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Office of Head Start
Attn: Director of the Office of Head Start
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, S.W.
Washington, D.C. 20201

To Khari M. Garvin
Director of the Office of Head Start

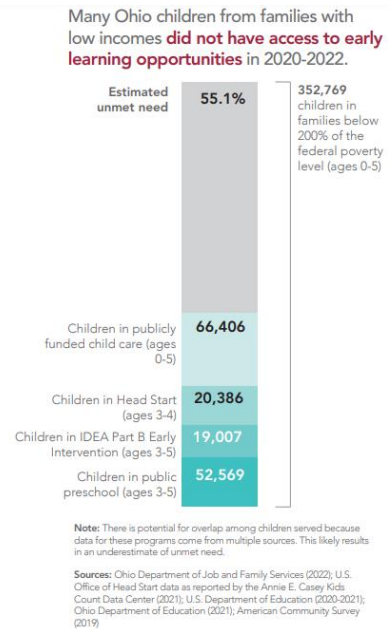
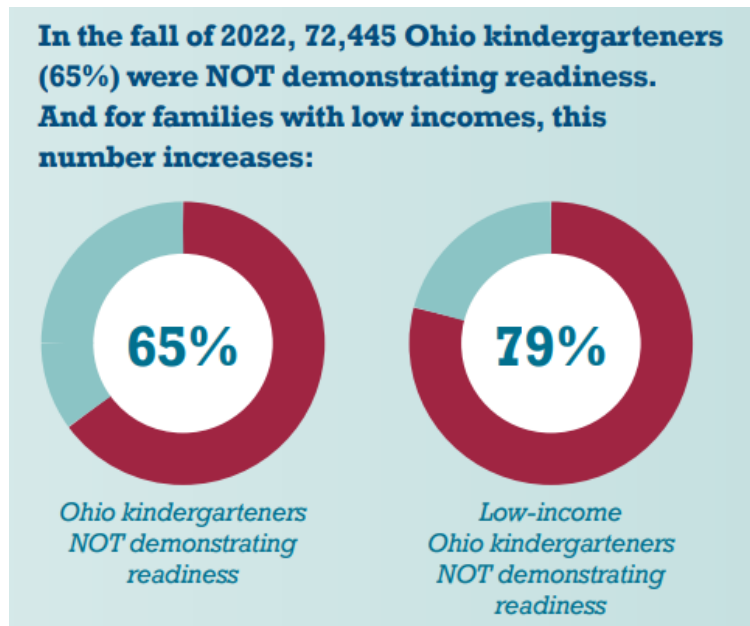
RE: Docket number ACF-2023-0011/ RIN 0970-AD01

Dear Director Garvin:

We extend our gratitude for your commitment to Ohio children, families, and the Head Start workforce. This letter serves to convey our support and appreciation for the proposed rules aiming to enhance Head Start programming and facilitate access to high-quality early learning experiences in the state. As a nonpartisan organization exclusively dedicated to representing the needs of young children, we collaborate with an extensive network of parents, partners, and supporters to discern the most crucial and effective policies and programs. Subsequently, we work to ensure that policymakers comprehend the potential benefits of their actions. The positive impact of investments in young children ripples through the entire community. A key ally in our collaborative efforts to champion high-quality early learning and healthy development strategies, spanning from the prenatal period to age five, is the Ohio Head Start Association Incorporated. Enclosed, please find our submitted comments, aimed at strengthening Head Start in Ohio. In our state, Head Start encompasses programs catering to 27,000 three- to five-year-old children in preschool and 6,500 infants, toddlers, and pregnant women through Early Head Start initiatives. Ohio's Head Start community is comprised of 60 provider agencies with over 8,000 dedicated staff members operating in nearly 500 licensed centers.

Groundwork Ohio focuses on making Ohio the best place to be a young child so that all children can reach their full potential. Every child deserves this opportunity, but not all children have access to the same quality services. We must continue to invest in and protect quality, evidence-based programs and interventions like Head Start.

Ohio’s access to early learning opportunities demonstrates the critical need to sustain current Head Start programs. Over 50%¹ of low-income young children in our state do not have access to high-quality early childhood programming. This impacts children’s long-term educational trajectory, which starts with their readiness for kindergarten. We found that 65%² of all Ohio’s kindergartners, and 79%³ of kindergartners living with families with low incomes, are not ready for kindergarten, a predictor of all future academic success. Ohio’s children need high-quality early learning experiences now more than ever, and Head Start plays a critical role in providing care.



