



Supporting the Head Start Workforce and Consistent Quality Programming

NHSA’s Summary of the Final Rule

- Overview**..... 1
- Summary of Proposed Changes**..... 3
 - Workforce Supports**..... 4
 - Mental Health Services**..... 8
 - Modernizing Head Start’s Engagement with Families**..... 11
 - Eligibility and Barriers to Access**..... 13
 - Ratios and Duration**..... 15
 - Preventing and Addressing Lead Exposure**..... 17
 - Family Service Workers, QRIS, Serving Pregnant Women**..... 18
 - Child Safety**..... 20
 - Other Provisions**..... 22
- Conclusion**..... 23

Overview

The Supporting the Head Start Workforce and Consistent Quality Programming [final rule](#), published on August 21, 2024, sets forth the most significant changes to Head Start and Early Head Start in almost a decade. With dozens of new requirements, new policy aspirations, and revisions to existing requirements, the rule will have a sweeping impact on Head Start and Early Head Start and the children and families they serve.

The first section seeks to mitigate workforce challenges facing Head Start and Early Head Start grant recipients across the country—the single biggest issue facing Head Start and Early Head Start. Low compensation, benefits that are not competitive, and stressful working conditions have all contributed to workplace turnover that is at its highest rate in over two decades. Further, as noted in the November 2023

Notice of Proposed Rulemaking (NPRM), “for decades, the Head Start program has been subsidized by low paid workers committed to the mission; and the absence of clear federal requirements for staff compensation has allowed this practice to continue.” While changes to compensation and benefits are long overdue and urgently needed, there are significant concerns about how grant recipients can afford to implement these changes, and what the tradeoffs will look like in terms of the number of children and families served without additional funding.

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

When the 2016 comprehensive overhaul of the HSPPS was published, the Office of Head Start (OHS) discussed the importance of affording programs more flexibility, reducing the number of requirements, and writing regulations in a manner that were easily understood. While the NPRM was a step back towards the direction of prescriptive oversight, the final rule strikes a better balance by restoring the approach that has successfully governed Head Start over the past decade, one which emphasizes local decision-making, maximum feasible community participation, and continuous quality improvement.

Notable changes included in the final rule include:

- Allowing exemptions for small programs (200 or fewer slots) for workforce compensation and benefit requirements;
- Requiring a mental health multidisciplinary *approach* instead of establishment of a formal Mental Health Multidisciplinary Team;
- Requiring grant recipients to have a plan for appropriate lead testing and abatement, rather than following a one-size-fits-all testing mandate;
- Allowing grant recipients autonomy in managing staff conduct that does not rise to the level of what is considered a “serious incident.” And “serious incident” is more clearly defined to focus on that which affects the health or safety of the child.
- Continuing to emphasize staff wellness policies and practices while allowing programs the flexibility on how to best implement.

As the Head Start community begins to implement the provisions of this rule, success will depend on three things: sufficient resources, appropriate monitoring, and effective training and technical assistance.

This final rule is effective August 21, 2024. The compliance date is October 21, 2024, unless [otherwise noted](#).

Summary of Proposed Changes

Definition of Head Start and Related Terms

1305.2, FR 67729-67730

This section sets forth six new or revised definitions, with a goal of providing more clear and consistent terminology. Most notably, it distinguishes Head Start Preschool from Head Start.

- **Head Start:** an umbrella term for any program authorized under the Head Start Act
- **Head Start Preschool:** a program that provides services to children from age 3 to compulsory school age, including tribal and migrant or seasonal Head Start programs
- **Early Head Start:** a program that serves pregnant women and children from birth to age three, including tribal and migrant or seasonal Head Start programs
- **Program:** any funded Head Start Preschool, Early Head Start, Migrant or Seasonal Head Start or tribal Head Start program
- **Head Start Agency:** a local, public or private non-profit or for-profit entity designated by the Administration for Children & Families (ACF) to operate a Head Start Preschool program, Early Head Start program, or a Migrant or Seasonal Head Start program
- **Grant recipient:** replaces “grantee”

Changes from NPRM: None

Workforce Supports

The final rule takes a comprehensive look at staff compensation and benefits, and sets forth broad changes to improve staff recruitment and retention through improved pay and benefits. However, it is critical to note that the final rule does not come with a mechanism to fund the proposed improvements in salary and benefits.

Instead, the rule includes a seven year phase-in to allow for the time to fund the changes and for grant recipients to make necessary adjustments, and that therefore, immediate slot reductions could be delayed.

