

January 19, 2024

**RE:** Recommendations to the Proposed Rule 88 FR 80818 "Supporting the Head Start Workforce and Consistent Quality Programming"

Dear Director Khari Garvin and Office of Head Start staff,

The Children's Equity Project (CEP) at Arizona State University is grateful for the opportunity to provide public comment on the notice of proposed rulemaking (NPRM) by the Administration for Children and Families (ACF) on proposed changes to requirements to the Head Start Program Performance Standards (HSPPS). We appreciate the solicitation of public input and provide our feedback and recommendations developed with research, policy, and practice in mind.

For nearly sixty years, Head Start has been the exemplary model of early childhood development and health for children and families. The breadth and robustness of the HSPPS serve as a national guiding star for quality focused on a comprehensive approach, innovative practices, and being rooted in communities. Over the past few decades, research has advanced our understanding of effective policies and practices, the broader early care and education (ECE) landscape has shifted and expanded, and, importantly, the needs of the Head Start workforce, families, and communities have evolved (Meek, et. al, 2023b).

**We strongly support the Administration's efforts through this rule to boost the compensation and support provided to the Head Start workforce. Without the workforce, there is no Head Start.** We provide comments in that section and other key sections, with an emphasis on supporting Head Start programs to more concretely advance equity in their communities and with the families they serve.

The CEP's comments reflect our goal to expand access, enhance quality, and advance equity in early learning systems, including in Head Start. We firmly believe that equity is quality and quality is equity, and that with the appropriate changes, Head Start can play an even greater leadership role in these inextricably linked areas, supporting children and families across the United States, especially those who have been historically marginalized, including Black, Indigenous, Latine, Asian, and other

children of color, children with disabilities, and emerging bilingual children from under-resourced communities.

Of course, some of these changes, including the key change to increase workforce compensation, will likely impact funded enrollment if new funding is not authorized. Still, we believe these changes are necessary for the continued functioning of Head Start, and encourage the U.S. Department of Health & Human Services and Congress to work together to secure additional funding as implementation of the final rule rolls out.

Please let us know if we can provide any additional information or support. Thank you for your consideration.

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## Public Comments from the Children's Equity Project (CEP)

### Part 1302 — Program Operations

#### Subpart I — Human Resources Management

##### §1302.90(c) Standards of Conduct

The CEP strongly supports the addition of details and clarity in the standards of conduct. Considering the increased concern with child incident reports, we agree that these additions are necessary. In addition, it is critical that programs and OHS both understand whether there are racial, disability, language, gender, or other identity based disparities in the children who are the victims of staff breach of conduct, at the program and national levels, respectively, and immediately act upon such disparities with clear plans to address the root causes. We further recommend the following.

- **Recommendation.** ACF should embed these standards of conduct in staff training requirements, and require grantees to establish processes to address breaches of conduct, including notifying families; deploying immediate support to children who may have been harmed and their families; checking and modifying program policies to prevent further incidents; collecting, and analyzing detailed data on the incident—including disaggregated data on adults and children involved such as race, ethnicity, language, disability, and teaching experience, as appropriate; and taking personnel actions, including corrective action plans, required trainings, and firing staff, as appropriate. We also recommend that disaggregated data be shared and used by the Office of Head Start (OHS) Training and Technical Assistance (TTA) centers to provide needed professional development to address issues as needed.
- **Recommendation.** ACF should clarify the process for reporting, data, and accountability when the standards of conduct are breached. OHS should establish a process to assess whether such breaches are isolated, rare incidents that are immediately acted upon through personnel actions, or systemic and repeated instances that warrant immediate intervention by ACF. The current standard is inadequate, "(2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct."

##### §1302.90(e) Wages

The CEP strongly supports increasing wages for the Head Start workforce. As the leading system for quality in the broader early care and education field, this proposal marks a transformative step forward for the entirety of the field, including and most importantly its professionals and the families they serve.

Indeed, competitive compensation can ensure the retention of qualified Head Start staff, in turn maintaining consistent relationships among teachers, children, and families which is key to positive child development (Totenhagen et. al, 2016). Research shows that the early childhood educators who teach and care for young children in ECE settings are one of the most critical components to quality nurturing experiences for children and optimal developmental outcomes (Harvard Center on the Developing Child, 2004; McCoy et. al, 2017; National Research Council, 2015).

Despite the expertise required and the critical role early educators play in the lives of children, nationally child care workers across all settings earned a mean hourly wage of \$13.31 in 2021, placing child care near-bottom percentile when compared to almost every other occupation ranked by annual wages ( McLean et. al, 2021; U.S. Bureau of Labor Statistics, 2021). Nearly a fourth (21%) of Head Start programs reported in their Program Information Report (PIR) that higher compensation at another job was a reason for staff turnover along with other reasons such as changing job fields or personal reasons (Kuhns, Schilder & Gedo, 2023). Moreover, a national survey of grant recipients by the National Head Start Association (2023) showed that 51% of respondents said that compensation continues to be a main reason for turnover.

In improving compensation, it is critical to address well-documented pay gaps that exist, even within the field, across race, setting, and age of children (McLean et., al, 2020; NASEM 2023). Black ECE teachers are paid 78 cents less per hour on average than their white counterparts and are most likely of any racial group to make less than \$15 per hour, resulting in a loss of \$1,622.40 on average per year for a full-time worker (NASEM, 2023; Smith et. al, 2021; McLean et. al 2021; for review: [Meek et. al, 2023a](#)). Center-based teachers who work with children under age three make on average \$8,375 less per year than teachers working with children ages three to five and are more likely to be Black, Latina, and women who are immigrants (McLean et. al, 2021).

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

The CEP supports this new requirement which will ensure a program's pay structure promotes competitive wages for education staff and all program staff.

