however, first and foremost, its implementation will require significant increases in funding from Congress. As currently proposed, the requirements amount to an unfunded mandate reminiscent of the bachelor's degree requirement included in the 2007 reauthorization that came with a promised, but never-realized, commitment to raise salaries appropriate to the new required level of training.

Gaps in pay parity differ widely in different regions of the country, especially (in raw dollar terms) in jurisdictions that have substantially improved public school salaries. Closing that gap will require a distribution of new funds that will have to take those varying gaps into account, while at the same time not penalizing programs that have already made the difficult decision to downsize the number of children they serve to attract and retain staff.

We further note that "pay parity" is not a static concept, with school districts and other employers regularly increasing their own salaries. In other words, Head Start would be chasing a moving target under this proposal, one that will likely change substantially over the next seven years, making closing this gap even more of a challenge.

In the absence of new or sufficient funding for compensation improvements, we are deeply concerned about the ability of many programs to remain viable in light of these new requirements, especially small and/or rural programs. These programs are a highly valued resource in parts of the country with few, if any, other early learning opportunities. Change in Scope applications can address some of the shortfall, but have traditionally taken months for approval; we are concerned that a potential increase in these applications would significantly prolong the already lengthy approval process and impact the ability for programs to comply with this requirement.

Federal pay parity laws, such as the Lilly Ledbetter Fair Pay Act, as well as the state pay parity requirements may be implicated with these revisions and the intersection of those pay parity requirements with other equity and discrimination laws will create complexity for programs.

Recommendation: If the revisions take effect, we request that:

- Adequate funding to support pay parity efforts be available and that OHS not rely on reducing the program as the only option for achieving these goals;
- Additional guidance on how programs can comply with this requirement be provided, as this will be administratively complex to implement, especially for programs covering multiple communities, counties, and states and for smaller programs serving more rural areas;
- The final Standard be structured in such a way that a program would need to implement only one salary structure, regardless of how many jurisdictions it is a part of or adjacent to;
- Different pathways for small or rural programs be established if new funding is not forthcoming;

- OHS account for the applicable federal and state legal frameworks that will impact program implementation of this requirement; and
- Programs be permitted to account for employee benefits with a direct cash value, not just direct compensation, when meeting the new Standard. Doing so would result in a more accurate comparison that reflects, for example, more generous health insurance coverage than a neighboring school district provides.

§1302.90(e)(3) Salary Floor

Comment: As already noted, implementation of salary improvements, including a wage floor, will require substantial new funding from Congress or reductions in the number of children served. That said, we wholeheartedly support this worthy goal, with the lowest paid Head Start staff – bus drivers, kitchen staff, aides, etc, – in desperate need of a fair and liveable wage. We request guidance on how programs can determine a salary floor for purposes of meeting this Proposed Rule, especially if there is a lack of sufficient additional funding.

While we support paying all staff in a manner that is sufficient to cover basic costs of living, we are concerned that without additional funding small programs will face closure, and that others will confront wage scale compression issues that reverberate throughout the program.

§1302.90(e)(4) Wage Comparability for All Ages Served

Comment: We support equitable pay for Early Head Start and Head Start employees when the experience, qualifications, and responsibilities of staff positions are similar.

§1302.90(f) Staff Benefits

Comment: Whether it's low versus high-deductible health insurance (and the employee cost-share involved with each), vacation time combined with sick leave to create "paid time off" (PTO), or a traditional pension versus a 401(k), comprehensive employer-provided benefit packages vary widely. While we support the provision of sufficient benefits for all Head Start staff, we believe that many of the proposed changes to this section are overly prescriptive, denying Head Start programs the flexibility to make benefit decisions that fit most appropriately with the particular needs and wants of individual workplaces and communities.

Dictating what constitutes a full-time position creates significant issues for programs which currently designate 35 hours per week (the standard as defined by the U.S. Bureau of Labor Statistics) or other levels as full-time. There may be reasons why programs define full-time differently, including to conform with a larger agency, to account for a school year calendar, or even to provide greater flexibility in the form of reduced hours when added compensation is not an option. The point is that defining a uniform standard of 30 hours per week takes into account none of those individual considerations by removing local autonomy, a hallmark of Head Start from its inception.

The required coverage of three to five outpatient visits per year for mental health concerns is oddly specific – there is no equivalent requirement for physical therapy coverage, diabetes care management, or other equally as serious health concerns. OHS should shift focus to empowering program leadership to work through specific decisions about health and mental health care coverage by supporting local autonomy.

The requirement to offer paid leave regardless of employer size, which then references the far narrower federal Family and Medical Leave Act (FMLA), appears to conflate the aspiration for paid leave for all with

what is spelled out in the FMLA. The FMLA regulations are clear that the law applies to employers with "50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year" regardless of whether it is referenced in OHS's regulations so the incorporation by reference is completely unnecessary.[1] If OHS is attempting to capture those few programs that fall below the 50 employee threshold, doing so ignores Congress's rationale for setting a floor which was supported by careful study and deliberation. It is also unclear how, and if, OHS intends to enforce compliance with this proposed Standard as neither the FMLA nor its regulations, unlike the Davis-Bacon Act and its regulations, include a framework by which the law would be incorporated by reference into other laws.[2] Moreover, adding a "paid" component to the law, while admirable, seems to completely disregard its complexity and flexibility. For example, the FMLA regulations specifically allow employers to require paid time off (e.g., sick or vacation leave) to run currently with federal FMLA[3], because doing so helps employers manage the impact of employee absences.

The provision of retirement benefits, including minimum employer contributions, is yet another decision that should stay at the local level. While we recognize the importance of retirement savings opportunities for employees, there are many factors employers weigh when deciding whether to offer this benefit. There are a number of affordable employer-sponsored options, such as payroll deduction IRAs and SIMPLE IRAs, along with more traditional 401(k) or 403(b) plans. Given the other substantial and expensive employee benefit requirements in this NPRM, however, we strongly oppose a mandatory minimum employer contribution at this time.

Recommendation: Especially in the absence of sufficient federal funding, we request that OHS not mandate the provision of specific employee benefits, consistent with federal law, but instead use other tools at its disposal, such as Information Memoranda (IMs), to guide business decisions that are best made at the organizational level. The composition of an employee benefits package can vary widely, reflecting local, cultural, or workforce differences in preference or priority. Dictating a uniform standard of coverage from the federal level limits responsive management practices to tailor benefits appropriately. Likewise, for the reasons noted above, we recommend dropping the one-size-fits-all definition of full time.

If OHS insists on addressing staff benefits, we encourage the adoption of an approach that does not mandate detailed specifics, but rather mirrors the explicit decision and reasoning behind not setting a minimum accrual rate for vacation or sick leave. Additional examples of needed flexibility with employee benefits that we urge OHS to adopt include not mandating a specific cost share for health insurance or contribution for retirement plans, allowing programs to offer a combined PTO leave, and reverting to the federal FMLA standard. For some programs, one PTO package which encompasses both sick leave and personal leave, but does not distinguish between the two, may be the best approach to reducing administrative burdens while providing staff equivalent benefits.

In the vein of moving away from mandating specifics best left to local discretion, we also request that provisions requiring programs to facilitate access to affordable child care and the Public Service Loan Forgiveness program be addressed in guidance. If the child care provisions are retained, we encourage OHS to include "children for whom staff is the primary caretaker" to allow prioritization for staff or potential staff who are the primary caretakers of their grandchildren or have a child living in their home under kinship or guardianship care. Clarifying that programs may prioritize the children of staff via their selection criteria (§1302.14(a)(5)) could help recruit, retain, and support staff.

[1] See 29 C.F.R. § 825.104

[2] See 29 C.F.R. Subpart A—Davis–Bacon and Related Acts Provisions and Procedures

[3] See 29 C.F.R. § 825.207

Finally, we note that if sufficient funding is appropriated to comply with the employee benefit mandates included in the NPRM we would take a different approach in our recommendations. However, given the high bar set in the workforce compensation sections alone, we remain skeptical of the likelihood of this event.

§1302.93 Staff Health and Wellness

Comment: Staff health and wellness is a paramount and ongoing concern of any program leader. However, imposing prescriptive, one-size-fits-all solutions to address these concerns from the federal level sends a very different message to leaders.

The new language in subsection (c) requiring specific breaks as well as five minute "wellness breaks" is too prescriptive, and the five minute breaks in particular raise major concerns about maintaining proper teacher to child ratios. Compliance with this proposal would require permanent floaters or a third paid staff member in classrooms at all times, which will be very difficult for all programs, and likely not manageable for small programs such as those centers that have only one or two classrooms. For example, it takes at least 30 minutes for an emergency substitute teacher to arrive at one rural program with only two classrooms and no extra staff members.

The new language in subsection (d) requiring "access to adult sized furniture in classrooms" continues along the same theme, and again, we urge OHS to engage with program leadership to ensure that staff who need this type of accommodation for their own health or well-being address it accordingly. The Early Childhood Environment Rating Scale (ECERS) notes that "adult-sized furniture is generally not appropriate for preschool classrooms." Inserting a requirement for adult sized desks and chairs into the Standards raises additional questions, all of which will have to be monitored. Should desk chairs with wheels be permitted? Should desk drawers be required to lock? Are there climbing or hiding risks inherent here? And, with evidence showing a relationship between adult-sized furniture in classrooms and teacher-child interaction (through reduced CLASS scores), is this a worthy trade-off?

Recommendation: We recommend against incorporating the newly proposed mandates in subsections (c) and (d) of this section. Rather, we encourage OHS to adopt leadership development strategies that support management in correctly identifying obstacles to employee health and wellness and help them provide appropriate, tailored solutions. These strategies would focus on building up program leadership to institute its own approaches for providing necessary breaks for staff and emphasize the important role program leaders play in accounting for staff wellness in a program's management plans including, when possible, a dedicated place for teachers to do work, which may not be in the classroom.