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

1302.90(e)(2), FR 67731

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

Compliance Date: *August 1, 2031*

- Grant recipients with greater than 200 funded slots must ensure annual salaries for Head Start educational staff match those of preschool teachers in public school settings, or at least 90 percent of public school kindergarten teacher salaries, adjusted for responsibilities, qualifications, experience, and schedule or hours worked. For example, if an average kindergarten salary in the local district is \$60,000, then the pay parity benchmark would be \$54,000.
- Educational staff includes teachers, assistant teachers, home visitors, and family child care providers.
- Applies to education staff funded by Head Start, including both grant recipient employees and those whose salaries are funded by Head Start through a contract, such as EHS-Child Care Partnerships, and those who are contracted directly.
- Small programs—those with 200 or fewer funded slots—are exempt from this requirement but must show progress. This threshold encompasses 56% of rural agencies, 78% of Tribal Head Start, 35% of all Head Start agencies, and 8% of total slots nationwide. Interim grant recipients are also included in the “small program” exemption.
- In 2028, the HHS secretary *may* establish a waiver process for pay parity, salary floor, and wage comparability for eligible grant recipients if, over the preceding four fiscal years, the average annual appropriations increase was less than 1.3%. To qualify for a waiver, grant recipients must meet a number of quality benchmarks, and must be showing progress towards parity.
- Grant recipients operating in multiple school districts do not have to have multiple pay scales, but can choose to do so if appropriate.
- Must pay teachers commensurate with responsibilities, qualifications, and experience. For example, a new teacher should not be paid the same as a ten-year experienced teacher, or a teacher with an AA should not receive the same pay as one with a BA or master’s degree.
- Grant recipients must collect data to track their progress to pay parity.

Changes from NPRM: More flexibility for calculating pay parity and for grant recipients with 200 or fewer slots and interim grant recipients. Waiver possibility if appropriations fall below a minimal threshold. Added flexibility on salary benchmark options.

Staff Wages: Pay Scale for All Staff

1302.90, FR 67735-67736

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

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

Compliance Date: August 1, 2031

Changes from NPRM: None

Staff Wages: Minimum Pay Requirement

1302.90 (e)(3), FR 67738

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

- Grant recipients must establish a salary floor/minimum pay sufficient to cover basic costs of living in the geographic area. Such needs may include food, housing, utilities, medical costs, transportation, and taxes.
- Programs must provide a wage to all staff that is generally sufficient to cover basic needs
- Required minimum pay is calculated based on if the worker's hourly wage were paid according to a full-time, full-year schedule.
- Small agencies (200 or fewer funded slots) are exempt but must demonstrate progress.

Compliance Date: August 1, 2031

Changes from NPRM: Small agency exemption added

Staff Wages: Wage Comparability Across Head Start Preschool and Early Head Start 1302.90, FR 67738

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

- A grant recipient's pay structure must not distinguish between Head Start Preschool and Early Head Start but, instead, must provide for wage comparability based on qualifications and experience.
- Small agencies (200 or fewer funded slots) are exempt but must demonstrate progress.

Compliance Date: August 1, 2031

Changes from NPRM: Small agency exemption added

Staff Benefits

1302.90, FR 67739-67745

The final rule includes new requirements for grant recipients to provide certain benefits to staff. The requirements vary based on whether staff are full-time or part-time.

- The rule codifies that a full-time position is 30 or more hours per week during the program year.
- For full-time staff, grant recipients must:
 - provide or facilitate access to high quality and affordable health care, either as an employer-sponsored plan or by facilitating enrollment in a health insurance marketplace or Medicaid;
 - offer paid sick leave and paid vacation or personal leave (which may be combined into one paid time off bucket); and
 - offer access to outpatient behavioral health visits annually with minimal or no out-of-pocket cost.
- For part-time staff, grant recipients must, at a minimum, facilitate enrollment in a health insurance marketplace or Medicaid
- Grant recipients must facilitate access to other relevant benefits, including child care resources and subsidies and the Public Student Loan Forgiveness program, for all staff.
- Grant recipients can choose to prioritize enrollment of staff's children through selection criteria.
- Grant recipients must assess and determine if their benefit package is adequate for recruiting and retaining full-time staff at least every five years. Also, grant recipients may offer additional benefits including more enhanced health benefits, retirement saving plans, flexible saving accounts, life, disability, and long-term care insurance

Compliance Date: August 1, 2028

Changes from NPRM: Paid sick and vacation leave can be combined, and accrual specificity is dropped; paid family and medical leave is dropped, as is the specific number of behavioral health visits. Compliance date is two years later.

