



**MASSACHUSETTS
HEAD START ASSOCIATION**

January 18, 2024

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

**Re: Public Comment in Response to Office of Head Start Notice of Proposed Rulemaking:
Supporting the Head Start Workforce and Consistent Quality Programming**

Thank you for the opportunity to submit comments on the Office of Head Start (OHS) Notice of Proposed Rulemaking (NPRM) on Supporting the Head Start Workforce and Consistent Quality Programming. I submit these comments on behalf of the Massachusetts Head Start Association (MHSA). MHSA represents the 28 Head Start and Early Head Start agencies in Massachusetts which collectively operate 49 Head Start, Early Head Start, and Migrant/Seasonal Head Start programs. Massachusetts Head Start programs (the term Head Start being inclusive of Head Start, Early Head Start, and Migrant/Seasonal Head Start) served a funded enrollment of over 11,000 vulnerable young children and pregnant women across the Commonwealth of Massachusetts in the 2022-2023 program year.

For decades, the Head Start workforce has been undervalued and underpaid. In Massachusetts, the average classroom teacher salary is just \$43,987 despite 63% of preschool teachers holding bachelor's degrees or higher, according to the 2022-2023 Program Information Report. Due to chronic low wages and suffering educator mental health, Head Start programs remain unable to recruit enough qualified staff to keep all available classrooms open. As of MHSA's most recent workforce survey in April 2023, Head Start programs still had an 18% staff vacancy rate on average.

Given these challenges, we applaud the recognition of the need for significantly higher wages, expanded benefits, and greater supports for the current and future Head Start workforce and the effort to bring teacher salaries to parity with elementary peers. In Massachusetts, the average school district teacher salary in the 2021-2022 school year was \$86,118, roughly double that of our average classroom teacher salary in Head Start.¹

Despite the need to raise the wages and professional status of our field, requiring these enormous salary increases absent new funds would be devastating to the Massachusetts Head Start community. To raise salaries to this degree, Head Start programs in Massachusetts would be forced to shrink their footprint and capacity to serve families by over 50% in many cases. Many

¹ <https://profiles.doe.mass.edu/statereport/teachersalaries.aspx>



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of our smaller grantees, of which there are many in Massachusetts and across New England, may be unable to absorb such reductions and could be forced to relinquish their Head Start grants, creating gaps in access for vulnerable families.

If programs are held to the standards in the NPRM absent funding, Head Start may become unrecognizable from its current impact. We will be reduced to a small, niche provider for just the most vulnerable few in our nation. The promise of Head Start – a comprehensive provider for all vulnerable families – could be lost.

Some particular program types will have more significant challenges in complying with the mandate. Small programs, absent funding, may be reduced entirely out of business given the scope of access reductions needed to comply with the salary and benefit components of the NPRM. Programs operating Early Head Start – Child Care Partnership (CCP) grants, may be unable to mandate such salary changes within their partner programs. Beyond that, Head Start funds may make up a small proportion of a partnership program’s budget and they may be unable to afford to make such changes given their other revenue sources within a given educator’s salary. Similarly, Head Start programs with large child care programs – most center-based Head Start programs in Massachusetts – must negotiate their pay scales between many funding sources including Head Start and state child care. In Massachusetts, child care rates lag far behind current Head Start funding levels and will not be able to keep up with such high targets as set in this NPRM. This will force programs to either maintain two pay scales at their same agency, increasing disparities and imparity within early education, or reduce their Head Start access even further to subsidize child care rates. Finally, programs with collective bargaining agreements – four programs in Massachusetts – do not set their own pay scales or benefits unilaterally. They must negotiate all aspects of compensation with their unions which may disagree with components of the NPRM, such as salary scales, types of benefits offered, and breaks and wellness.

We ask that the final rule includes language similar to that included in the duration discretion exercised by OHS in 2020, allowing for secretarial discretion not to enforce the rule in whole or part if sufficient expansion and wage dollars are not allocated by Congress.² In addition to discretion not to enforce dependent on funding, OHS should institute process for waivers and flexibility from salary and benefit provisions in whole or part for programs that may be unable to comply based on program type or design, such as but not limited to: small programs, Early Head Start – Child Care Partnership programs, agencies with a large state child care program, and programs with collective bargaining agreements.