§1302.92(b); §1302.47(b)(5) Training and Professional Development; Safety Practices

Comment: We support the clarifications regarding training and professional development in §1302.92(b) but believe OHS needs to go further.

Recommendation: We request that OHS address how consultants and contractors who work with children, will be trained as mandatory reporters if they will be required to report suspected or known incidents of child abuse and neglect per proposed changes to §1302.47(b)(5).

§1302.101(a) Program Management and Quality Improvement / Management System

Comment: We applaud OHS's approach to this Standard which is to not change it and to allow programs to continue exercising discretion to "provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services." The approach recognizes that Head Start programs require some local autonomy to make management decisions that they feel make the most sense for their programs and will allow them to best further the program goals and operate effectively.

Contrast the approach taken in this section with that of the proposed §1302.90(f), where OHS is dictating specific management decisions such as what constitutes a full-time position, as well as requiring three to five outpatient visits for mental health concerns. While these all attempt to further staff wellness – a worthy goal – they ignore the importance of programs deciding for themselves what staff wellness looks like, and how best to achieve it. With this in mind, we believe that the standards in this proposed section 1302.101(a) more effectively promote staff wellness, and better management practices in general, by providing programs with an overarching standard to meet, while leaving room for them to develop and implement individual strategies and practices for doing so.

Recommendation: We encourage OHS to mirror the approach taken in this Standard elsewhere in this Proposed Rule and continue recognizing the importance and value of local autonomy in making management decisions.

2. Mental Health Services

We applaud OHS for clarifications in the Standards that will help ensure that mental health is fully included in an integrated system of comprehensive support for children and families. After extensive discussion of this part of the NPRM with the Head Start community, however, there are a number of areas that have caused differing interpretations; as such, our recommendations focus on suggested improvements consistent with the intent behind the Proposed Rule.

§1302.17(a) Suspension and Expulsion; Limitations on Suspension

Comment: We appreciate the clarification by OHS around temporary suspensions and steps to address supports, safe reentry, and a system that ensures the child is "surrounded by the appropriate care team that can make decisions in the best interests of the child." However, the proposed requirement to include the multidisciplinary team responsible for mental health, and the mental health consultant in determining if a temporary suspension is necessary are not clear. Is it the responsibility of the multidisciplinary team to approve every potential suspension or be simply part of the discussion? The NPRM states, "it is expected that the program engages with the mental health consultant to apply and assess whether supports and interventions, such as use of visual aids or preferred seating, can have an impact". Is it the program or the multidisciplinary team who engages the mental health consultant? It is also unclear who is applying and assessing the impact of the interventions and supports and who is responsible for assessing whether the interventions and supports are having a positive impact.

These proposed changes also require increased resources and time. Programs will need to develop policies and procedures that outline the necessary steps in this process, as well as rigorous documentation of all actions taken leading up to the decision to suspend, supports during the suspension, and the reentry

process. The documentation burden on Head Start programs is likely to be further compounded by additional federal and state requirements around the protection of personally identifiable information.

The multiple effective dates relating to the multidisciplinary team are inconsistent and confusing. The section proposes some requirements for the multidisciplinary team dedicated to mental health to become effective sixty days after the final rule is published, while section 1302.45(a) proposes many more requirements for the multidisciplinary team dedicated to mental health to become effective one year after publication of the final rule.

Recommendation: We request OHS clarify the responsibilities of the multidisciplinary team for mental health, and the mental health consultant in determining if a temporary suspension is necessary. For example, we recommend having the multidisciplinary team consult with the mental health consultant to determine appropriate supports and interventions before considering a temporary suspension. Based on the recommendations from the mental health consultant, it would then be the responsibility of the education staff to apply the supports and recommendations with the guidance of the mental health consultant and/or coach. This approach aligns with the other proposed changes that clarify the role of the mental health consultants.

We recommend that all the proposed requirements related to the multidisciplinary team have the same effective date of one year post-publication of the final rule.

§1302.17(b) Suspension and Expulsion; Prohibition on Expulsion

Comment: We believe the proposed changes to this section cause additional confusion for Head Start programs. Subsections (b)(2) and (b)(3) discuss steps Head Start programs must take to address challenging behaviors and facilitate a child's safe participation in the program, similar to those noted in subsection (a) related to suspensions.

We are also concerned with the requirement in subsection (b)(3) around the transition of a child to a more appropriate placement that can immediately enroll and provide services to the child. This type of immediate transition depends not only on a more appropriate placement existing, but also having the capacity to accept the child. For many rural areas, few placement options exist for this transition. As a result, compliance with this requirement may be impossible for some Head Start programs, and it could result in children being suspended for long periods of time.

Recommendation: We recommend that Subsections (b)(2) and (b)(3) discussing steps programs must take to address challenging behaviors be moved to subsection (a) as the steps are similar to those relating to suspensions. We also encourage OHS to provide additional flexibility in subsection (b)(3) to account for the limited placement options available for some Head Start programs.

§1305.2 Definition - Suspension

Comment: The use of the word "suspension" in this newly added definition is generally interpreted to mean a child has done something wrong; this is certainly the case in K-12 schools. It carries a stigma and implication about the child that never goes away. For a parent to be informed that the program is considering suspending their very young child sends the wrong message and emanates from a deficit model rather than a strength-based model. Labeling it a "suspension" doesn't convey that it is the *program* that needs time to assess, with great intention and consultation with others including the parent, if and how the classroom environment can be enhanced to meet the needs of the child and to keep them, along with other children and staff, safe.

Recommendation: We urge OHS to consider another label/word other than “suspension” in order to destigmatize the process when a pause in programming is needed to promote a safe and appropriate environment for the child. A term such as “Safe Program Participation” focuses more on the process rather than labeling the child. OHS took great care in proposing that programs do whatever is necessary to prevent a child from being suspended and to ensure in the event that a temporary suspension is determined necessary, that the child and family continue to receive services and be supported, and this change in terminology would be consistent with that effort.

§1302.40(a) Health Program Services

Comment: We support renaming the “Health Services Advisory Committee" to “Health and Mental Health Services Advisory Committee" to include mental health more explicitly in the requirement. However, it is unclear if this is just a name change or if there are expanded responsibilities of the Committee specifically related to mental health. The NPRM does not propose any changes, except in renaming, to the current requirements of the Health Services Advisory Committee, which are minimal and somewhat vague. This is in sharp contrast to the proposed requirements to establish a dedicated multidisciplinary team for mental health, which includes a long list of specific requirements but is silent on its relationship to the work of the renamed Health and Mental Health Services Advisory Committee.

Recommendation: To avoid redundancies or unnecessary overlap, OHS should allow programs the flexibility to determine where they assign the proposed responsibilities of the multidisciplinary team for mental health, since the programs may have teams or committees that are already doing the work proposed in the NPRM.

§1302.45(a) Supports for Mental Health and Well-being; Program-wide Wellness Supports

Comment: We agree with OHS’s efforts to require programs to support a culture that promotes children’s mental health and intentionally integrates more staff attuned to the mental health needs of the children and families. We acknowledge that some programs have strong systems in place and may be already meeting or exceeding what is proposed in this section.

While the first mention of the proposed requirements of the new multidisciplinary team dedicated to mental health is found in 1302.17(a), this section describes the other proposed requirements of the multidisciplinary team for mental health, such as:

- Coordinates supports for adult mental health and well-being including engaging in nurturing and responsive relationships with families, engaging families in home visiting services, and promoting staff wellness
- Coordinates supports, including supports for positive learning environments, supportive teacher practices, and strategies to support children’s mental health concerns
- Examines the approach to mental health consultation on a annual basis
- Ensures all children receive adequate screening and appropriate follow up and parents receive referrals about how to access services
- Facilitate coordination and collaboration between mental health and other relevant program services, including education, disability, family engagement, and health services

These proposed changes are significant in scope and the level of expertise and time required to carry out these proposed requirements will be daunting for some programs and will take significant time to implement. While OHS does not dictate the composition of the multidisciplinary team, it does suggest it could be composed of existing staff, and, unless a program has a dedicated team in place, the suggestion that existing staff could take on such significant increased responsibilities seems implausible.

This section also discusses proposed revisions to the frequency of mental health consultations from "a schedule of sufficient and consistent frequency" with "no less than once a month". We agree that the current language has been problematic and resulted in inconsistencies of interpretation. While the proposed language quantifies that consultation must occur at least once a month, we are uncertain it brings much clarity to what is expected. The NPRM suggests that a minimum monthly frequency provides a regular enough schedule of services to allow for opportunities to embed the consultant into the program and therefore provide more effective services. Yet programs vary in size and complexity, and attempting to impose one measure applicable to all programs is problematic and unrealistic.

Recommendation: While we agree with the premise that the responsibilities of implementing mental health supports should not be left to one person, namely the mental health consultant, we request that OHS give programs flexibility to determine how to meet these proposed requirements. As mentioned previously, some of the mental health responsibilities could be accomplished by the Health and Mental Health Services Advisory Committee, as one example. We also request that OHS permit programs to implement their mental health consultation model, including frequency, based on their own data and identified needs unique to their program and community.

1302.45(b) Supports for Mental Health and Well-being; Mental Health Consultants

Comment: We support, in principle, the proposed changes included in this section and agree with OHS that these efforts will align these proposed standards with best practices in infant and early childhood mental health consultation and build capacity at Head Start programs around these practices. To meet the proposed increased responsibilities, many programs will have to increase the hours and number of mental health consultants, which poses significant challenges related to increased costs and recruitment of competent mental health consultants who have expertise in early childhood development.

Recommendation: We encourage OHS to acknowledge that the additional, proposed responsibilities of the mental health consultant will significantly expand their current role and lead to increased costs. We request that all the proposed requirements related to the expanded role take effect one year after publication of the final rule.

§1302.81 Prenatal and Postpartum Information, Education, and Services

Comment: We support the proposed changes in this section and believe they will provide necessary information and services to expectant families, including those related to mental health.

