



January 19, 2024

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

The Child Welfare League of America (CWLA) is grateful for the opportunity to respond to the Notice of Proposed Rulemaking (NPRM) entitled “Supporting the Head Start Workforce and Consistent Quality Programming,” published by the Office of Head Start (OHS) on November 20, 2023.

CWLA is a coalition of hundreds of private and public agencies that since 1920 has worked to serve children and families who are vulnerable. Our expertise, leadership and innovation on policies, programs, and practices help improve the lives of millions of children across the country. Our impact is felt worldwide.

On Wednesday, August 16th, 2023, CWLA and the National Head Start Association (NHSA) announced the signing of a partnership agreement to collaborate on policy advocacy and professional development and ensure a bright future for all children and families across America. Through the partnership, our organizations seek to build and enhance relationships between child welfare and Head Start in every corner of the country so they can better align their work on behalf of children and families.

Children in foster care receive categorical eligibility to Head Start and Early Head Start services and increased alignment at the state, federal, and local level will only improve outcomes for children.

Recognizing the devastating impact of poverty on childhood development and future opportunity for children, as well as the ways in which poverty can contribute to circumstances that expose children and families to the child welfare system, CWLA appreciates Head Start’s longstanding national commitment to provide early learning opportunities for children from at-risk backgrounds and comprehensive supports to help them and their families achieve long-term stability and success. Strategies that reduce child poverty, strengthen families, prevent family separation, and reduce children's removal to out-of-home care should be a top priority for our nation, and Head Start programs help to achieve these goals. Early Head Start has been shown to

be effective in reducing child maltreatment among children living in low-income households, in particular, physical and sexual abuse.¹

CWLA celebrates and shares the Administration's vision of supporting the Head Start workforce and ensuring quality programming and child safety. Many of the provisions of the NPRM will lead to improvements for staff, children and families. Below, we highlight a few areas of question or concern, where more guidance or information may be needed for Head Start programs to be successful in implementing the proposed rule.

Workforce Compensation and Benefits

We agree with OHS's assertion that the early learning workforce has been chronically underfunded and needs support. Like the child welfare workforce, Head Start has experienced record turnover and vacancies, worsened by the COVID-19 pandemic. We are grateful that the Administration is attending to the human services workforce concerns across multiple sectors, and the NPRM's goals of ensuring pay parity, both to public school teachers and between Head Start and Early Head Start, and requiring paid leave for staff are both aspirational and necessary.

However, we are concerned that these changes amount to an expensive and unfunded mandate on Head Start and Early Head Start programs. Increasing appropriations for Head Start to implement these changes is beyond the scope of the proposed rule, and it is not guaranteed that Congress will provide sufficient funding to carry out the new requirements; in fact, it is increasingly likely that Head Start overall may receive less funding this year than in previous years. Without additional dollars, we fear that these changes will lead to a significant reduction in children and families served by Head Start and Early Head Start. Small programs, particularly those in rural areas, may be forced to close entirely. Head Start programs are a vital component of the early education and care continuum, and losing programs and spots would result in additional hardship on families and communities.

CWLA recommends that the workforce requirements be phased in over time, in tandem with and dependent on increased appropriations from Congress that address both the workforce and the need for expanded Head Start services, and with flexibility for small programs to waive requirements that are deemed overly burdensome.

Incident Reporting and Child Safety

The health and safety of children enrolled in Head Start and Early Head Start must continue to be the foremost priority, and taking steps to safeguard against abuse and neglect is vital.

We appreciate OHS's reference to the Federal Child Abuse Prevention and Treatment Act (CAPTA) to more definitively establish what is considered child abuse and neglect for reporting

¹ Green, B. L., Ayoub, C., Bartlett, J. D., Von Ende, A., Furrer, C., Chazan-Cohen, R., Vallotton, C., & Klevens, J. (2014). The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes. *Children and youth services review*, 42, 127–135.
<https://doi.org/10.1016/j.childyouth.2014.03.044>

purposes. We also appreciate the NPRM's direction that Head Start and Early Head Start offer mandated reporter training for their staff that is specific and conducted at regular intervals. CWLA recognizes the importance of ongoing, high-quality training in preparing staff to address serious concerns that arise. For example, strict reporting requirements do not typically alleviate or solve the issue of child sexual abuse, which is often the goal of tightening regulations. Child sexual abuse discovery is dependent upon the comfort level and knowledge of the trusted adult who becomes aware that it is occurring which is established through training, awareness and open dialogue; staff must have the opportunity to learn that this type of maltreatment exists and to better understand how to respond when they have concerns. CWLA requests that, should this part of the proposed rule be finalized, the Department of Health and Human Services (HHS) subsequently issue guidance or an Information Memorandum (IM) that includes greater specificity about current best practices for mandated reporter training, including but not limited to relevant topics to be covered, reporting procedures, and stakeholders that should be involved in the creation and delivery of training.