- **Recommendation.** OHS should require grantees to conduct a programmatic wage gap analysis to determine gaps among education staff inclusive of age served, educational level, responsibilities, and other job factors. The wage gap analysis should pay particular attention to well documented pay disparities across race, ethnicity, and language. Grantees should be required to develop a plan to address these gaps if they are found. OHS should mobilize its TTA system to assist grantees in the wage gap analysis and resulting plan to address such gaps, where needed, and to ensure programs have the tools needed to effectively develop a budget that identifies funding sources to meet the pay scale and compensation requirements under the new rule.

### ***§1302.90(e)(2) Progress to Pay Parity for Head Start Education Staff With Elementary School Education Staff***

The CEP supports the new standard § 1302.90(e)(2)(iii) to allow alternative methods such as parity to school-based settings in a geographically and/or socioeconomically similar area and recommends additions. The research included in the proposed rules clearly show the need for improving compensation for all Head Start staff. The CEP supports the proposal to require grantees to make measurable progress towards pay parity for Head Start teachers with kindergarten through 3rd grade teachers to narrow the pay gap and improve workforce compensation.

- **Recommendation.** OHS should allow grantees to use measures that are approved by ACF on a grantee-by-grantee basis, such as the annual national average wage of kindergarten teachers or other preschool teacher salaries comparable in responsibility and educational requirements in their state, neighboring states, or region (e.g., public or state-funded Pre-K systems or an average of the salaries across grantees in their Head Start region) to determine their benchmarks. The pay parity level should be required to be the highest rate across measures, to the extent possible.

### ***§1302.90(e)(3) Salary Floor***

The CEP supports ACF's proposal to ensure wages or salaries are sufficient to cover basic needs.

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

The CEP supports the new standard that requires the program’s pay structure not differ by age of children served for similar staff positions with similar qualifications and experience.

#### **§1302.90(f) Staff Benefits**

We agree with the proposed new standards that require grant recipients to provide or facilitate access to health insurance for all staff; paid sick leave and paid family leave; short-term behavioral health services for free or at minimal cost to them; Public Service Loan Forgiveness (PSLF); and child care subsidies for eligible staff. Workplace environments and the tasks that employees do in those settings directly affect their overall health (Adams, 2019). Ongoing stress, poor working conditions, and lack of consistent healthcare can lead to negative outcomes for adults, especially those working with young children. What’s more, having benefits available in their job has been shown to retain early childhood education staff in the ECE field (Holochwost et. al, 2009; Stearns et. al, 2014).

- **Recommendation.** OHS should require grantees to include retirement benefits in the overall compensation package for Head Start staff.
- **Recommendation:** OHS should encourage grantees to consider partnering with community behavioral health agencies to pilot on-site mental health screenings and brief mental health therapeutic services for providers that can be accessed at the beginning or end of the work day, as limited time and lack of knowledge of available resources in the community could be a barrier for accessing mental health services.

#### **§1302.92 Training and Professional Development**

The OHS working definition of equity elevates the importance of equity for all children, families, and those who support them, to enable everyone to achieve their full potential. The definition further states that equity promotes consistent, systemic, and unbiased access to comprehensive services and systems for everyone, including marginalized groups—African American, Black, Latino, Hispanic, Indigenous, American Indian, Alaska Native, Asian American, Pacific Islander, or other people of color; members of religious minorities; people who are LGBTQIA2S+; people with disabilities; people who live in rural areas; and people adversely affected by persistent poverty or other forms of inequality (White House, 2023).

Head Start leaders and education staff have the opportunity to advance equity by creating environments that are culturally responsive, strength-based, and support a sense of belonging. To achieve this goal, leaders and education staff need to strengthen their knowledge and understanding of the historical and contemporary injustices that have marginalized the intersecting identities of children and their families in society. This includes building an awareness and understanding of how programmatic policies and practices, and individual biases in daily actions impact their relationships with the children and families they serve.

As noted in our upcoming recommendations for §1302.31 Teaching and the Learning Environment and §1302.33 Screenings and Assessments, education staff also need to have training on best practices for screening and assessing children who are linguistically diverse, research-supported strategies for ensuring meaningful inclusion of children with suspected and identified disabilities, and how to support children who are dual language learners and also have suspected or identified disabilities.

- **Recommendation:** We recommend adding language to section (b)(6) to include training on issues related to equity including systemic racism, implicit bias, and resulting disparities. OHS should also build out training requirements related to inclusive practices for children with disabilities and supporting dual language learners, to include information on culturally affirming pedagogy, screening, instruction, family engagement, etc.

### **§1302.93 Staff Health and Wellness**

Being employed in a workplace that provides staff well-being strategies has been shown to result in improved health and productivity (Hamar et. al, 2015). Access to mental healthcare and other staff wellness supports should be a priority for supporting the ECE field. Research has documented concerning rates of depression and general stress in ECE professionals, even before the pandemic (Palomino et. al, 2023). What's more concerning is that these rates are higher than the depression rates found in the general population (Rosenberg et al., 2021). The effects of depression and stress unevenly impacted educators with certain socio-demographic characteristics during the pandemic (Palomino et al., 2023). But most concerning, poor mental health in ECE teachers has vast negative implications on the quality of teacher-child relationships and the retention of the ECE workforce (Buettner et al., 2016; Jeon et al., 2021). Taken together, it is pivotal for staff wellness to be embedded in Head Start's training, professional development, and personnel requirements.

The CEP agrees with the Administration’s new proposed requirements on the minimum level of regular breaks for staff, unscheduled wellness breaks, and access to adult-sized furniture, which can help enhance the mental and physical health of Head Start staff. OHS should also require programs to assess their facilities for other staff health and wellness design elements, including determining improvements for access to sunlight and fresh air, as well as dedicated space for staff to take breaks.

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### **Subpart A — Eligibility, Recruitment, Selection, Enrollment, and Attendance**

#### **§1302.11 Determining Community Strengths, Needs, and Resources**

##### **§ 1302.11(b) Community Assessment**

Head Start programs should be geographically accessible and convenient for families with the highest needs. Demographic shifts and gentrification have brought about new communities and shifts in where children and families live. As a result, it is critical that Head Start continue to be accessible to the families it serves. Research has found that Latine, immigrant, and Black families have worse neighborhood accessibility to Head Start, compared to their White peers (Hardy et. al, 2020).

