



January 19, 2023

The Honorable Xavier Becerra
Secretary of the United States Department of Health and Human Services

RE: Notice of Public Rulemaking Head Start Program Performance Standards
Docket Number 2023-25038; RIN 0970-AD01

Dear Secretary Becerra:

Founded over 40 years ago, ZERO TO THREE's (ZTT) mission is to ensure all babies have the opportunity to thrive. We translate the science of early development into policies and practices that promote positive early development and family wellbeing; and have played an important role in supporting Early Head Start since its inception. ZTT's founders and board members were prominent in the Advisory Committee on Services for Families with Infants and Toddlers which guided the Department of Health and Human Services in designing Early Head Start following its creation by Congress in 1994. ZTT also housed the Early Head Start National Resource Center for 21 years, providing technical assistance to the program from its infancy until it reached maturity.

We appreciate the opportunity to comment on the proposed rule on Supporting the Head Start Workforce and Consistent Quality Programming and the Department's commitment represented by the proposal to addressing the challenges for Head Start programs in delivering the high-quality programming families living in poverty need.

Head Start has been the national model of excellence in early childhood for over fifty years. With the addition of the Early Head Start program in 1995, the program responded to the mounting body of evidence around the need to start services as early as possible to ensure children are on track for success. The performance standards set a high bar for comprehensive services that ensure early developmental outcomes for infants and toddlers, benefitting not only the children served in Early Head Start programs, but elevating the conversation nationally to help launch a sustained focus on the importance of education in the earliest years.

As we approach the 30th anniversary of Early Head Start, barely more than 1 out of 10 eligible babies and families receive services.¹ The lack of workforce capacity and funding continue to hinder growth in the program. The changes the Office of Head Start (OHS) has proposed in its

¹ Friedman-Krauss, A. H., Barnett, W. S., & Duer, J. K. 2022. "The State(s) of Head Start and Early Head Start: Looking at Equity. New Brunswick, NJ: National Institute for Early Education Research." <https://nieer.org/states-of-head-start-early-head-start-looking-at-equity>

latest rule changes are important for reinforcing Head Start's role as the standard-bearer of excellence in early childhood education, especially for infants and toddlers. We reiterate our call for greater investments in the program to reach all eligible young children and families and to fully implement the goals outlined in the notice of proposed rulemaking (NPRM).

Overall Recommendations

Align Enrollment Across Head Start Preschool and Early Head Start

We urge the Department to use this opportunity to ensure continuity of care across Early Head Start and what the NPRM has proposed as Head Start Preschool, such that Early Head Start-enrolled children are guaranteed enrollment in Head Start Preschool. This change is aligned with the goals of Head Start as a birth to five program and, importantly, it would give families a critical sense of stability. Moreover, the important work that Early Head Start does to increase families' earnings and social mobility would not eliminate them from access to Head Start Preschool due to the currently required eligibility redeterminations in place across the program models. Research is abundantly clear that the impact of high-quality care on child outcomes is compounded by the number of years a child attends. In particular, the Early Head Start research showed the benefits for children from families with multiple demographic risk factors at age five when the Early Head Start experience was followed specifically by Head Start services.²

Support Alignment with State Systems

As OHS outlines significant new program definitions and requirements, ZTT recommends that OHS look for opportunities to leverage capacity of state and local systems to support Head Start programs in meeting the changes in the NPRM, while also furthering alignment and inclusion of Head Start within mixed delivery early care and education (ECE) system in communities and states. The existing Head Start State Collaboration Office (HSSCO) can be particularly beneficial in this regard as they were established with the express purpose of connecting local Head Start programs with early childhood state systems. We have listed some ways that the HSSCOs can be utilized to support programs and the goals of the NPRM throughout our comments. We encourage OHS to consider how to provide these offices with a clear charge to support implementation of these rule changes and resource them accordingly.

Allow flexibility while identifying needed funding

We recommend that OHS allow a waiver for Head Start programs that are making progress but require additional funding, support, and time to meet the goals of the NRPM, to mitigate against any potential for program closures, especially in communities with a dearth of services for infants and toddlers and families. We agree with OHS that many Head Start programs are under-enrolled and well positioned to implement the changes proposed in the NPRM. However, tailored technical assistance, time, and flexibility will be required for others – specifically smaller programs. We are particularly concerned about the 12% of EHS-only programs - for which a reduction in slots could threaten the viability of the program altogether.

² (2013), ABSTRACT. Monographs Society Res Child, 78: vii-viii. <https://doi.org/10.1111/j.1540-5834.2012.00699.x>

Enhance Technical Assistance for programs

Specialized, tailored technical assistance will be needed to implement these new standards. As the NPRM acknowledges, programs across the country are stretched thin and struggling to find the workforce they need to continue caring for children and families. Moreover, different programs are at vastly different places in their capacity to contemplate these changes. Providing adequate and appropriate TA will signal that the Department intends to be a true partner in achieving these momentous changes.