If funding becomes available to raise salaries and increase benefits while maintaining access, it must be universally accessible for Head Start programs. Many agencies in Massachusetts have already been approved for a Change in Scope or are in the process of approval with OHS for significant reductions in access in order to raise salaries in accordance with their wage comparability data. Such programs that have already raised salaries to or near public school

² <https://www.govinfo.gov/content/pkg/FR-2020-01-30/html/2020-00635.htm>



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parity must also be eligible for expansion dollars to restore access for their community and continue to pay staff parity wages.

If funding is insufficient to comply with the rule while maintaining current levels of Head Start access, the Office of Head Start should make the process for applying for Changes in Scope less burdensome for programs to allow them to phase in reductions throughout the next seven years. If the process remains as intensive as it currently is and requires the level of staff time and work to put together, programs will be forced to dramatically slash slots in 2031, shocking communities and pulling enrolled families that need care out of programs. We are also concerned about the work these applications, and oversight of the rule in general, will create for a thinly stretched federal workforce.

Finally, we urge OHS to issue a final rule that promotes local design that meets the needs of a program's community. The overall level of prescription as set in the NPRM prioritizes universality, creating a single rule for all programs across the nation. This disregards the work that the national Head Start community has accomplished to create Head Start programs that uniquely meet the needs of local communities.

MHSA's comments on particular components of the NPRM are below.

Workforce Compensation, Benefits, and Wellness

We applaud the intent of the rule to professionalize and compensate the Head Start workforce in ways that are commensurate with their education, experience, and qualifications. As correctly noted in the NPRM, the Head Start workforce is woefully undercompensated, leading to severe staff shortages and high turnover. We agree that the solution to our severe staff shortages in Massachusetts is immediate and significant wage increases along with competitive benefits and strong workplace wellness programs.

However, the pathways toward these changes in the NPRM are universally administered, overly prescriptive, and absent new funding, could have a disastrous impact on access to Head Start for the most vulnerable families. Some programs, such as those with CCP grants, those with collective bargaining, those with large child care populations, and small programs, would be unable to implement certain provisions as outlined below and some would be forced to close, leaving Head Start deserts in some of our most vulnerable communities.

§1302.90(e)(2) Progress to pay parity for education staff with elementary school staff

As stated above, we support the increased salaries for education staff and support salaries that are commensurate with the qualifications, credentials, and experience of our education staff.

However, the distance for Head Start programs in Massachusetts to meet pay parity with pre-K teachers is wide and unthinkably expensive. The average school district teacher salary in the 2021-2022 school year was \$86,118, roughly double that of our average classroom teacher salary



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in Head Start.³ Starting salaries in public schools are often at least \$20,000 above those of Head Start teachers. We appreciate the clarification in the NPRM for creating salary scales that take credentials and experience into account, but the cost of this provision absent new funding will mean severe slashes to Head Start access in Massachusetts. Our families cannot handle this degree of cuts; there simply is nowhere else for them to go in a state with some of the highest cost childcare in the country and long waitlists for state subsidized childcare.⁴ Our programs cannot absorb this degree of cuts either, and we fear that some may be forced to close or relinquish their Head Start grants. One Massachusetts grant recipient estimates that implementation of this provision of the NPRM alone would require an increase to their budget of over 30%.

Aside from funding, challenges remain with many program types. Programs with collective bargaining agreements cannot unilaterally determine their wages and must negotiate with unions with many interests. Programs with large child care programs and combined positions may be unable to fund a uniform pay scale across their funded programs and risk significant morale issues with two pay scales or cut access even more deeply across state and Head Start funded classrooms to raise all wages. Very small Head Start programs – the smallest program in Massachusetts serves just 40 children – may be unable to incorporate such increases and maintain their Head Start grant. CCP programs do not control partner program salary scales and may make up too small a proportion of the program’s budget for them to afford such changes.

We ask that OHS provides waivers or other flexibilities in implementation of this requirement, particularly for programs with a demonstrated challenge to meeting this requirement.

§1302.90(e)(3) Salary floor

While we support an increased pay floor for all staff in Head Start programs, particularly in our state where living wage rises above \$22 per hour in some parts of the state, this provision may be nearly impossible for all programs to meet for the reasons stated above.⁵

We ask here as well that OHS provides waivers or other flexibilities in implementation of this requirement, particularly for programs with a demonstrated challenge to meeting this single pay scale such as small programs, CCP programs, those with collective bargaining, and those with large child care programs and combined positions.