- **Recommendation.** The Administration should require that grantees explicitly consider the impacts of gentrification and other demographic geographic patterns in setting service areas in their community needs assessments. This may require creating new or modifying existing service areas to ensure slots are located where children and families are.

#### **§1302.12 Determining, Verifying, and Documenting Eligibility**

The CEP agrees with the additional requirement to understand barriers to enrollment and suggests additional language. If certain subgroups, particularly subgroups from historically marginalized groups, are underrepresented, grantees should identify the root cause and incorporate more targeted recruitment strategies into their plans. While proportionate enrollment should be the minimum, grantees should aim for equitable enrollment, where children from historically marginalized groups are overrepresented in the program, considering the historical and contemporary inequities in opportunity and access to resources these children and families have faced for generations and continue to face.

- **Recommendation.** OHS should require that grantees analyze whether their enrollment is proportionate at a minimum and equitable ideally, with respect to race, ethnicity, and language, to eligible children in the community.



***§1302.12(f) Migrant and Seasonal Head Start Eligibility***

The CEP agrees with the proposal on the eligibility requirements for Migrant or Seasonal Head Start to clarify that one family member is primarily engaged in agricultural employment.

***§ 1302.12(i)(1) Adjustment for Excessive Housing Costs for Eligibility Determination***

The CEP agrees with the decision to revise the eligibility criteria to allow a program to make an adjustment to a family's gross income calculation for the purposes of determining eligibility in order to account for excessive housing expenses.

***§1302.12(j) Eligibility Duration***

The importance of uninterrupted, high quality services and supports across the entire prenatal to 8 spectrum has been well documented in research, including in nearly every early childhood report from the National Academies of Sciences, Engineering, and Math (NASEM), which provide independent, objective advice to inform policy with evidence to benefit of society on complex issues (NASEM, 2023; NASEM, 2015).

- **Recommendation.** The language on eligibility continuation is clear for Early Head Start (EHS). However, for Head Start, the term “succeeding year” is used, which is confusing and lacks alignment with the language used for EHS. The Administration should modify (2) under section (j) “eligibility duration” to read: “Pregnant women and children who are enrolled in EHS or Head Start preschool remain eligible while they participate in the program”, with the noted exceptions outlined in item (1).
- **Recommendation.** The Administration should remove the requirement for grantees to redetermine eligibility when a child turns three, thus reducing burden on families. The language in item (1) still gives programs flexibility to unenroll children in rare circumstances. The Administration should remove redetermination burdens, which will enable pregnant people, infants, toddlers, and preschoolers to remain in services for the duration of their age eligibility. In instances where a significant increase in family income happens, programs should identify other, non-Head Start funds to support the child’s continued participation in the program.

### **§1302.14 Selection Process and §1302.16 Attendance**

#### ***Transportation & Other Barriers to Enrollment and Attendance***

The CEP agrees with the proposal to require grantees to use data from the selection process to identify why children selected for the program do not enroll or attend, such as a lack of transportation once selected and for grantees to examine barriers and provide or facilitate access to transportation if the child needs it.

### **§1302.16 Attendance**

We agree with the proposed addition to examine barriers to regular attendance but recommend the Administration make additional modifications. Attendance, or a lack thereof, is often, but not always about a barrier. In some cases, the decision to be physically absent from school is due to a learning opportunity outside of the school such as spending time with and learning from and with family and other loved ones.

- **Recommendation.** The Administration should add a bullet to acknowledge that there is value and learning at home, and that true family engagement includes opportunities for programs to partner with families to learn together, regardless of the physical setting. This could look a myriad of ways, including families spending quality time with children at home or programs opening their doors to allow caregivers to be with their children during the day. Learning at home with loved ones should not count as an absence if the program and family are in sync and well connected to each other, and instead, Head Start should consider innovative approaches to attendance, such as a “home-based option for a day” as needed to best support families and children’s development.

### **§1302.17 Suspension and Expulsion**

We agree with the proposed changes to suspension and expulsion policies but recommend the Administration make additional modifications. As written, the policies do not address the well-documented, extremely consistent, stark disparities in exclusionary discipline between Black children and their peers, and between children with disabilities and their peers (Alexander et. al, 2023; Gregory, Skiba, & Noguera, 2010; Losen & Gillespie, 2012; Skiba et. al, 2011). As the Administration knows, data from the U.S. Department of Education’s Office of Civil Rights (2023) has shown, for nearly a decade since data collection on this age group first was

published, steep racial disparities in both suspensions and expulsions, with Black children and children with disabilities being disproportionately subject to these harsh experiences. At the same time, research recently reviewed in a newly published commissioned report from the National Academies of Sciences, Engineering, and Medicine (NASEM, 2023) indicates that there are no behavioral differences between Black children and their peers, but a robust base of research indicating the role of bias in surveillance, perceptions of behavior, discerning the root cause of behavior, and decision-making in the areas of behavior and discipline.

Considering the PIR does not require disaggregated data reporting on expulsions and suspensions, Head Start, whether intentionally or not, may be perpetuating the same patterns seen in public Pre-K and in some child care settings, as cited by research (Clayback & Hemmeter, 2021; for review: [Meek et al., 2020](#)). As such, we recommend the following items.

- **Recommendation.** Under (b) prohibition on expulsion, the Administration should add a bullet that requires grantees to collect demographic data on those who are excluded by suspensions or transitioned to other programs, and at least annually examine whether certain groups of children are disproportionately represented in exclusionary discipline. The Administration should also require that grantees report that information to OHS and that OHS monitors whether disparities exist and ensures accountability to address disparities.
- **Recommendation.** In addition under (b), the Administration should add to the final bullet point a description that programs should ensure no lapse in services for children when a transition is deemed necessary to ensure children are not transitioned abruptly, leaving working families in a difficult position.
- **Recommendation.** Under (b), we recommend requiring that programs understand and document the quality of the new setting to ensure they are not being transitioned to a setting that is less able to provide the comprehensive supports needed to the child and family.