Staff Wellness

1302.93, FR 67746-67748

- Grant recipients must provide regular breaks of adequate length and frequency based on hours worked, including (but not limited to) meal breaks as appropriate
- Grant recipients must comply with federal, state, and local laws or regulations that are more stringent for staff breaks, if applicable.
- When one teacher is on break, they can be replaced by one staff member who does not meet the teacher qualifications for the age group so long as that staff member has the necessary training and experience to ensure the safety of the children and minimal disruption of quality services.
- Grant recipients should cultivate a program-wide culture of wellness so staff may effectively accomplish work in a high quality manner.

Compliance Date: August 1, 2027

Changes from NPRM: *Unscheduled five minute breaks and required adult sized desks and chairs in classrooms were dropped. Specific break frequency and length revised.*

Training and Professional Development and Management Systems

1302.92, 1302.101, FR 67748-67749

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

- The final rule promotes clear and reasonable roles and responsibilities for staff and ongoing staff supervision with meaningful and effective employee engagement practices.
- Grant recipients must establish and implement a systemic approach to staff training and professional development that is integrated with employee engagement practices and includes at a minimum:
 - o An individual professional development plan, developed with employee input, for all full-time staff who provide direct services to children
 - o Annual mandated reporter training for all staff
 - o Annual training on positive strategies to understand and support children’s social and emotional development and tools for preventing and managing challenging behavior
 - o Training for child and family services staff on best practices for implementing family engagement strategies

Changes from NPRM: *None*

Mental Health Services

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

Subpart D: Health Program Services

1302.40, FR 67750

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

- Language changes throughout the HSPPS are designed to elevate a multidisciplinary approach that includes mental health in conjunction with physical health. This includes a newly renamed Health and Mental Health Services Advisory Committee (HMHSAC), the addition of “mental health” wherever health is mentioned, and to align with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Other language changes to more fully integrate mental health and overall wellbeing include:
 - o Collaboration and communication with parents about mental health concerns
 - o Adds: “When a program is identifying a child’s nutritional health, relevant developmental and mental health concerns should also be considered”
- Composition of the HMHSAC is at the discretion of the grant recipient, based on community need, though they are strongly encouraged to include professionals with mental health expertise.

Changes from NPRM: *The required Mental Health Multidisciplinary Team is dropped; grant recipients instead must take a multidisciplinary approach that includes mental health.*

Collaboration and Communication with Parents

1302.41, FR 67750

All health and mental health program services provided by Head Start must be done in collaboration with parents as partners in the health, mental health, and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child’s health and mental health needs and development concerns in a timely and effective manner.

- “Mental health” is added to the requirement for advance parent permission for any procedures or services, as well as policies for health and mental health emergencies.

Changes from the NPRM: None

Subpart D: Supports for Mental Health and Well-being

1302.45, FR 67750-67754

Multidisciplinary Approach

Grant recipients must take a multidisciplinary approach to mental health and wellness to support a program-wide culture that promotes mental health, social and emotional well-being and overall health and safety. Specific activities include:

- coordinating support for adult mental health and well-being, including for families and program staff. This includes engaging in nurturing and responsive relationships with families, engaging families in home visiting services, and promoting staff health and wellness.
- coordinating supports for children should take a strengths-based and inclusive approach;
- ongoing mental health consultation services, including an annual self-assessment of the grant recipients approach, to ensure it is meeting the needs of children and adults;
- ensuring all children receive adequate screening related to social and emotional milestones that impact mental health and appropriate follow-up in partnership with parents;
- facilitating coordination and collaboration between mental health and other relevant program services, including education, disability, and family engagement; and
- leverage the role of the HMHSAC to build community partnerships that facilitate access to mental health resources and services.

