



NATIONAL HEAD START ASSOCIATION

September 17, 2015

Office of Head Start  
Attn: Director of Policy and Planning  
1250 Maryland Avenue SW  
Washington, D.C. 20024

Dear Ms. Rathgeb,

The National Head Start Association (NHSA) is pleased to respond to the Notice of Proposed Rulemaking for the Head Start Program Performance Standards published by the Office of Head Start (OHS) on June 19, 2015 (80 Fed. Reg. 35430).

NHSA is the national voice for more than a million children in Head Start and Early Head Start programs in the United States. Recognizing the devastating impact poverty can have on the future success of young children and their families, Head Start and Early Head Start represent a longstanding national commitment to provide early learning opportunities for vulnerable children and comprehensive supports to help their families achieve long-term stability and success. Over the last 50 years The Head Start Program Performance Standards (“Standards”) have helped programs across the country to deliver on this two-generation commitment. NHSA believes that every child, regardless of circumstances at birth, has the ability to succeed in life if given the opportunity that Head Start offers to children and their families.

Overall, NHSA applauds OHS for publishing a Proposed Rule that, if implemented appropriately, represents a strong vision for Head Start. The NPRM offers a long overdue reorganization to make the Standards accessible for Head Start staff, parents, and partners to deliver the strength and breadth of Head Start's critical comprehensive services. Yet even as the proposed Standards offer a research-based approach to services with fewer bureaucratic requirements, they create limitations for program design and local flexibility that challenge innovation and the ability of each program to best meet child and family needs in the nation's diverse communities. In addition, the cost of the proposed Standards presents a major challenge to successful implementation – especially given today's federal budget realities. With sufficient additional funding unlikely, the anticipated cut of more than 126,000 children and families means lost opportunities and thousands of empty cribs and seats in Early Head Start and Head Start classrooms. This is a disturbing prospect for the Head Start community and simply unacceptable for the hundreds of thousands of children every year who would face a compromised future.

The comments below have been developed through extensive conversations with NHSA's Standards Working Group, NHSA's Board of Directors, and Head Start state and regional leaders, with input from staff and families from a national survey, and with the realities of programs across the country in mind. In addition to comments on opportunities to strengthen and clarify the proposed rule, we recommend alternatives for implementation and *increased flexibility* in order to reduce loss of opportunities for children and families while still finding ways to strengthen quality. We also address the effective administration, monitoring, and oversight necessary for successful use of the standards to truly achieve the vision at the heart of



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the NPRM. A number of other changes identified below, including professional development changes, State Longitudinal Data System participation, and Quality Rating and Improvement System involvement, are better suited for discussion during Head Start's next reauthorization. NHTSA together with the undersigned parents, staff, programs, and associations offers the following response to the NPRM.

### **Executive Summary**

#### **1. The NPRM discourages responsive program design and innovation by limiting flexibility to address community needs.**

§1302.24 of the NPRM would remove the combination and double session options, as well as home-based options for preschoolers, as standard program options. Instead, Head Start and Early Head Start programs will have to choose among three standard program options: full-day center-based, family child care, and home-based for Early Head Start only. The NPRM would allow programs to operate a locally-designed program model that deviates from the three standard program options only if the Head Start program applies and is approved for a Locally-Designed Option (LDO) every two years. To be approved for this option the program would have to demonstrate that the model best meets the learning needs of the children and the needs of the community.

In reality, no two Head Start programs are exactly the same. For 50 years, Head Start has been locally designed based on community needs, and this very ability to adapt each program to local strengths, resources, and needs is part of what has allowed programs to thrive from inner-cities to rural America. In a voluntary survey of over 300 Head Start programs conducted by NHTSA in the spring of 2015, more than 78% reported that they currently operate more than one of the current standard program options in their service area.

NHTSA believes expanding access to full-day, full school year programming is a good goal where it best suits community and family needs and when and where adequate resources are available. NHTSA further believes LDOs are most appropriate for other communities or families, and often for the most vulnerable families whose experiences of poverty, homelessness, health concerns, hunger, and so on require specialized programs. To that end, there should be simple, explicit processes for LDOs and sufficient time to implement and assess the outcomes of these options over a five year grant cycle. Decisions about LDOs should be based on robust Community Needs Assessments and integrated into the grant application and design process. There should be timely and straightforward mechanisms for having grants approved and no quotas for innovation or limitations on program flexibility to effectively address needs of struggling families

Limiting or changing program options would be best discussed in the context of reauthorization, but in this process, lacking the opportunity to debate and refine policies, NHTSA recommends specific provisions to protect flexibility for LDOs.

**Recommendation:** NHTSA strongly recommends that OHS support local flexibility by establishing a process for agencies to apply for five year grants with the balance of slots between



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full-day, family child care, Early Head Start home-based, and locally-designed options that best meets community need.

**2. Without additional funding and flexibility, expanding access to full-day, full-school-year preschool will be unduly disruptive to many communities.**

§1302.21 of the NPRM would increase the number of required service days per year for preschoolers from 128 to 180 days. It would also increase the minimum required hours per day from 3.5 to 6 hours. The full-day variation currently in place at §1306.32(d) would be assumed in the center-based option. Without additional funding, the NPRM estimates the total cost of implementing all changes would lead to 126,448 less children being served and 9,432 teachers' jobs being lost; most of these losses would be driven by the cost of expanding access to full-day, full-school-year services.

NHSA appreciates the early childhood research described in the NPRM that shows that children benefit from increased learning opportunities and we understand the vision for offering extensive services to all vulnerable children. However, the new limitations on program design in the NPRM would cause significant disruption to many communities, eliminating access for over one hundred thousand families and reducing the ability of communities to design services based on local resources and needs.

Many programs already blend funding streams with pre-K or child care so that some slots are six or more hours – and these blended options should be clearly allowable in the Standards – but in other communities, pre-K partnerships involve a mix of Head Start and pre-K funded children in the same part-day classroom. All of these partnerships would be immediately disrupted by the full-day requirement, potentially forcing Head Start to lose access to facilities and reducing mixed-income settings. Additionally, relationships with child care providers are also jeopardized by this proposal, as lengthening the Head Start day limits the hours child care providers can offer for before- and after-care, and in turn affects their willingness and ability to serve Head Start families.

While expanding access to full-day Head Start is an important goal, resources are critical and the NPRM changes will do lasting damage to relationships and quality of programming across the country.

**Recommendation:** NHSA recommends that full-day be *one* option that programs are encouraged to consider as they make local decisions about program design. NHSA further recommends that programs be allowed to align their calendars with partner LEAs or offer a minimum of 1,020 hours for Head Start, distributed across days as best meets local need.

**3. The comprehensive restructuring of the Standards should include a reasonable timeline for implementation.**

§1302.103 of the NPRM proposes that current programs must implement a program-wide approach for the effective and timely implementation of the changes to the program standards at



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the time of the publication of the Final Program Performance Standards. We are concerned that without more flexibility and additional time to make changes, grantees will face significant and unnecessary bottlenecks, delays and confusion.

NHSA urges OHS to create an alternative approach to implementation that would allow greater local flexibility and additional time to make changes. Essential to appropriate implementation will be ensuring that the process for locally-designed models is consistent, reliable, and timely. In the Final Rule, OHS should create a clear, dependable, and transparent process with specific timetables for granting locally-designed options and use the continuous quality improvement mechanisms and other systems described elsewhere in the NPRM to monitor and support the quality and outcomes of locally-designed options.

**Recommendation:** NHSA strongly recommends that in preparation for their next five year grant following the release of the Final Program Performance Standards, the grant application process would involve a thorough review of the Community Needs Assessment and design of a five year grant with full-day, locally-designed, and family child care slots justified by the needs of the community, with flexibility to shift slots among the models over the course of the grant if needs or resources change. See specific comments on §1302.20 below for additional details.

For some grantees this cycle would begin in the year the Final Rule is released; for others who are still early in their five year grant cycle at the time, that planning and implementation would begin later. This proposal would allow programs to incrementally transition some or all classrooms to full-day where that best meets community need, to incorporate new funding as it becomes available, and to thoughtfully consider the changing landscape as early childhood options evolve.

Only through a recommitment to innovation will Head Start continue to ensure that children and families' needs are met appropriately in every community and by justifying local design and measuring outcomes Head Start can renew its leadership role as a national laboratory for early childhood care and education.

#### **4. The NPRM threatens to undermine engagement and empowerment of the whole family.**

For 50 years, Head Start has been a model rooted in a commitment to helping whole families succeed through two-generation approaches that focus both on children's healthy learning and growth and on families as the important context for children's long-term development. Throughout Subpart E of Program Operations, the decision to focus all parent and family engagement on child development represents too great a narrowing of Head Start's mission. Over a child's life, having a more stable, nurturing, and engaged family may contribute far more to outcomes than any one year of educational experiences. Supports for parents' education, employment, housing, and food security are critical, and should be incorporated into the design of work with families and the measurement of family progress. Rather than narrow the focus of Head Start's work with families, the Standards are an opportunity to increase two-generation



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efforts through extensive community partnerships and integration of services for children and parents together.

The Family Partnership Agreement process may be the first time some families are encouraged to explore their family strengths, and parent participation in shared governance has inspired millions of parents to become more engaged in their children's education, to be advocates in educational systems at all levels, and to build extended relationships and careers in Head Start. The Head Start community is seriously concerned that efforts to weaken parent engagement and empowerment, whether intentional or unintentional, will undermine families' future paths and the programs' strongest asset. These components represent two of the most important access points for families on the pathway that Head Start offers toward family stability and self-sufficiency.

**Recommendation:** NHSA recommends that family engagement should be strengthened through continued requirements for Family Partnership Agreements and stronger Shared Governance rather than diminished in the name of reduced bureaucracy.

#### **5. The NPRM strengthens evidence-based programming for serving the most vulnerable children.**

Head Start has always been designed for the most vulnerable children and families and has served them effectively for 50 years. Even as other early learning opportunities grow, Head Start continues to be the most appropriate setting for the most vulnerable children and their families and has a key role to play in mixed-delivery early childhood systems for children birth to five. The NPRM supports these efforts with research-based elements to ensure appropriate services for children with disabilities, dual language learners, children experiencing homelessness, children in foster care, children at risk of suspension or expulsion, and other children at risk.

**Recommendation:** NHSA applauds this focus and offers detailed recommendations below to support the successful implementation of these provisions. We also encourage the Administration to continue pursuing the additional resources needed to keep the window of opportunity open for these most vulnerable children and families.

#### **6. Frequent citations to statutes and regulations make understanding and implementing Standards unnecessarily difficult.**

Throughout the course of the NPRM, there are multiple references to applicable sections of the Head Start Act, the OMB Circulars, IDEA, McKinney-Vento, Caring for Our Children-Basics, and more without corresponding text for each of these references. While these contribute to the NPRM being shorter than current program standards, they make navigating and understanding the standards more complex for new Head Start staff, parents, contractors, and child care partners.

**Recommendation:** NHSA strongly recommends that the applicable text from the relevant statutes and regulations be included in the Standards verbatim in some cases or with further



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clarification in others as discussed in our comments below. Significant statutory changes warrant full regulatory treatment. In addition, we recommend the inclusion of a table with information about accessing the relevant documents in full.

