

January 19, 2024

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

RE: Docket Number ACF-2023-25038 / RIN Number 0970-AD01

To Whom it May Concern,

Thank you for your commitment to addressing the challenges that Head Start programs, teachers, and staff are experiencing, and for working to improve families' interactions with Head Start. Head Start has helped support child development for families with low incomes and to continue doing that, modifications to the program and shifts to accommodate the current circumstances are essential. In fact, programs across the nation are experiencing staff turnover at its highest point in two decades.¹ Efforts to support better wages and benefits for Head Start teachers, comprehensive mental health care, and quality improvements across the system, as detailed in this Notice of Proposed Rulemaking (NPRM), will tremendously benefit children, families, teachers, and program staff. These proposed regulations, however, come during a difficult time for this nation, as we continue to experience the impacts of the pandemic and navigate an ongoing and exacerbated child care crisis. We want to recognize the tension that exists in requiring programs to implement these proposed changes without having additional resources available and acknowledge that this will result in unintended consequences and difficult tradeoffs. We are writing to express appreciation and offer comments on the proposed rules that seek to make Head Start more inclusive, comprehensive, and equitable.

The Center for Law and Social Policy (CLASP) is a national, nonpartisan nonprofit advancing anti-poverty policy solutions that disrupt structural and systemic racism and sexism and remove barriers blocking people from economic security and opportunity. We work at the federal and state levels, supporting policy and practice that makes a difference for people living in conditions of poverty. CLASP works to develop and implement federal, state, and local policies (in legislation, regulation, and implementation) that reduce poverty, improve the lives of people with low incomes, and create pathways to economic security for everyone. That includes directly addressing the barriers people face because of race, ethnicity, gender, disability, and immigration status. CLASP has deep expertise in child care and early education, postsecondary education, job quality, mental health, and federal support policies, including those that impact the early childhood education workforce. We understand the various challenges of existing child care and early education policy, as well as the solutions to improve it, and desire an equitable and accessible child care and early education system that works for children of all ages. The comments below that we are submitting for consideration to strengthen Head Start programs across the country are rooted in these missions, knowledge, and values. Given CLASP's mission and expertise, we are offering comments on modernizing Head Start for families, services to enrolled pregnant women, suspension and expulsion, well-being, and workforce compensation and benefits.

We commend the Office of Head Start (OHS) for their thoughtful intent and goals to strengthen Head Start to best meet the needs of children and families and Head Start teachers and staff. We hope the comments, questions, and suggestions below will help refine the proposed rule to offer greater clarity and even more positive improvement. CLASP urges OHS to center racial equity and data equity in the final regulations in order to promote better services for families with low incomes and families of color. Below, we outline our specific comments on the proposed regulations.

Modernizing Head Start’s Engagement with Families

- **§1302.11: Determining Community Needs, Strengths, and Resources; §1302.13: Recruitment of Children; §1302.15: Enrollment; §1302.34: Parent and Family Engagement in Education and Child Development Services; §1302.50: Family Engagement**

We support requirements for Head Start programs to adopt more accessible and user-friendly practices and offer examples for OHS to offer more clarity on what “best practices” in these areas look like. Furthermore, we support guidelines on what types of data programs should collect for their community assessments but acknowledge that data collection must be paired with equitable data practices to dismantle systemic racism and promote program equity. We also acknowledge that proxy data has limitations and is not a perfect substitute for programs experiencing unreasonable administrative and cost burdens in their data collection efforts.

Data Equity

Regarding the modifications proposed for section §1302.11, we support encouraging programs to determine what types of data would be helpful to acquire, how to acquire said data, and what types of alternative data sources can be used to avoid significant costs or administrative burdens. CLASP also supports the inclusion of a demographic measure on children living in poverty. That said, we believe that more clarity can be offered to promote equitable outcomes from data collection.