Head Start plays an increasingly important role in Ohio’s rural and Appalachian communities where they are often one of the only high-quality early childhood programs in any given community. Child care deserts affect 60%⁴ of rural Ohioans, resulting in families who are more than twice as likely to experience gaps in child care. Nearly two out of every three children in Ohio’s 32 Appalachian counties live in poverty⁵, and Head Start serves as a pillar in many of these communities. We must ensure any proposed rules strengthen, and not jeopardize, the existing Head Start communities in Ohio. Our comments reflect that dedication to continuing to uphold a thriving Head Start system.

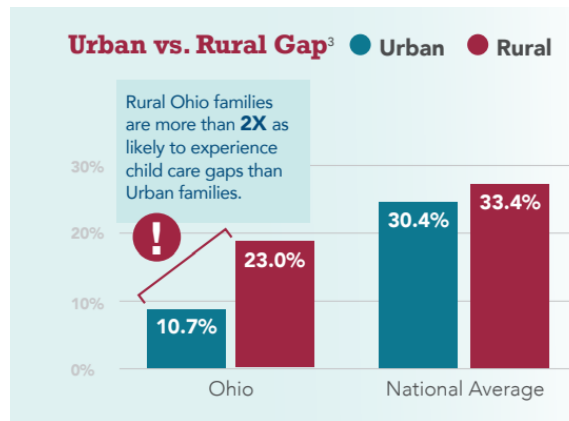
¹ Ohio Department of Job and Family Services (2022); U.S. Office of Head Start data as reported by the Annie E. Casey Kids Count Data Center (2021); U.S. Department of Education (2020-2021); Ohio Department of Education (2021); American Community Survey (2019)

² Ohio Department of Education (2023). Retrieved from <https://reports.education.ohio.gov/report/report-card-data-state-kindergarten-readiness>.

³ Ohio Department of Education (2023). Retrieved from <https://reports.education.ohio.gov/report/report-card-data-state-kindergarten-readiness>.

⁴ Ohio Chamber of Commerce. Retrieved from https://www.groundworkohio.org/_files/ugd/d114b9_0a1c37a29b9d46149e444fb3f46bd3a7.pdf

⁵ U.S. Census Bureau (2019)



Once again, we express our gratitude for your efforts in addressing the workforce challenges and enhancing the quality of programming within Head Start, contributing to the improvement of the overall system and meeting the needs of children, families, providers, and communities. Below, you will find our comments on the proposed rules, focusing solely on the modifications outlined in the NPRM.

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

While we appreciate the proposed change to establish or revise a comprehensive pay structure for all Head Start staff, fostering competitive wages based on roles, responsibilities, qualifications, and experience, we must emphasize the intricacies of Head Start program operations. Implementing this requirement poses challenges, particularly if the necessary funding for the resulting salary adjustments is not secured. We firmly advocate for competitive staff compensation, but we harbor reservations about the potential unintended consequences, such as reduced program capacity and, in extreme cases, program closures, especially for smaller programs in rural areas. Our support for this change hinges on the availability of additional funding. We urge OHS to allow flexibility and discretionary decision-making for programs facing unique challenges. Our overarching concern is to ensure that any changes do not compromise children's access to programming, especially without adequate funding.

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

We acknowledge the aspiration for pay parity within Head Start programs, but it is imperative to recognize the considerable funding challenges associated with its current proposed implementation. The requirements outlined in the Proposed Rule potentially set Head Start programs up for failure. The concept of "pay parity" is inherently dynamic, with school districts and other employers regularly adjusting their salaries. Head Start, facing budget constraints over a five-year grant period, struggles to achieve true parity, even if aiming to align with starting district salaries. Attempting to bridge this gap within the existing grant structure becomes an elusive goal, given the inherent differences in working hours, days, and competing requirements between Head Start and public schools. Rather than imposing unattainable deadlines for meeting teacher and staff salary requirements, we propose that the Office of Head Start adopt a more pragmatic approach. The focus should shift toward requiring grantees to showcase annual progress in narrowing the gap with local districts. This approach introduces a level of flexibility that accommodates various grantees and enables the Office of

Head Start to fulfill the goal of enhancing pay while contextualizing it within the unique circumstances of each local grantee and community.