Finally, beyond expulsions and suspensions, this section should address other less-documented forms of exclusion that children face, including soft expulsions, which include any practice that excludes the child from the learning environment, such as time out or exclusion from recess or activities in the classroom (Murphy et. al, 2024). These forms of discipline are also harmful and should be explicitly

prohibited (Wymer, Williford & Lhospital, 2020). For ease of interpretation, this should be included in this section even if they appear elsewhere in the HSPPS.

- **Recommendation.** The Administration should add a numbered item after (3) that reads:
  - “Programs must avoid other forms of ‘in school’ exclusions or “soft expulsions”, which may include time out, exclusion from recess or other activities in the classroom, etc. When these forms of exclusionary discipline do occur, grantees must document them to examine trends over time in who is being excluded, the reasons for exclusion, the person excluding, and the root causes of the exclusion.”
- **Recommendation.** The Administration should add a clarification after (3) that reads:
  - “If after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child’s teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, and the multidisciplinary team responsible for mental health determines that the child’s continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement that can immediately enroll and provide services to the child. Programs should consider another program option within the grantee or another local Head Start program to minimize any disruptions to comprehensive services.”

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## **Subpart B — Program Structure**

### **§1302.21 Center-Based Option**

#### **§1302.21(b)(2) Ratios and Group Size**

The CEP agrees with maintaining ratios and group sizes in this update, and we appreciate the mention of mixed age classrooms. Children’s attachments—bonds with their caregivers fostered through nurturing, affirming interactions—impacts their social-emotional health and their developmental growth (Hammond, Schaumloffel, & Lind, 2015; Mortensen & Barnett, 2015; Nitecki, 2017). Children’s learning is greatly influenced and shaped not only by their learning experiences but also their relationships with other children, their families, and their educators (Gelman, 2009; National Research Council, 2000).

Consistency is key to children’s attachment (National Research Council, 2015). One strategy to support children’s attachment is “looping”. Looping is the practice of keeping the same educator with the same children for more than one program year. This establishes stability and continuity of relationships across a child’s earliest learning experiences (Nitecki, 2017). Studies show that looping for infants and toddlers—paired with strengths-based relationships with knowledgeable educators who are responsive in their practices—build children’s positive attachments, improve teachers’ individualization of instruction for children’s development, and strengthen the family-educator relationship (McMullen et. al, 2015; Ruprecht, Elicker, & Choi, 2016).

- **Recommendation:** OHS should also include language that encourages grantees to consider “looping” in addition to mixed age settings.

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### **Subpart C - Education and Child Development Services**

#### **§1302.31 Teaching and the Learning Environment**

##### **§1302.31(b)(2) Dual Language Learners**

Research suggests that children with disabilities can become bilingual without added difficulty (Guiberson, 2013; Kay-Reining et al., 2016; Reetzke et al., 2017). Still, too often, practitioners, policymakers, families, and others believe that home language support, alongside English, will confuse or delay children with disabilities. An explicit mention of children with disabilities in the dual language section highlights an important intersectionality that is too often overlooked in policy and practice and that has real consequences for children with disabilities.

- **Recommendation.** OHS should explicitly insert the term “children with disabilities” in the requirements for dual language learners. We recommend modifying item (2) to read:
  - “For dual language learners, including those with and without disabilities, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development.”

We also recommend highlighting the latest science on translanguaging theory and pedagogy and its relevance to provide instruction that fosters children’s language, early literacy, pre-academic skills, and positive self-esteem (Seltzer & García, 2020). Translanguaging is the

dynamic and flexible way in which individuals communicate using their entire linguistic repertoire consisting of specific languages (e.g., English, Spanish, Mandarin), dialect and/or language systems (e.g., African American English, Chicano English, Southern American English), and non-spoken modalities such as gestures, body movements, visuals, etc. (García & Wei, 2015). **Translanguaging pedagogy is an asset-focused approach to language and early literacy instruction** used to support children’s use of their entire linguistic repertoire to leverage their language development, make cross-linguistic or cross-dialectical connections, improve their metalinguistic skills, learn new concepts and vocabulary, engage with peers, and promote their positive self-esteem. Research finds that translanguaging has positive impacts on children’ language and early literacy development and their positive self identities (DeNicolo, 2019; Moses & Torrejon Capurro, 2023; Poza, 2016; Velasco & Fialais, 2016). Still, too often, pedagogical translanguaging is mistaken for code switching, direct translations, and other practices that are not research-based or affirming for children and families.

To ensure the practices in Head Start programs are aligned with our most current understanding of language and early literacy instruction and development, we recommend adding a new item.

- **Recommendation:** OHS should add a new item that reads:
  - “Children who are dual language learners, children with disabilities and delays, and those who speak English dialects other than General American English (GAE), receive instruction that embeds translanguaging-or the use of children’s entire linguistic repertoire (e.g., two or more languages or dialects, communication devices, visuals, gestures, etc.) to learn new vocabulary and concepts, make cross-linguistic or cross-dialectical connections, promote their metalinguistic skills, understand directions, optimize their language and early literacy development, and affirm their cultural and linguistic identities. Education staff embeds translanguaging pedagogies, regardless of the language, or languages, of instruction.”