In order for data collection to improve program equity and work towards dismantling systemic racism, it must be paired with equitable data practices that acknowledge historical inequities and racial bias and how they show up presently in data practices and processes, such as through data collection, analysis, and contextualization.² Using data to improve program equity must center those most harmed by the racism embedded in these practices that result in disparities. These equitable data practices should “center community engagement, trust building, and intentional power shifts towards those who are most likely to be harmed as well as, progressing beyond disaggregating data by race and ethnicity and adding important qualitative context to better understand how to address disparities.”³

Another aspect of equitable data practices is the responsible use of data. While we agree that programs should identify alternative data sets if the burden or cost to acquire data is unreasonable, we believe that additional support is needed for programs experiencing this issue. Proxy data has limitations and requires advanced data skills to ensure that the data is reflective of the population they are attempting to understand. Furthermore, limited data exists for some marginalized groups due to historic misrepresentation, mistrust, and discrimination that has inaccurately labeled them as difficult to reach when in fact, data processes do not adequately consider or account for this historical context. As such, utilizing proxies may underestimate the true disparities experienced by these communities. Thus, we suggest offering technical assistance to support Head Start programs in understanding and implementing equitable data practices and processes, locating the right data, and aligning both with the specific data needs of individual programs to avoid unintended consequences and help ensure that the practices developed meet their needs. This additional support can take the form of technical assistance to build capacity, knowledge, skills, and engagement strategies.

Accessibility and Best Practices

We support the encouragement of programs to use modern technology to reduce the administrative and application burden for families, and to emphasize user-friendly and accessible practices. However, we encourage OHS to offer support to programs to understand best practices and to effectively implement them.

Complex and burdensome rules and requirements can make it challenging for families to access and retain access to early education programs.⁴ The process for families to access early education programs starts with finding information. This can be particularly challenging for families with low incomes, families of color, and immigrant families who often face socio-economic challenges that intersect with their different identities because of systemic and historic inequities in and outside of child care and early education policies and systems. Such hardships include limited access to transportation, unreliable internet connectivity, and inconsistent work hours.

Simplifying the process for accessing Head Start would help more children receive care. Promoting user-friendly practices in digital applications can be achieved through using plain language, having a simple application layout, and personalizing the application to ensure that families don't have to answer questions that are not applicable to their circumstances. Additionally, programs should consider optimizing their applications for mobile-only internet users.

It is also crucial for programs to continue offering information about the program, as well as offering applications that are accessible for families with limited broadband access. This may mean offering paper applications or increasing outreach for the program in other non-digital ways, such as increased community engagement. Furthermore, it is important to offer guidance on how programs can optimize the physical application formats for families with limited literacy, limited English proficiency, or visual impairments. We suggest that OHS proactively share best practices and examples with programs to ensure that programs don't have to all build similar things from scratch, but, instead, can build upon and modify what exists to best fit their community and program.

Suspension and Expulsion

Head Start has long been a leader in implementing positive policies that have significantly reduced inequitable treatment and suspension and expulsion of children in Head Start programs. We commend the intention to codify the long standing, positive policies outlined in the proposed rule, and offer additional considerations for the final rule.

- **§1302.17(a): Limitations on Suspension; §1302.17(b): Prohibition on Expulsion**

The clarifications and additions offered in these sections are important improvements and we appreciate the efforts to document the process and support enrolled children. We think it is important that these policies are paired with the collection and reporting of data using equitable practices, acknowledging and addressing longstanding systemic racism and anti-Blackness. Data collection on discipline and punishment is an important prerequisite to establishing policies meant to mitigate harm and eliminate inequities, and programs must be intentional and systematic in their data collection efforts to dismantle systemic racism within the data collection process.⁵ While Head Start has quantitative data collection requirements, these must be accompanied with qualitative data requirements to allow for disaggregated data on race and ethnicity and to collect familial context, both of which can reveal inequities in the application of disciplinary practices.