Mental Health Consultation

- Changes to mental health consultation are intended to focus on promotion and prevention efforts by broadening and building programmatic and adult capacity to support the mental health of the children for whom they care.
- Revised requirements for mental health consultants include:
 - if a program cannot find a licensed mental health consultant, the program can hire a person working towards a license and under the supervision of a licensed mental health professional;
 - mental health consultants are allowed to work with any staff (not just teachers) and families (not just parents); and
 - emphasizes the role of a mental health consultant when considering suspension or expulsion.
- Mental health consultation must be available no less than once a month. Other licensed mental health professionals or behavioral support specialists may be used if necessary, but cannot totally supplant the mental health consultant. They may include community health workers, behavior specialists, and traditional practitioners, who are especially important in Tribal communities. If a program chooses this flexibility, it must work in coordination and consultation with the mental health consultant.
- The rule replaced a required parental consent for a mental health consultant, because the mental health consultant does not provide direct services to the child. Instead, parental permission requirements found in Sec. 1302.41 apply for all health and mental health services.

Other provisions

Grant recipients are required to provide supports

- to children and families impacted by a significant health and safety incident (crisis or natural disaster),
- for family's navigation of health and mental health systems, and
- to pregnant women and other members of the family during prenatal period

Changes from NPRM: Required Mental Health Multidisciplinary Team has been replaced by “multidisciplinary approach.” If no mental health consultants are available for monthly consultations, other mental health professionals are permitted.

Subpart H: Services to Enrolled Pregnant Women

1302.81-82, FR 67754

- The final rule broadens the scope of awareness of the mental health information, services, and education that may be helpful to provide to expectant families and adds language that is more inclusive of family members and supports
- Grant recipients must support pregnant women, mothers, fathers, partners, or other family members to access mental health services to address concerns including perinatal depression, anxiety, grief or loss, birth trauma, and substance use.
- Grant recipients must address pregnant women’s needs for appropriate supports for social and emotional wellbeing, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood
- The rule reinforces accountability in tracking services and using data to design culturally responsive services in order to prevent pregnancy-related deaths and address disparities across racial and ethnic groups.
- If a grant recipient chooses to use a curriculum with pregnant women, they should select one that focuses on maternal and child health to support prenatal and postpartum education needs.

Changes from NPRM: None

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

1302.91, FR 67754

- The rule allows for mental health consultants to be in the process of obtaining a license, if they are providing services under the supervision of a certified mental health consultant.

Changes from NPRM: None

Modernizing Head Start’s Engagement with Families

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

Community Assessment

1302.11, FR 67761-67763

All Head Start programs are required to conduct a community needs assessment every five years in order to assess whether the services they are providing best meet the needs of the surrounding community. This can be a cumbersome and time-consuming effort. The final rule seeks to revise the community assessment process to increase clarity, simplify, and streamline the process.

- Grant recipients are required, in advance of conducting the community assessment, to use a strategic approach to determine which data to collect and what are the most efficient and effective ways to do so.
- Grant recipients are encouraged to use their own knowledge and existing data relevant to their community to reduce cost and burden of their own data collection.
- The rule details community assessment objectives, to include who programs will serve and associated risk factors; how they will serve them in a manner that reflects their needs and diversity while promoting equity, inclusion, and accessibility in service delivery; and to inform Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) processes to prioritize enrollment for those most in need.
- Grant recipients must annually review and update their community needs assessment *as needed*, but they are not required to complete a comprehensive assessment every year.
- As part of the community assessment process, grant recipients are strongly encouraged to collect information from enrolled and prospective families, as their perspectives on their needs are critical to program design. ACF will provide information on best practices in gathering lived experience data.
- The rule adds language to include “transportation” as part of the assessment of community resources since lack of transportation remains a significant barrier for many families most in need.

Compliance Date: August 1, 2025

Changes from NPRM: *Minor clarifications, including that annual updates are not meant to be comprehensive reviews; addition of lived experiences data*

Recruitment

1302.13, FR 67760

- Grant recipients must give families the option to use modern technologies to encourage and assist them in applying for admission, and to streamline the admission and enrollment process.

Changes from NPRM: *Additional flexibility*

Enrollment

1302.15, FR 67760

- The rule requires grant recipients a user-friendly enrollment process, which grant recipients must regularly examine to determine whether improvements or further simplifications are needed.

Changes from NPRM: None

Parent and Family Engagement in Education and Child Development Services

1302.34, FR 67760

- Grant recipients must utilize accessible communication methods and modalities that meet the needs of the community when engaging with prospective and enrolled families.

Changes from NPRM: Additional flexibility

Family Engagement

1302.50, FR 67760

- Grant recipients must communicate using a format that meets the needs of individual families.