## **Specific Comments**

### **Part 1301      Program Governance**

#### **§1301            Program Governance**

The standards about governance are made unnecessarily complicated for parents, Policy Council members, and even staff to navigate because the standards refer to the Act instead of spelling out responsibilities directly.

**Recommendation:** NHSA recommends that the text from the Act to be written out in the standards for accessibility and ease of use.

#### **§1301.3(a)-(b) and 1301.3(b)      The program must ensure members of the board and policy groups do not have a conflict of interest pursuant to sections 642(c)(2)(C) and 642(c)(3)(B) of the Act.**

Without clarity, some monitors have interpreted the existence of a conflict of interest in one area as a disqualifying factor from any involvement at all in policy groups. Due to the current lack of guidance on conflicts of interest some reviewers have taken the extreme position that if board members and/or their employers engage in any business activities with a Head Start program then the board member must be removed from the board. Clarification, such as the conflicts of interest resolution process found in the Internal Revenue Service (IRS) rules for 501(c)(3) nonprofit organizations would provide the necessary guidance. Under IRS, guidance, nonprofit organizations may determine that board members with potential conflicts of interest must be excluded from discussion on topics related to the potential conflict and must recuse themselves from any votes related to the issue.

**Recommendation:** NHSA recommends that OHS provide additional clarification about this standard and what steps should be taken around sharing conflicts of interest or recusal from individual decisions in the event that a conflict of interest exists.

#### **§1301.4(b)      Removal of Parent Committee Requirement**

Parent Committees are a first step for many parents toward leadership in Policy Councils, communities, and educational systems their children are later involved in.

**Recommendation:** NHSA recommends that OHS maintain the Parent Committees requirement. As parent committees may be challenging for some new Early Head Start-Child Care Partnerships to implement, NHSA urges OHS to offer guidance about alternate approaches for partnerships settings. OHS should also consider creating a process for programs to propose alternate mechanisms for engaging families and measuring outcomes to document increased engagement.

#### **§1301.4(d)(3)      The policy group must include in its bylaws how many one-year terms, not to exceed five terms, a person may serve.**



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Parents in the Head Start community and NHSA strongly support this new provision and programs welcome the ability to have family members participate in Policy Council for up to five years.

**§1301.5(b) A program must establish and follow impasse procedures that: (1) Demonstrate that the governing body considers recommendations from the policy group; (2) Require the governing body to notify the policy group in writing why it does not accept a recommendation...**

The Head Start Act directs the Secretary to provide policies and guidance concerning "the facilitation of meaningful consultation and collaboration about decisions of the governing body and policy council" and the Final Rule should support this meaningful collaboration.

**Recommendation:** The strength of the Policy Councils should not be undermined by impasse procedures that amount to capitulation to the will of Governing Boards; instead, the Standards should call for impasse procedures that include formal mediation when the decisions of the two bodies conflict.

**§1301.12 (a) Removal of Annual Audit.**

While this change only removes annual audits for programs with grants smaller than \$750,000, many of these programs still want or need to audit their programs annually.

**Recommendation:** The Office of Head Start should clarify that an annual audit is still an allowable expense for programs of all sizes.

## **Part 1302 Program Operations**

**§1302.11 (a) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town, or census tract or jurisdiction of a federally recognized Indian reservation.**

While there are some areas where grantees have successfully negotiated recruitment and services in shared service areas, in others the lack of distinct service areas has created conflict and confusion. Additionally, programs should be allowed to factor in where Head Start parents' jobs are located into service area determinations. Head Start programs have for years relied on the guidance found in OHS-PC-I-043 which instructs Head Start programs that the appropriate placement of a Head Start child should be based solely on where the child lives. The rationale for the guidance was to ensure that the service area of one grantee did not overlap the service area of another grantee. This requirement has proven burdensome and, at times, acted as a deterrent for parents who may work an inconvenient distance away from where their child resides.

**Recommendation:** NHSA recommends that OHS should implement a standardized mediation process for grantees that are unable to reconcile overlapping service areas on their own. NHSA further recommends OHS add regulatory text to this provision that permits programs to use various factors, including where guardian's jobs are located, to define service area.



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**§1302.11(b)(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded full-day prekindergarten.**

Simply having six hours of instruction does not meet the needs of many of the most at-risk families. While pre-K settings are most appropriate for some families, others need the full spectrum of comprehensive services.

**Recommendation:** NHSA recommends that the regulatory text explicitly refer not only to full-day prekindergarten but to prekindergarten programs offering the range of comprehensive health, nutrition, and family support services provided by Head Start.

**§1302.11(b)(3) A program must consider whether the characteristics of the community allow it to operate classrooms that include children from diverse economic backgrounds, in addition to the program’s eligible funded enrollment.**

Programs generally support having the flexibility to offer private-pay slots in order to establish economically diverse classrooms, as long as space is available and this does not limit access for Head Start eligible children.

**Recommendation:** NHSA urges OHS to provide additional guidance about cost-allocation and other applicable processes for offering private-pay slots.

**§1302.12(b)(1) For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old.**

The allocation of funds for Early Head Start-Child Care Partnerships stated that family child care homes funded through partnerships could serve children up to 48 months. In addition, as this provision is currently drafted, programs may mistakenly interpret “younger than three years old” to exclude children who are already three years old.

**Recommendation:** NHSA recommends that this standard be amended to include an exception for children served by family child care partnerships to be eligible through 48 months of age. NHSA also recommends OHS change the regulatory language to read “For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler three years or younger.”

**§1302.14(a)(3) If a program operates in a service area with high quality publicly funded pre-kindergarten that is available for a full school day, the program must prioritize child age to serve younger children.**

While programs should have the flexibility to shift Head Start funding to slots for three-year-old children or Early Head Start children if there are appropriate alternative services available, there will always be four-year-old children whose families require the full range of comprehensive health, mental health, housing, food assistance, and other supports offered by Head Start. Every program must have the flexibility to prioritize the most vulnerable children and families in their community. Furthermore, the “high quality” nature of state prekindergarten programs is sometimes due to partnership with Head Start and restricting Head Start programs from engaging in these partnerships would reduce quality across the local mixed delivery system. This standard is even more inappropriate in Tribal communities where other publicly funded pre-kindergarten





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may not reflect educational, linguistic, and other cultural practices that are taught and embodied in the Tribal program.

**Recommendation:** NHSA recommends that the standard should read that the program “should consider prioritizing child age to serve younger children.”

**§1302.15(b)(3) Under exceptional circumstances, a program may maintain a child’s enrollment for a third year, provided that family income is verified again.**

**Recommendation:** NHSA recommends that this standard should be clarified to apply specifically to Head Start and to include services for five-year-olds in states where compulsory education does not begin until age six.

**§1302.15(b)(4) If a program serves homeless children or children in foster care, it must make efforts to maintain the child’s enrollment regardless of whether the family or child moves to a different service area, or transition the child to a program in a different service area, as required in § 1302.72(b), according to the family’s needs.**

NHSA supports this requirement as programs believe this provision will support stability and continuity for homeless children and their families.

**Recommendation:** NHSA encourages OHS to consider extended eligibility for foster care children who have been adopted by their caregivers and we look forward to revisiting this issue during a future reauthorization.

**§1302.15(c) If a program determines from the community assessment there are families experiencing homelessness in the area, or children in foster care that could benefit from services, the program may reserve one or more enrollment slots for pregnant women and children experiencing homelessness and children in foster care, when a vacancy occurs. No more than 3 percent of a program’s funded enrollment slots may be reserved.**

NHSA strongly applauds this provision as it creates a welcome flexibility for programs who have had to turn away homeless families due to being fully enrolled and will help ensure the most vulnerable children have access to Head Start.

**§1302.16(a)(1-2) Attendance. (a) Promoting regular attendance. A program must track attendance for each child. (1) If a child is unexpectedly absent and a parent has not contacted the program within 1 hour of program start time, the program must contact the parent to ensure the child is safe. (2) If a child has four or more consecutive unexcused absences or is frequently absent program staff must conduct a home visit or other direct contact with the child’s parents...**

Many of the most vulnerable families face barriers and challenges to attending regularly and on time, and programs agree that these families may require additional supports. Yet the creation of specific new requirements contradicts the NPRM’s focus on systems rather than compliance, and calling after an hour in small centers or conducting home visits in frontier counties (six or fewer people per square mile) may be inappropriate and create undue burden.



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**Recommendation:** In place of this section, NHSA recommends that OHS include regulatory text that allows programs to create their own systems for prompt follow-up with families with a history of attendance concerns when thresholds for tardiness or absence are met. These would include direct contact by program staff through mechanisms determined based on local resources and capacity.

**§1302.16(c) If a program determines a child is categorically eligible under §1302.12(c)(1)(iii), it must allow the child to attend for up to 90 days, without immunization and other medical records, proof of residency, birth certificates, or other documents to give the family reasonable time to present these documents.**

The inclusion of “birth certificates” in this provision is misleading as it implies that programs can require birth certificates for eligibility verification for income-based eligible families.

**Recommendation:** NHSA recommends that OHS remove “birth certificate” from this list to reflect that birth certificates are never required for Head Start enrollment. The standard should also include a phrase “except where more stringent timelines are required by licensing systems” as some states, such as Ohio, require certain documentation of health status within 30 days without exception.

**§1302.17(a)-(b) Suspension and expulsion. (a) *Limitations on suspension.* (1) A program must prohibit or severely limit the use of suspension... (b) *Prohibition on expulsion.* (1) A program cannot expel or unenroll children from Head Start because of a child’s behavior...**

NHSA applauds the focus on meeting the needs of children with behavioral challenges through interventions rather than punishment, and this has long been the practice of Head Start programs.

**Recommendation:** NHSA encourages OHS to acknowledge the additional demands this mandate creates for mental health staffing and infrastructure and for family interventions to support the child’s behavioral health at home. For the many rural programs without alternative settings for children who truly cannot be successful in a center-based setting without jeopardizing child or staff safety, the home-based model may need to be a continued option. Programs and their partners will need guidance for situations where school system partners or state licensing regulations call for children who pose harm to themselves or others to be immediately suspended or expelled. There should also be clear references to engaging mental health professionals and other intervention services.

**§1302.17(c) Parent participation in any program activity is voluntary, including consent for data sharing, and not required as a condition of the child’s enrollment.**

**Recommendation:** This standard should more clearly reflect the stated intent that children cannot be excluded from participation because their parent(s) do not participate in parent activities, including parental consent for data sharing.

**§1302.20(a)(1) Existing programs must annually consider whether they would better meet local needs through conversion of existing part-day slots to full-day or full-**



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**working day slots, extending services to a full calendar year, or conversion of existing preschool slots to Early Head Start slots.**

**Recommendation:** While programs annually update their Community Needs Assessments and should certainly have the opportunity to reflect on any changes in their communities and adapt as needed, NHTSA recommends that program design and redesign be part of the five year grant cycle rather than a round of annual paperwork to justify continued use of effective models based on local need.