Recommendation: We encourage OHS to continue to be mindful of the enhanced staff training and support that will be necessary to comply with these regulations.

§1302.91(e) Staff Qualification and Competency Requirements; Child and Family Services Staff

Comment: We welcome the proposed change in subsection (e)(8) which expands who is considered a qualified mental health consultant to include those working under the supervision of a licensed mental health professional. This proposed change should help to increase the number of individuals who may serve as mental health consultants for Head Start programs. We are concerned, however, that the proposed change does not go far enough. Head Start programs in smaller and more rural communities continue to experience severe shortages of licensed mental health professionals. Furthermore, available licensed mental health professionals will not necessarily possess the expertise needed to effectively consult on early childhood education matters.

Recommendation: We request that OHS expand the pool of mental health consultants further to include professionals like child psychologists, as one example, and to allow for more flexible ways that services may be provided such as via a tele-health consultation. We also ask that OHS grant programs further flexibility in meeting the requirement if they can demonstrate a shortage of licensed professionals with experience in early childhood education in their area.

3. Modernizing Head Start's Engagement with Families

§1302.11(b) Determining Community Strengths, Needs, and Resources; Community-wide Strategic Planning and Needs Assessment (Community Assessment)

Comment: We support the revisions to this section that will allow programs to use publicly available data as a proxy to reduce costs and the overall data collection burden. We also appreciate the specific inclusion of transportation resources as a consideration in a program's community assessment. For many program participants, transportation remains a vital component of ongoing participation and regular attendance. However, given the lack of direct data available with respect to young children experiencing homelessness, we want to ensure that this change does not make it more difficult to count or serve this especially vulnerable population.

Recommendation: We request that OHS clarify that Local Educational Agency (LEA) data and data on children experiencing homelessness obtained by programs through the ERSEA process may be used in the community assessment.

§1302.13 Recruitment of Children

Comment: We support the proposed additions to this section around use of modern technologies in the application and enrollment processes. We caution, however, that using modern technologies may cause programs to overlook families who lack access to technology. This may result in the very hardest to reach families being unaware of Head Start programs in their communities and unable to apply to them.

Recommendation: We request that OHS include language in this section that encourages programs to be responsive to the needs of their communities in the application and enrollment processes, and note that this may require staff to engage in-person in recruitment efforts where families are located.

§1302.15 Enrollment

Comment: We support the efforts by OHS to streamline the enrollment experience and process for families. We believe that reducing administrative barriers to enrollment will improve access to Head Start programs and lead to more positive outcomes for families. We have concerns, however, that the emphasis on streamlining processes here is inconsistent with other sections in the Proposed Rule that increase the documentation burden for Head Start families and programs. For example, the proposed changes in §1302.12(i) impose additional documentation requirements on families and programs to demonstrate and account for excessive housing expenses.

Recommendation: We request that OHS provide greater flexibility to programs to reduce the documentation burden for families and programs in these newly added areas.

§1302.34(b) Parent and Family Engagement in Education and Child Development Services; Engaging Parents and Family Members

Comment: While we agree that successful parent and family engagement requires programs to utilize the best possible communications methods and modalities available, we question whether the Standards are the most effective means by which to facilitate this. The engagement of parents and families in Head Start is woven so tightly to many parts of a program and its services, that assessment and consideration of the best engagement methods and modalities is already built into a program's operations. Second, "best available" is highly subjective and dependent on a number of factors that each individual agency must consider and decide upon.

Recommendation: We encourage OHS to issue guidance rather than a mandate via a Standard to help programs modernize in ways that make the most sense for their programs. For example, an Information Memorandum (IM), or some other communication, could propose potential methods and modalities along with factors that programs could weigh and apply based on what works best for their individual communities. OHS has a successful recent example of providing this kind of guidance when it issued ACF-IM-HS-22-04. This IM discussed Head Start staff recruitment and retention challenges and described how programs could provide competitive financial incentives with existing grant funds to help meet these challenges. It also presented key considerations for programs to examine when making decisions related to the necessity and reasonableness of offering financial incentives. Many Head Start programs used this guidance to inform and guide their staff compensation decisions.

§1302.50 Family Engagement

Comment: We support the proposed addition to this section that encourages Head Start programs to communicate with families in a format that is most accessible. We believe that this change emphasizes the need for programs to understand how best to engage with families in their communities, and it empowers them to choose how best to do so.

4. Eligibility and Barriers to Access

§1302.12(f); §1302.12(j)(5) Determining, verifying, and documenting eligibility; Migrant or Seasonal eligibility requirements

Comment: We support the proposed changes to these sections directly affecting children with families engaged in farmwork who may be eligible for the Migrant and Seasonal Head Start program. By clarifying that a child is eligible as long as one family member is primarily engaged in agricultural employment, and meets other Head Start eligibility criteria, the proposal aligns with the realities of agricultural families today. Aligning redetermination requirements for Migrant and Seasonal Head Start programs for children younger than age three with the requirement for Early Head Start will facilitate continuity of care.

§1302.12(i) Determining, Verifying, and Documenting Eligibility; Verifying Eligibility

Comment: We support the proposed changes to this section that allow Head Start programs to adjust the gross income calculation for eligibility purposes to account for excessive housing expenses. These expenses represent a significant burden to families across the country, and we applaud OHS's efforts to factor these in for program eligibility purposes. We caution, however, that the calculation will increase the administrative burden on Head Start programs and families, running counter to this Administration's priorities, as it may require additional extensive documentation and may not always account for complex housing situations.

Recommendation: We request that OHS adopt a standard allowance that could be used as a simplified excessive housing cost proxy, based on HUD Fair Market Rent housing costs (40 percent of an area's median rental housing costs). We note that the NPRM expands the use of valid proxies for the community assessment, and that HUD's Fair Market Rent data is well-established and used in a range of contexts. Adopting a localized excess housing cost proxy will reduce the potential for error both on the part of programs as well as applying families. For example, using a Fair Market Rent proxy for Boston, Massachusetts, would allow three-person families to qualify for Head Start with incomes up to about $35,000 instead of $24,860.

§1302.14(b) Selection Process; Children Eligible for Services Under IDEA

Comment: We support the clarification to use "actual" enrollment rather than total "funded" enrollment when meeting the 10 percent enrollment of children with disabilities requirement. Head Start programs are committed to serving children with disabilities. Indeed, most programs already ensure that over 10 percent of their actual enrollment is children with disabilities.

We have concerns with the language included in the Preamble to the Proposed Rule. Specifically, it encourages "all Head Start programs to recruit and enroll as many children who are eligible for IDEA services as possible. The 10 percent requirement is meant to be a floor rather than a ceiling for serving children who would benefit from the program…." We want to be sure that this Preamble language does not impose an implicit obligation on programs that are for the most part consistently exceeding the standards.

The Standard also fails to recognize that, in addition to meeting or exceeding the 10 percent requirement, most programs also enroll many children who may be in the process of evaluation or have significant concerns that do not result in an IEP or IFSP, but do require highly specialized and individualized services. In many of these cases, programs have stated that the class size, given the complex needs of the children, is too large and becomes unmanageable.

Recommendation: We encourage OHS to approve requests in class size reductions, particularly in Head Start Preschool classrooms, where classrooms have significant numbers of children, some well over 50 percent, with significant concerns. Head Start is meant to be an inclusive setting, not a therapeutic self-contained environment, and class size needs to reflect the challenges inherent with serving large numbers of children with special needs.

§1302.14(d) Selection Process; Understanding Barriers to Enrollment

Comment: We support the proposed revision in this section requiring programs to use data from the selection process to understand why children selected for the program do not enroll or attend, including its reference to lack of transportation as a consideration. Data is collected and analyzed by programs already, and using it to analyze barriers to enrollment, including transportation, will inform programmatic decisions designed to reduce or eliminate barriers.

§1302.16(a) Attendance; Promoting Regular Attendance

Comment: We support the proposed changes to this section that require programs to examine barriers to attendance and consider, and possibly provide or facilitate, transportation to promote attendance. Within this context, we urge OHS to recognize that programs are currently experiencing great difficulty recruiting bus drivers to provide necessary transportation for Head Start participants. In some areas, even Head Start programs that are able to cover costs associated with obtaining a commercial driver's license have had little to no success recruiting drivers.

5. Ratios and duration

§1302.21(b) Center-based Option; Ratios and Group Size

Comment: We support the proposed changes in this section that encourage center-based programs to establish lower teacher-child ratios of no more than three children to every classroom where the majority of children are infants under 12 months, where possible and where continuity of care for children will not be jeopardized. Head Start programs are aware of the importance of lower teacher-child ratios and strive for lower ratios. OHS should recognize, however, that programs face challenges in these efforts. The challenges include a lack of funding to hire more teachers, as well as the well-known staff recruitment and retention issues present in the current labor market. Also, these efforts require additional classroom space, which further adds to program costs.

§1302.21(c) Center-Based Option; Service Duration

Comment: In general, we support the proposed changes related to program service duration. We do not believe this will cause a significant shift for Early Head Start programs, and the codification of the 46-week minimum provides helpful clarification. However, this is not necessarily the case for American Indian/Alaska Native (AIAN) Head Start; the one-size-fits-all 46 week requirement conflicts with subsistence and cultural imperatives for some AIAN communities who engage in subsistence hunting, fishing, and gathering, as well as culturally-significant gatherings throughout the year.

Recommendation: AIAN programs should be exempted from the 46 week mandate, while retaining the current requirement of 1,380 hours of service.

§1302.23(b) Family Child Care Option; Ratios and Group Size

Comment: While we appreciate the clarification in the proposed changes to this section, we are concerned that the NPRM eliminates the title of "assistant family child care provider." The intent behind this proposed change is unclear, is it simply because the position title/definition doesn't currently exist in the Standards? This change means that when the group size of a program requires two providers, both providers must meet the higher qualification threshold of a family child care provider. This proposed change will increase costs for these programs, as family child care providers cost more than assistant family child care providers. Perhaps more concerning, however, is that in certain areas, such as rural areas, programs may not be able to locate and recruit family child care (FCC) providers who are willing or able to obtain the required FCC CDA within 18 months. Some FCC Early Head Start programs have stated that they will likely be forced to close if this proposal is codified.