§1302.90(f) Staff benefits

Head Start programs in Massachusetts seek to provide the most comprehensive and high-quality benefits packages that they are able. We agree that Head Start staff should have access to high-quality benefits packages and that benefits are a key component to a well-compensated and professionalized workforce. However, the benefits requirements in the NPRM are overly prescriptive and do not take into account the individual needs of Head Start programs in Massachusetts. For example, Head Start programs in Massachusetts have reported that different

³ <https://profiles.doe.mass.edu/statereport/teachersalaries.aspx>

⁴ <https://www.cbsnews.com/boston/news/massachusetts-highest-child-care-costs-in-country/>

⁵ <https://livingwage.mit.edu/metros/14460>



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unions at different times have supported high or low deductible health plans, that their current high-quality and high-cost health plan does not offer three in-person mental health visits, and that combined sick and vacation time works best for some agencies. Programs must make locally determined decisions balancing their choice of health plan with affordability for employees. The universality of application of this section does a disservice to even the vast differences in program operation in Massachusetts alone, let alone across the nation.

Instead, we recommend that OHS require that programs provide competitive benefits packages for their region, their community, and within the early education field. Programs may include data within their community assessment of local benefits offerings to ensure that their package remains competitive.

§1302.93 Staff health and wellness

We recognize that the wellness of Head Start staff is directly related to staff retention and child outcomes and understand the intent to support staff. However, the universal application and overly prescriptive language within the health and wellness section of the NPRM will not address staff mental health. It may, at best, be impossible to implement, and at worst, may be too costly or burdensome for programs to remain open. Unlimited five-minute breaks will not support an employee at the edge of burnout, but it could risk significant child health and safety incidents and risk programs being out of ratio. Adult-sized desks and chairs are neither best practice in relational early childhood practice nor necessarily safe in classrooms with many children with significant needs and challenging behaviors. Mandated breaks go against the wishes of several unions in Massachusetts which support the allowance of staff to sign break waivers.

Rather than the collection of prescriptive and specific wellness requirements in the NPRM, we recommend that OHS require programs to have a written wellness plan to support staff, including opportunities for breaks and support. We suggest that plans be written in partnership with a committee of staff and in partnership with Health and Mental Health Services Advisory Committee.

Mental Health Services

§1302.17 Suspension and expulsion

1302.17 (a)(2) and 1302.17 (b)(3) provide for steps programs can take if a child exhibits a “serious safety risk.” We ask OHS to clarify “serious safety risk” within the regulations and encourage OHS to include safety risks to the child, other children, and staff.

§1302.17 and §1302.45 Mental Health Consultation requirements

1302.17 (b)(2) and 1302.45(b) require programs to consult with, among others, a mental health consultant when a child exhibits persistent challenging behaviors. Many programs in Massachusetts report an inability to contract to support sufficient mental health consultations, due to both a lack of qualified providers in our communities and an abundance of need.



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According to an April 2023 Massachusetts Head Start Association survey of 20 Massachusetts Head Start recipients, programs have drastically variable access to mental health consultant services, receiving between 2 hours per month to 120 hours per week for the entire program. We ask OHS to clarify the steps a program should take should they be unable to consult with a mental health consultant for a child with persistent challenging behaviors.

We also suggest that a monthly mental health consultant is an overly prescriptive regulation given the vast differences in size of grant recipients. Massachusetts' largest agency supports 21 centers while our smallest serves 40 children; requiring the same level of consultation is inconsistently administered for the children served. We recommend that OHS allows flexibility for programs to contract with mental health consultants at a rate at which best meets the needs of children in their agencies, given the availability of mental health consultants. Programs must also maintain current flexibilities to deploy mental health services where needed, given staffing needs.

Finally, given significant shortages of licensed mental health consultants in Massachusetts, we ask for flexibility in the requirement regarding mental health consultant licensure. The pipeline of licensed mental health consultants in our state is insufficient to meet the needs of all children and staff in need of consultation.