**§1302.20(c)(1-2) Consistent with section 645(a)(5) of the Head Start Act, grantees may request to convert Head Start slots to Early Head Start slots through the re-funding application process or as a separate grant amendment. Any grantee proposing a conversion of Head Start services to Early Head Start services must obtain governing body approval and submit the request to their Regional Office.**

**Recommendation:** NHTSA urges OHS to clarify this standard to specify that conversion is allowed even for grantees that have not had Early Head Start previously. OHS should also include a timeline for how long the Regional Office has to review and approve or deny a request for conversion.

**§1302.21(b)(1) and §1302.23(b)(4) Programs must maintain appropriate ratios during all hours of program operation.**

**Recommendation:** References to "all hours" should clarify that ratios do not apply to before and after care not funded by Head Start. The standard should instead read, "Programs must maintain appropriate ratios during all hours of operation funded by Head Start or Early Head Start."

**§1302.21(c)(1) At a minimum, a program that serves preschool age children must offer no less than 180 days of planned operation per year, and Early Head Start programs must offer no less than 230 days of planned operation per year.**

The Office of Head Start has requested comment about the appropriate required number of days, and for many programs 180 days poses a major challenge. About a third of states require fewer than 180 days of operation for pre-K settings, sometimes as few as 165, and these numbers may also include days set aside for parent conferences and professional development. For the many Head Start grantees who are school systems or who partner with school systems, having a longer required number of days could disrupt access to shared classroom space and transportation, reduce attendance when children's siblings are not in school, and undermine access to unionized staff and other LEA resources. In many programs the 180 full-day requirement would also eliminate Head Start teachers' time for planning, coaching, and data analysis and limit time spent building bridges with families through conferences and home visits. For all these reasons, efforts to expand quality could in fact undermine quality and reduce Head Start's ability to partner with others.

Additionally, lengthening the requirement for Early Head Start days to 230 likewise reduces the ability of programs to offer coaching, find time for data analysis, and train staff on the curricula



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and other topics required by the NPRM, all factors that are essential for making child services high-quality.

**Recommendation:** NHSA recommends that OHS include regulatory text that gives programs the flexibility to match their calendars to local school districts if they are operated by or in partnership with a school district. For other Head Start programs NHSA recommends that OHS follow the example of several leading state systems and put in place *minimum hour requirements, rather than day requirements*, across the year. For example, in some states the shift from five to six hours per day will require a new level of licensing and a required one and a half hour nap for children. This adds no value in terms of learning and development, and programs may reasonably choose to continue five hour days but offer more days per year. For Head Start, a minimum of 1,020 hours could be implemented as fewer longer days or more shorter days, based on what best meets local needs and resources, and would allow additional days or hours of operation within the program calendar for required home visits, parent-teacher conferences, and staff development.

Additionally, NHSA recommends that for programs not yet meeting this number of hours per year, the full-school-year change should similarly be planned over the course of each grantee's next five year grant with an option to phase in the change. Locally-designed options could be required to meet a lower minimum number of hours, or a number negotiated with HHS officials as part of the design process for a program's grant. This may be necessary to support continued partnerships with school districts and other collaborators in some communities.

For Early Head Start, NHSA urges OHS to require a minimum of 1,320 program hours rather than a set number of child days so programs may set aside an appropriate amount of time for parent engagement, staff development, and other program activities.

**§1302.21(c)(3) A [center-based] program must offer a minimum of six hours of operation per day but is encouraged to offer longer service days if it meets the needs of children and families.**

NHSA proposes that while expanded access to full-day Head Start should be a *goal*, locally-designed options should be easily established and will likely better match the needs and resources of some or all families in each community served by Head Start. Rural communities in particular have expressed concerns about the need for local design.

**Recommendation:** NHSA proposes the following components of the 5 year grant process, with the expectation that a majority of programs will operate at least some preschool slots outside the standard full-day and family child care definitions:

- The Community Needs Assessment (CNA) should always be the starting ground for understanding what vulnerable families need in the local area, which will vary for populations of student parents, families working low-wage jobs or nontraditional hours, families experiencing homelessness, refugees, and others. It will also provide assessment of other existing early care and education resources that are available in a community, such as state/locally funded pre-k, child care, or home visiting programs. The CNA process offers Head Start programs the opportunity to gain community buy-in, reconcile



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the needs of families with the existing services offered in a community and explore resources to support changes in program design.

- Based on analysis of the CNA, the grant should be designed to increase quality and dosage based on available strengths and resources; to target additional or extended services at children and families who will benefit most given limited resources; and to work flexibly with numerous partners including schools, child care providers, and community agencies.
- A 5 year grant application should be expected to include one or more locally-designed options balanced with full-day and family child care options where those best meet family needs, all approved as one grant every five years.
- Along with the design of their locally-designed options, programs should be required to set goals and measurements for those goals, and then demonstrate progress toward their goals over the course of appropriate check-in points across the grant based on the systems described elsewhere in the NPRM.
- Immediate and responsive support during this process should be available from Regional Offices and Training and Technical Assistance Systems. Guidance should be provided that includes examples of successful locally-designed models, but these should not limit the ingenuity and innovation happening in communities.
- There should be timely and straightforward mechanisms for having grants approved.
- There should be no quotas for innovation and no limitations on program flexibility to meet struggling families wherever they are.

NHSA further recommends that OHS clarify whether blended funding approaches can count toward a child's experience of a six hour program and which standards must be met for hours funded with pre-K or child care sources.

**§1302.22(b) and §1302.35(b)(3)      A program that implements a home-based option must maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.**

**Home visits should be...scheduled with sufficient time to serve all enrolled children in the home.**

In some cases programs enroll multiple siblings in the home-based option.

**Recommendation:** NHSA recommends that OHS clarify that home visitors may have a caseload of 10 to 12 children, with fewer than 10 to 12 families if multiple siblings are served. Additionally, NHSA urges OHS to be clear that if multiple children in the same household are served, a visit must be at least 90 minutes, not 90 minutes for each enrolled child.

**§1302.22(d)      The facilities used for group socializations in the home-based option must meet state, tribal, or local licensing requirements.**

Some home-based programs, particularly in rural communities, use churches, libraries, and community centers to have socializations in settings accessible to families. In many states, no agency offers licensing for these spaces.



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**Recommendation:** NHSA recommends that OHS clarify the standards to specify that socialization settings should be licensed only when taking place in a Head Start or Early Head Start facility in states where such facilities are licensed.

**§ 1302.24 Locally-designed program option variations.**

As discussed in the executive summary and in comments on §1302.21(c)(3), for 50 years, Head Start has been locally-designed based on community need, and the ability to adapt each program to local strengths, resources, and needs is surely part of what has allowed programs to thrive from inner-city Chicago to the bottom of the Grand Canyon. Home-based services are the most appropriate model for some rural families, or those with mental health challenges. Part-day services best meet the desires of many families, particularly parents of three-year-olds enrolling for the first time who do not want to send their child to full-day programming. In addition, some of the most vulnerable communities also have particular cultural values related to the appropriate age to send children out of the home for a full-day, and may call for a locally-designed Head Start model including home visiting or part-day services.

This opportunity to revise standards should be used to build up innovative, creative models with good outcomes rather than to stifle creativity by requiring programs to choose from limited options none of which may suit community needs. While the National Head Start Association appreciates the thorough review of early childhood research described in the NPRM and the vision for offering extensive services to all vulnerable children, it is critical to balance expanding service hours for some children against lost opportunities for others and to preserve the local variability at the heart of Head Start rather than assume that a one-size-fits-all model will truly serve more than a handful of communities and children well. In a voluntary survey of over 300 Head Start programs conducted by NHSA in the spring of 2015, more than 78% reported operating more than one model of part-day or full-day services just in their service area. While many said they would be excited to expand full-day models given the resources to do so, programs also called out that families' needs and values are highly varied and some will always prefer or be best served by part-day and home-based Head Start.

At this important moment in the history of early childhood education, new Head Start Program Performance Standards can renew Head Start as a national laboratory that carefully targets children on the margins with models that adapt to their geographical, cultural, and linguistic experiences. Locally-designed options should also be considered as the foundation for a new research-base on the efficacy of models designed specifically for populations of children and families with particular profiles of risks and strengths.

**Recommendation:** NHSA strongly urges OHS to allow programs with appropriate justifications to have part-day and home-based models through the locally-designed option as long as they demonstrate outcomes for children.

**§1302.24(b) A request for operating a locally-designed variation must be approved by the responsible HHS official every two years.**

**Recommendation:** As described above, NHSA recommends that decisions about the models a program will offer should be made as part of the design and implementation of each 5-year grant, with flexibility to make changes as necessary during those five years. Requiring new



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approval every two years would not align with grant timelines, would only create additional demands and delays for Regional Offices, and should be removed.

**§1302.31(b)(2) For dual language learners, a program must recognize bilingualism as a strength and implement research-based teaching practices that support its development.**

The supports for dual language learners in the NPRM are very strong and recognize the best research and practice for these children. NHSA applauds the Administration for their focus on this fundamental aspect of the spirit of Head Start.

**§1302.31(e)(2) A program must approach snack and meal times as learning opportunities that support staff-child interactions and foster conversations that contribute to a child’s learning, development, and socialization.**

Many programs feel strongly about preserving family-style meals as part of the Head Start model.

**Recommendation:** Since the Child and Adult Care Food Program Memo 23-2011 encourages recipients to use family-style meals for young children as best practice, we recommend that same encouragement should be repeated here if not required.

**§1302.32 (a) Curriculum. (1) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curriculum, including additional curricular enhancements, as appropriate...**

While the large majority of Head Start and Early Head Start programs currently implement research-based curricula, the most vulnerable populations they serve may include refugee, immigrant, Tribal, or other culturally diverse communities for whom curricula and resources haven't traditionally been designed or validated.

**Recommendation:** NHSA recommends including flexibility about adapting existing curricula, using curricula whose research base is still in development, or partnering with curriculum developers on the creation of new materials. Regardless of populations served, programs should have the flexibility to be part of research and innovation in the design of new curricula and there should be a clear and consistent national process for programs to have these efforts approved.

**§1302.33(a)(1) In collaboration with each child’s parent and with parental consent, and within 45 calendar days of the child’s entry into the program, a program must complete a developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills...**

The current standards say programs “must perform or obtain” the screenings. Where programs are part of coordinated systems to facilitate universal screening, or where children have had these



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screenings conducted as part of an IEP or IFSP, programs may obtain documentation in lieu of conducting duplicative screenings.

**Recommendation:** NHSA recommends that the language in the revised standards read: “...a program **must complete or obtain** a developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills.”

**§1302.33(a)(5) If, after the formal evaluation described in paragraph (a)(2)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for IDEA under the state definition, but the program determines, with guidance from mental health or child development professional, that the formal evaluation shows the child has a significant delay in one or more areas of development that are likely to interfere with the child’s development and school readiness: (i) The program must ensure appropriate staff partner with parents to meet the child’s needs, including accessing needed services and supports...**

Meeting the needs of children with developmental delays even if they do not have services through IDEA is already the practice of some Head Start agencies, and others are willing to expand their practices, but this step will require significant funding for disabilities coordinators and services providers for speech-language therapy, occupational therapy, and other related services depending on the needs of individual children; many of these services are already difficult to access given limited infrastructure in some communities.