Specific Recommendations: Workforce Supports

ZTT applauds the approach outlined in the NPRM that speaks to the long-standing inequities in compensation and working condition endured by early educators, particularly the actions to address the pay penalty for teachers of infants and toddlers. Yet, we are concerned that while pay parity with public school teachers has long been recognized as a policy goal for early childhood educators, there is limited implementation experience in the field in terms of how pay parity is applied. The NPRM speaks to some of the issues that arise in developing comparable wage scales, such as differences between ECE and K-12 in hours/days worked, valuation of differentials in benefits like public retirement benefits, consideration of specialized knowledge. There are also inherent inequities embedded in school financing formulas. We think these issues are complex and difficult for Head Start programs to resolve on their own, and therefore recommend the following changes:

45 CFR §1302.90(e)(1)(i) – Workforce Supports: Staff Wages, page 80822, second column.

45 CFR §1302.90(e)(4) – Workforce Supports: Staff Wages, page 80831, third column.

Recommendation: Alignment with state or local compensation efforts

As noted in the NPRM, many states and communities are advancing innovative compensation initiatives to support the ECE workforce that are inclusive of Head Start programs. For example, Oregon implemented raises for all Head Start teachers in 2020, along with a policy change that set salary requirements (floors/targets) based on kindergarten public school teacher salaries. Recently both Washington state and the District of Columbia included Head Start programs in the free health insurance programs for all early childhood teachers at licensed programs. The NPRM should include an option for Head Start programs to use a state or local salary scale, particularly as more states and communities invest in cost studies that include the development of wage scales. In addition, OHS should leverage HSSCOs to support states, localities, and programs to work together on compensation initiatives.

Recommendation: Further define parity

The NPRM requires programs to develop salary scales based on the salaries paid in their local school district (or neighboring if wages are higher), however, a single district is not a feasible or appropriate comparison point for many programs. The standard requires additional guidance on how to develop comparable wage scales. For example, programs would benefit from more guidance on:

- pay differential for staff with multilingual skills to enhance Head Start’s long-standing commitment to multilingual services;
- allowing for use of the average salaries of public school teachers in the program’s service area when developing a salary scale, as programs often have more than one school district per service area;
- how to incorporate specialized knowledge/ certifications/credentials that are specific to early childhood, such as infant and early childhood mental health credentials, home visitor certificates; and
- use of data from other industries for their geographic area to inform benchmarks, and/or rigorous cost studies.

Recommendation: Wage Comparability

ZTT strongly endorses the new standard promoting wage comparability across Head Start and Early Head Start. As noted in the NPRM, 23% of Early Head Start teachers possess bachelor’s degrees or higher, but on average, are paid less than Head Start preschool teachers with similar qualifications. In addition, we believe programs may require more guidance and support in considering how role, responsibilities, qualifications, and experience intersect in setting wage scales that reflect the specialized knowledge and important work required of Early Head Start teachers. For example, in reviewing examples of ECE salary scales (not specific to Head Start), we noted that salaries for lead teachers with CDAs were more similar to teacher assistant salaries, despite differences in roles and duties between these positions. As stated in the NPRM, differences in qualifications would be expected to result in different wages, however, other sections of the rule caution against an overemphasis on qualifications. OHS should develop resources and offer specialized TA in this area, promoting emerging best practices in the field. Moreover, OHS should help programs track data that will inform the impact of these rule changes, including addressing disparities in compensation by age and race.

45 CFR §1302.93(a-e) – Workforce Supports: Staff Wellness, page 80837, first column.

Recommendation: Maintain the strong focus on staff wellness

ZTT endorses the standards for staff wellness in the NPRM. The most important ingredient of quality care is the ability of early educators to establish early connections and relationships with babies and their families and their ability to provide nurturing, developmentally and culturally responsive experiences for the children in their care. Using data from the RAPID Survey, our State of Babies Yearbook: 2023 reported that one-half (49.6 percent) of infant and toddler teachers reported burnout symptoms, describing challenges such as feeling mentally exhausted and drained at the end of the day and difficulties with recovering energy.³ Additionally surveys conducted by researchers at the Center for the Study of Child Care Employment at the University of California, Berkeley, show that teachers over the past decade consistently document their inability to take breaks, even when they may be legally entitled to them.

³ Cole, P., Trexberg, K., & Schaffner, M. 2023. State of babies yearbook: 2023. Washington, DC: ZERO TO THREE <https://stateofbabies.org/>

Specific Recommendations: Mental Health

ZTT applaud the focus on this important component of the program, while making the following suggestions and requests for clarification:

45 CFR Subpart A—Eligibility, Recruitment, Selection, Enrollment, and Attendance, §1302.17 (a-b); page 80841, first column.