Changes from NPRM: Minor revisions

Eligibility and Barriers to Access

Adjustment for Housing Costs for Eligibility Determination

1302.12, FR 67763

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

- The final rule allows grant recipients the ability to make an adjustment to a family's gross income calculation for purposes of determining eligibility, in order to account for excessive housing expenses.
- If housing costs are in excess of 30% of gross income, grant recipients may reduce gross income by the amount above the 30% threshold.
- The rule clarifies that housing costs include the total annual expenses on rent, mortgage, insurance, utilities, interest, and taxes.
- Bills and expenses from one month can be used to calculate an average throughout the year.

Changes from NPRM: *Additional clarification on how to calculate*

Tribal Eligibility and Selection Process

1302.12, 1302.14, FR 67763-67764

Tribal Head Start grant recipients, which serve American Indian and Alaska Native (AI/AN) communities, play a critical role in embedding cultural and language traditions into their programs, helping young children connect with their cultural heritage. The changes in the final rule are consistent with a change in statute, and will enable more children from AI/AN backgrounds access to Head Start.

- Tribal grant recipients have the discretion to consider eligibility regardless of income.
- Tribal grant recipients may use their selection criteria to prioritize children in families in which a child, family member, or member of the household is a member of an Indian tribe.

Changes from NPRM: *New language, consistent with the Further Consolidated Appropriations Act, 2024*

Migrant and Seasonal Eligibility

1302.12, FR 67764-67765

Prior to enactment of the *Further Consolidated Appropriations Act, 2024*, to be eligible for Migrant and Seasonal Head Start, a family needed to demonstrate that their income comes primarily from agriculture work. Yet instability in agriculture has resulted in more farmworker families seeking additional employment outside of agriculture, resulting in barriers to Head Start participation. These changes put into regulation language consistent with the new statute.

- The final rule allows for eligibility if one family member is primarily engaged in agricultural employment.
- Migrant and Seasonal grant recipients are no longer required to verify infant and toddler eligibility after two years, and instead will align with traditional Early Head Start’s three year period.

Changes from NPRM: *Consistent with the Further Consolidated Appropriations Act, 2024*

Transportation and other Barriers to Enrollment and Attendance

1302.14, 1302.16, FR 67765-67766

- The final rule requires grant recipients, as part of the existing community assessment process, to identify the population of eligible children and potential barriers to enrollment and attendance. This includes whether access to transportation for highest need families poses a barrier to enrollment and attendance, and if so, for grant recipients to make every effort to provide or facilitate it.

Compliance Date: *August 1, 2025*

Changes from NPRM: *Clarified that this should be a part of the existing community assessment process. Removed additional data collection requirement about families who were selected but did not enroll.*

Serving Children with Disabilities

1302.14, FR 67766

- The final rule revises language regarding meeting 10% enrollment of children with disabilities to say “10% of actual enrollment” instead of “10% of funded enrollment.”
- The final rule encourages grant recipients to serve as many children with disabilities as possible.

Changes from NPRM: *None*

Suspension and Expulsion

1302.17; 1305.2; FR 67766-67767

Changes include significant revisions to existing regulations pertaining to suspension and expulsion.

- Adds a definition for suspension: the temporary removal of a child from the learning setting due to a child's behavior including requiring the child to cease attendance for a specified period of time, reducing the number of days or amount of time that a child may attend, removing the child from the regular group setting for an extended period of time, or requiring the parent or the parent's designee to pick up a child for reasons other than illness or injury.
 - Momentarily removing a child from the learning setting due to an immediate threat to child or adult safety, or due to established plans in a child's individualized family service plan (IFSP) or individualized education program (IEP), is not included in this definition of suspension.
- Clarifies that temporary suspension may be used only as a last resort, where there is a serious safety threat to the child or others, and when the threat has not been reduced or eliminated. It also emphasizes that the program must take active steps to attempt to reduce or eliminate the concern and must demonstrate that these steps have not worked.
- Strengthens existing regulation by requiring grant recipients to explore all possible steps and document all steps to facilitate the child's safe re-entry into the program.
- Strengthens existing regulations by requiring a multidisciplinary approach to continue to engage to support the child during a suspension, by providing additional program supports and services, including home visits, coordinating with child's IEP or IFSP, and making appropriate referrals for IEP and IFSP.
- Adds a requirement that if a grant recipient makes a determination that there is a more appropriate placement for the child, the grant recipient must directly facilitate the transition to a more appropriate setting that can immediately enroll the child.