**Recommendation:** While OHS should encourage programs to expand services to children waiting for IDEA services, there should be no unfunded mandate to do this work or services across programs could be diluted. This standard should be a recommendation, not a requirement. NHSA urges OHS to release guidance that identifies the role that 504 plans may play in providing appropriate structures and resources to serve these children. This standard should also not be implemented in a way that creates extensive new paperwork requirements.

**1302.33(c)(1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified personnel, and being age, developmentally, culturally and linguistically appropriate; and appropriate for children with disabilities, as needed.**

In communities serving Tribal, refugee, immigrant, or other culturally diverse communities, there may not yet exist screenings and assessments that are valid and reliable for the children enrolled, particularly in their home languages.

**Recommendation:** NHSA recommends that these communities should have the flexibility to adapt existing tools as needed or participate in research to develop new ones. OHS should also consider prioritizing Head Start research funds for the development of reliable, validated, developmentally appropriate tools in languages other than English.

**§1302.35(d) A program that operates the home-based option must ensure all home visits focus on promoting high quality early learning experiences in the home and growth towards the goals outlined in the Head Start Early**





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**Learning Outcomes Framework (Birth-5) and must use such goals and the curriculum to plan home visit activities...**

**Recommendation:** NHSA recommends this standard should also include Parent, Family, and Community Engagement components of the visits.

**§1302.42(a)(2) If the child does not have such a source of ongoing care and health insurance coverage, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.**

**Recommendation:** Given the level of specificity required by monitoring protocols, NHSA recommends that “as quickly as possible” should be replaced by an appropriate length of time, either in systems created by programs to track health monitoring and outcomes or through an addition to the standard.

**§1302.47 (a) A program must establish, train staff on, implement, and enforce health and safety practices that ensure children are kept safe at all times. Programs should consult *Caring for our Children Basics* for additional information to develop and implement adequate safety policies and practices described in this subpart.**

The Head Start field welcomes the focus on health and safety systems rather than adherence to extensive checklists, but the monitoring of these systems must be thoughtfully and clearly designed.

**Recommendation:** NHSA recommends that OHS monitoring protocols for examining and establishing that programs have systems in place for various areas of health and safety should not reintroduce bureaucracy, should be immediately accessible to all grantees, and should be consistently administered by all monitoring teams without room for subjectivity.

**1302.47(b)(8)(vi) For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.**

This standard creates privacy concerns for children’s health records where posted information would be accessible to classroom guests and volunteers.

**Recommendation:** As an alternative, we recommend that only a list of allergies in the classroom be publicly posted, with other secure information available to relevant staff about which child has which allergy.

### **§1302 Subpart E Family & Community Partnership Program Services**

**Recommendation:** NHSA recommends that *Family & Community Partnership Program Services* should be relocated from Subpart E of Program Operations to Subpart B, immediately following the subpart on *Eligibility, Recruitment, Selection, Enrollment, and Attendance* and emphasizing the essential roles that families play as partners and program leaders in all other areas of program operations that follow. Furthermore, descriptions and support for family partnerships should be focused on broad opportunities to enhance families’ social and economic well-being and their leadership skills as decision makers for their children, their Head Start program, and their larger community.



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**§1302.52(c) Individualized family partnership services. A program must offer parents the opportunity to collaborate with staff to identify, prioritize, and access individualized family partnership services and supports.**

While NHTSA appreciates the intent of OHS to reduce bureaucratic burden by eliminating some requirements for written plans, the elimination of formal Family Partnership Agreements takes this a step too far. Rather than bureaucratic barriers to be reduced, these Family Partnership Agreements are central elements of the most highly effective Head Start programs, and even as they affect families individually, families in turn shape their programs and communities collectively.

**Recommendation:** NHTSA recommends that this key component should continue to be part of the essential services every grantee offers. Family Partnerships should be focused not only on child development and school readiness but also on family stability and self-sufficiency.

**§1302.53(b)(2)(vi) A program must establish necessary collaborative relationships and partnerships, with community organizations that may include... Providers of support to homeless children and families, including local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*)**

**Recommendation:** NHTSA recommends that this standard also encourage partnerships with programs funded through the Runaway Homeless Youth Act for parenting teens.

**§1302.53(e) A program should participate in their state or local Quality Rating and Improvement System if their state or local system has been validated to show that the tiers accurately reflect differential levels of quality, are related to progress in learning and development, and build toward school readiness and that Head Start programs are able to participate in the same way as other early childhood programs in the state.**

While Head Start programs in some states participate in Quality Rating and Improvement System (“QRIS”) it should not be a requirement at this time, given the mixed research, the cost in some states without benefit to programs or families, and limited opportunity for school-based grantees or partnerships to participate. Participation in QRIS would also add additional, duplicative monitoring visits reducing the programs’ ability to focus on quality services to children and families. Mandating QRIS at this point would create additional bureaucratic requirements and sometimes incur considerable expense for programs.

**Recommendation:** We recommend that OHS should remove the mandate for programs to participate in Quality Rating and Improvement Systems.

**§1302.61(a) Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for IDEA services, are being met and all children have access to and can fully participate in the full range of activities and services.**

**Recommendation:** This standard should explicitly use the term “inclusion” to clarify and reinforce Head Start’s commitment to serving children with disabilities in inclusive settings.



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**§1302.82(b) A program must provide a health staff visit to each mother and newborn within two weeks after the infant’s birth to ensure the well-being of both the mother and the child.**

In some situations, such as a complicated birth or a particular cultural belief, a family may prefer not to have a health visit during the first two weeks after birth.

**Recommendation:** NHSA recommends that standard call for the program to “offer” rather than “provide” a health staff visit.

**§1302.90(a) A program must establish written personnel policies and procedures that are approved by the policy council or policy committee.**

Programs need clarity about the role of Policy Councils in hiring and firing. The common interpretation of the Act is that Policy Councils should contribute to policies for both hiring and termination, but would have direct involvement only in hiring of key positions such as Executive Director, Head Start Directors, and other leadership staff, and should not have a direct role in termination of staff.

**Recommendation:** NHSA recommends that the Final Rule clearly state the Office of Head Start’s interpretation of this section of the Head Start Act.

**§1302.90(b)(1-2) Before an individual is hired, a program must conduct an interview, verify references, and obtain the following to ensure child safety: (i) (A) State or tribal criminal history records, including fingerprint checks; or, (B) Federal Bureau of Investigation criminal history records, including fingerprint checks; and, (ii) Clearance through child abuse and neglect registry, if available; and, (iii) Clearance through sex offender registries, if available. (2) Within 90 days after an employee is hired, a program must complete the background check process by obtaining whichever check listed in (b)(1)(i) was not obtained prior to employment.**

The proposed changes to criminal background check requirements reflect best practices and are in the best interests of children and align Head Start with Child Care & Development Block Grant (“CCDBG”) regulations, but many programs have significant concerns about costs and delays for both state and federal systems. These delays will only compound challenges state systems are already facing as a result of the new CCDBG requirements.

**Recommendation:** While there are no easy solutions, NHSA recommends flexibility as state background check systems grow and that OHS monitoring hold harmless programs who have submitted background checks so they are not penalized for state and federal delays beyond their control.

**§1302.90(b)(3) A program must review each employment application to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and must use State licensing disqualification factors in any employment decisions.**

This standard reflects existing practice among Head Start programs, however programs should not be required, as the preamble to the NPRM suggests, to create additional bureaucracy through



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written justifications for these hires. If there is a concern about bias compounding evaluation of criminal background findings, the rule may reference Title VII of the Civil Rights Act of 1964.

**Recommendation:** NHSA recommends that the clause about following state licensing disqualification rules should be removed because it creates new requirements for school-based grantees and other grantees' school partnerships that could interrupt collaborations and create barriers to future partnerships. NHSA also recommend revising the preamble of the NPRM to reflect the language in this section that programs are not required to have written justifications.

**§ 1302.90(b)(4) A program must conduct a complete background check as described at paragraph (b) of this section for each staff member at least once every five years.**

Programs support the need to revisit background checks, but some states, notably California, have systems that automatically notify employers who have previously requested a background check of any new arrests or convictions. In these states, repeated background checks should not be required as they only introduce an unnecessary cost.

**Recommendation:** NHSA recommends that this standard include flexibility for states with background checks updated more frequently or routinely based on local or state regulations. NHSA recommends that for staff hired prior to the Final Rule, guidance should be clear about the timelines for updating background checks and that future monitoring visits should look for current background checks, not documentation from the original date of hire.

**§1302.91(f)(1) A program must ensure home visitors providing home-based education services: (1) Have a minimum of a home-based CDA credential, or equivalent coursework as part of an associate's or bachelor's degree, and have training or experience in early childhood education, prenatal and child development, strength-based parent education, and family support; and the knowledge of community resources to link families with appropriate agencies and services...**

Programs generally support a CDA minimum credential for Early Head Start home visitors, but some communities have a limited pool of applicants with existing CDA credentials or may have existing home visitors who need time to complete a CDA to meet the new Standard. For potential staff with CDA credentials, several areas of focus are relevant to the work of an Early Head Start home visitor, including home-based and infant/toddler. Knowledge of curricula should also be considered as it is for teaching staff.

**Recommendation:** NHSA recommends that the requirement should state that all home visitors have a minimum of a home-based or infant/toddler CDA or equivalent coursework as stated in the standard or be enrolled in coursework to earn a CDA.

**§1302.92(b) A program must establish and implement a systematic approach to staff training and development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high quality services within the scope of their job responsibilities, and attached to academic credit as appropriate.**



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Depending on an individual's role and existing credentials, college credits or continuing education units (CEUs) may be more appropriate to demonstrate their continued professional growth.

**Recommendation:** NHSA recommends that the standard read “and attached to academic credit or continuing education credits as appropriate” or that academic credit be defined in §1305 to include CEUs.

**§1302.92(b)(3) Research-based approaches to professional development for teachers, assistant teachers, home visitors, and family child care providers, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework (Birth-5) providing effective and nurturing teacher-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children for transitions (as described in subpart G of this part), and improving child outcomes for all children...**

The systems focus of the proposed rule will lead to programs' professional development being driven by goals and outcomes, with unsuccessful strategies quickly replaced. Adding unfunded mandates about the details of the professional development strategies is unnecessary.

**Recommendation:** NHSA recommends that OHS clarify the description of “research-based approaches” and make this a recommended rather than required feature of programs' professional development strategy as long as programs demonstrate outcomes for teacher development.

**§1302.92(b)(4) A coordinated coaching strategy that aligns with the program's school readiness goals, curricula, and other approaches to professional development.**

Coaching is an important direction for Head Start professional development, and many programs have already implemented coaching for some or all staff, but this standard should be a recommendation and not a requirement. Programs should be encouraged to consider coaching as an effective practice but still have local flexibility to design and deliver internal training and technical assistance in ways that are financially and practically feasible. Some communities have access to few or no qualified coaches, or can only provide these supports by having existing staff play multiple roles. Once the Office of Planning, Research, and Evaluation's study of Head Start coaching practices is complete, this issue may be revisited during the next Head Start reauthorization.