We support the proposal that both educators and families work to ensure that a plan is developed to support the child and, if necessary, seek additional resources to retain the family in the program as proposed. We also support the proposal that programs are required to sufficiently document the child's interaction during care, to monitor progress, supports, and interventions. We support the inclusion of additional documentation and support for staff and children. Supports can include: anti-bias training for educators and staff, mental health consultancy, differentiated learning and play, and family engagement. Should the decision be made that it is appropriate for a child to be placed in a new setting, we support the

proposal that the transition be immediate and to reduce as many burdens on families as possible. Parents and families should also be engaged throughout the entire process.

Overall, we believe that data collection, reporting, and equity requirements must be embedded within the proposed requirement to “document all steps taken to address the behavior(s) and supports needed to facilitate the child’s safe reentry and continued participation in the program.” Qualitative data requirements will not just support informed policy development on suspension and expulsion but will also offer insights on barriers to attendance and enrollment. These expanded data collection and data reporting requirements must be rooted in equitable data practices to dismantle historical inequities and anti-Blackness in data collection processes. Comprehensive data practices should be paired with partnerships with families and programmatic strategies that ensure children are retained and receive the supports they need. Technical assistance should be provided for programs implementing these proposed improvements.

Subpart C: Education and Child Development Program Services

- **§1302.33: Child Screenings and Assessments**

While we acknowledge that no proposed changes were offered in this section, we wanted to offer appreciation for the thoughtfulness in requiring and standardizing screening tools for children. We believe, however, that screening tools must be provided with proper culturally sensitive training from the facilitator and want to ensure these supports are included in technical assistance and training offered on conducting assessments. Additionally, for the section on “prohibitions on use of screening and assessment data,” we urge you to include language that ensures that children and/or caregivers’ data will not be shared with law enforcement or other school providers, as we’ve seen can happen with other mental and developmental screenings.⁶

Subpart D: Health Program Services

- **§1302.45: Supports for Mental Health and Well-Being**

We fully support the proposed language that families must be supported by a multidisciplinary team that works with families and children, concurrently with and in relation to each other. Understanding the social, emotional, behavioral, or mental needs of children by engaging with families is critical to build trust, promote long-term positive development, and ensure accountability for the child’s success.⁷ However, while the monthly requirement for a mental health consultation is important, there needs to be more flexibility to fully maintain requirements without creating additional strain on an overtaxed and understaffed behavioral health system. Mental health consultants must include the breadth of mental health professionals in the workforce, from peer support providers to recovery specialists.⁸ Broadening the scope of providers who work in a culturally sensitive manner will not only help to fill in workforce gaps but will also help to build trust and alleviate concerns among populations who have been historically disenfranchised.

Subpart H: Services to Enrolled Pregnant Women

We support requiring programs to help pregnant people and their families in accessing mental health services, as mental health conditions are the primary complications of pregnancy and childbirth and the most frequent underlying cause of maternal death in the United States.⁹ Furthermore, we support the inclusion of important topics in the newborn visit, such as maternal mental health, but seek clarity on the feasibility of this requirement. Finally, we broadly support data collection requirements, but outline crucial areas of clarity needed to enforce “services that address disparities across racial and ethnic groups” and to indicate where programs need greater flexibility in implementation.

- **§1302.80(d):** *“At a minimum, the newborn visit must include a discussion of the following: maternal mental and physical health, infant health, and support for basic needs.”*

We support the expansion of conversations within the newborn visit to require a discussion of maternal health and maternal mental health, infant health, and basic needs support, but seek clarity on the feasibility of implementation. Mental health conditions are the most common complications of pregnancy and childbirth and are also the most frequent underlying cause of maternal death in the United States. Not only do 75 percent of birthing people with mental health conditions remain untreated, but these untreated conditions are also more prevalent across communities of color due to the combination of social stigmas, racial discrimination in health care, income inequality, and limited access to care.¹⁰ Due to maternity care deserts being disproportionately rural, low income and/or non-white, we also support the requirement to expand the conversation within the newborn visit to include discussions of infant and maternal health and basic needs support.