Changes from NPRM: Revised definition of suspension, additional clarifications

Ratios and Duration

Center Based Duration for Early Head Start

1302.21, N/A

- The final rule retains the statutory requirement that 1,380 hours be provided for Early Head Start center-based services annually.

Changes from NPRM: 46 week minimum weeks per year service delivery dropped

Center-Based Duration for Head Start Preschool

1302.21, 1302.24, FR 67768-67769

- No substantive changes; removes all obsolete language to align with current regulations passed after the 2016 Program Performance Standards were issued
- Grant recipients must provide 1,020 hours of planned classroom operations over the course of at least eight months per year for at least 45% of Head Start Preschool funded enrollment

Changes from NPRM: Technical changes only

Ratios in Family Child Care Settings

1302.23, FR 67769

The final rule:

- adds clarification about family child care provider ratios and group size for “mixed age with preschoolers” of 1:6 with no more than two children under 24 months,
- adds clarification about family child care provider ratios and group size for “infants and toddlers only” (under 36 months) of 1:4, with a maximum group size of four infants and toddlers,
- eliminates reference to “assistant providers” and replaces with two providers, and
- adds clarification that family child care providers may be in the process of earning a Family Child Care CDA or state equivalent and plan to earn it in 18 months.

Preventing and Addressing Lead Exposure

Head Start facilities are frequently located in older buildings, in which lead exposure through water or air is a possibility. Given that there is no safe level of lead exposure, especially for young children, the final rule seeks to reduce potential exposure while allowing programs the flexibility to craft a lead testing and mitigation plan that is most appropriate for them.

Lead Exposure and Mitigation Plan

1302.47, FR 67770-67772

- Requires grant recipients to develop a plan to prevent children from being exposed to lead in paint or water.
- In facilities where lead may exist, this includes testing and inspection at least every two years, with support from trained professionals.
- If lead hazards are identified in water or paint, grant recipients must implement remediation and abatement actions.
- ACF will provide training and technical assistance, and further subregulatory guidance in this area.

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

Changes from NPRM: *Proposed new section 1302.48, which spelled out detailed requirements for testing and mitigating lead in water and paint, has been replaced by the above.*

Family Service Workers, QRIS, Serving Pregnant Women

Family Partnership Assignments

1302.52, FR 67772-67773

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

- Family assignment ratio cannot exceed 40:1. They may be exceeded temporarily during staff absence or attrition, or emergency response.
- Limited waiver authority will be permitted, pending further guidance.

Compliance Date: August 1, 2027

Changes from NPRM: Limited exceptions added. Removed the term “family services” and refers more generally to “family partnership services”.

Participation in Quality Rating and Improvement Systems (QRIS)

1302.53, FR 67773-67774

The final rule:

- softens the requirement from “must” participate to “should” participate and
- eliminates conditions related to program’s participation.

Changes from NPRM: None

Enrolled Services to Pregnant Women

1302.80, 1302.82, FR 67774-67775

- The final rule requires newborn visits to include discussion of postpartum mental and physical health, safe sleep, infant health, and support for basic needs
- The visit must be *scheduled* (not necessarily conducted) within two weeks after birth.
- The final rule requires grant recipients to track and document services through referrals to pregnant women to identify specific prenatal care services and resources to support a healthy pregnancy.
- The final rule requires data to be used to design services that are culturally responsive and intended to prevent pregnancy related deaths and address disparities across racial and ethnic groups.

Compliance Date: December 19, 2024

Changes from NPRM: Minor clarification and addition of safe sleep

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

Compliance Date: *February 18, 2025*

Changes from NPRM: *None*

Child Safety

Safety Practices

1302.47, FR 67754-67756

- Contractors and volunteers must follow safety requirements. This only applies to contractors whose activities involve contact with children and families, and anyone who could have unsupervised access to children and families.
- The final rule aligns the definition of child abuse and neglect with the Child Abuse Prevention and Treatment Act (CAPTA).
- The final rule strengthens language related to supervision at all times.
- Contractors, consultants and volunteers are mandated reporters, and grant recipients have flexibility as to how to provide information or training on mandatory reporting.