**Recommendation:** NHSA recommends that OHS remove the coaching mandate without additional funding as it presents a significant burden on programs that do not have the resources to employ expert coaches. OHS should further clarify that for programs that do offer coaching this may be conducted by any qualified staff member.

**§1302.93(a) A program must ensure each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic reexamination (as recommended by their health care provider or as mandated by state, tribal, or local laws).**



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While programs are willing to meet these standards for their own staff, they can be difficult to require of teachers in school-based partner sites, Early Head Start-Child Care partners, and other collaborative staff and programs do not have funds to offer health services to partner staff for health care, especially beyond state requirements. In the case of Ohio, follow up health exams are no longer required by states and in West Virginia tuberculosis screening has been eliminated because of lack of cases.

**Recommendation:** We suggest that for these collaborative staff, the standards should clearly state that they need to meet all state, tribal, or local laws regarding the health qualifications necessary to work with children.

### **Request for Comment Family Service Workers, Health, Disabilities Staff Qualifications**

In the absence of new funds to support the education and compensation of staff, we recommend no new requirements for qualifications at this time. Instead, NHTSA recommends that this issue be revisited during the next Head Start reauthorization. In the interim, programs all set their own minimum qualifications for various roles as part of hiring policies. There should be a strong focus for any future requirements on how experience with Head Start and Head Start families supports the development of important competencies and should be a complement to any academic requirement.

#### **§1302.101(b)(4)(i) Identify a data governance body or council with clear roles and responsibilities, establish a framework for decision-making and/or procedures on data management, including how data quality will be monitored, how data will be shared while protecting privacy and confidentiality, a plan to execute those procedures, and an accountability structure for meeting these requirements;**

While programs are willing to adhere to this standard, there are numerous questions about this new process. Should the data governance body be a subcommittee of the Policy Council or include some representation of other bodies? What decisions fall under their jurisdiction and how should the Policy Council or Governing Board be consulted or given approval of decisions? What background knowledge or training should be required for membership in a data governance body?

**Recommendation:** NHTSA recommends that clear guidance be created about data governance along with an appropriate effective date for the implementation of this standard so programs can establish strong systems.

#### **§1302.101(b)(4)(iii) A program should integrate Head Start data with other early childhood data systems or sources and work with the state's K-12 Statewide Longitudinal Data System to share relevant data, to the extents practicable.**

While most programs are willing to be part of their State Longitudinal Data Systems (SLDS), participation in them requires additional time and paperwork on the part of staff involved in managing data. Programs also have concerns about the use and appropriate interpretation of data about their students.

**Recommendation:** At this time, the cost to programs is such that NHTSA recommends participation in SLDS be encouraged but not required. To the degree possible, NHTSA encourages



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OHS to advocate for SLDS to provide reports and information back to Head Start partners and understand the context of Head Start before interpreting shared data. Additionally, NHTSA recommends that tribes should explicitly be exempt from any requirement to participate in SLDS.

**§1302.101(b)(4)(iv) Align Head Start data collection and definitions, where possible, with the Common Education Data Standards.**

The Common Education Data Standards (“CEDS”) may apply to data collected by programs in some cases, but program data collection will continue to be driven by federal data collection through the Head Start Enterprise System and Program Information Report as well as data collected to be shared with state and local systems.

**Recommendation:** Rather than embed this in the Standards, NHTSA recommends that OHS take the lead by using the CEDS to organize its own data collection.

**§ 1302.102 Achieving program performance goals.**

Programs are generally all willing to embrace the Continuous Quality Improvement (“CQI”) focus replacing a pure focus on compliance, but many feel they need more guidance or support to implement these efforts.

**Recommendation:** NHTSA recommends OHS’s training and technical assistance focus on providing guidance and support to grantees on how to best implement their CQI efforts. Additionally, NHTSA urges OHS to acknowledge operating costs of CQI - including costs for technology, software, customization, and staff time - as well as the need to invest in appropriate measurement tools for more complex areas of child and family development.

**§1302.102(a)(2) A program, in collaboration with the governing body and policy council, must establish goals and measurable objectives that include: School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework (Birth-5), state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend.**

Programs are excited to have this new guidance, and appreciate the birth to five nature of the framework.

**Recommendation:** While some programs will choose to revise their goals immediately, NHTSA recommends that others have the option of waiting until their next five year grant so that their current cycles of data collection and analysis toward their goals are not interrupted.

**§1302.102(d)(1)(ii) A program must submit reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any risk affecting the health and safety of program participants.**

This standard is far too vague to be practical. A cold going around the community or a toddler biting a classmate should not rise to the level of being reported to HHS, and distinctions should be drawn about what level of serious or systemic risks call for reporting.

**Recommendation:** NHTSA strongly recommends that OHS provide clarifying regulatory text about what “risk affecting the health and safety of program participants” should entail. Guidance about risks that should be reported might include lapses in supervision, inappropriate



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discipline, and hazardous facilities. Guidance should also be clear which types of reports may lead to immediate deficiencies and how such determinations are made.

**§1302.102(d)(1)(iii) A program must submit reports, as appropriate, to the responsible HHS official immediately or as soon as practicable... Legal proceedings by any party that involve the program, management, program staff, or volunteer as a party.**

**Recommendation:** NHSA recommends that OHS clarify “as appropriate” to reflect legal proceedings that are directly related to the operation of the Head Start program and not personal matters.

## **Part 1303 Financial and Administrative Requirements**

### **§1303 Subpart C Protections for the Privacy of Child Records**

NHSA applauds OHS’ clarity in the Proposed Standard for sharing child data and the alignment with education standards in this area makes sense.

#### **§1303.31 Determining and establishing delegate agencies.**

**Recommendation:** In sections related to delegate agencies and contractors, we recommend the standards explicitly describe and differentiate delegates and contractors. This clarity is particularly relevant for new Early Head Start-Child Care Partnerships.

**§1303.70(b)(1) If a program does not provide transportation services, either for all or a portion of the children, it must provide reasonable assistance to the families of such children to arrange transportation to and from its activities, and provide information about these transportation options in recruitment announcements.**

**Recommendation:** NHSA recommends that this standard should be removed because it creates an unnecessarily bureaucratic requirement and may not be appropriate for rural communities without public transportation or urban communities with numerous options.

### **OMB Circular –Fundraising.**

One perennial question in Head Start is about the allowable use of staff time and grant funds for fundraising to meet the required in-kind match, yet these standards do not comment at all on this issue.

**Recommendation:** Because recent OMB circulars do cover the issue and apply to Head Start programs, we recommend including the appropriate reference in the financial administration section.

## **Part 1304 Federal Administration Procedures**

### **§1304.2(b) Deficiencies.**

**Recommendation:** NHSA recommends that Standards provisions defining deficiencies should also describe mechanisms for appealing findings to HHS officials. Additionally, NHSA recommends that there should be a description of immediate deficiencies and the means of





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resolving these, particularly immediate deficiencies based on allegations that are later overturned or unfounded.

### **§1304 Subpart B Designation Renewal System.**

Since 2011, the creation and implementation of the Designation Renewal System has led to increased stress for programs and staff at all levels and its triggers have often been capricious and unrelated to systemic quality.

**Recommendation:** Though OHS will not have the opportunity to revise this section of the Standards for the Final Rule, we keenly urge that DRS be reformed and look forward to the opportunity to inform a stronger, more effective system. If possible, standards about dates for the DRS “transition period” that are already past should be eliminated because they only create additional confusion. In particular, future reforms must consider the fact that in both the existing and future Standards, standards have relative importance and weight, and OHS should address which deficiencies are truly appropriate triggers for Designation Renewal.

## **Part 1305 Definitions**

### **§1305 Definitions**

Numerous definitions must be clearly stated in order for the Standards to be accessible and usable. For example, to clarify when health and other service timelines begin, it is important to have transparent definitions of children’s entry and enrollment. Further, a deficiency is currently defined in the Head Start Act as a “systematic or substantial material failure of an agency in an area of performance...” The term “material,” which OHS has not defined or clarified, suggests that a program’s failure in an area of performance would rise to the level of deficiency if, and only if, that failure was markedly significant. As a result of the lack of guidance on this matter, programs and reviewers alike have struggled to implement a consistent definition of what a substantial material failure means for Head Start programs. We also suggest that for clarity of new staff and partners, terms from the Individuals with Disabilities Education Act or McKinney-Vento or the OMB circulars should be spelled out, not referenced.

**Recommendation:** We recommend the following terms be clearly defined in §1305:

- authorized caregiver,
- deficiency,
- directory information,
- entry,
- enrollment,
- family,
- federal interest,
- high-quality pre-K (at a minimum to include health and safety licensing, age-appropriate ratios, and comprehensive services),
- non-compliance,
- inclusion,
- LEA,
- frequently absent,
- unexcused absence,
- “planned operation” for center-based,
- standardized and structured assessments,
- seclusion/restraint,
- and research-based.



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## **Effective Implementation**

### **Funding**

The most serious threat to Head Start is no single standard in the Notice of Proposed Rulemaking but the entire cost of the NPRM in the absence of new funding. The damage of cutting over 126,000 children and their families from the program and the cumulative loss of access over time because of these empty seats and cribs cannot be overstated.

The Administration has called Head Start "the original two-generation program" and should be clearly committed to supporting family stability and self-sufficiency, which in turn contribute to all the long-term findings for Head Start graduates. The same research on part-day and full-day models of the Child-Parent Centers that OHS cites found no difference in parent engagement between the models, and the true societal cost of eliminating slots to fund this NPRM may be astronomical if there are no significant changes in parental engagement for enrolled families but some families lose the support of Head Start entirely. In addition, with the reduction in children served, the most at-risk families would still be served first and the families losing service might be those most ready for college/workforce<sup>1</sup> and with the greatest potential benefits of the program.<sup>2</sup> The absence of these families from the program would reduce the economic diversity of the population served and the role models for the most vulnerable children and families. Every effort should be made to extend the timing for the implementation of the NPRM so families do not lose access.

The Head Start workforce is also a major concern in terms of the cost of the NPRM. Teachers, home visitors, and family service staff are the most essential component in building relationships with each child and family to guide their trajectories. Yet, Head Start staff often have to turn to government subsidies, such as SNAP benefits, tax credits, and other income supports, to provide for their families – effectively subsidizing program quality with their low salaries.<sup>3</sup> Paying living wages alone could cut 1/3 or more of children. As the NPRM is implemented, extending to longer days and school years will undermine the Head Start workforce by making the contrast in salaries and benefits for Head Start and pre-K teachers even more appalling; programs would likely have to spend time and funds recruiting, training, and coaching staff at an even higher rate of turnover than they currently experience. Living wages for staff are necessary for mental health and nurturing caregiving, a stable workforce and continuity for children, and having staff with credentials *and experience* - especially if Head Start and Early Head Start eventually move toward even higher degree requirements. A stable workforce would clearly decrease the costs of training and coaching over time.