§1302.90(e)(3) Salary Floor

With advocating for equitable compensation for all staff, it is crucial to prioritize the protection of Head Start programs. Our commitment to a fairly paid workforce should be balanced with the imperative to safeguard against the potential consequences of limited funding. Ensuring the stability and continuity of small programs is a concern, as the risk of closures looms without additional financial support. The threat of wage scale compression poses long-term challenges, impacting workforce retention and daily operational efficiency. The potential repercussions of such compressions extend beyond immediate financial concerns, potentially jeopardizing the accessibility of high-quality early childhood experiences for children. Therefore, while championing fair pay, we must adopt measures that prevent the loss of program slots and closures.

§1302.90(f) Staff Benefits

Ohio's Head Start programs are committed to offering robust and high-quality benefits packages, recognizing the significance of benefits in fostering a well-compensated and professional workforce. While endorsing the principle that Head Start staff should access excellent benefits, we express concerns about the overly rigid requirements outlined in the NPRM, which fail to consider the unique needs of individual programs. In Ohio, our Head Start programs create benefits packages to be appealing and competitive, acknowledging that preferences vary across communities and evolve over time. Many programs in Ohio have found success with combined sick and vacation time, reflecting the flexibility needed to attract and retain dedicated staff. Ohio's Head Start providers have observed a notable increase in intermittent FMLA usage in recent years. Mandating paid leave beyond the federal FMLA standard, particularly without state support, could pose significant financial challenges for Ohio programs. We recommend retaining the federal FMLA standard and introducing additional requirements only if supported by state or local jurisdictions. The mandate for paid leave should align with the provision of funding to implement such policies.

We request OHS to mandate competitive benefits packages that reflect regional, community, and early education field standards. Programs can incorporate data from their community assessments to ensure ongoing competitiveness. We defer to the expertise and feedback of Head Start Programs and the Ohio Head Start Association incorporated on this matter. Requesting OHS to defer to state and local laws regarding paid leave allows programs the flexibility to operate in the current competitive climate while maintaining consistency with industry competitors.

§1302.93 Staff Health and Wellness

Prioritizing the health and wellness of staff remains a crucial focus for program leaders, and the imposition of standardized, one-size-fits-all solutions at the federal level may send a different message to these leaders. We endorse strategies in leadership development that empower management to identify barriers to employee health and wellness, offering tailored solutions as

needed. While we appreciate the intention behind brief wellness breaks, we do not advocate for their mandatory implementation. Many of Ohio's programs already provide wellness breaks on an as-needed basis.

As Head Start centers are strategically placed to serve families, often in remote locations with limited staffing, mandating breaks poses challenges. Instead of specific and prescriptive wellness requirements, we propose OHS mandates programs to formulate a written wellness plan collaboratively. This plan should encompass staff support, including opportunities for breaks, and involve input from a committee of staff, in conjunction with the Health and Mental Health Services Advisory Committee. Programs should be obligated to promote staff wellness. This includes, when possible, providing a dedicated space for teachers to work, with the option for this space to be located outside the classroom. Importantly, we advocate for flexibility, allowing programs to create plans that address the unique needs of both the program and staff. This approach fosters cultural responsiveness in mental health practices, recognizing individual staff identities and offering tailored support based on their specific requirements.

§1302.17 Suspension and Expulsion

While acknowledging the disproportionate impact of suspension and expulsion on children of color and those with disabilities, it is imperative to address systemic inequities in suspension and expulsion practices. However, with respect to the individual Head Start programs, there is a need for a more precise definition of "serious safety risk." In addition to sparsity in child care availability throughout the state, specifically in rural and Appalachian Ohio, there is also a sparsity in the availability of mental health and behavioral services. It is our concern that without appropriate support, many Head Start programs will experience challenges in providing a safe environment for all of the children enrolled. It is our recommendation that OHS simultaneously support Head Start programs in their decision-making flexibility and assessing safety risks while also giving programs pathways for systemic changes that limit exclusionary practices, especially considering their adverse effects on children. We recommend OHS implement more guidance around collaborative support services to ensure children and programs have the resources they need to be safe and included.

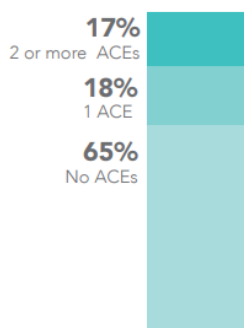
§1302.45 Mental Health Consultation Requirements

It's crucial to acknowledge that many children under the age of five in Ohio have experienced adverse childhood experiences and can benefit from mental health supports, with 17%⁶ of Ohio children ages zero to five being exposed to two or more adverse childhood experiences. However, we also emphasize the expertise of Head Start programs in navigating challenges related to behavior and mental health support for children. Programs should be granted flexibility to make decisions that align with their knowledge of their classrooms and the individual needs of the children they serve in recognition of the diverse needs of children across agencies and the availability of mental health consultants.