Compliance date: *While the effective date is upon publication of the final rule, grant recipients will not be monitored on this section until one year after publication of the final rule to give grant recipients additional time to adjust to the new regulatory requirements.*

Changes from NPRM: *Clarifies contractor and volunteer requirements*

Standards of Conduct

1302.90, FR 67756

- The final rule provides a clearer understanding of what is meant by child maltreatment and endangerment by outlining broad categories of maltreatment with corresponding definitions and examples (which are not limited to those listed) as follows:
 - **Corporal punishment or physically abusive behavior:** intentional use of physical force that results in, or has the potential to result in, physical injury.
 - Hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging
 - **Sexually abusive behavior:** any completed or attempted sexual act, sexual contact, or exploitation.
 - Behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities
 - **Emotionally harmful or abusive behavior:** behaviors that harm a child's self worth or emotional well-being that is clearly NOT permissible.
 - Using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child
 - **Neglectful behavior:** the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments
 - Leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment

- The final rule clarifies who is required to report incidents of abuse and neglect, including staff, consultants, contractors, and volunteers, as described above.
- The final rule clarifies that children cannot be left alone or unsupervised (and never left alone with a volunteer).

Changes from NPRM: *Several revisions to provide important clarifications, including additional examples.*

Program Goals, Continuous Improvement, and Reporting

1302.102, FR 67754, 67758-67759, 67815

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

- Grant recipients must report child safety incidents to OHS immediately, but no later than **seven calendar days** following an incident. Day “0” is considered the day a program learns of the incident
- Requires reporting of any significant incident affecting the health or safety of a child that occurs in a setting where Head Start services are provided, regardless of the child’s Head Start funding.
- Separates significant health and safety incident reporting into two distinct categories. Reports must be submitted for:
 - Serious harm or injury of a child resulting from lack of preventative maintenance, and
 - Serious harm, injury, or endangerment of a child resulting from lack of supervision
- Removes mental health from the description of “significant incidents” (proposed in the NPRM), thereby restoring the previous requirement
- Clarifies that the requirement to report classroom and center closings does not include scheduled holidays, scheduled breaks, or short term closures due to inclement weather
- Allows grant recipients autonomy in managing staff conduct that does not rise to the severity defined above.

Changes from NPRM: *Substantial modifications to this section. Reporting in seven calendar days instead of three business days; drops reporting closures “for any reason;” removes “mental health” from the description of incidents; allows program greater autonomy in managing staff conduct*

Other Provisions

Facilities Evaluation

1303.44, FR 67775

- The final rule makes changes to improve the 1303 facility application development and approval process by providing greater flexibility and certainty. For example, “cost” and “fair market” are removed as part of the description of valuation; appraisals can be done virtually; and HHS must approve reasonable requests to use federal funds for the costs associated with preliminary eligibility and the costs to purchase, construct, and renovate a facility.

Definition of Income

1305.2, FR 67776

- The final rule clarifies and revises the definition of income with the intent to provide a clear and final list of what is considered income in order to promote consistent interpretation on what to include when determining a family’s eligibility.
- Gross income includes wages, business income, unemployment compensation, pension or annuity payments, gifts that exceed the threshold for taxable income, and military income (excluding special pay for a member subject to hostile fire or imminent danger or any basic allowance for housing).

Changes from NPRM: *Additional clarifications*

Definition of Federal Interest and Major Renovations

1305.2, FR 67777-67778

- “Collective group of renovations” means activities intended to occur concurrently or consecutively, or altogether address a specific part or feature of a facility
- The final rule raises the threshold to \$350,000 for major renovation, and future increases are aligned to future adjustments in the National Defense Authorization Act.
- The final rule provides technical fixes to address confusion related to federal interest and what satisfies the non-federal matching requirement.
- The final rule allows Tribes that jointly apply to use both Child Care Development Fund (CCDF) and Head Start funds for major renovations to use the CCDF threshold if higher.

Changes from NPRM: *Revised threshold for major renovation, and additional flexibility for Tribes*

Definition of Poverty Line

1305.2, FR 67778

- The final rule aligns with 1302.12(c) and (d) on income eligibility to clarify and codify existing practice.

Changes from NPRM: *None*

Conclusion

The Supporting the Head Start Workforce and Consistent Quality Programming final rule seeks to chart a course for the future of Head Start by recognizing the challenges facing programs today, as well as those facing the children and families served by Head Start.

With an unclear path for the funding needed to support critical parts of this rule, the Head start community continues to have some significant concerns. As happened during the months of consideration of the NPRM, NHSA and the Head Start community will navigate through these changes and remaining uncertainty with continued unity, working towards the shared mission of Head Start as a community committed to improving the lives of young children and their families.

Should you have additional questions or comments, please email them to finalrule@nhsa.org.