***§1302.31(c) Learning Environment and §1302.31(d) Materials and Space for Learning***

**Learning environments should be designed and adapted to ensure that children with disabilities and developmental delays have full participation in all activities.** Examples of adaptations to the learning environment include the incorporation of visuals, communication boards throughout the indoor and outdoor environment, adapted toys, books, and equipment, sensory areas, etc. The

learning environment should also be adapted to ensure that children with sensory differences and/or disorders are comfortable (e.g., lighting, noise levels, sensory areas, etc.). Children who are non-speakers should also have full access to the learning environment through the use of visuals and Alternative and Augmentative Communication (AAC) devices. Furniture in the environment should be appropriate to ensure that children with disabilities, including those with gross and fine motor skills challenges and those with short stature, can engage with the environment as independently as possible. (See §1302.31(c) *learning environment for recommendations to add quality indicators for learning environments.*)

Presently, the HSPSS do not explicitly contain a requirement for the learning environment (c) and materials and space for learning (d) to reflect children’s diverse cultural and linguistic identities or their abilities. Research shows that learning environments and materials that are culturally and linguistically responsive and affirming enhance children’s engagement, socioemotional development, and their positive identities, as well as families’ sense of belonging (Espinosa & Ascenzi-Moreno, 2021; Menken et al., 2018). What’s more, children with disabilities are often not represented in early childhood environments, which can reinforce negative messaging around people with different abilities and other forms of human diversity (Lalvani & Bacon, 2018). Research shows that children as young as four years old start noticing differences among their peers, and although noting these differences is not inherently bad, it is important for the learning environment and materials used represent the diversity children

Including language that explicitly requires programs to embed children’s cultural and linguistic backgrounds, including positive representation of children with disabilities, would be aligned with OHS’ recently revised Multicultural Principles and Framework for Effective Practice. Therefore, we recommend the following.

- **Recommendation.** The Administration should include principles for creating culturally and linguistically responsive learning environments and materials to items (c) “Learning environment” and “(d) Materials and space for learning.”
- **Recommendation.** The Administration should also explicitly mention “linguistically affirming” learning environments in item (c) Learning environment. We recommend updating the language to read:
  - “(c) Learning environment. A program must ensure teachers implement well-organized, **culturally and linguistically affirming** learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor

learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences...”

- **Recommendation:** The Administration should add a new sub-item under (c) learning environment that reads:
  - “The program creates and maintains a culturally and linguistically responsive and affirming environment where families’ cultures, languages, dialects, abilities, and communication modalities (e.g., American Sign Language and other signed languages, AAC devices) are visible and palpable in every aspect of the program and/or interactions with families.
    - For infants/toddlers, education staff should embed children’s identities including their cultures, home languages/dialects of English, and abilities, in greetings, daily routines, songs/fingerplays, toys, and environmental print.
    - For preschoolers, programs should embed children’s cultures, home languages/dialects of English, and abilities in the environmental print, books, classroom routines, songs/music, transitions, and instruction.
- **Recommendation.** The Administration should insert the need for “*culturally responsive and linguistically affirming books, toys, and other materials*” into item (d) Materials and space for learning. We recommend the following language:
  - “(d) Materials and space for learning. To support implementation of the curriculum and the requirements described in paragraphs (a), (b), (c), and (e) of this section a program must provide age-appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. ***Programs must embed children’s cultures and languages in the materials they use, including books, toys, and other materials.*** Programs must change materials intentionally and periodically to support children’s ***cultural and linguistic backgrounds***, interests, development, and learning.

### **§1302.31 Teaching and the Learning Environment**

#### ***Children with Suspected or Identified Disabilities***

We recommend adding content specific to how to support children with disabilities in the Teaching and Learning Environment section of the HSPPS. Currently, children with disabilities are only mentioned in 1302 Subpart F which focuses on ensuring children with disabilities



participate fully in program activities. While access to inclusive learning environments is critical for children with disabilities, physical integration alone does not satisfy the requirement for full and meaningful inclusion in the learning environment, as stated in the Administration’s revised policy statement on inclusion of children with disabilities. Presently, the HSPSS does not require programs to implement best practices for supporting the overall development of children suspected or identified disabilities such as highly individualized teaching, embedded teaching learning opportunities, curricular and instructional modifications (Strogilos et al., 2020), and Universal Design for Learning (UDL) (Stockall et al., 2012).

Without explicitly mentioning these expectations to ensure that education staff are implementing these research-supported strategies, we are missing the opportunity for children with suspected or identified disabilities to not only receive instruction alongside their non-disabled peers, but also for them to acquire the skills necessary to meet their highest potential. To ensure that children with suspected or identified disabilities receive teaching and learning opportunities adapted to their specific needs and in line with best practices for supporting this population

- **Recommendation:** OHS should add a new statement following (b) effective teaching practices, (2) dual language learners: (b)(3):
  - “Children with identified or suspected disabilities who are preschoolers have complete access to all the learning, instructional, and social opportunities as their peers without disabilities through the implementation of Universal Design for Learning principles, adaptation of curricula and materials, use of visual supports and Alternative and Augmentative Communication (AAC), instructional modifications such as repeated exposures and pacing, embedded teaching opportunities, and highly individualized teaching. Education staff collaborate with inclusion coaches and special education staff such as speech language pathologists and occupational therapists to make the teaching and learning experiences accessible to children.”

**§1302.31(c) The Learning Environment**  
***Design and the Built Environment***

Extensive research underscores the significant influence of the school environment, encompassing classroom structures and ancillary outdoor spaces, on the dynamics of teaching and learning. Recognized as the 'third teacher,' the physical learning environment plays a pivotal role in the development and health of children (Strong-Wilson & Ellis, 2007). For example, empirical studies directly link sustained exposure to indoor pollutants with adverse outcomes, including decreased lung function, higher asthma rates, bronchitis, repeat infections, eczema, and cognitive delays ( Smedje & Norback, 2001). Research also confirms a strong correlation between ample natural light exposure and improved mood, focus, circadian regulation, and learning outcomes, particularly during critical developmental periods. (Mead, 2008; Slegers et al., 2013). Caring for Our Children: The National Health and Safety Performance Standards, which provides guidelines for Early Care and Education Programs (CFOC), recommends maximizing the inflow of fresh air and natural lighting in all rooms where children are present. Specific rates and ranges for ventilation and lighting, as referenced in the CFOC, are discussed in detail in the ventilation and lighting recommendation below.

Numerous directives and principles embedded in early childhood education and care regulations advocate for establishing sensory-stimulating environments to foster child development. The National Association for the Education of Young Children (NAEYC) emphasizes the creation of environments that facilitate exploration, discovery, hands-on learning, and nurturing sensory development. This underscores the significance of incorporating developmentally appropriate provisions and practices within classroom environments (Copple & Bredekamp, 2009).