⁶Ohio Medicaid Assessment Survey (2019)

We recommend OHS allowing programs defer to individual programs when contracting with consultants based on the unique needs of the children they serve. This approach respects the unique context of each program and avoids imposing a one-size-fits-all solution.

Nearly 1 in 5 Ohio children, ages 0-5, have been **exposed to two or more adverse childhood experiences (ACEs)**.



Source: Ohio Medicaid Assessment Survey (2019)

§1302.45(a) Supports for Mental Health and Well-Being; Program-Wide Wellness Supports

Ohio Head Start programs prioritize children’s social emotional well-being and exemplify OHS's intent in fostering a culture that prioritizes children's mental health and strategically integrates additional staff attuned to the mental health needs of both children and families. Ohio Head Start programs understand the importance of children's mental health and social-emotional development for their long-term success and positive outcomes and serve as a model for prioritizing an emotionally healthy classroom and community.

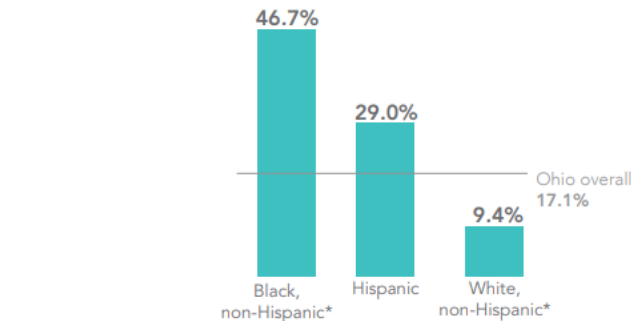
§1302.91(e) Staff Qualification and Competency Requirements; Child and Family Services Staff

It's essential for OHS to shift its focus to competencies, recognizing that Head Start programs often serve as platforms for individuals to grow into positions. Emphasizing competencies not only addresses the systemic workforce issue but also provides an opportunity to acknowledge the historical inequity in the early childhood education workforce. This acknowledgment is particularly relevant to the professionalization of the field. While supporting a unifying framework, we believe that Head Start's approach, offering multiple pathways to success for its employees, is an effective means of fostering growth and professional learning within the realm of early childhood education. We support Ohio’s Head Start programs’ role in this process and encourage flexibility for programs to discern how to place individuals to best support their programs. Formal education and degrees serve as one pathway to success, along with other pathways that produce passionate and effective teachers, such as the Child Development Associate and flexibility in licensed and credentialed staff. When navigating the challenge of securing mental health services, the classroom teachers serve as the first line of support, which further emphasizes the need for flexibility and effectiveness.

§1302.12 Adjustment for Excessive Housing Costs for Eligibility Determination

Increasing housing costs can cause additional financial burden to families with young children and disproportionately impact children of color. In Ohio, 46.7%⁷ of Black children and 29%⁸ of Hispanic children birth to five, live in a household where 30%⁹ or more of the monthly income is spent on rent. The addition of the provision to account and adjust for excessive housing expenses helps increase access and address inequities for Ohio's children.

Percent of children, ages 0-5, who lived in households where 30% or more of monthly income is spent on rent



*Small sample size. Interpret with caution.

Source: U.S. Census Bureau, American Community Survey Public Use Microdata (2019)

We are supportive of the proposed changes to provide more flexibility in eligibility and increase accessibility of children and families who may be eligible for the Migrant and Seasonal Head Start program. In concurrence with increased access to children and families, we recommend OHS reduce the documentation burden by providing clear expectations and flexibility to Head Start programs for families and programs in these areas. Additionally, we recommend OHS implement a more simplified housing proxy, such as the HUD Fair Market Rent housing costs and consider excluding Alimony, VA Benefits and Social Security Benefits to further increase access for children and families.