45 CFR §1302.45(a-b)—Child Mental Health and Social and Emotional Well-Being, page 80843, second column.

45 CFR §1305.2—Terms, page 80908, first column: Expulsion; third column: Suspension.

Recommendation: Disassociate the terms suspension and expulsion with the process for addressing mental and behavioral health challenges

ZTT strongly supports the components of the NPRM that strengthen the prohibition on suspension and expulsion. The changes make it clear that these strategies should not be used, and any breaks in attendance or need for unenrollment should be associated with mental health and transition support for the child and their family. We believe this is an admirable intention and appreciate the clarification that these actions should be the end of a process to support and modify the environment to help the child. However, changing the cultural connotation of suspension and expulsion with disciplinary action will be very difficult, if not impossible. While we agree with the definitions of suspension and expulsion included in this NPRM, we suggest finding an alternative mechanism to define the appropriate break in attendance or unenrollment that may need to happen as a result of a mental health intervention. Suspension and expulsion as punishment should always be prohibited, and attempting to define these words as anything other than disciplinary will not be successful. With the new emphasis in this proposed rule on mental health throughout the program, it is important that the orientation shift from child focused actions such as suspension or expulsion to focus on the adults around a child to determine and address what happened to them that they are trying to communicate through behaviors that adults find challenging rather than seeing behavior as something wrong with the child.

However, at times, breaks in attendance may be needed for either child or program safety and unenrollment may be necessary if a program is unable to adequately meet the needs of a child. Rather than identify these actions as suspension and expulsion, these should be redefined as mental health interventions to be advised by mental health practitioners supporting the child, family, and program staff. Creating an alternative definition and process for addressing the need for breaks in attendance or unenrollment as mental health interventions, following the same requirements currently laid out in the NPRM's explanation of suspension and expulsion, the Department would be able to fully prohibit the use of these strategies (suspension and expulsion) as disciplinary actions, while laying out a wholly different alternative. The practices outlined in the NPRM should be part of a comprehensive response to mental health challenges, not tied up in the culturally accepted understanding of suspensions and expulsions as disciplinary actions.

Regardless of what it is called, we recommend that programs monitor disparities in who spends time outside the classroom (children with disabilities and children of color specifically), providing transparency on who is impacted and not receiving educational services due to gaps in attendance or enrollment, and highlight any possible solutions. Addressing and preventing such disparities should be included in tailored technical assistance the Department provides.

45 CFR §1302.45(a-b)—Child Mental Health and Social and Emotional Well-Being, page 80843, second column.

Recommendation: Provide further clarity on the role of multidisciplinary mental health teams

ZTT supports the goals outlined in the NPRM regarding integration of an interdisciplinary mental health team to put into practice a more comprehensive approach to mental health. The NPRM can also be strengthened to provide greater clarity for programs such as:

- how these teams should be used to address issues in the program, such as the need for breaks in attendance or unenrollment as described above;
- clarification on the distinction between the roles of the mental health consultant and the interdisciplinary mental health team. Given the limited resources available to programs and the challenges finding mental health workforce, particularly practitioners that reflect the diversity of Head Start children and families, better defining the distinction between the two resources will ensure programs are leveraging all available resources; and
- whether programs can design cross-community mental health teams, particularly to support shared community mental health resources. To this end, we suggest allowing interdisciplinary mental health teams to be made up of individuals from both within and outside of the program to both effectively implement this practice and promote integration of mental health models that can leverage resources in the community.

Finally, the integration of evidence and practice-based credentials or certifications as a metric of appropriate mental health knowledge for the team will be vital to ensuring these teams have the practice-based support they need to be effective. HSSCOs could be leveraged to support Head Start programs, communities, and states working together to promote partnerships and connections with program's mental health teams and the mental health system in states and communities.

45 CFR §1302.45(a)—Child Mental Health and Social and Emotional Well-Being, page 80843, second column.

Recommendation: Provide further guidance on the use and requirements for mental health consultants

ZTT supports the changes proposed in the rule that provide flexibility to programs to expand the pool of mental health consultants and recommend additional guidance that ensures the supervision of these staff is high-quality in terms of the intensity (i.e., weekly) and the supervisors' skill (i.e., experience with young children/ infant mental health endorsement). Access to training and supervision are critical for ensuring that the services provided are culturally and otherwise appropriate for the population being served. Research clearly shows

that a license alone does not ensure good mental health practice or knowledge of early childhood mental health needs. Further, in support of these changes, OHS should leverage HSSCOs to focus on cross sector strategies that build a pipeline of early childhood mental health workforce professionals that are connected to the communities in which programs are operating and reflect the diversity of children and families.