- **Recommendation:** The CEP recommends the Administration add additional rules to align Head Start facilities with current research and evidence-based principles on quality indicators for early physical learning environments, enhancing accessibility for all children and families and ensuring that every child will learn and thrive in a safe and developmentally appropriate learning environment. The Administration should require that all home-based and center-based facilities align with these quality indicators for the educational built environment. Quality indicators include
  - **Health and Safety Protocols.** Facilities should establish and uphold health and safety measures that meet or exceed industry standards as specified in §1302.47 (b)(1) Regular inspections, risk assessments, and rapid corrective actions should be carried out to maintain a safe environment for children and staff.

- **Ventilation.** Facilities must maximize the inflow of fresh outdoor air in all rooms occupied by children. Whenever weather conditions and outdoor air quality allow, screened windows should be opened, or rooms should be ventilated. The prescribed rates for outdoor air supply per person range from fifteen to sixty cubic feet per minute (cfm/p), contingent on the typical activities in each room. It is essential to minimize unnecessary chemicals in indoor air, including those emitted from air fresheners, fragrances, cleaning products with chemicals, aerosol sprays, and certain furnishings.
- **Lighting.** Rooms where children engage in activities for more than two hours at a time should be equipped with natural lighting. Consider installing windows at a child’s eye level whenever feasible to maximize exposure to natural light. Ensure that all facility areas have glare-free natural and/or artificial lighting, providing sufficient illumination and creating a comfortable environment for various activities.
- **Space Flexibility and Adaptation.** Setting configurations should be arranged to align with pedagogical activities, clearly defining spaces for active learning, quiet engagement, individual and group activities, and areas for gathering and storage. The organization of rooms should ensure that materials, crafts, and learning aids are easily accessible to children. The furniture within classrooms should be age-appropriate, supporting movement and active play. Additionally, classrooms must be equipped to integrate technology to meet both pedagogical and accessibility requirements, including those referenced in §1302.31 (d).
- **Sensory Stimulating Environments.** Classrooms should have elements that engage the senses, incorporating various materials, textures, and colors. This approach aims to enhance brain development as children establish crucial connections in comprehending the world around them.
- **Outdoor Areas.** All Head Start facilities should comply with safety and equipment guidelines, including §1302.47 (b) (4), surfacing, and overall design of outdoor environments. Outdoor areas for learning and play must be barrier-free and devoid of distractions and potential hazards. Safety measures include the use of proper child-proofing materials and techniques and the use of secure playground equipment.
- **Physical Accessibility Standards.** All Head Start facilities must implement robust universal design features enabling full, equitable participation for diverse learners, including children with disabilities. All facilities must adhere to physical

accessibility standards. This includes but is not limited to barrier-free building layouts, installing ramps, appropriate wayfinding signage, and fully accessible bathrooms.

### **§1302.33 Child Screenings and Assessments**

#### **§1302.33(a) Screening**

Screening and assessments are powerful tools to gather data on what children can do, and to identify areas for future growth, as well as to identify children who could benefit from additional evaluations.

Unfortunately, screenings and assessments that are not culturally or linguistically valid can result in incomplete or inaccurate interpretations of children's abilities (Faulkner & Sireci, 2015). Yet, this lack of valid assessments such as measures that are only administered in English to children who are dual language learners (DLLs) or scoring that does not take into account children's dialectal differences is commonplace (Klinger et al., 2011). This lack of adequate culturally or linguistically valid screenings and assessments and/or limited education staff training contributes to the misrepresentation of Black, Latine, American Indian/Alaskan Native, and other children of color in special education, as well as persistent deficit views of children who are DLLs and children who are speakers of different English varieties (Brown, 2004). To ensure that screenings and assessments are valid, it is important to explicitly align the HSPPS with the current research on best practices for screening and assessing children who are DLLs and children who speak different variations of English.

- **Recommendation.** Under section (1), OHS should add an item that requires programs to inform parents before screenings and assessments are going to occur, and after the fact to share children's results using strength-focused, jargon-free language that the parents understand and in the languages they speak. We also recommend requiring parent input during the assessment process.

#### **§1302.33(c) Characteristics of Screenings and Assessments**

Embracing bilingualism is affirming, but without concretely operationalizing what this means, the words fall short of impact. It must be operationalized in clear ways throughout the HSPPS, including in screening and assessment. Bilingualism should be held up as a learning goal alongside every other developmental and preacademic domain. Children who are DLLs, with and without disabilities or suspected delays, should receive assessments to track their bilingual development over time, using linguistically and culturally valid

assessments in English and their home languages. Assessing children who are DLLs only in English should be avoided as these are likely to result in misrepresentation of children's true abilities. Assessment data should be used to guide individualized learning supports based on their current level of fluency in each language, alongside assessments in other developmental domains and preacademic areas. When education staff do not speak children's home languages, they should gather caregiver feedback about children's fluency (i.e., expressive and receptive communication), and work with a trained interpreter or community member to determine children's level of fluency in that language compared to peers who also speak the same home language.

When assessments are not available in a particular home language, the education staff, with the support of a trained interpreter, should gather data using informal measures including parent report, observations, language samples, and dynamic assessment (such as test-teach-retest). Furthermore, when children who are DLLs are assessed in their home languages and/or English by someone who is not known to the child such as their teacher or a familiar staff person, steps should be taken to introduce the child to the new person prior to jumping straight into an assessment. Any young child would be wary of being assessed by a stranger, which could jeopardize the accuracy of the assessment and lead to inaccurate representation of what the child knows and can do.

We also recognize the reason why exclusive English assessment is listed as a last resort, but note that OHS should indicate that this should only happen in rare circumstances.

We also recommend that grantees track and report to OHS when DLLs are being assessed in English and ensure plans are in place to avoid this last resort in the future by securing appropriate staff or consultants. Finally, OHS TTA centers should be available to provide language resources in less commonly spoken languages, where finding a trained interpreter and valid assessments is unlikely. Grantees would then have the obligation of reporting language difficulty to OHS, connecting with the TTA system for support, and jointly finding the best path forward that mitigates harm.