§1302.14(b) Serving Children with Disabilities

Head Start serves as a pillar for support for children in many communities throughout Ohio. These programs provide early childhood education, mental health, and disabilities services for children, many of whom have not been identified with a formal developmental delay or disability. In Ohio, 10.3%¹⁰ of children were born preterm which can lead to long-term developmental impacts on children, but only 5.6%¹¹ of children were receiving IDEA Part C Early Intervention services. Many programs in Ohio also enroll children who require highly specialized and individualized services and may be in the process of evaluation or have significant concerns that do not result in an IEP or IFS. We support Ohio Head Start programs who have expressed, in many cases, that the class size, given the complex needs of the

⁷ U.S. Census Bureau, American Community Survey Public Use Microdata (2019)

⁸ U.S. Census Bureau, American Community Survey Public Use Microdata (2019)

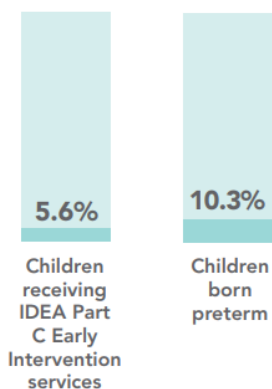
⁹ U.S. Census Bureau, American Community Survey Public Use Microdata (2019)

¹⁰ : U.S. Department of Education (2020-2021); Centers for Disease Control and Prevention (2020)

¹¹ : U.S. Department of Education (2020-2021); Centers for Disease Control and Prevention (2020)

children, is too large and becomes unmanageable. We encourage OHS to approve requests for class size reductions, particularly in Head Start Preschool classrooms where classrooms have high numbers of children with significant concerns. We support the clarification provided by OHS in the proposed changes to this section to use “actual” enrollment rather than total “funded” enrollment when meeting the 10 percent enrollment of children with disabilities requirement.

Preterm birth can result in developmental delays. Data suggests that many of Ohio’s babies and young children who are at higher risk for developmental delays are **not getting the early intervention services they may need.**



Source: U.S. Department of Education (2020-2021); Centers for Disease Control and Prevention (2020)

§1302.14(d) & §1302.16(a) Selection Process; Understanding Barriers to Enrollment and Attendance; Promoting Regular Attendance

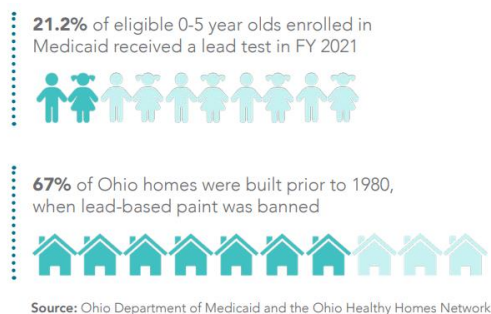
Emphasizing our commitment to data-driven decision-making, we support the proposed revision in this section that mandates programs to utilize data from the selection process. This approach enables programs to comprehensively understand why selected children may not enroll or attend, with a specific focus on acknowledging transportation challenges as a potential barrier. Programs already collect and analyze data, and leveraging this information to assess enrollment barriers, including transportation-related issues, will empower informed decision-making aimed at mitigating or eliminating these hurdles. We recognize and address the systemic inequities in absenteeism that disproportionately impact children of color, advocating for unique strategies to ensure their success in Ohio’s programs. Transportation serves as a meaningful benchmark to enhance attendance, and we advocate for securing additional funding to implement and sustain this solution given the rising costs and challenges associated with securing qualified staff for transportation services.

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

Supporting the proposed modifications in this section, we advocate for center-based programs to establish lower teacher-child ratios whenever possible, prioritizing enhanced quality. Acknowledging the importance of these lower ratios, Head Start programs actively pursue them. However, it is essential to recognize the challenges programs face, particularly when delivering Early Head Start services through partnerships. The endeavor to reduce ratios for infants and toddlers comes with associated staffing and space costs. A critical consideration is that without additional funding, this adjustment may lead to serving fewer Early Head Start children, which, in turn, affects the ability of child care partners to deliver services due to reduced revenue. It becomes evident that securing additional funding is imperative to sustain Early Head Start enrollment numbers. In reconsidering this matter, we recommend OHS adopt a separate framing of Early Head Start ratios, distinguishing between a teacher-to-child ratio (4 children to 1 adult) and group size (8 children). This nuanced approach aims to optimize the benefits of lower ratios while ensuring the continuity of program operations and accessibility for enrolled children.