Recommendation: We request that OHS include language in this section that encourages–not requires–the second provider in a family child care home to obtain their FCC CDA and is afforded other opportunities for professional development. If there is data or research to support that having a second provider who is not in the process of obtaining a FCC CDA is detrimental to child safety, OHS should include a citation to that literature.

6. Preventing and addressing lead exposure

§1302.48 Preventing and addressing lead exposures

Comment: As the U.S. Environmental Protection Agency notes in its Lead Sample Field Guide for Schools and Facilities, "There is no safe blood lead level in children. Children are most susceptible to the effects of lead because their bodies are still developing; therefore, they tend to absorb more lead from any source, including drinking water, than adults." We support the intent behind lead testing requirements in the NPRM. The ability to test a rotating proportion of water fixtures annually such that all fixtures are tested at least every five years provides welcomed flexibility. However, many programs surveyed expressed a concern about finding certified water testers, with the seeming belief that they need to look to external professionals to do the testing.

With respect to lead paint, the concern about finding certified risk assessors to conduct lead paint testing, especially in rural areas, is significant. For both these provisions, programs expressed concerns regarding potential remediation costs.

Recommendations: We request that OHS provide specific training and technical assistance for programs as this requirement takes effect and work with programs to seek out community-based resources (such as from water utilities) to help with remediation efforts. While we recognize that assessing the risk associated with potentially exposed lead paint is a more complicated process than conducting water samples, we urge OHS to identify strategies for programs in parts of the country that lack certified lead paint risk assessors.

7. Family Service Workers, QRIS, Serving Pregnant Women

§1302.52 Family Partnership Services

Comment: We applaud OHS's efforts to ensure that family services staff are managing healthy and realistic workloads. A survey of Head Start providers shows that 60 percent of programs are either already meeting the proposed 40:1 ratio or are generally comfortable with this ratio as an initial marker. However, the same survey noted that, for some programs, Family Service Workers (FSW) also serve as substitutes when classrooms need coverage, and other positions are blended so they have multiple responsibilities in addition to the FSW role.

Recommendation: Given the different ways that programs meet this Standard, we request that language be added which provides OHS with the discretion to reassess the 40:1 ratio every five years and adjust as needed.

§1302.53(b)(2) Community Partnerships and Coordination with Other Early Childhood and Education Programs

Comment: We appreciate the recognition by OHS of the unnecessary burdens caused by requiring programs to participate in a state Quality Rating and Improvement System (QRIS). We welcome the elimination of conditions for QRIS participation and the clarification that programs only need to participate if doing so is practicable and will not result in the duplication of documentation efforts supporting OHS oversight.

§1302.80; §1302.82 Enrolled Pregnant Women; Family Partnership Services for Enrolled Pregnant Women

Comment: We appreciate OHS's recognition of the barriers to healthy birthing and maternal outcomes, especially as they pertain to racial and ethnic groups that are more likely to experience adverse outcomes. We welcome the inclusion of topics focused on maternal mental and physical health, infant health, and basic needs in the initial newborn visit. We also agree that tracking and recording services that pregnant women receive, along with using other data on enrolled pregnant women, will help programs customize and strengthen their support for a healthy pregnancy.

Recommendation: While we support the revisions, we ask that OHS continue to be mindful of the effort and costs associated with improving data collection and expanding services as well as other measures needed to implement the additional requirements.

8. Child Safety and Standards of Conduct

§1302.47(b)(5) Safety Practices

Comment: We appreciate OHS's reference to the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5101 note) to more definitively establish what is considered child abuse and neglect for reporting purposes. The CAPTA definition sets a clearer standard which will enable mandated reporters to more accurately identify and report abuse and neglect and subsequently keep children safe. We discuss in greater detail in our comments to §1302.90(c) and §1302.102(d) why it is so critical for these thresholds to be clear and specific.

While we understand OHS's intent behind removing from this section the phrase "staff and consultants" and replacing it with "staff, consultants, contractors and volunteers," we are concerned about the unintended consequences of this change. Requiring volunteers to fulfill the additional, weighty responsibilities of a mandated reporter may lead to liability issues, diminish the pool of volunteers, and negatively impact parent engagement opportunities in local centers. Furthermore, in light of the proposed updates to §1302.90(c)(1)(vi) to clarify that volunteers can never be left alone with children, it seems unnecessary to require volunteers to serve as mandated reporters since they will always be in the presence of a mandated reporter when working with children.

Recommendation: We encourage OHS to adopt an approach to reporting that is similar to the approach it has taken with respect to safety practices where the CAPTA definition is incorporated to establish clear thresholds. We request that OHS remove the requirement that volunteers be included in the pool of mandated reporters, and permit programs to either defer to their state laws or exercise discretion with respect to the role volunteers will play in the program.

§1302.90(c), §1302.102(d) Personnel Policies - Standards of Conduct; NEW TITLE - Program Goals, Continuous Improvement, and Reporting

Comment: We agree with efforts to ensure that children are in the healthiest, safest environments possible when in the care of Head Start. However, we have concerns that the approach taken in the NPRM may move in the opposite direction and may have devastatingly negative impacts on Head Start programs. The more prescriptive OHS becomes, and this reporting section is the most pervasive example, the less innovative and sophisticated the Head Start leadership will become. The 2016 changes created a runway for strong, innovative, creative leadership in Head Start. This step backwards will most definitely call for more prescriptive leadership at the Federal level, thwarting innovation and forward thinking program leaders.

Adverse Impacts of Expanding Standards of Conduct and Reportable Incidents

By expanding in 1302.102(d) the type of incidents that are reportable to include those that are typically and often sufficiently addressed by a program through its internal performance management framework, OHS is promoting a level of dependence on the federal government and a relationship of distrust that makes it extremely difficult for an organization to effectively conduct its daily operations. These revisions are reverting back to a strict liability approach to operating Head Start programs by looping in Section 1302.90(c)(1)(ii) conduct, unauthorized child releases, lack of supervision, and preventative maintenance issues. All of these issues require investigations to determine, what, if any harm has actually occurred and the appropriate response. Treating every possible incident as reportable to the federal government demoralizes staff, stymies professional development, and, most importantly, does not result in a safer, healthier program.

We are very concerned that the lower threshold and added detail in 1302.90(c) will lead to greater confusion and overreporting. Changing the thresholds to encompass conduct that is "reasonably suspected to negatively impact health, mental health or safety of children" will have the opposite effect of placing children more at risk while simultaneously negating staff retention and recruitment efforts. A wide range of acceptable actions could erroneously be interpreted as conduct "reasonably suspected to negatively impact a child." For example, a new teacher or substitute may not know each child's personality and, when the teacher informs the class that it's time to clean up or move to a different activity, a child who is very sensitive may respond by crying. Under the revised langage, an observer may report the teacher's actions as negatively impacting the child when the teacher was simply managing their classroom in a normal, non-confrontational way.

The list of examples further complicates a program's ability to effectively manage staff conduct as it mixes unquestionably reportable conduct (e.g., inappropriate touching) with conduct that could be used to protect a child. For example, if a child is about to hurt themself or another child, a teacher may need to use a reasonable level of force to avoid injury. These actions could be viewed under the revised language as "forcibly moving" or "restraining" a child when they are actually making all children in the classroom safer. Also, some programs reported that IEPs have included provisions for appropriately restraining a child, when necessary.

The non-exhaustive list of examples coupled with a low threshold will inevitably result in overreporting by programs that are already anxious to maintain compliance due to the strict designation renewal system rules. The lower threshold will lead to increased reporting to state child welfare and child care licensing agencies, some of which have already voiced concerns to programs that the flood of reporting from Head Start programs is making it difficult to focus on situations that are truly harmful to a child.

The promotion of a punitive approach to safety also directly conflicts with the dire need to recruit and retain staff. Employee retention studies have shown staff will not continue to work for a program if they are in constant fear that their actions will be misconstrued and used to discipline them based on the low threshold and broad, non-exhaustive list. Moreover, the proposed revisions fail to account for programs using the code of conduct as a basis to manage personnel. A program may take appropriate personnel actions, such as a reprimand, warning, or even termination, pursuant to its code of conduct and should not be compelled to report to OHS every time an employee is disciplined.

The likely ineffectiveness and inconsistent application of OHS's proposed, overly broad approach to reporting is further exemplified by the current Standard directing programs to report closures of classrooms or centers for any reason. Programs are constantly faced with unanticipated occurrences that require business decisions to be made, including temporary closures. Such occurrences range from the closure of a center due to inclement weather to the closure of a few classrooms for an HVAC repair or closure due to the passing of a tribal member. The effect of these closures on programs are typically minimal, but the added administrative burden of reporting them and the unknown impact of these reports on a program's viability adds a layer of unnecessary complexity to an already stressful situation and may result in programs not choosing the best option in the circumstances.

Need for a Clear, Streamlined Reporting Approach

OHS should focus on developing a process for reporting incidents that enables a program to respond to, address, and move on from reportable incidents in a timely, productive manner. The lack of clarity about the process is resulting in inconsistent responses and straining already limited resources. Shortening the timeframe within which a program must report an incident from "as soon as practicable" to "no later than three days" provides insufficient time for a program to conduct an investigation and make informed determinations. The time frame assumes that every reportable incident is a severe one, i.e., it would clearly meet the state child welfare criteria that triggers reporting within 48 hours. However, the revisions to 1302.90(c) loop in conduct that would not normally be reportable to a state agency.

Because OHS is not currently obligated to respond to incident reports within a specified time frame, a program may wait up to six months to receive a substantive response about next steps. By that time, a program will most likely have addressed the incident to the satisfaction of the state agency and resumed normal operations. OHS then often issues a determination that is not only contrary to the state's assessment but also sends a program into the designation renewal system process. This disjointed approach taxes a program's already strained resources as they are being forced to respond to two separate investigations of

the same incident and makes it nearly impossible for a program to identify and work towards a reliable standard.