Specific Recommendations: Other Quality Improvements

45 CFR §1302.52(d)—Approaches to Family Services, page 80860, third column.

Recommendation: Provide guidance on what constitutes high-quality Family Engagement

ZTT supports the proposed caseload reduction outlined in the NPRM, but we believe that more can be done to ensure high-quality family engagement activities occur. The language in the rule can be improved by adding parameters around supervision and training requirements for family engagement staff that will ensure the reduced caseload will have the impact envisioned.

45 CFR Subpart H—Services to Enrolled Pregnant Women and People, §1302.80-§1302.82, page 80862, third column.

Recommendation: Strengthen focus on reaching more pregnant women and people in Early Head Start

ZTT applauds the attention in the NPRM on enhanced services to pregnant women and people, particularly changes that respond to racial disparities in healthy birth outcomes. In the early years of the program’s history, the majority of Early Head Start home-based programs served pregnant women and people, aligned with the original intent of the program. Since then, the research base has only grown regarding the importance of the prenatal period. Moreover, evaluations of EHS show positive program impacts for families that enrolled during pregnancy and stayed in the program, in areas such as parenting, breastfeeding, and child development.⁴ We strongly support the changes in the NPRM and provide additional recommendations outlined below:

- We suggest providing more guidance regarding use of evidence-based strategies to ensure access to quality prenatal care and postnatal care;
- The NPRM states a goal around “broadening the scope of awareness about mental health information and education that may be helpful to provide to expectant families.” To build on this, the guidance should be explicit about helping families access resources about the importance of the prenatal period for attachment, forming the parent children connection, and how that sets the foundation for IECMH;
- We encourage a greater focus in the regulation on reaching more pregnant women and people in the program, given the maternal health crisis and eroding infrastructure for

⁴ Administration for Children and Families. “Services and outcomes for Early Head Start families enrolled during pregnancy: is there a magic window?” Research to Practice Brief, April 15, 2006.
<https://www.acf.hhs.gov/opre/report/services-and-outcomes-early-head-start-families-enrolled-during-pregnancy-there-magic>

maternal health care in some states and communities. While we recognize that additional funding is needed to achieve significant increases in enrollment for pregnant women and people, we encourage OHS to consider additional actions or supports that help current Early Head Start programs enroll more pregnant women and people where feasible. For example, OHS guidance could encourage greater emphasis in community assessments for collecting and analyzing data regarding unmet service needs for this population, provide updated guidance around ERSEA related issues, such as continuity of care requirements and leveraging cross sector partnerships. Moreover, tailored technical assistance could support helping programs tap into other funding streams (health).

45 CFR §1302.11(b)—Community Assessment, page 80848, second column.

Recommendation: Strengthen Community Assessments

In response to specific requests for comments on the development, utilization, and current challenges with the community assessment process, ZTT proposes the following recommendations to strengthen the NPRM:

- We encourage OHS to consider adding language that elevates identification of prenatal to three services as a core purpose of the community assessment conducted every 5 years. We believe this would help programs better understand needs and opportunities such as Early Head Start conversion, proactive planning for future expansion, and partnerships that align services and promote continuity for families. Moreover, this change complements our prior recommendation regarding continuous eligibility between Early Head Start and Head Start preschool. Taken together, they help solidify Head Start's commitment to birth to five services.
- Finally, implementing the above recommendation would be facilitated by providing access to cross-sector administrative data for programs within their service areas. HSSCOs could foster partnerships between Head Start, state, and community leaders who share common goals in understanding the landscape of P-3 comprehensive services and supports in communities. Additionally, Early Head Start programs making decisions about program design and model options would benefit from cross-sector administrative data, offering a more holistic picture to guide programmatic decisions. This is especially crucial in our current resource-constrained environment, where the availability of P-3 services and supports for babies and families, including EHS dollars, is limited.

45 CFR §1302.53(b)(2)—Participation in Quality Rating and Improvement Systems, page 80862, first column.

Recommendation: QRIS requirements

We support the changes that provide greater flexibility for programs. We agree with OHS that QRIS can be a lever for coordinating various programs within a broader early care and education system, while also noting that there is variability across states related to QRIS capacity, resources, equity, and relevancy for Head Start programs. We encourage OHS to consider other levers that may be available outside of QRIS to facilitate Head Start programs' alignment and coordination with state and local systems, particularly related to workforce and family supports.

Conclusion

We appreciate the Department's efforts to address issues facing babies, families, and the Head Start workforce across the country. Thank you in advance for your consideration of these recommendations, and if have any questions, please contact me at mcalderson@zerotothree.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Miriam', with a stylized flourish at the end.

Miriam Calderón
Chief Policy Officer