§1302.48 Preventing and Addressing Lead Exposures

Acknowledging that young children are susceptible to lead exposure through various sources such as contaminated paint, toys, soil, or water, we endorse the proposed rule's intent behind lead testing requirements. It is crucial to recognize that poorly maintained or older homes increase the risk of lead exposure, and even minimal exposure during early childhood can result in delayed development, brain harm, learning and behavior challenges, and speech and hearing problems. In Ohio, many young children face the risk of lead exposure in their homes, yet only a small percentage undergo blood lead testing. To address this issue, we encourage OHS to not only support the proposed lead testing requirements but also provide programs with training resources. This support aims to empower existing staff to qualify as "testers" and offer financial assistance for necessary remediation efforts, emphasizing our commitment to safeguarding the health and well-being of young children.



§1302.52 Family Partnership Services

At the core of our Head Start identity lies a commitment to family services. Ohio's Head Start Programs have continually adapted to better serve families and to meet the unique needs of their communities. Recognizing the expertise of Ohio's Head Start Programs and their understanding of the families they serve, we support their autonomy in operating in the most

effective manner, free from specific caseload requirements. It is essential to acknowledge that individual communities possess unique characteristics, demanding approaches that are culturally responsive and grounded in building strong relationships. While recognizing the importance of establishing models that cater to the needs of families, programs should maintain the flexibility to implement strategies that best serve the diverse and dynamic families within their communities. This approach allows for the continued improvement of family outcomes and the provision of services that align with the intensity required by each family, promoting the well-being of our communities.

§1302.47(b)(5) Safety Practices

Ohio's child care licensing and welfare requirements address safety practices and provide a foundation that governs mandated reporting. Given that safety practices are already addressed at the state level, we recommend that OHS defer to state or local regulations opposed to mandating into federal statute.

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

We support ensuring the health and safety of children in Head Start, recognizing the importance of fostering strong relationships between programs and the families they serve. However, there are concerns about the current approach outlined in the NPRM, as it may not effectively align with the principles of relationship-building and family engagement. The expanded list of reportable incidents raises apprehensions as it deviates from best practices and appears impractical for implementation. Programs already benefit from robust support in reporting health and safety incidents through the RAN protocols and various IMs. Additionally, the language in 1302.102(d) regarding significant incidents lacks clarity, potentially leading to significant overreporting. The endorsement of a punitive safety approach contradicts the crucial need to recruit and retain staff. Staff prioritize child safety, which may involve necessary actions for the child's well-being. Moreover, young children often require assistance in navigating spaces as part of their developmental process. Creating an environment where staff fear their actions may be misinterpreted and used for discipline due to a low reporting threshold and a broad, non-exhaustive list hinders employee retention. OHS is urged to consider language on reporting and safety that demonstrates trust in Head Start programs and their established safety procedures.

Regarding the closure of individual classrooms, a more practical approach would be an IM or PI that establishes a communication framework between programs and the Regional Office. This framework should involve ongoing reporting, not necessitating reporting for every closure due to any reason, which would be more helpful and realistic than the extensive and specific reporting proposed in the rule. In all reporting aspects, OHS is encouraged to outline a comprehensive framework, specifying methods of reporting, the type of information required, the designated time frame for OHS and program responses, and potential consequences resulting from the reported information.

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

We support OHS's efforts to provide a more accurate assessment of the value of facilities, especially in the context of facility acquisition costs. While we appreciate this clarification, we urge OHS to extend its guidance on facility standards and address the specific challenges arising from the expansion, as highlighted in the Facilities Guidance Attachment 1 to ACF-IM-HS-17-01, regarding the application of the Davis-Bacon Act to repairs. Head Start facilities regularly require repairs due to both normal wear and tear and stringent compliance mandates ensuring high safety standards. Securing individuals or companies for timely repairs is already a considerable challenge, and the inclusion of Davis-Bacon Act requirements further complicates the process, particularly in rural and suburban areas. The issue is not the willingness to pay a reasonable, market-based rate; rather, it is the onerous reporting and paperwork demands imposed on contractors by the Davis-Bacon Act, serving as a significant deterrent.

In addressing this concern, we request that OHS align its guidance with the language in the Head Start Act, follow the example set by HUD, and exempt repairs or replacements necessitated by normal wear and tear over time from Davis-Bacon Act coverage. Given that Head Start programs make continuous investments in facilities over many years, we encourage OHS to explicitly acknowledge that multiple renovation projects may be necessary to ensure environments that support safe, high-quality operations and healthy child development.

Thank you for your consideration of these comments.

Sincerely,



Lynanne Gutierrez

President

Groundwork Ohio