While we support the addition of a CAPTA reference in 1302.90(c)(1)(iii) to help clarify when an individual is obligated to report, we are particularly concerned by OHS's preamble statement regarding that addition. OHS explains that "we believe including this provision in the Standards of Conduct will bring attention to existing requirements that all staff are mandated reporters of suspected incidents of child abuse and neglect, even in the absence of definitive proof and even in instances in which reporting staff member did not directly engage in or witness the alleged behavior". While we agree that the CAPTA reference is not adding a new requirement, we were surprised by the reference to "existing" requirements, which we assume must be federal ones, that require staff to report "in the absence of definitive proof" and when they "did not directly engage in or witness the alleged behavior." We are not aware of any such federal directives and are concerned that the vagueness of these statements will cause confusion.

Recommendation: We request that OHS not adopt the proposed changes that provide examples in the standards of conduct section and expand the threshold and types of reportable incidents. Rather, we encourage OHS to work with the Head Start network to research and develop a holistic, nurturing approach to staff education and development that greatly reduces the reliance on punitive methods to ensure the health and safety of children served.

We request that OHS outline a reporting framework that includes the ways in which information may be reported, the type of information to be reported, the time frame within which OHS and the programs are required to respond, and the consequences that may result.

We encourage OHS to consider aligning Head Start reporting with the applicable state child care licensing and welfare requirements. For example, if an allegation is under state or local investigation, OHS will defer to those results rather than issue its own reports and findings unless extenuating circumstances arise. Such circumstances would, for instance, cover scenarios where a county or state fails to directly address incidents of child abuse and neglect.

If OHS insists that programs report closures, we encourage them to go further than the proposed exception for natural disasters and adopt an approach that recognizes organizational autonomy. We request that OHS trust the organizations they have authorized to operate these programs and add language that defers to a program's judgment as to when a closure substantially impacts program operations such that OHS's assistance and support are needed.

We request that OHS clarify its understanding expressed in the Preamble of when an individual is obligated to serve as a mandated reporter and urge OHS to maintain the proposed CAPTA reference and framework, which establish the foundation for the state laws that govern mandated reporting.

9. Other provisions

§1303.44(a)(7) Applications to Purchase, Construct, and Renovate Facilities

Comment: We support OHS's clarification and use of an approach to assessing the value of a facility that more accurately accounts for the costs of a facility acquisition. We request, however, that OHS go further in clarifying the Standards addressing facilities and specifically address the challenges caused by OHS's expansion through guidance (e.g., Facilities Guidance Attachment 1 to ACF-IM-HS-17-01) of the application of the Davis-Bacon Act to repairs.

Head Start facilities are constantly in need of repair due to normal wear and tear and compliance requirements that set high safety thresholds. Finding individuals and companies that can perform repairs in a timely manner is alone extremely challenging, but when Davis-Bacon Act requirements are added to the effort it is often nearly impossible, especially in rural and suburban areas. Paying a reasonable, market-based rate is not the issue; rather the reporting and paperwork requirements that the Davis-Bacon Act imposes on contractors is a major deterrent.

The Davis-Bacon Act applies to Head Start projects via the Davis-Bacon and Related Acts (DBRA) which applies to statutes, like the Head Start Act, that incorporate the Davis-Bacon Act by reference to apply to specific activities performed under the funding. The language in Section 644(g)(3) of the Head Start Act ties the application of the Davis-Bacon Act solely to "construction and major renovations" and does not mention repairs. In other words, OHS is neither required by the Davis-Bacon Act nor the Head Start Act to apply the Davis-Bacon Act to repairs performed on a facility. In fact, other funding sources that incorporate the Davis-Bacon Act by reference do not necessarily apply the Davis-Bacon Act to repairs. For example, the U.S. Department of Labor's Davis-Bacon Act Field Operations Guide, in Chapter 15c00(c), explains that the U.S. Department of Housing and Urban Development (HUD) "has issued guidance to its field offices and public housing agencies (see 24 CFR 968.105 and 24 CFR 968.110), which distinguishes work items subject to HUD-determined or to DBRA prevailing wages. In essence, repair or replacement necessitated by normal wear and tear over time is to be considered operational and outside the coverage of DBRA, provided that the work is not so substantial as to constitute reconstruction."

Recommendation: We request that OHS align its Davis-Bacon Act guidance with the language in the Head Start Act, follow HUD's lead, and update Head Start guidance to clarify that repairs or replacement necessitated by normal wear and tear fall outside of Davis Bacon Act coverage.

§1305.2 Definition - Income

Comment: We appreciate the clarification that OHS is providing by including a finite list of what is considered income and specifically excluding tax credits and any forms of public assistance from the definition. We agree that references to external documents resulted in confusion and added complexity to eligibility determinations which unnecessarily impacted the capacity of programs to respond in a timely manner to requests for services. We believe these changes will result in Head Start programs providing services to more children and families in need.

§1305.2 Definition - Federal Interest

Comment: We support the changes to the definition of Federal Interest as they promote consistent interpretations of the term and clarify that the federal share and resulting federal interest relate only to the percentage of OHS's participation in the cost of a facility under Part 1303, Subpart E.

§1305.2 Definition - Major Renovations

Comment: We support the revisions to the definition of Major Renovations as they provide clarity and promote a more consistent application of the definition to real property improvement projects on program-owned and leased properties. The changes directly address confusion regarding minor renovations and repairs by clearly excluding such activities from the definition except when the activities are included in a purchase application. The changes also add the level of detail needed to assure that, on one hand, projects are not broken up into arbitrary components to avoid application of the definition and, on the other hand, unrelated minor repairs are not lumped together so that coverage under the definition is triggered.

Conclusion

As we gathered input and worked through this proposed rule with the Head Start community, we witnessed time and time again the unwavering commitment to fulfill Head Start's mission. To the Head Start community, there is no more meaningful vocation than to serve and support children and families in the most wonderfully diverse and unique program we call Head Start. We find ourselves in a crisis today – some may say a breaking point. For years, local Head Start leadership made painful decisions not to increase wages and benefits in order to avoid, at all costs, cutting the number of children and families enrolled. Staff compensation in most programs lagged further and further behind and local leadership began to chip away at other areas of programming, like transportation, as a cost-saving mechanism to stave off enrollment reductions. Programs have largely been subsidized by staff who were willing to accept low salaries because they knew how much impact Head Start services benefit children and families. Eventually, some programs made the painful decision to reduce their enrollment, but for most, those reductions did not reap the savings needed to compensate staff at a fair wage. This has compounded to such an extent, and over such a long period of time, that today's programs struggle to recruit or retain staff, especially teaching staff, and bus drivers have practically become extinct.

In response to acute labor shortages over the past several years, OHS has changed its approach, encouraging programs to substantially boost compensation, and look to similar professions for wage comparability, even if it meant reducing enrollment. Thus, when the NPRM was issued there was a moment of elation because OHS was proposing to fix the funding inequities that have plagued Head Start programs for decades. However, when reality set in that these proposals did not come with funding, coupled with an explicit nod from OHS that in the absence of funding, further reductions in slots may be a necessary trade-off, programs felt frustrated and disheartened.

Once programs further explored the details of the NPRM, reading the level of prescriptiveness as well as the high-stakes yet opaque requirements included in the child incident sections, they became even further discouraged. The sweeping proposed changes, while in some respects aspirational, are also fundamentally a backslide that moves away from program decision making autonomy. We urge OHS to proceed with caution when finalizing this NPRM. Without new funding, most programs will not be able to meet many of the proposed rules without drastic cuts, if at all. And the overly-prescriptive nature of many of the sections will have the opposite effect of building strong programs best positioned to fulfill the mission of Head Start.

We share the same goals for Head Start, to continue to be the premier early childhood program that serves some of our most at-risk children and families who are facing incredible challenges everyday from food insecurity, lack of housing, and many other impacts of poverty. We look forward to working with OHS to ensure Head Start remains a beacon of opportunity for years to come.

Sincerely,

National Head Start Association
National Indian Head Start Directors Association
National Migrant Seasonal Head Start Association
CAPLAW
National Association for Family Child Care
National Coalition for the Homeless
National Community Action Partnership
Save the Children
Start Early

Regional Head Start Associations

New England Head Start Association
Region II Head Start Association
Region III Head Start Association
Region IV Head Start Association
Region V Head Start Association
Region VI Head Start Association
Region VII Head Start Association
Region VIII Head Start Association
Region 9 Head Start Association
Region X Head Start Association

State Head Start Associations

Alabama Head Start Association
Alaska Head Start Association
Arizona Head Start Association
Arkansas Head Start Association
Colorado Head Start Association
Connecticut Head Start Association
Delaware Head Start Association
District of Columbia Head Start Association
Florida Head Start Association
Georgia Head Start Association, Inc.
Head Start Association of Hawaii-Outer Pacific
Head Start California
Idaho Head Start Association
Illinois Head Start Association
Indiana Head Start Association
Iowa Head Start Association
Kansas Head Start Association
Kentucky Head Start Association
Louisiana Head Start Association
Maine Head Start Directors' Association
Maryland Head Start Association, Inc.
Massachusetts Head Start Association
Michigan Head Start Association
Minnesota Head Start Association Inc.
Mississippi Head Start Association
Missouri Head Start Association
Montana Head Start Association
Nebraska Head Start Association
Nevada Head Start Association
New Jersey Head Start Association
New Hampshire Head Start Directors' Association
New Mexico Head Start Association
New York State Head Start Association
North Carolina Head Start Association
North Dakota Head Start Association
Ohio Head Start Association, Inc.
Oklahoma Head Start Association
Oregon Head Start Association
Pennsylvania Head Start Association
Asociación de Directores de Head Start & Early Head Start Puerto Rico
Rhode Island Head Start Association
South Carolina State Head Start Association
South Dakota Head Start Association
Tennessee Head Start Association
Texas Head Start Association
Utah Head Start Association
Vermont Head Start Association
Virginia Head Start Association
Washington State Association & ECEAP
West Virginia Head Start Association, Inc.
Wisconsin Head Start Association
Wyoming Head Start Association

Head Start Programs (Listed by State)

Alabama

Auburn University Family Child Care Partnerships (FCCP)
Black Belt Community Foundation
Community Action Partnership of North Alabama
Community Service Programs of West Alabama, Inc.
Dothan City Schools Head Start
Fairfield City Schools
FGC-Early/Head Start Prattville, AL
Gadsden/Etowah Progress Council
Gulf Regional Early Childhood Services
Jefferson County Child Development Council
Jefferson State Community College
Lowndes County Board of Education Head Start
Montgomery Community Action Head Start Program
Pickens Co. Community Action Committee and CDC, Inc.