It is also important to address the possibility that the actual costs of the NPRM may be higher than the estimates described. Criminal background checks may take hours to complete if

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<sup>1</sup> Sabol, T. J., & Chase-Lansdale, P. L. (2014). The Influence of Low-Income Children's Participation in Head Start on Their Parents' Education and Employment. *Journal of Policy Analysis and Management*.

<sup>2</sup> Miller, E. B., Farkas, G., Vandell, D. L., & Duncan, G. J. (2014). Do the Effects of Head Start Vary by Parental Preacademic Stimulation?. *Child development*.

<sup>3</sup> Whitebook, M., Phillips, D., & Howes, C. (2014). *Worthy work, STILL unlivable wages: The early childhood workforce 25 years after the National Child Care Staffing Study*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.



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prospective staff have to travel across a county for the check, and they may face lost wages while waiting for results. Waivers, Memoranda of Understanding, and Community Needs Assessments often require far more staff time than budgeted in the NPRM due to the work of building relationships and engaging whole communities in these planning processes. Other changes, including supporting families' insurance access, following up on attendance concerns, and conducting desired audits for small programs, will also incur larger than estimated costs or reduce expected savings.

Beyond these, there are numerous unconsidered costs in the NPRM, including at a minimum:

- Reduced family benefits in education, workforce, housing, nutrition, reduced subsidies, etc. from reduced Family Partnership Agreements and loss of these benefits entirely for families without Head Start access
- Additional overtime or days per year for teacher planning, professional development, and data analysis that can no longer be scheduled during program operating days
- Decreased in-kind matches, in volunteer hours and engagement, due to reduced enrollment
- Need for new facilities or classrooms for programs that formerly operated double sessions or partnered with schools that are unwilling to provide full-day classroom space
- Raising standards for ratios, teacher qualifications, transportation, and more in established full-day programs that currently follow Head Start standards only during Head Start-funded hours
- Summer utilities and rent for programs that extend their school years
- Increased staffing and infrastructure for the federal and regional waiver process
- Services to children with delays not yet receiving or not eligible for services under IDEA
- Expansion of mental health infrastructure to support the needs of children in full-day services or who are at risk of suspension or expulsion

The National Head Start Association and others will continue to advocate with Congress about the need for additional funding to support both quality and access for Head Start, yet realistic considerations for implementing the NPRM must be made or the program will be devastated over the next several years. As described above, NHTSA recommends that in preparation for their next five year grant, each grantee would work with their Regional Office to create a plan to have all slots either full-day or in locally-designed models by the end of the five year grant. In the first years following the final rule, this would reduce the pace at which programs would be forced to cut children and families, and would allow time for additional funding to be secured at the federal, state, or local level.

### **Monitoring**

The design of the NPRM to shift programs' focus from bureaucracy and compliance to systems and continuous quality improvement is promising, however the success of this design will rest in large part on how the new Standards are monitored. If monitoring protocols reintroduce compliance checklists to demonstrate the existence of systems, the focus on CQI will be immediately undermined. NHTSA recommends OHS release appropriate monitoring protocols simultaneous with the final rule so that programs clearly understand the demands and



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expectations. Along with new monitoring protocols, there must be extensive education of training and technical assistance providers and monitoring teams to ensure that protocols are implemented consistently across states and regions and without subjectivity on the part of reviewers.

### **Exemptions**

Although the NPRM's locally designed option is critical to the success of the new rule, this option may not be the most effective tool for ensuring the continued success of the extremely unique Migrant and Seasonal and American Indian and Alaska Native (AI/AN) programs. NHTSA recommends that the final rule include exemptions from certain requirements for Migrant and Seasonal and AI/AN programs where appropriate.

### **Waivers**

For the new rule to be implemented successfully, Regional Offices must have the training and resources to quickly and consistently approve waivers for everything from eligibility protocols to program hours and days to conversion of slots. In some regions these waivers currently take as long as 18 months to be approved, and if that continues it will badly hurt all Head Start programs. The bulk of this work would be diminished if full-day and full-school-year changes are implemented over an extended period as NHTSA has proposed above, but the system should still be strengthened for speed and consistency.

### **Effective Dates**

As described throughout the comments above, implementation of the major changes in the NRPM should be tied to each grantee's next five year grant cycle in order to minimize disruption of current grants and allow each grantee appropriate time for planning and design of services that best incorporate new regulations in ways that meet community need.

### **Mergers**

Head Start programs occasionally merge for purposes of providing more cost-effective and efficient service delivery to children and their families. However, mergers of local Head Start grantees usually require OHS to offer an open competition in the specified service area of the grantee being absorbed. This practice requires the surviving entity to expend precious resources to compete for the Head Start funding relinquished by the non-surviving program and often resulting in an unsuccessful application.

**Recommendation:** NHTSA recommends that OHS follow the Grants Policy Statement process for merging two legal entities in which the procedures for recognizing successor-in-interest will apply. Under the successor-in-interest process the rights to and obligations under an HHS grant are acquired incidental to the transfer of all of the assets involved in the performance of the grant. In other words, the merging grantee has the right to transfer its Head Start grant to the surviving grantee without being in jeopardy of re-competing for its grant. Eliminating the practice of offering an open competition in the service area of the grantee being absorbed will encourage grantees that have limited resources to continue to best meet the needs of the community by pooling resources and merging with other programs.



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### **Conclusion**

From its birth 50 years ago, Head Start has been a program of extraordinary vision. The third paragraph of the seminal Cooke Report reads:

**It is clear that successful programs of this type -must- be comprehensive, involving activities generally associated with the fields of health, social services, and education. Similarly it is clear that the program must focus on the problems of child and parent and that these activities need to be carefully integrated with programs for the school years. During the early stages of any programs assisted by the Office of Economic Opportunity it would be preferable to encourage comprehensive programs for fewer children than to attempt to reach vast numbers of children with limited programs. The Office of Economic Opportunity should generally avoid financing programs which do not have at least a minimum level and quality of activities from each of the three fields of effort.**

These same values continue to drive local Head Start programs to meet their powerful commitment to children and families, and these values are fundamental to the vision presented by the NPRM. Yet we face the same realities today that we did back in the summer of 1965: balancing quality with access, ensuring parent engagement and support, integration with school systems, and limited funding to meet the dramatic need in communities across the county. The National Head Start Association offers the comments above to refine and improve the efforts of the Office of Head Start to revise the Head Start Program Performance Standards, and we welcome continued dialogue about how best to ensure Head Start's strong and sustainable future as our nation's highest quality, two-generation program for early childhood care and education.

On behalf of the National Head Start Association and all the undersigned members of the Head Start family, thank you for your time and your consideration.

Sincerely,

Yasmina Vinci  
Executive Director  
National Head Start Association

### **National Associations**

National Indian Head Start Directors  
Association

National Migrant and Seasonal Head Start  
Association

### **Regional Associations**

New England Head Start Association  
Region II Head Start Association  
Region III Head Start Association  
Region IV Head Start Association  
Region V Head Start Association

Region VI Head Start Association  
Region VII Head Start Association  
Region VIII Head Start Association  
Region IX Head Start Association  
Region X Head Start Association



NATIONAL HEAD START ASSOCIATION

## State Associations

Alabama Head Start Association  
Alaska Head Start Association  
Arizona Head Start Association  
Arkansas Head Start Association  
California Head Start Association  
Colorado Head Start Association  
Connecticut Head Start Association  
Delaware Head Start Association  
Florida Head Start Association  
Georgia Head Start Association  
Head Start Association of Hawaii  
Idaho Head Start Association  
Illinois Head Start Association  
Indiana Head Start Association  
Iowa Head Start Association  
Kansas Head Start Association  
Kentucky Head Start Association  
Louisiana Head Start Association  
Maine Head Start Directors Association  
Maryland Head Start Association  
Massachusetts Head Start Association  
Michigan Head Start Association  
Minnesota Head Start Association, Inc.  
Mississippi Head Start Association  
Missouri Head Start Association

Montana Head Start Association  
Nebraska Head Start Association  
Nevada Head Start Association  
New Hampshire Head Start Association  
New Jersey Head Start Association  
New Mexico Head Start Association  
New York State Head Start Association  
North Carolina Head Start Association  
North Dakota Head Start Association  
Ohio Head Start Association  
Oklahoma Head Start Association  
Oregon Head Start Association  
Pennsylvania Head Start Association  
Rhode Island Head Start Association  
South Carolina State Head Start  
South Dakota Head Start Association  
Tennessee Head Start Association  
Texas Head Start Association  
Utah Head Start Association  
Vermont Head Start Association  
Virginia Head Start Association  
Washington Head Start Association  
West Virginia Head Start Association  
Wisconsin Head Start Association  
Wyoming Head Start Association

## National Partners

Hatch Early Learning  
Kansas City, Kansas

Head Start University  
Memphis, Tennessee

National Association for the Education of  
Homeless Children and Youth  
Washington, District of Columbia

National Council of La Raza  
Washington, District of Columbia

Parents as Teachers  
Saint Louis, Missouri

Teachstone Training, LLC  
Charlottesville, Virginia

Truth Initiative  
Washington, District of Columbia



NATIONAL HEAD START ASSOCIATION

## Collaboration Offices

Arkansas State Collaboration Office  
Oklahoma State Collaboration Office  
Nebraska State Collaboration Office

Virginia State Collaboration Office  
Wyoming State Collaboration Office

## Programs

Action for a Better Community  
Rochester, New York

AVANCE-Houston, Inc.  
Houston, Texas

Action for Boston Community Development  
(ABCD), Inc.  
Boston, Massachusetts

Avoyelles Child Development Services Inc.  
Moreauville, Louisiana

Adams County Head Start  
Gettysburg, Pennsylvania

Beacon Bay Early Head Start  
Port Isabel, Texas

Albany Park Community Center, Inc.  
Chicago, Illinois

BeauCARE Head Start  
DeRidder, Louisiana

Albina Head Start and Early Head Start  
Portland, Oregon

Baltimore City Head Start  
Baltimore, Maryland

Alexander County Head Start  
Taylorsville, North Carolina

Berks County Head Start  
Reading, Pennsylvania

Allegheny Lutheran Social Ministries  
Altoona, Pennsylvania

Blue Valley Community Action  
Fairbury, Nebraska

Anaconda Deer Lodge County Head Start  
Anaconda, Montana

Bright Beginnings  
Dodge City, Kansas

Anderson Board of Education Head  
Start/Early Head Start  
Clinton, Tennessee

Butler County Educational Service Center  
Hamilton, Ohio

Area Five Agency on Aging and  
Community Services, Inc.  
Logansport, Indiana

Capic Head Start  
Chelsea, Massachusetts

Audubon Area Community Services, Inc.  
Owensboro, Kentucky

Capstone Community Action Head Start  
Barre, Vermont

Carbon County Child Development  
Programs  
Rawlins, Wyoming



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Carole Robertson Center for Learning  
Chicago, Illinois