However, considering the significance of each of these proposed topics, we suggest offering training and support to visitors as well as a list of topics to be covered over a specified period of time and not all in one visit, if feasible. This would allow visitors to engage in relationship building and to develop a space of trust for birthing parents to feel comfortable disclosing their maternal health and maternal mental health concerns. Visitors would have more opportunity to engage in meaningful conversations if they were provided this required list of topics to be covered over a defined period of time, and it would also offer them flexibility in prioritizing the most important topics in the initial visit for the family in consideration.

We also seek clarity on the training provided to the visitors and if it is sufficient to allow them to appropriately respond to the requests and needs of birthing parents or to mental health crises being experienced by these parents. Given that staff with varying knowledge and expertise are conducting these visits, we encourage additional culturally sensitive training to ensure they can conduct a meaningful visit that actively responds to the requests and needs of the birthing parents, so that the parents build trust with them, and that the visitors feel confident and supported. Additional support and technical assistance should be provided to help these visitors adjust to new responsibilities.

- **§1302.80(e):** *“A program must track and record services an enrolled pregnant woman receives both from the program and through referrals, to help identify specific prenatal care services and resources the enrolled pregnant woman needs to support a healthy pregnancy.”*

We support the requirement to track and record the services that pregnant women receive from the program and through referrals. CLASP has long advocated for better data on how pregnant women are served through the program. OHS should offer support to programs to determine the most equitable and least burdensome ways to collect this data. OHS should also consider how this data can inform and be connected to the broader ecosystem of care supports for pregnant women to acknowledge the full degree of racial inequities in maternal physical and mental health.¹¹ Given the important focus of Head Start on women in families with low incomes, the impact of these services and supports can go a long way in addressing, but cannot eliminate, these systemic challenges.¹² They are the result not only of limited access to care, but also of cultural stigmas that prevent disclosure of mental health needs and systems of white supremacy that influence mental health research and interventions.¹³

- **§1302.80(f):** *“The program must provide services that help reduce barriers to healthy maternal and birthing outcomes for each family, including services that address disparities across racial and ethnic groups, and use data on enrolled pregnant women to inform program services.”*

We deeply appreciate the commitment to reducing racial inequities in maternal and infant health, and we support the proposal for programs to consider how they may best support the unique needs of pregnant people enrolled. If implemented with a data equity framework that seeks to dismantle systemic inequities throughout the data process, these data-informed decisions can support more comprehensive care for pregnant people with low incomes, especially for pregnant people of color.¹⁴ However, it is no small task to offer, as the proposal states, “services that address disparities across racial and ethnic groups,” and to individualize plans to meet the needs of pregnant people. Given that communities have diverse and varying needs, technical assistance can support programs in offering and facilitating culturally sensitive services, as well as guiding programs broadly in making data-informed decisions.

Furthermore, we encourage OHS to work with programs to determine if the proposed implementation timeline offers enough time to establish and implement equitable data practices and, if not, to extend the timeline. Given that intentional planning is required for this collected data to be applied successfully, more time may be advantageous for programs to use their data to inform their services in a strategic way.

Greater clarity and more information in the final rule on addressing racial and ethnic inequities can ensure improved and sustainable progress towards racial equity, as well as prevention of racial discrimination. We believe this proposal can have a significant impact but suggest that additional language and support are necessary for it to be fully effective.

- **§1302.81(b): Prenatal and Postpartum Information, Education, and Services**

We are fully supportive of adding a new paragraph to require programs to support pregnant people and their families in accessing mental health services. As mentioned before, 75 percent of birthing people with mental health conditions remain untreated, but these conditions can also impact the mental health of their family members. A few programs exist to support birthing persons and their loved ones across the country with a strong evidence base, including those referenced in the United States Preventive Services Task Force recommendations for postpartum depression.¹⁵ Data from the first year of HRSA’s Maternal Mental Health Hotline also indicates the need for this holistic support, as over 13,400 birthing people and their families were supported in the first year of the hotline.¹⁶ Furthermore, the HRSA data shows that almost 10% of calls were from a partner or caregiver seeking support for themselves, indicating the need to focus simultaneously on birthing people and their loved ones who are intimately supporting them on their birthing journey.