Modernizing Head Start's Engagement with Families

§1302.11 Determining community strengths, needs, and resources: Community Assessment

We appreciate the clarity in the proposed changes to community assessment data, and the allowance for programs to use proxies when appropriate to data that is gathered by the Head Start program. This reduction in burden will be critical for programs but still allow them to use community assessment data for continuous quality improvement and critical program decisions. In order to reduce burden and promote the emphasis on use of data rather than collection of data, we ask OHS to provide publicly and locally available data to programs that are allowable for uses of proxy.

We are concerned about the language in this section that encourages programs to expand transportation availability if it is a demonstrated need in their community. We recognize that many of the most vulnerable families require transportation to Head Start, and Head Start programs by and large want to reduce all barriers to access for vulnerable families. However, this must be weighed with the enormous cost of transportation services in Massachusetts and the significant access loss that would come with the adoption of this provision absent new funds for transportation. One Head Start program in Massachusetts reports their transportation costs increasing 100% from the last program year to the current. Massachusetts has a lack of transportation contracts and an even bigger gap in certified drivers, amplified by competition for drivers with public schools.⁶ While we support programs collecting transportation needs data, we

⁶ <https://whdh.com/news/mass-school-districts-face-bus-driver-shortage-with-less-than-a-month-before-classes/>



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ask OHS to allow programs to weigh that data with both the cost and related access loss of that transportation.

If OHS is seeking to make changes to support the expansion of transportation services for families, one major barrier for programs is the restriction to school buses and only certain, often inaccessible, vans for transporting children. We urge OHS to consider allowing programs to use large vans, which are much more available in Massachusetts, to transport children if buses are unavailable or unaffordable in their community. In addition, OHS could explore alternatives to providing transportation, such as allowing programs to compensate families for gas or taxi services.

Eligibility and barriers to access

§1302.12 Determining, verifying, and documenting eligibility

We applaud the recognition of extreme housing costs across the country in determining family income. In Massachusetts, housing costs are soaring and families are paying well beyond their ability to safely house their families. According to the National Low Income Housing Coalition, an individual working at \$15 minimum wage would have to work 91 hours each week just to afford a modest one-bedroom rental home at fair market rent in Massachusetts, \$1,772.⁷ Fair market rent for a two-bedroom, needed for a family, is the often unattainable \$2,165.

While the change to allow programs to adjust income for excessive housing expenses is needed to allow Head Start to serve vulnerable families in high-cost regions, the proposed regulations would put an extreme burden on both programs and families. Families would be expected to produce housing records which may not be maintained or accessible. Program staff would be expected to comb through financial records and calculate net income minus housing expenses, an effort that programs at current staffing levels may not be able to make. Given we know median housing costs in regions across the country, we propose allowing programs to use a proxy for housing costs rather than calculating exact family housing costs to calculate net income if they determine that to be a better fit for their region. We recommend OHS adopt a standard allowance that could be used as a simplified excessive housing cost proxy, based on HUD Fair Market Rent housing costs (40 percent of an area's median rental housing costs).

We support the proposed changes to account for housing costs in Head Start eligibility, and urge OHS to consider other changes to modernize eligibility for vulnerable families. OHS's recent expansion of Head Start categorical eligibility to include the Supplemental Nutrition Assistance Program (SNAP) has been an enormous support to vulnerable families in Massachusetts and has supported nutrition access for children and families. OHS should consider adding another key nutrition support program, the Women, Infants, and Children Nutrition Program (WIC), as well as a program essential to the health and wellbeing of vulnerable families, Medicaid.

⁷ <https://nlihc.org/oor/state/ma>



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We also urge OHS to allow for automatic eligibility for incoming Head Start families transitioning from Early Head Start, from that program or another. Head Start programs prioritize consistency of care for children as well as promoting job training and work opportunities for families. Current eligibility standards requiring programs to check a family's eligibility upon enrollment in Head Start discourages families from accepting work opportunities, including in Head Start programs, that may deem them ineligible from Head Start. If a program chooses to prioritize continuity based on their community needs assessment, they fill their over-income enrollment with existing Head Start families rather than meeting the needs of other over-income vulnerable families in their communities. We urge OHS to consider allowing automatic eligibility for Head Start families transitioning from Early Head Start.