Catholic Charities of Chicago  
Chicago, Illinois

Cattaraugus and Wyoming Counties Project  
Head Start  
Olean, New York

CCS Early Learning  
Palmer, Alaska

Celina City Schools Head Start  
Celina, Ohio

Central California Migrant Head Start  
Modesto, California

Central Nebraska Community Services Head  
Start  
Loup City, Nebraska

Central West Virginia Head Start  
Clarksburg, West Virginia

Chicago Public Schools Head Start Program  
Chicago, Illinois

Chicago Youth Centers Head Start  
Chicago, Illinois

Child Adult Resource Services  
Cloverdale, Indiana

Child and Family Centers of Excellence,  
Inc.  
Waukesha, Wisconsin

Child Development Resources Early Head  
Start  
Williamsburg, Virginia

Child Start, Inc.  
Napa, California

Child-Parent Centers, Inc.  
Tucson, Arizona

Children's Therapy Center Early Head Start  
Sedalia, Missouri

Cincinnati-Hamilton County Community  
Action Agency  
Cincinnati, Ohio

Citizens for Citizens, Inc.  
Fall River, Massachusetts

City Colleges of Chicago  
Chicago, Illinois

City of Chicago Department of Family &  
Support Services  
Chicago, Illinois

City of Lakewood Colorado Head  
Start/Early Head Start Program  
Lakewood, Colorado

City of Rockford Head Start  
Rockford, Illinois

Clackamas County Children's Commission  
Milwaukie, Oregon

Clay Center Child Care Center, Inc.  
Clay Center, Kansas

Cleveland County School District  
Rison, Arkansas

Coachella Valley Unified School District  
Early Head Start and Head Start  
Thermal, California

Coalfield Community Action Partnership,  
Inc.  
Keystone, West Virginia





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Colorado Early Education Network Early  
Head Start-Child Care Partnership  
Weld County, Colorado

Columbia University Head Start  
New York, New York

Community Action Agency of Siouxland  
Head Start  
Sioux City, Iowa

Community Action Agency of Southern  
Indiana  
Jeffersonville, Indiana

Community Action Committee of Pike  
County  
Piketon, Ohio

Community Action Council for Lexington-  
Fayette, Bourbon, Harrison and Nicholas  
Counties  
Lexington, Kentucky

Community Action Development  
Corporation  
Hobart, Oklahoma

Community Action of Orleans and Genesee,  
Inc.  
Head Start, Albion, New York

Community Action of Southeast Iowa  
Burlington, Iowa

Community Action Partnership Early Head  
Start  
Canastota, New York

Community Action Partnership of Madera  
County  
Madera, California

Community Action Partnership of Mid  
Nebraska  
Kearney, Nebraska

Community Action Partnership of San Luis  
Obispo Head Start/Early Head Start  
San Luis Obispo, California

Community Action Planning Council of  
Jefferson County, Inc.  
Watertown, New York

Community Action Region VI 0-5 Head  
Start  
Jamestown, North Dakota

Community Action Wayne/Medina  
Wooster, Ohio

Community and Family Services Head Start  
Portland, Indiana

Community Council of Idaho, Inc.  
Caldwell, Idaho

Community Partnership for Child  
Development  
Colorado Springs, Colorado

Community Services Consortium Head Start  
Lincoln City, Oregon

Community Services Programs of West  
Alabama, Inc. Head Start/Early Head Start  
Tuscaloosa, Alabama

Darlington County Community Action  
Agency Head Start  
Hartsville, South Carolina

Deer Lodge County Head Start  
Anaconda, Montana



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Deer Valley Unified School District  
Phoenix, Arizona

Delta Area Economic Opportunity  
Corporation  
Portageville, Missouri

Denver Great Kids Head Start  
Denver, Colorado

Early Head Start/Head Start of York County  
York, Pennsylvania

East Bay Community Action Program  
Newport, Rhode Island

East Central Kansas Economic Opportunity  
Corp.  
Ottawa, Kansas

East Coast Migrant Head Start Project  
Dundee, Florida

Easter Seals Metropolitan Chicago  
Chicago, Illinois

East Orange Child Development  
Corporation  
East Orange, New Jersey

Eastern Oregon Head Start  
La Grande, Oregon

Eden Head Start  
Salisbury, Maryland

Educational Alliance  
New York, New York

Educational Opportunities for Children and  
Families  
Vancouver, Washington

El Valor Corporation  
Chicago, Illinois

Empire Unified School District Capistrano  
Head Start  
Modesto, California

Economic Opportunity Agency of  
Washington County Head Start  
Fayetteville, Arkansas

Family Resource Agency, Inc. Head Start  
Cleveland, Tennessee

Fauquier Community Action Head Start  
Program  
Warrenton, Virginia

First Steps Early Head Start  
Canon City, Colorado

Five County Child Development Program,  
Inc.  
Prentiss, Mississippi

Fort George Community Enrichment Center,  
Inc.  
New York, New York

Fort Morgan Head Start  
Fort Morgan, Colorado

Fredericksburg Regional Head Start  
Fredericksburg, Virginia

Fresno Economic Opportunities  
Commission Head Start/Early Head Start  
Fresno, California

Fresno Head Start  
Firebaugh, California

Geminus Corporation - Head Start, Early  
Head Start & CC Partnership Programs  
Merrillville, Indiana

Genesee County Head Start  
Flint, Michigan



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Geneva City School District Head Start  
Geneva, New York

Greater East Texas Community Action  
Program  
Nacogdoches, Texas

Hancock Hardin Wyandot Putnam County  
Community Action Commission  
Findlay, Ohio

Harris County Department of Education  
Houston, Texas

Hawkeye Area Community Action Program,  
Inc.  
Hiawatha, Iowa

Head Start Child & Family Development  
Program, Inc.  
Hastings, Nebraska

Head Start Community Program of Morris  
County, Inc.  
Dover, New Jersey

Head Start for Kent County  
Grand Rapids, Michigan

Head Start of Lane County  
Springfield, Oregon

Head Start of Rockland, Inc.  
Haverstraw, New York

Head Start of Washington County  
Hagerstown, Maryland

HELP-New Mexico, Inc.  
Las Cruces, New Mexico

Henry Booth House  
Chicago, Illinois

Hillsville Early Head Start  
Hillsville, Virginia

Human Development Commission Early  
Head Start  
Caro, Michigan

Illinois Valley Economic Development  
Corporation Head Start  
Gillespie, Illinois

Institute of Community Services, Inc.  
Project Head Start  
Holly Springs, Mississippi

Jefferson-Clarion Head Start, Inc.  
Brookville, Pennsylvania

Jefferson County Head Start  
Arvada, Colorado

Joint Council for Economic Opportunity of  
Clinton and Franklin Counties, Inc. Head  
Start  
Plattsburgh, New York

Kankakee School District  
Kankakee, Illinois

KCEOC Community Action Partnership,  
Inc.  
Barbourville, Kentucky

Keystone Service Systems, Inc. DBA  
Capital Area Head Start  
Harrisburg, Pennsylvania

Kids & Company of Linn County  
Lebanon, Oregon

Kids' Corps, Inc.  
Anchorage, Alaska



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Kingsbridge Heights Community Center  
Bronx, New York

Kirksville Part Day Head Start  
Kirksville, Missouri

Kokomo School Corporation Head Start  
Kokomo, Indiana

Lake Elsinore Unified School District  
Lake Elsinore, California

Lake-Geauga United Head Start, Inc.  
Painesville, Ohio

LEADS Head Start  
Newark, Ohio

Leon Gardens Head Start  
Brownsville, Texas

Lewis-Clark Early Childhood Program  
Lewiston, Idaho

Lewis County Head Start  
Lowville, New York

Licking Valley  
Flemingsburg, Kentucky

Lima Allen Council on Community Affairs  
Lima, Ohio

Lutheran Services of North Florida EHS-CCP  
Duval County  
Jacksonville, Florida

Luzerne County Head Start  
Wilkes Barre, Pennsylvania

Lynchburg Community Action Group, Inc.  
Head Start  
Lynchburg, Virginia

Lynn Economic Opportunity, Inc.  
Lynn, Massachusetts

Malheur County Child Development Center  
Ontario, Oregon

Mahube-Otwa Community Action  
Partnership  
Detroit Lakes, Minnesota

Marathon County Child Development  
Agency Head Start  
Wausau, Wisconsin

Maui Economic Opportunity, Inc. Head  
Start  
Wailuku, Hawaii

McIntosh Trail ECDC  
Jackson, Georgia

Mendota Head Start  
Mendota, California

Miami Valley Child Development Centers,  
Inc.  
Dayton, Ohio

Mid America Regional Council  
Kansas City, Missouri

Missouri Valley Community Action Agency  
Marshall, Missouri

Mobile Community Action, Inc. Head Start  
Mobile, Alabama

Monticello Area Community Action Agency  
Head Start  
Charlottesville, Virginia

Morgan County Head Start  
Wartburg, Tennessee



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Mount Hood Community College Head  
Start/Early Head Start  
Portland/Gresham, Oregon

Mt. Carmel Early Head Start  
Fresno, California

Neighbors in Need of Service, Inc. Head  
Start/Early Head Start  
San Benito, Texas

New Pisgah M. B. Church  
Chicago, Illinois

Northeast Kansas Community Action  
Program, Inc.  
Hiawatha, Kansas

New River Community Action Head Start  
Radford, Virginia

North Coast Opportunities, Inc. Head Start  
Child Development Program  
Ukiah, California

North East Missouri Action Agency  
Kirksville, Missouri

North Florida Child Development  
Wewahitchka, Florida

Northeast Missouri Community Action  
Partnership  
Kirksville, Missouri

Northern Kentucky Community Action  
Commission Head Start  
Falmouth, Kentucky

Northern Tier Community Action  
Corporation Head Start  
Emporium, Pennsylvania

Northumberland Area Head Start  
Milton, Pennsylvania

Northwest Community Action Partnership  
Chadron, Nebraska

Northwestern Ohio Community Action  
Commission  
Defiance, Ohio

Oakland Livingston Human Service Agency  
Pontiac, Michigan

Olathe USD #233 Head Start  
Olathe, Kansas

Opportunity Council  
Bellingham, Washington

Orange Children & Parents Together, Inc.  
Orange, California

Orange County Head Start-Early Head Start  
Chapel Hill, North Carolina

Oswego County Opportunities Head Start  
Fulton, New York

Pacific Asian Consortium in Employment  
Los Angeles, California

Parent/Child Incorporated of San Antonio &  
Bexar County  
San Antonio, Texas

Parents And Children Together  
Honolulu, Hawaii

Peoria Citizens Committee for Economic  
Opportunity, Inc. Head Start  
Peoria, Illinois

Pittsylvania Community Action Agency  
Head Start  
Chatham, Virginia



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Pickaway County Community Action  
Organization, Inc.  
Circleville, Ohio

Polk County School Board  
Lakeland, Georgia

Portage Learning Centers  
Ravenna, Ohio

Port Arthur Head Start  
Port Arthur, Texas

Prairie Five Community Action, Inc. Head  
Start  
Madison, Minnesota

Princess Anne Head Start  
Princess Anne, Maryland

Pro Action of Steuben and Yates, Inc. Head  
Start / Early Head Start  
Bath, New York