Alaska

Bristol Bay Native Association
CCS Early Learning
Fairbanks Native Association HS 0-5
Kid's Corps, Inc

Arizona

Child Crisis Arizona
Child-Parent Centers, Inc.
Deer Valley Unified School District
Pinal Gila Community Child Services, Inc.
San Carlos Education Department/Early Childcare Program
The Hopi Tribe Hopi Head Start Program
Western Arizona Council of Governments

Arkansas

Arkansas Early Learning, Inc.
ARVAC Inc. Head Start
Black River Area Development Corporation
Central Arkansas Development Council
Cleveland County School District
Community Services Office
Economic Opportunity Agency of Washington County
Head Start Child and Family Services Inc.
Little Bitty City Enrichment Center
Newton County Special Service Corp., Inc
Northwest Arkansas Head Start
Save the Children
UAMS Head Start/Early Head Start

California

Alameda Family Services
All Kids Academy Head Start, Inc.
Amador Tuolumne Community Action Agency
Blind Children's Center
CAPE Head Start Program
CAPMC Head Start Program
CAPSLO
Central California Child Development Services, Inc.
Changing Tides Family Services
Child Care Resource Center
Child Development Resources of Ventura County, Inc.
Child Start, Inc.
City of Oakland Head Start Program
Community Action Partnership of Kern
Community Action Partnership of Madera County
Community Action Partnership of San Luis Obispo County, Inc.
Community Action Partnership of Sonoma County
Creative Child Care, Inc.
Crystal Stairs, Inc.
E Center
El Concilio California
El Dorado County Office of Education
El Nido Family Centers
Encompass HS/EHS
Episcopal Community Services
Fresno EOC
Hacienda La Puente USD
Hemet Preschool
KidZCommunity
Learning Genie Inc
Los Angeles County Office of Education
Maac Project Head Start/Gosnell Head Start Program
Merced County Office of Education
Mexican American Opportunity Foundation
Modoc Early Head Start
Montebello USD Head Start and Early Learning Programs
Monterey County Office of Education Early Learning Program
Mountain Empire Unified School District
Neighborhood House Association
NLMUSD Preschool Program
North Coast Opportunities, Inc.
Northcoast Children's Services, Inc.
Options for learning
Orange County Head Start
Pacific Asian Consortium in Employment (PACE)
Pacific Clinics
Pajaro Valley Unified School District
ParentPowered PBC
Peninsula Family Service
Pinoleville Native American Head Start/Early Head Start Program
Placer Community Action Council,Inc.
Pomona Unified School District

Ramona Head Start
Sacramento Employment & Training Agency
San Bernardino County Preschool Services Department
SCOE & CCMHS
Shasta County Head Start Child Development, Inc.
Siskiyou Early Head Start
St Anne's Family Services ECE
The Institute for Human and Social Development, Inc.
The Unity Council
Through the Looking Glass
Venice Family Clinic
Volunteers of America, Los Angeles
Women's Civic Improvement Club of Sacramento, Inc.
Wu Yee Children's Services

Colorado

Community Partnership for Child Development
Durango 4C Council/Tri-County Head Start
Mayor's Office / Denver Great Kids Head Start
Monte Vista Community Center Inc. DBA Monte Vista Head Start
Thompson School District
Wild Plum Center For Young Children And Families, Inc

Connecticut

Alliance for Community Empowerment, Inc.
Children's Learning Centers of Fairfield County
TEAM Inc

Delaware

First Start Delaware Early Head Start-CCP
New Castle County Head Start, Inc.
New Directions Early Head Start-University of Delaware

District of Columbia

Bright Beginnings
CentroNia Inc.
Edward C. Mazique PCC, Inc.
POC Learning Academy LLC
Save the Children

Florida

Children First Inc.
Children's Home Society of FL - Early Head Start
Children's Kingdom Academy
Collier County Public Schools
Early Education and Care, Inc.
Early Head Florida Start/Lutheran Service
Easterseals South Florida, Inc
Economic Opportunities Council of Indian River County, Inc.
Hillsborough County Public Schools
Le Jardin
Lutheran Services Florida Inc
MFCS
Miami-Dade County
Mid Florida Community Services, Inc
North Florida Child Development
RCMA
School Board of Brevard County
Step Up Suncoast, Inc.
Suwannee Valley Community Coordinated Child Care, Inc.
The Agricultural and Labor Program, Inc.
Tri-County Community Council, Inc.
United Way Center for Excellence in Early Education

Georgia

Action Pact Inc
Burke County BOE Early Head Start
Clayton County Community Services Authority Inc.
Coastal Georgia Area Community Action Authority, Inc
Coastal Plain Area EOA Inc
Community Action for Improvement, Inc.
Easterseals North Georgia
Enrichment Services Program, Inc.

EOA Savannah-Chatham Area, Inc.
Family Resource Agency of North Georgia
Kids' Doc On Wheels
Macon Bibb County Economic Opportunity Council, Inc.
Mcintosh Trail ECDC
Middle Georgia Community Action Agency, Inc.
Ninth District Opportunity
Putnam County Head Start
Scottdale Early Learning, Inc.
Sheltering Arms
Southern Imainations.com
Southwest GA Community Action Council, Inc.
Tallatoona CAP Inc. Head Start
YMCA Early Childhood Development Company LLC

Hawaii

Maui Economic Opportunity, Inc Head Start
PACT EHS-HS
Parents and Children Together

Idaho

College of Southern Idaho Head Start/Early Head Start
Eastern Idaho Community Action Partnership
Friends of Children and Families
Pocatello/Chubbuck SD25
Western Idaho Community Action Partnership

Illinois

Ada S. McKinley Community Services, Inc.
Catholic Charities, Diocese of Joliet
CDI West Central Illinois
Champaign County RPC Early Childhood Education Program
Community Action Agency for McHenry County, Inc.
Community Action Partnership of Central Illinois
Educare of West DuPage
El Hogar del Nino - Chicago, IL
Erba Head Start
ERBA Head Start
Family Focus
Governors State University Family Development Center`
Heartland Head Start
Henry Booth House
Illinois Valley Economic Development Corporation Head Start/EHS
Mount Vernon SD 80
Peoria Citizens Committee for Economic Opportunity, Inc.
QPS 172/ Early Childhood and Family Center
Region V Head Start Board of Directors
Riverbend Head Start & Family Services
SAL Community Services
Southern Seven Health Dept/Head Start
Spanish Community Center
Tazewell-Woodford Head Start
The Montessori School of Englewood
Tri-County Opportunities Council
Two Rivers Head Start Agency
YMCA of Metropolitan Chicago

Indiana

Bauer Family Resources Inc.
Carey Services, Inc.
Community Action of Northeast Indiana, Inc d/b/a Brightpoint
Elkhart and st Joseph Counties Head Start Consortium
Family Development Services
Geminus Corporation
Kokomo School Corporation Head Start
SIEOC Head Start
Southeastern IN Economic Opportunity Corporation
TRI-CAP

Iowa

Community Action Agency of Siouxland
Des Moines Public Schools
FAMILY, Inc.
MATURA Head Start
Mid-Iowa Community Action
New Opportunities, Inc.

NICAO Head Start
North Iowa Community Action Organization
Northeast Iowa Community Action Corporation
Sieda Community Action
Tri-County Head Start
Upper Des Moines Opportunity, Inc.
West Central Community Action
Your Own United Resources, Inc

Kansas

Child Start, Inc.
Clay County Child Care Center, Inc.
East Central Kansas Economic Opportunity Corp. (ECKAN)
Futures Unlimited, Inc
Growing Futures Early Education Center
Heartland Early Education
Kansas Children's Service League
KUMC - Project Eagle
NEK-CAP, Inc.
NKESC Head Start/EHS
Olathe Head Start
SEK-CAP Inc. Early Childhood Education Services
Successful Beginnings Wyandotte County Head Start
The Family Conservancy
USD #489 Early Childhood Connections
USD 308: Reno County Head Start

Kentucky

Audubon Area Head Start
Bell Whitley Community Action Agency
Breckinridge-Grayson Programs, Inc.
Central Kentucky Community Action Council, Inc. Head Start
Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties, Inc.
Community Action of Southern Kentucky
Cowan LKLP Head Start
Gateway Community Action
KCEOC Community Action Partnership
Lake Cumberland Community Action Agency, Inc.
LKLP Early Head Start
LKLP Head Start
Magoffin County Schools
Murray Board of Education/Murray Head Start
Northeast Head Start
Northern Kentucky Community Action Commission
Ohio Valley Educational Cooperative
Paducah Head Start Preschool
Perry county Early Head Start
Williamstown BOE Head Start/Preschool

Louisiana

Allen Action Agency, Inc. Head Start
Avoyelles Progress Action Committee, Inc.
Calcasieu Parish School System - Early Childhood
Caldwell Parish School District Early Childhood Programs - Head Start
City of Baton Rouge | East Baton Rouge Parish Head Start
Clover Inc.
Educare New Orleans
Franklin Parish Head Start
Iberville
LSU Health Sciences
Plaquemines Parish Head Start
Red River Parish School Board Head Start
Save the Children
Spring Ridge Academy
St Mary Community Action Agency Inc
St. James Parish School Board
Total Community Action, Inc./Community Partner