We are concerned that the NPRM expands the reporting of child incidents that are typically best addressed at the program level through its internal processes and/or at the state level, where licensing and child welfare systems already have processes in place. In these proposed rules, OHS seems to be conflating a response to an incident with a concern about a facility. CAPTA guides states in their response to individual incidents of child abuse and neglect, while state licensing regulations guide the operation of child care programs. CAPTA does not attempt to capture programmatic quality improvement processes like those conducted by OHS or state licensing entities. While individual instances may trigger program activities, this oversight includes activities distinct from CAPTA. Our concern is that as written, these proposed changes to the scope of reportable incidents and the accelerated timeframe for reporting will lead to an unnecessary increase in child maltreatment reports to state child welfare agencies. We fear that program staff and leadership will feel that they must report incidents to both OHS and to the local child welfare agency to cover their bases, even when the incident does not rise to the level of suspected or known child maltreatment.

There is already a perception among some in the child welfare community that school personnel and staff in school-like settings overreport suspicions of child abuse and neglect to child welfare agencies. As written, the NPRM will likely lead to increases in unnecessary child maltreatment reporting, further burdening Child Protective Services (CPS) programs that are understaffed and overwhelmed already. This outcome is in direct opposition to the work of the Administration for Children, Youth and Families (ACYF) to decrease unnecessary involvement with the child welfare system.

Given that Head Start and Early Head Start programs serve communities that are under-resourced, we also are concerned that overreporting of incidents to state child welfare agencies will have a disproportionate impact on families of color, potentially increasing the disproportionate share of children of color in the child welfare system. It is important to be aware of the values, attitudes and assumptions staff bring to the work in terms of families and children representing cultures different from their own as it may impact the decisions being made on

reporting and service provision. This disproportionality is a longstanding, nationwide issue that ACYF is working hard to address, and the proposed rule has the potential to counteract any progress made in this area.

CWLA requests clearer guidance from OHS that elaborates on the difference between reporting an allegation and reporting an incident and differentiates between licensing incidents and reportable incidents, to help program staff and leadership better determine when to make reports. CWLA also encourages that in the case of suspected child maltreatment perpetrated by a staff member of a Head Start Program, OHS should consider requiring reports to the federal agency only when the incident has been reported to and substantiated by the state child welfare agency.

Mental Health

CWLA is pleased to note that, consistent with this Administration's prioritization of mental health, the NPRM embeds mental health throughout the Head Start Program Performance Standards (HSPPS) alongside health. This is an important change, as our families and communities continue to grapple with the growing mental health crisis, even among our youngest children. We also support the direction that Head Start Programs must support parents' navigation of mental health systems in addition to the health system, given the complexity of navigating mental health services for many parents.

Given that many state and local child welfare agencies are also implementing programs to better coordinate and address mental health concerns, **we recommend that OHS include child welfare alongside mental health entities and the other relevant program services listed for collaboration and coordination for children or families that are involved with the child welfare system to avoid duplication of effort for both the staff and the families served.**

Throughout the NPRM, we note the use of inclusive language regarding families served by Head Start; for example, in the section on mental health, replacing "parents" with "families" to expand with whom the mental health consultant can provide consultation within a child's family unit. These shifts in language acknowledge that families take many forms and that a percentage of children enrolled in Head Start programs may be in the care of a relative or kin. We applaud the effort of OHS to be inclusive and responsive to these family dynamics.

Services to Enrolled Pregnant Women and People

Even though Early Head Start includes the prenatal period, the services provided – prenatal and postpartum information, education, and services – have not been well-documented. We support the additions to the HSPPS that would require programs to track and record interactions with pregnant people in Early Head Start, and which broaden the scope of awareness of the health and mental health information, services, and education that may be helpful to provide to expectant families.

Maternal healthcare, including mental health care, is vital to supporting and stabilizing families and ensuring safety and wellbeing for infants and young children. As noted above, Early Head Start may reduce child maltreatment, and evidence also suggests that there is a decrease in CPS substantiations and out-of-home placements for families receiving home visiting services,² such as the ones provided by Early Head Start programs. CWLA thanks OHS for these proposed changes, which we expect will result in more frequent and comprehensive support for pregnant women and people.

² Barbara H. Chaiyachati, Julie R. Gaither, Marcia Hughes, Karen Foley-Schain, John M. Leventhal. (2018) Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse & Neglect*. Volume 79, Pages 476-484. <https://www.sciencedirect.com/science/article/pii/S0145213418300838>.