- **Recommendation.** For children who are DLLs, with and without disabilities or suspected delays, OHS should add an additional item that requires grantees to assess and individualize their support for bilingual and early biliteracy development.

For children who speak varieties of English other than General American English (GAE), such as African American English, education staff should ensure that they are reducing bias when administering screeners and assessments and interpreting their findings. Research shows that early childhood educators are likely to have negative beliefs about the performance of children who speak different varieties of English (Gupta, 2010), and that when they don't take dialect into account, they are likely to misinterpret children's abilities (Hendricks & Adlof, 2017). Children's dialectal differences should not be counted as incorrect when conducting screeners and assessments, and their English varieties should be interpreted as typical features of their dialects, rather than limited or lacking English language skills.

- **Recommendation.** To ensure screening and assessment data are accurate, OHS should add:
  - "The education staff ensure that screenings and assessments reduce the potential for linguistic bias, and they score and interpret screening and assessment results in ways that do not penalize children for speaking different English varieties such as African American English and Southern American English."

#### **§1302.34 Parent and Family Engagement in Education and Child Development Services**

We appreciate the addition of item 9 and recommend modifications and suggested additions.

- **Recommendation.** The Administration should modify the item to read as follows:
  - "The communication methods, modalities, and language/s utilized by the program to communicate with families are the best available and most culturally responsive to engage with prospective and enrolled families of all abilities, using strength-focused, jargon-free language that parents understand and in the language they feel most comfortable in."

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### **Subpart D — Health and Mental Health Program Services**

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

We strongly support the new section on mental health and recommend some modifications and suggested additions.

The Centers for Disease Control and Prevention (CDC), American Psychological Association, and American Academy for Pediatrics have all noted the role of racism in mental and physical health outcomes—and education attainment and economic mobility—and exposure to chronic and acute stress over the life course, starting prenatally. This includes direct experiences with individual level racism, such as

through teacher-child interactions or the teacher-parent relationship, as well as the impacts of racism on the lives of Black children and other children of color through systems and policies, as well as the adults in their lives including families and Head Start staff. These impacts include disparities in access to resources—including financial capital and good paying jobs, safe and stable housing, healthy and nutritious food, well funded schools, quality health care, and grossly unequal application of the criminal justice system resulting in mass incarceration (Iruka et al., 2022; Shonkoff, Slopen, & Williams, 2021). The impact of racism, and its consequences such as intergenerational poverty, on young children and families across every domain of life merits explicit attention from Head Start and Early Childhood Mental Health Consultation (ECMHC).

There is a robust evidence base for ECMHC, indicating strong impacts on the environment, teacher behavior, and child outcomes (Davis et al., 2018; Shivers et al., 2022). For example, research shows teachers' perceptions of conflict decreased more for Black children after six months of ECMHC (Shivers et al., 2021). But these outcomes are only possible if the model is implemented with fidelity with an adequate dosage that enables relationship building and trust with teachers, staff, families, and children.

- **Recommendation.** The Administration should add a new numbered item under (b) mental health consultants that addresses the impact of racism, discrimination, and bias on children's, families', and staff's mental health. The new item should read that consultation should be with:
  - "Staff who interact with children to understand the impacts of racism and stress on mental health of young children and families, the historical roots of racist policies and practices and their compounding impact on children and families, the ways program policies can address or perpetuate harm, and the prevalence of bias documented in research that exists in teacher child interactions (e.g. praise, scrutiny, discipline)."
- **Recommendation:** Under item 2, the current focus is on a "positive learning *environment*" in the first part of the sentence, and social emotional "*concerns*" in the latter part. The Administration should reword this sentence to focus on "healthy social emotional development, including delays or concerns." The sentence should read:
  - "Coordinates support for positive learning environments for all children; supportive teacher practices; and strategies for supporting children's social, emotional, behavioral development and their mental health and well-being, including potential delays and concerns."

- **Recommendation.** Under item (3), OHS should establish a floor or minimum requirement for the dosage of ECMHC, but we think once per month is not a high enough minimum. Programs should be required to aim, plan, and budget for at ECMHC at least twice a month, ensuring coverage across each classroom and lead teacher.
- **Recommendation.** Under item (5), the Administration should add language that acknowledges the stark, consistent racial disparities in expulsions and suspensions and the role of the ECMHC in mitigating not only the rates of expulsion and suspension, but the disparities as well. The item should read:
  - “The program to implement policies to limit suspension and prohibit expulsion as described in §1302.17, and track and address racial and disability disparities in these harsh practices.”

### **§ 1302.47 Safety Practices**

The CEP agrees with the Administration’s proposal to ensure that facilities include lead exposure in the requirement to keep facilities free from pollutants, hazards and toxins that are accessible to children and could endanger children’s safety.

### **§ 1302.48 Preventing and Addressing Lead Exposure**

We strongly support the newly added provisions on prevention of lead exposure. **Preventing and addressing lead exposure is a basic necessity for the optimal health and well-being of young learners.** Nearly a half century of research continues to show the devastating effects of lead exposure; there is no safe lead level for children (Abdi & Andrews, 2018; Bellinger, 1987; Needleman & Gatsonis, 1990; Needleman, et. al, 1979). Children exposed to lead can suffer serious and permanent health issues including learning problems, slowed developmental growth, hearing issues, and anemia. Lead is especially dangerous to young children because their brains and nervous systems are more sensitive to lead’s damaging effects. Further, while lead exposure can be treated, there is no cure for lead poisoning (American Academy of Pediatrics, 2023).

#### ***§1302.48(a) Preventing and Addressing Lead Exposure through Water***

California recently published data showing that one in four child care centers exceeded acceptable lead levels in drinking water for young children (Environmental Working Group, 2023). Moreover, a Government Accountability Office (GAO) report (2020) found that



over 25% of Head Start centers in a nationally representative survey had water that was above the lead threshold—impacting thousands of infants, toddlers, and preschoolers in potentially severe and lasting ways.