§1302.14(b) Selection process; Children eligible for services under IDEA

As MHSA shared in a letter to Director Garvin in April 2023, Massachusetts Head Start programs and staff are facing a significant increase in children with significant needs and diagnosed disabilities. This level of need, even without the language in the NPRM encouraging programs to enroll even more children with disabilities, is threatening Head Start's mandate to provide inclusive classrooms and leans in many instances into environments of therapeutic classrooms without the necessary highly trained special educators. In a 2023 MHSA survey, nearly all programs surveyed responded that at least 3 and typically up to 5 Head Start children have identified or suspected needs in an average classroom, despite typically being able to staff classrooms with just two teachers. On average, at least 2 children in each Early Head Start classroom of 8 have developmental and mental health needs as well.

These challenging classrooms create an environment of stress, burnout, and unfortunately too often, health and safety incidents involving both teachers and children. Many programs report that staff are unwilling or unable to work in duration and full day classrooms because of the stress involved, and other staff are experiencing high levels of stress and job dissatisfaction. Moreover, the levels of need in classrooms are not just impacting the teachers and staff. In the 2023 MHSA survey, one program noted that "typically developing children have their development at a standstill due to teachers and leaders working with so many children with significant needs." This is not how Head Start is designed to operate.

Enrollment requirements as defined in the Head Start Program Performance Standards are based on a population of typically developing children, inclusive of Head Start's 10% requirement to serve children with disabilities. As we see in the data, a significant proportion of children enrolled in Head Start and Early Head Start programs in Massachusetts are not typically developing, often topping 25% in both Head Start and Early Head Start.

We encourage OHS to consider the abilities of programs to serve increasing populations of children with disabilities. Massachusetts public school inclusive classrooms cap the number of children with IEPs permitted per classroom to ensure that inclusive environments are maintained. We recommend that OHS provide programs with the flexibility to cap class size in a classroom if that classroom has significant levels of IEPs, IFSPs, or other needs to maintain inclusive and high-quality environments.



Ratios and Duration

§1302.21 Center-based ratios

Head Start and Early Head Start programs across Massachusetts are struggling with challenging needs in classrooms, particularly in those that are fully enrolled to 9 Early Head Start children and 17 Head Start children. According to a 2023 MHSA survey, nearly all programs surveyed responded that at least 3 and typically up to 5 Head Start children have identified or suspected needs in an average classroom, despite typically being able to staff classrooms with just one lead and one assistant teacher. On average, at least 2 children in each Early Head Start classroom of 8 have developmental and mental health needs as well.

We support the effort to allow programs to reduce ratios in Early Head Start classrooms to allow programs to meet the needs of classrooms with significant needs. We urge the Office of Head Start to extend similar flexibility to Head Start classrooms as well. Additionally, programs must be given the flexibility to reduce enrollment in classrooms with significant needs temporarily to increase ratios without impacting the Full Enrollment Initiative. Health and safety concerns within classrooms must be prioritized above enrollment.

Other Provisions

§1302.90 and 1302.102(d) Personnel policies and Reporting

We understand and support the effort to create healthy and safe environments for children in Head Start and Early Head Start programs. However, the expansion of reportable incidents in this section is concerning and does not align with best practice nor is it practically implantable. The reference to neglect of education, for example, is particularly confusing. Will a teacher who finds themselves telling a child that they cannot read them another book because it is time to transition to lunch worry about being reported for child neglect? Programs have access to significant new support in reporting health and safety incidences and significant guidance through the Risk Assessment Notification protocols and various Information Memoranda. At the same time, the language in 1302.102(d) regarding significant incidences is unnecessarily vague and could result in significant overreporting. We urge OHS to consider language regarding reporting and safety that implies trust of Head Start programs and their safety procedures.

We also seek clarity on the reporting of incidents that require classrooms or centers to be closed. In Massachusetts, inclement weather is frequent. However, the burden of reporting for each classroom closure is high. We ask that OHS add language clarifying that this excludes not just natural disaster but other minor incidents such as inclement weather or facility repairs.

In conclusion, we agree that our staff have for too long been under compensated and deserve a workplace more similar to their other educator peers. However, the collection of regulations in



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the NPRM amount to unfunded mandates and overly prescriptive regulations that risk the very core of Head Start's mission to serve the nation's most vulnerable families. We thank you for your consideration of the above comments. If you have further questions or require clarification, please contact mhaimowitz@massheadstart.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Haimowitz", with a large, stylized flourish at the end.

Michelle Haimowitz
Executive Director