Maine

Community Concepts, Inc.
KVCAP
Midcoast Maine Community Action
Southern Kennebec Child Development Corp
The Aroostook County Action Program

Maryland

Calvert County Public Schools Head Start
Catholic Charities Early Head Start Harford County
Catholic Charities Head Start of Baltimore City
CCPS Head Start
Community Action Council of Howard County
Garrett County Community Action Committee, Inc.
Harford County Early Head Start
Head Start and Early Head Start of Carroll County
Head Start of Washington County
HRDC Head Start/Early Head Start
Maryland Family Network, Inc. EHS
Mayor & City Council of Baltimore City - Baltimore City Head Start
The Y in Central Maryland, Baltimore County
Union Baptist Head Start
Y Head Start Anne Arundel County
YMCA of Central Maryland, Inc.
YMCA of Frederick County

Massachusetts

Action for Boston Community Development
Berkshire County Head Start Child Development Program
CFC Head Start
Communities United, Inc.
Community Action Agency of Somerville, Inc.
Community Action Pioneer Valley Head Start & Early Learning Programs
Community Action Programs Inter-City, inc.
Community Day Care
Community Teamwork, Inc. (45271)
Dimock Center
Holyoke Chicopee Springfield Head Start, Inc.
LEO Inc.
PACE Head Start
Pathways for Children
South Shore Community Action Council Inc.
The Dimock Center
Triumph, Inc.

Michigan

Adrian Public Schools Head Start Early Childhood Programs
Alger Marquette Community Action Board
Baraga-Houghton-Keweenaw Child Development Board, Inc.
Branch Intermediate School District
CAASCM
Capital Area Community Services
Child Development Services of Ottawa County
CLM Community Action Agency
Community Action
Community Action Agency
FiveCAP INC
GOCAA Head Start
Human Development Commission
Matrix Human Services
Menominee Delta Schoolcraft Community Action Agency
Metropolitan Children and Youth Inc. United Children and Family Head Start
Michigan Family Resources, d.b.a Head Start for Kent County
Monroe County ISD
Muskegon Area Intermediate School District
New St Paul Head Start Agency, Inc
Sankofa Early Learning Academy
Southfield Public Schools/Bussey Center for Early Childhood Education
Starfish Family Services
The Guidance Center
The Order of the Fishermen Ministry
Tri-County Council for Child Development, Inc.
Wayne Metropolitan Community Action Agency
Ypsilanti International Elementary Schools

Minnesota

ACCAP Head Start
AEOA
Bi-County Community Action Programs Inc
CAPRW Head Start
Child Care Resource and Referral
Cl£aÆžsl‡ayapi Wakl£aÆžyezl‡a Owayawa Otl£i - (Lower Sioux Early Head Start and Head Start)
Duluth Head Start
Lakes & Pines
MAHUBE-OTWA Community Action Partnership, Inc.
Minnesota Valley Action Council
Parents In Community Action
Reach Up Head Start
Scott Carver Dakota CAP Agency
Southwest Minnesota Opportunity Council, Inc.
Three Rivers Community Action
Tri-Valley Opportunity Council INC.
United Community Action Partnership, Inc. Head Start
West Central Minnesota Communities Action Head Start
Wright County Community Action

Mississippi

Children Therapy Specialist (CTS,LLC)
Coleman Head Start
Delta Health Alliance, INC
Grenada ICS
Institute of Community Services,Inc.Project Head Start
Mississippi Action for Progress, Inc.
Pearl River Valley Opportunity, Inc.
Picayune School District Head Start/Early Head Start
Coahoma Opportunities, Inc.

Missouri

Center for Human Services
Central Missouri Community Action
Central Missouri Community Action Women and Infant Relief Fund
CMCA
Community Action Partnership of Greater St. Joseph
Community Action Partnership of Northeast Missouri
Community Services, Inc. of Northwest Missouri
Douglass Community Services, Inc.
East Missouri Action Agency
Economic Security Corporation SW area
MARC Head Start
Mid America Regional Council Head Start; Independence School District
Missouri Community Action Network
Missouri Ozarks Community Action, Inc.
Missouri Valley Community Action Agency
Northeast Missouri Community Action Agency
Ozark Action Inc.
Ozarks Area Community Action Corporation
Salvation Army
South Central Missouri Community Action Agency
The Urban League of Metropolitan St. Louis
UMOS Migrant/Seasonal Head Start
YMCA of Greater Kansas City
YWCA Metro St. Louis Early Education Program

Montana

Action Inc. Head Start
Blackfeet Early Childhood Center
District 4 Human Resources Development Council
Family Tree Nurturing Center
Fort Peck Tribes Head Start Program
Kootenai Valley Head Start, Inc.
Northwest Montana Head Start
Ravalli Head Start, Inc.
Rocky Mountain Development Council Head Start

Nebraska

Acelero Learning Clark County Head Start
Central Nebraska Community Action Partnership
Community Action Partnership of Lancaster and Saunders Counties
Community Action Partnership of Mid NE
Dodge County Head Start
Educational Service Unit 13
Head Start CFDP, Inc.
Midland University/Dodge County Head Start
Nebraska Early Childhood Collaborative
Northeast Nebraska Community Action Partnership
Northwest Community Action Partnership
Omaha Tribe Head Start/Early Head Start
Sarpy County/ESU #3 Head Start
Southeast Nebraska Community Action Partnership, Inc.
Sunrise Children's Foundation
University of Nevada, Reno

Nevada

Acelero Learning Clark County
Head Start of Northeastern Nevada
UNR Early Head Start

New Hampshire

Southwestern Community Services, Inc., Head Start

New Jersey

Acelero Learning
Burlington Community Action Partnership, Inc.
Children's Home Society of New
Greater Bergen Community Action Head Start
Greater Bergen Community Action Inc
Head Start Community Program
Head Start Community Program of Morris County
HOPES CAP, Inc.
La casa de Don Pedro
Montclair Child Development Center
North Hudson CAC Head Start Program
North Hudson Community Action Corp
North Hudson Community Action Head Start
Norwescap
Ocean Inc.
OCEAN, Inc.
Passaic Family Head Start, Inc.
Quality Care Resource & Referral Services dba Quality Care Services, Inc.

New Mexico

Eastern Plains Community Action Agency
HELP New Mexico, Incorporated
Mescalero Apache Head Start
Pueblo of Zuni Head Start
San Felipe Pueblo Head Start
West Las Vegas Head Start
Youth Development Inc

New York

Adirondack Community Action Program
Allegany County Community Opportunities and Rural Development
Bank Street Head Start
Bedford Stuyvesant Early Childhood Development Center, Inc.
Beth Rivkah
Bronx Care Health System -South Bronx Early Head Start
Brooklyn Chinese-American Association
Cardinal McCloskey Community Service
Catholic Charities Neighborhood Services. Inc.
Catholic Charities/Parkside Early Childhood Development Center
CCBQ Sunset Park ECDC
Chautauqua Opportunities, Inc.
Commission on Economic Opportunity

Community Action of Orleans and Genesee, Inc. Head Start01
Community Action Planning Council of Jefferson County
Community Parents Inc
Cortland County Community Action Program, Inc.
Cypress Hills Child Care Corp.
Delaware Opportunities Inc
Dewitt Reformed Church Head Start
Economic Opportunity Commission of Nassau County
Fort George Community Services
Grand St. Settlement
Head Start of Eastern Orange County
Head Start of Rockland, Inc.
JCEO Head Start/Early Head Start
LifeWorks Community Action, Inc.
Manny Cantor Center - Educational Alliance
Mid Bronx CCRP ECC 1
Mohawk Valley Community Action Agency Inc.
New Square Community Improvement Council
New York State Head Start Association
Northside Center for Child Development
NSCIC EHS
NSCIC Head Start
Opportunities for Otsego, Inc.
Oswego County Opportunities
PAL Rockaway EHS & HS
Parkside Early childhood Development center
Peace Inc., Baldwinsville Head Start
Police Athletic League NY (PAL)
Puerto Rican Family Institute, Inc.
Regional Economic Community Action Program, Inc. (RECAP)
Salvation Army
Sharon Baptist Board of Directors, Inc/Sharon Baptist Head Start
St. Lawrence County CDP inc.
Staten Island Head Start
Sunset Park Early Childhood Development Center
The Child Center of NY
Tompkins Community Action
Washington County Economic Opportunity Council, Inc. d/b/a/ L.E.A.P.
West Harlem Community Organization, Inc. Head Start
Westchester Community Opportunity Program
William C. Bullitt Foundation
Y.M.&Y.W.H.A. of Williamsburg, Inc.
Yeshiva Kehilath Yakov

North Carolina

Action Pathways, Inc.
Bismarck Public Schools 1
Children and Families First
Choanoke Area Development Association of NC, Inc.
Duplin County Schools PreK
East Coast Migrant Head Start Project
Economic Improvement Council
Grand Forks Head Start
Greene Lamp Community Action
MACON PROGRAM FOR PROGRESS, INC.
Nash Edgecombe Wilson Community Action
NCHSA
Onslow County Schools Head Start
Pender County Schools Head Start
SENDCAA Head Start Birth to Five
Save the Children
Telamon Corporation
The Enolag Group
Verner Center for Early Learning
Verner, Inc
West River Head Start
WNCSource

North Dakota

CAP Early Head Start
Community Action Head Start/Early Head Start
Community Action Partnership Head Start/Early Head Start
Community Action Region VI
Minot Public School Head Start
Standing Rock Sioux Tribe
TGU School District #60 Early Explorers Head Start