Workforce Compensation, Benefits, and Wellness

- **§1302.90 (e): Wages; §1302.93: Staff Health and Wellness**

We appreciate OHS’s commitment to promote the retention of Head Start teachers and staff through regulations to strengthen compensation, benefits, and wellness. Ensuring Head Start teachers and staff are well paid and supported is essential to ensuring that there is a stable and robust child care and early education workforce.

Pay parity between Head Start teachers and K-3 teachers, and also between Head Start and Early Head Start teachers, can address workforce shortages that have resulted in under-enrollment in Head Start over the past few years.¹⁷ These pay parity measures provide feasible steps towards competitive compensation. Additionally, it is important to consider that the workforce shortage programs are experiencing today stems from persistent, systemic racism and sexism. These forms of oppression have contributed to society’s substantial undervaluing of the labor of those who care for young children. Establishing pay parity with K-3 teachers is an important step toward aligning compensation with the vital labor of the child care and early education sector.

Furthermore, considering that child care and early education professionals were perceived to experience greater stress and depression than the national workforce, the expansion of staff benefits and wellness will help promote better holistic health for Head Start teachers and staff.¹⁸ Paid sick leave, paid family leave, and paid vacation or personal leave are all crucial benefits for promoting personal health, protecting children's health, and encouraging staff retention. We encourage inclusion of all employees' access to paid leave, including part-time workers who can accrue leave based on the hours worked. Furthermore, we suggest offering programs guidance on what a minimum standard for these benefits should look like.

However, without additional funding, these requirements could be challenging to feasibly implement. Though we are equally encouraged as OHS in the hopes of securing additional funding during the extended implementation timeline for these workforce provisions, this funding is not guaranteed. Overall, offering greater flexibility to programs in implementing the resource-demanding requirements can help OHS plan for a world where no additional funding is received. Furthermore, we recommend that the final rule reduces the specificity of the wellness requirements and allows programs more flexibility in determining what might work best for their programs and staff while still maintaining a measurable commitment to wellness.

Interaction with Other Funding Streams

As the proposed rule modifications are considered, it is crucial to understand how these proposed modifications and improvements to Head Start may impact the broader child care and early education sector. As the result of limited resources throughout the history of child care and early education programs, many programs have blended and braided resources from a variety of sources to make ends meet. In addition, formal partnerships, like the Early Head Start-Child Care partnerships, have been formed. The impacts of these proposed rules may complicate funding structures and requirements and may also create tension in programs that utilize funding sources in addition to Head Start. Further, efforts towards pay parity for Head Start teachers, while necessary and important, will create a greater pay gap between said teachers and the child care workforce in the Child Care and Development Fund (CCDF), possibly fueling child care teacher retention concerns. Further disparities will emerge if CCDF is unable to offer higher reimbursement rates to pay for the true cost of care. It is also important to consider that the proposal to increase Head Start teacher compensation without additional funding will reduce the number of children programs can serve. Careful consideration and assessment of the impacts of these proposed regulations on the entire child care and early education system and on individual programs who utilize multiple funding streams will be essential to ensure net positive improvements result from the implementation of these provisions.

Conclusion

In conclusion, we appreciate the Office of Head Start's efforts to address issues facing families, children, teachers and staff in Head Start and Early Head Start programs across the country and the opportunity to share comments and feedback. Thank you for your consideration of these comments on the proposed rule. We look forward to working with you to implement the changes once the final rule is published and to advocating for the resources necessary to implement these important changes. Please don't hesitate to reach out with questions or for more information. Feel free to contact Stephanie Schmit, director of Child Care and Early Education, at sschmit@clasp.org.

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