- **Recommendation.** The Administration should strengthen item 5 to restrict access to such fixtures immediately but no longer than 24 hours of determining the water has a lead sample result at or above 5 parts per billion and provide notice immediately but no longer than 24 hours to all parents in the program, ensuring specific outreach and access to health supports to families of children who may have consumed the water. At the minimum, after exposure, programs should also ensure that children are tested for various health needs over time because the impact may not show up immediately.
- **Recommendation.** The Administration should require programs to publicly report lead testing results and remediation plans, where necessary, to the Office of Head Start.
- **Recommendation.** The Administration should also require grantees to establish and maintain quality standards for water that is clean and free from contaminants such as lead referenced in §1302.48. Water sources such as taps and water dispensers should be routinely checked and maintained to ensure compliance with safety standards.

#### ***§1302.48(b) Preventing and Addressing Lead Exposure through Paint***

The CEP agrees with the proposed rules around addressing and mitigating lead in paint.

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### **Subpart E — Family and Community Engagement Program Services**

#### **§1302.52(c) Individualized family partnership services.**

We recommend the following addition to address barriers that may prohibit some families from equitably engaging in the program.

- **Recommendation.** OHS should add a new item under (c) Individualized family partnership services that states:
  - “Gather qualitative and quantitative data to understand barriers that impact families’ engagement in the program. To the extent possible, programs must work to reduce these barriers (i.e., flexible scheduling, offering childcare, transportation vouchers, referrals to social service programs, program engagement not culturally responsive).”

#### **§1302.52(d) Family Service Worker Family Assignments**

Family service workers, as a normal part of their job, are at risk of being exposed to secondary traumatic stress, emotional duress as a result of hearing families recount firsthand accounts of their trauma experiences (National Child Traumatic Stress Network, 2011). We strongly support the new limit of no more than 40 families assigned to a family service worker to maintain a reasonable staff workload. In addition to caseload limits, we recommend the following.

- **Recommendation.** The Administration should add language that acknowledges family service workers' risk of exposure to secondary traumatic stress and provide regular, ongoing mental health support for family service workers.
- **Recommendation.** The Administration should add a new numbered item under (d) *approaches to family services* to commit to collecting quantitative (e.g. survey, online tracking, document review, etc.) and qualitative data (e.g. interviews, focus groups, observation, etc.) to ensure the well-being and workload balance of family service providers. In doing so, the Administration should use this data to identify ways to continue to support and improve family service workers' professional experiences.

### **§1302.53(b)(2) Participation in Quality Rating and Improvement Systems**

The CEP agrees with the proposal to require grantees to participate in the state's quality rating and improvement system (QRIS) to the extent practical if there is a strategy to involve Head Start programs without requiring duplication of documentation from OHS oversight. This may increase responsibility of state early childhood systems to ensure Head Start is included as an integral partner.

While most states have established definitions of quality through early childhood quality rating and improvement systems (QRIS), they generally fall short on attending to equity and addressing the unique needs of children who have been historically and contemporarily marginalized, including children who are DLL, children with disabilities, and Black, Latine, Indigenous, and other children of color. Equity and quality are inextricably linked; equity should mean quality, and quality should mean equity (Meek et al., 2022). The HSPPS in almost every case, go further in these areas. As such, we recommend OHS require grantees to partner with the state collaboration office and state agencies implementing QRIS to have a stronger voice and influence on state QRIS indicators so that they more comprehensively address the needs of all children, including and especially those who have been historically marginalized.

The comprehensive Head Start model addresses facets of equity in the context of quality early learning—access, positive and fair experiences for children, and requirements to identify and close barriers to participation. By participating in the QRIS, especially guiding decision-making at the state level, Head Start programs can contribute a wealth of knowledge and examples to improve quality systems that create optimal experiences for young children. Conversely, when Head Start programs do not participate in QRIS, they may unintentionally be left out of integration with larger statewide early childhood systems.

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### **Subpart H — Services to Enrolled Pregnant Women**

#### **§1302.80 Enrolled Pregnant Women and §1302.82 Family Partnership Services for Enrolled Pregnant Women**

The CEP agrees with the new proposed rules to require programs to ensure that newborn visits are tracked and reported and that programs must provide services that help reduce barriers to healthy maternal and birthing outcomes for each family. These services should address disparities across racial and ethnic groups, and programs should use their collected data on enrolled pregnant people to inform program services.

- **Recommendation.** Under item (a), OHS should add that maternal health curriculum be affirming and responsive to the languages, cultures, and needs of pregnant people. The rule should read:
  - “If a program uses a curriculum in the provision of services to pregnant women, this should be a maternal health curriculum that is culturally and linguistically affirming and responsive, to support prenatal and postpartum education needs.”
- **Recommendation.** Generally throughout this section and all sections of the HSPPS that refer to those who are pregnant, the Administration should update language to “pregnant women and people” which aligns with the inclusive and gender-neutral guidance from the [National Institutes of Health \(2024\)](#) and the most recent [Associated Press Stylebook \(2022\)](#).

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### **Subpart J — Program Management and Quality Improvement**

#### **Achieving program goals (§1302.102)**

Engaging in equity-centered data practices requires looking beyond the surface by breaking down or disaggregating data, by race, ethnicity, disability, socioeconomic status, gender, and home language to identify differences, and or disparities, among groups

(McIntosh et. al., 2014). These practices are essential to address potential disparities to support children’s development and learning. While the standards require programs to “aggregate, analyze, and compare data,” disaggregating data is not specified nor required which can lead to missed opportunities for programs to identify discrepancies that may be masked by larger aggregate data.

- **Recommendation:** Revise the language in sections (B)(2)(i) and (C)(2)(i through iii) to specify the disaggregation of data.
  - **Recommendation:** Revise the language in section (C)(2)(iii) to specify that data be “disaggregated by race, ethnicity, disability, socioeconomic status, gender, and home language.”
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