The Northern Mariana Islands

CNMI PSS Head Start/Early Head Start Program

Ohio

Adams Brown Community Action Partnership
Alta Head Start
Athens Meigs Educational Service Center
Butler County Educational Service Center
CAC of Fayette County - Fayette County Early Learning Center
Celina City Schools / Mercer County Head Start
Child Care Resources Inc Head Start
Child Focus
Cincinnati Hamilton - CAA
Clinton Co Community Action Program
Community Action Commission of Belmont County
Community Action Commission of Erie, Huron & Richland Counties, Inc.
Community Action of Pike Co.
CORS
Council on Rural Services
GMN Tri-County CAC, Inc.
Great Lakes Community Action Partnership
Hocking Athens Perry Community Action
Kno Ho Co Ashland CAC Head Start
Knox County Head Start, Inc.
Lake-Geauga United Head Start, Inc.
LEADS Community Action Agency
Lancaster Fairfield Community Action Agency
Lorain County Community Action Agency
Lucas County Family Council
Miami Valley Child Development Centers
Ohio Association for the Education of Young Children
Ohio association of Community Action Agencies
Pickaway County Community Action Agency
Ross County Community Action Commission Inc.
Shawnee Weekday Early Learning Center
Step Forward
The Centers for Families and Children
The Community Action Program Corporation of Washington and Morgan Counties, Ohio
Warren County Community Services, Inc
YMCA of Central Ohio Head Start

Oklahoma

Big Five Community Services Inc.
CARD
Community Action Development Corporation
Community Action of Oklahoma City & OK-CN Counties, Inc.
Community Action Project of Tulsa County, Inc. (CAP Tulsa)
Grand Head Start/Jay Public Schools
Hannah's House Preschool
HWC Adventure Head Start
INCA Community Action
Muskogee County Head Start
Northeast Oklahoma Community Action Agency EHS/EHS CCP
Save the Children
Southwest Oklahoma Community Action Group, Inc.
Stigler Health and Wellness Center
Tulsa Educare
United Community Action Program Inc.

Oregon

Albina Head Start INC
Community Action Team
Eastern Oregon University Head Start
Head Start of Harney County
Head Start of Yamhill County
MCCC
Mt. Hood Community College
ORCCA - South Coast Head Start
Oregon Child Development Coalition
PPS Head Start
South Coast Head Start
Southern Oregon Child and Family Council

Pennsylvania

Acelero Learning Camden Philadelphia
Adams County Children's Educational and Special Services Inc
Agency for Community EmPOWERment of NEPA
ALSM Children's Services
Bedford Fulton Head Start
Berks County Intermediate Unit Head Start
Bucks County Intermediate Head Start and Early Head Start
CAP/Lancaster County Head Start

Chester County Head Start
Child Advocates of Blair County, Inc.
Child Development, Inc.
Columbia Child Development Program
Community Action Partnership of Cambria County Early Childhood Programs
Community Services
Community Services for Children
Danville Head Start Pre-K
First Start Partnerships for Children and Families
Huntingdon County Child and Adult Development Corporation
Indiana County Head Start
Jefferson-Clarion Head Start, Inc.
Lancaster Lebanon IU13 Early Head Start
Lancaster Lebanon IU13 Head Start
Lifesteps Early Head Start
Luzerne County Head Start
Lycoming-Clinton Counties Commission for Community Action Inc.
Montgomery Intermediate Unit
Northern Tier
Northumberland Area Head Start
PathStone Corporation
Pittsburgh Public Schools Early Childhood Program
Pocono Services for Families and Children
Private Industry Council of Westmoreland/Fayette, Inc.
Seton Hill Child Services
SUMMIT Early Learning
Tableland Services Inc
TIU 11-Juniata County Head Start
University of Pittsburgh Early Head Start
Warren Forest Economic Opportunity Council

Puerto Rico

Concesionario HS & EHS Utuado
Municipality of Carolina
NY Foundling

Rhode Island

CCAP Child Development Center
East Bay Community Action Program
Meeting Street
Woonsocket Head Start Child Development Association, Inc.

South Carolina

Berkeley-Dorchester Head Start
Carolina Community Actions, Inc.
Charleston County School District Head Start/EHS
Exp Consults llc
Iswa Head Start & Early Head Start
Lancaster County Head Start and Early Head Start
Piedmont Community Action Head Start-Early Head Start
Richland County First Steps - Columbia, SC
SC First Steps to Spartanburg County First Steps EHS
Vital Connections Of The Midlands Inc
Wateree Community Actions, Inc.

South Dakota

NESD Head Start Program
Northeast South Dakota Head Start Program
Oahe Child Development Center
Rosebud Sioux Tribe Head Start
South Central Child Development
USD Head Start
Youth & Family Services

Tennessee

CAS Morgan County Head Start
City of Chattanooga Head Start/ YFD
Clarksville Montgomery County Community Action Agency Head Start Program
Clinch-Powell Educational Cooperative
Family Resource Agency, Inc. (non-profit in Cleveland, TN)
Highland Rim Economic Corporation
Johnson County Head Start
Knoxville-Knox County Community Action Committee
Knoxville-Knox County Head Start/Early Head Start
L.B.J.& C. Development Corporation Head Start
Metro Action Commission
Mid Cumberland Community Action Agency Head Start
Northwest TN Head Start/Early Head Start
Porter-Leath
Save the Children
Sequatchie Valley Educational Development Agency
South Central Human Resource Agency
Southwest Human Resource Agency
SWHRA Head Start
TSU Early Head Start
Upper Cumberland Human Resource Agency

Texas

Aldine ISD - Head Start Office
AVANCE-Houston, Inc.
BakerRipley
Brazoria County Head Start Early Learning Schools, Inc.
Center for Transforming Lives
Central Texas 4C, Inc.
Child Care Associates
Child Inc.
College Station ISD
Community Council of South Central Texas
Community Services of Northeast Texas Inc.
EOAC Head Start
Fannin County Head Start
Harris County Department of Education Head Start
Head Start of Greater Dallas, Inc.
Hidalgo County Head Start Program
HISD - Kids First Head Start
Lamar County Head Start
Met Head Start
Motivation Education and Training
NCCAA
Nueces County Community Action Agency
Parent/Child Incorporated of San Antonio & Bexar County
Pecan Springs Elementary Child's inc
Rolling Plains Management Corporation
South Plains Community Action
South San Antonio ISD
Tri County Community Action
United Migrant Opportunity Services (UMOS)
Webb County Head Start
WFISD Head Start

Utah

Davis Head Start and Early Head Start
DDI Vantage
Ogden-Weber Community Action Partnership, Inc.
Root for Kids
Rural Utah Child Development
Utah Community Action

Vermont

Rutland County Head Start
SEVCA Head Start
United Children's Services of Bennington County, Inc.

Virgin Islands

Lutheran Social Services of The Virgin Islands Early Head Start

Virginia

Campagna Center
Chesterfield County Public Schools
Child Development Resources
CHS KC EHS
City of Salem, VA
Clinch Valley Community Action
EHS CDR Center Coordinator
ESAAA/CAA
Fauquier Community Action Committee, Head Start Program
Fredericksburg Preschool Programs
Hanover County Public Schools
Higher Horizons
HumanKind EHS
Institute for Childhood Preparedness
Kids Central, Inc.
Lee County Public Schools Head Start
Lynchburg Community Action Group
Mile High Kids Community Development
New River Community Action Head Start
Orange County Head Start
Parent-Child Development Corporation
People Incorporated of Virginia
Petersburg Public Schools Head Start
Pittsylvania County Community Action, Inc
Rescue Mission of Roanoke
Rooftop of Virginia Head Start
Scott County Public School Head Start
Shenandoah Valley Head Start and Early Head Start-CCP
Skyline CAP Inc.
Stafford County Schools
Stafford Early Childhood Education Head Start Program
STEP Inc.
STEPS, Inc.
TAP Head Start / Early Head Start
TCCAA
The Children's Center
The Improvement Assoc
Total Action Against Poverty
Total Action For Progress
Tri-County Community Action Agency
Virginia Community Action Partnership
Virginia Cooperative Extension
WJCC - CAA
Woodlawn Learning Center
York County Head Start

Washington

Benton Franklin Head Start
Edmonds College Head Start
Educational Opportunities for Children & Families
ESD 105
Inspire Development Centers
Kitsap Community Resources Early Learning & Family Services
Makah ECE Programs
Neighborhood House
Olympic Community Action Programs
Opportunity Council
Puget Sound ESD
Skagit/Islands Head Start
Tulalip Tribes

West Virginia

Appalachian Council Head Start
CASEWV
CASEWV MIECHV Home Visitation Early Head Start Model
Central WV Community Action Inc.
Coalfield Community Action Partnership, Inc.
Eastern Allegheny Council for Human Services Inc
Kanawha County Board of Education Head Start
Monongalia County Schools Early Childhood
Monroe County Bd. of Ed HS/EHS
Mountainheart Community Services Inc
North Central WV Community Action Head Start/Early Head Start
Northern Panhandle Head Start
PRIDE Community Services, Inc.
Raleigh County Community Action Association, Inc. Head Start
Southwestern Community Action Council, Inc.
Upshur Human Resources Inc.
WV Home Visitation

Wisconsin

Acelero Learning Wisconsin
ADVOCAP, Inc. Head Start
CESA 11 Head Start
CESA 7 Head Start 0-5
CFS Head Start
Family and Child Learning Centers of Northeast Wisconsin, Inc.
Family Forum, Inc
Head Start Child And Family Development Centers, Inc.
Jefferson County Head Start/CESA#2
La Casa de Esperanza
Marathon County Child Development Agency, Inc
Merrill Head Start
National Center for Learning Excellence, Inc.
Red Cliff Early Childhood Center
Renewal Unlimited, Inc.
Sheboygan Human Rights Association, Inc.
UMOS INC
UW Oshkosh Head Start
Western Dairyland Head Start
Wood County Head Start Inc.

Wyoming

Absaroka, Inc.
Children's Learning Center
Evanston Child Development Center
Laramie Child Development Corporation
Wyoming Child & Family Development