Programa Head Start y Early Head Start  
San Juan, Puerto Rico

Puget Sound Educational Service District  
Renton, Washington

Rancho Santiago Community College  
District  
Santa Ana, California

Ravalli Head Start, Inc.  
Hamilton, Montana

Redding Rancheria Head Start  
Redding, California

Regional Head Start  
Modesto, California

Reno County Head Start  
Hutchinson, Kansas

Riverbend Head Start  
Alton, Illinois

Riverside County Office of Education  
Riverside, California

Rooftop of Virginia CAP Head Start &  
Early Head Start  
Galax, Virginia

Ross County Community Action  
Chillicothe, Ohio

Salt River Pima Maricopa Indian  
Community  
Scottsdale, Arizona

San Bernardino County Preschool Services  
Department  
San Bernardino, California

San Felipe Del Rio CISD - Cardwell Head  
Start  
Del Rio, Texas

Santa Clara County Office of Education  
San Jose, California

Save the Children  
Forrest City, Arkansas

School District of Philadelphia  
Prekindergarten Head Start  
Philadelphia, Pennsylvania

Scioto County CAO Head Start/Early Head  
Start  
Portsmouth, Ohio

Scott County Public School Head Start  
Weber City, Virginia

Shasta Head Start Child Development, Inc.  
Redding, California



NATIONAL HEAD START ASSOCIATION

Shippensburg Head Start  
Shippensburg, Pennsylvania

Snohomish County Head Start and Early  
Head Start  
Everett, Washington

South Central Iowa Community Action  
Program Early Childhood Program  
Chariton, Iowa

Southeast Kansas Community Action  
Program Head Start  
Girard, Kansas

Self Help, Inc. Head Start  
Brockton, Massachusetts

SEMCAC Head Start  
Rushford, Minnesota

South Middlesex Opportunity Council, Inc.  
Framingham, Massachusetts

South Shore Early Education  
Marshfield, Massachusetts

Southern Illinois University Carbondale  
Carbondale, Illinois

Southern Oregon Child and Family Council,  
Inc.  
Central Point, Oregon

Southern Ute Head Start/Early Head Start  
Ignacio, Colorado

Southwestern Community Action Council,  
Inc.  
Huntington, West Virginia

St. Vrain Valley Child Development  
Council  
Longmont, Colorado

Stanislaus County Office of Education  
Modesto, California

Swisher County Head Start  
Tulia, Texas

The Campagna Center  
Alexandria, Virginia

Tri County Child and Family Development  
Waterloo, Iowa

TRI-CAP Head Start  
Jasper, Indiana

Tri-County Child and Family Development  
Council, Inc.  
Waterloo, Iowa

Tri-County Community Action, Inc.  
Brainerd & Little Falls, Minnesota

Tri-County Community Council, Inc.  
Bonifay, Florida

Tri-County Opportunities Council  
Rock Falls, Illinois

Tulare County Office of Education - Early  
Childhood Education  
Visalia, California

Two Rivers Head Start Agency  
Aurora, Illinois

UMOS Migrant and Seasonal Head Start  
Program  
Oshkosh, Wisconsin

United Community Action Network  
Roseburg, Oregon

Upper Des Moines Opportunity  
Graettinger, Iowa



NATIONAL HEAD START ASSOCIATION

Vernonia Head Start  
Vernonia, Oregon

Vital Connections of the Midlands, Inc.  
Columbia, South Carolina

Warren County Community Services, Inc.

Wayne County Health and Family Services  
Head Start  
Westland, Michigan

Webb County Head Start  
Laredo, Texas

West Central Minnesota Comm. Action, Inc.  
Head Start  
Elbow Lake, Minnesota

### **Community Partners**

CARING 4 AMERICA, LLC  
Los Angeles, California

Center for Leadership Excellence, Inc.  
Waukesha, Wisconsin

HealthyCHILD Early Childhood  
Partnerships  
The Office of Child Development  
The University of Pittsburgh  
Pittsburgh, Pennsylvania

Making Change For Children  
West Hills, California

Westchester Community Opportunity  
Program Head Start/Early Head Start  
Elmsford, New York

Wild Plum Center  
Longmont, Colorado

Wood County Head Start  
Wisconsin Rapids, Wisconsin

WSOS Community Action Commission  
Fremont, Ohio

Wyoming Child and Family Development,  
Inc.  
Guernsey, Wyoming

Music with Mar., Inc.  
Palm Harbor, Florida

Trinity Resources Unlimited  
Chicago, Illinois

Tobacco Free Johnson County  
Franklin, Indiana

UCONN  
Portland, Connecticut

Universal Education LLC  
Englewood, Colorado





NATIONAL HEAD START ASSOCIATION

## Individuals

### **Aaron Johnson**

*Parent*

Trinity United Church of  
Christ Child Care Centre

### **Adrienne Fausey**

*Human Resource Director*  
WSOS Community Action  
Commission

### **Afaf Eldawoud**

*Family Worker*  
Head Start

### **Akfa Aswye**

*Parent*

Trinity United Church of  
Christ Child Care Center

### **Alba Fahara**

*AA Teacher*  
Head Start

### **Alberto Torres**

*Alumnus*

### **Alecia Aronson**

*Teacher*

Northwest Community  
Action Agency Head Start

### **Alejandra Gomez**

*Teacher*

Neighbors in Need of  
Services, Inc.

### **Alejandra Martinez**

*Teacher*

Neighbors in Need of  
Services, Inc.

### **Alicia Y. Martinez**

*Teacher Assistant*

Villa Alegre Head Start

### **Alita B. Taylor**

*Concerned Citizen*

Fresno EOC-Head Start

### **Aliza Flores Oliveros**

*HS/EHS Director*

Webb County Head Start

### **Allyson Shelton**

*Executive Director*

Kentucky Head Start  
Association

### **Alma Delia Gonzalez**

*Teacher*

Neighbors in Need of  
Services, Inc.

### **Alma Garcia**

*Teacher*

Neighbors in Need of  
Services, Inc.

### **Alma Martinez**

*Teacher*

Webb County Head Start

### **Alma Ruiz**

*Center Director*

Neighbors in Need of  
Services, Inc.

### **Alma Sandoval**

*Area Manager*

Neighbors in Need of  
Services, Inc.

### **Alma Saucedo**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

### **Altagracia Torres**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

### **Amalia Rios**

*Teacher*

Webb County Headstart

### **Amanda Garner**

*Parent Ambassador 2014-  
15*

WSOS Head Start

### **Amanda Gibson Smith**

*Director*

Dona Ana County Head  
Start New Mexico State  
University

### **Amanda Stone**

*Teacher*

San Angelo ISD HeadStart

### **Amber Bayker**

*Education Specialist*

Mt Hood Head Start

### **Amelia Black**

*Grandparent*

Dine College

### **Amelia Losoya**

*Family Services Worker*

Neighbors in Need of  
Services, Inc.



NATIONAL HEAD START ASSOCIATION

**Amelia Perez**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Amelia Sanchez**

*Cook*

Neighbors in Need of  
Services, Inc.

**Amy Ogilvie**

*Executive Director*

St. Vrain Valley Child  
Development Council

**Ana Barrera**

*Cook Aide*

Neighbors in Need of  
Services, Inc.

**Ana Carrazco**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Ana Lisa Carrejo**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Ana Maria Huerta**

*Health/Safety Director*

Webb County Head Start

**Ana Medina**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Ana Pacheco**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Anabel Gonzalez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Andrea Davis**

*Customer Resource*

*Specialist*

Northeast Missouri  
Community Action  
Agency

**Andrea Schropfer**

*Parent/Program Support*

Head Start Child & Family  
Development Program,  
Inc.

**Andrea Schropfer**

*Program Support; Former*

*Parent*

Head Start Child & Family  
Development Program Inc

**Angelica Ruiz**

*Area Service Manager*

Laredo Webb County

Head Start

**Angelica Contreras**

*A.A Teacher*

Head Start

**Angie Blackwell**

*Former Parent, Teacher*

*And Board Member*

**Anita Medellin**

*Teacher*

Villa Alegre Head Start

**Ann Brady**

*Mental Health Provider*

Lakewood Head Start

**Anna M. Wilt**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Anna Rios**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Anne Nickles**

*Retired Director*

Shippensburg Head Start  
Program

**Annett Whiles**

*Parent*

Edina Head Start

**Antonia Sanchez**

*Tta/Cda Specialist*

Neighbors in Need of  
Services, Inc.

**Antonia Trujillo**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**April**

*Education Coordinator*

Parent and Child Together  
for West Central Illinois

**April Cullifer**

*Parent Ambassador*

Tri-County Opportunities  
Council Head Start

**April Martinez**

*Alumni*

Head Start



NATIONAL HEAD START ASSOCIATION

**Aquilina Molina**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Araceli Orozco**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Aracely Alvarado**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Aracely Nevarez**

*Parent*

Head Start

**Ashley Saenz**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Aurora Martinez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Autumn Foulk**

*Teacher*

Northeast Missouri  
Community Action  
Agency

**Avis Ramirez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Ayana Reeve**

*Head Start Director/Early*

*Learn Coordinator*

Grand Street Settlement

**Azucena Gonzalez**

*Director Of Children'S  
Services*

Gads Hill Center Head  
Start & Early Head Start

**Barbara Beck**

*Community College*

*Instructor*

Central Community  
College

**Barbara Heidi Limon**

*Family Service Worker*

Neighbors in Need of  
Services, Inc.

**Barbara S Haxton**

*Executive Director*

The Ohio Head Start  
Association

**Beatris Mendez**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Beatriz Castillo**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Belen Gonzalez Cisneros**

*Parent Engagement*

*Assistant*

Webb County Head Start

**Belinda Judith Camacho**

*Family Service Worker*

Neighbors in Need of  
Services, Inc.

**Belinda Magana**

*Education Assistant*

Webb County Headstart

**Ben Naki**

*Program Director*

Parents And Children  
Together

**Beth Schuler**

*Assistant Executive*

*Director*

Head Start Child and  
Family Development  
Program Inc

**Beth Stanford**

*Director*

Semcac Head Start

**Beth Vondeylen**

Lima Allen council on  
community affairs head  
start

**Beth Vossler**

*Director Of Head Start*

*Operations*

Central Missouri  
Community Action

**Betsy Norcross Plourde**

*Director*

Androscoggin Head Start  
and Child Care

**Betty Blaize**

*CCP/EHS Implementation*

*Planner*

**Betty Humer**

*Teacher/EHS*

Neighbors in Need of  
Services, Inc.

**Betty Loechel**

*Retired Teacher*



NATIONAL HEAD START ASSOCIATION

**Bianca Ramirez**

*Alumna*

**Blair Hyatt**

*Executive Director*  
Pennsylvania Head Start  
Association

**Blair Moser**

*Friend*  
National Head Start  
Association

**Blanca Beadle**

*Teacher*  
Neighbors in Need of  
Services, Inc.

**Blanca Cuevas**

*Teacher Aide*  
Neighbors in Need of  
Services, Inc.

**Blanca Escobedo**

*Teacher*  
Neighbors in Need of  
Services, Inc.

**Blanca Garcia**

*Teacher*  
Neighbors in Need of  
Services, Inc.

**Blanca Morin**

*Teacher*  
Neighbors in Need of  
Services, Inc.

**Bob Craven**

*Policy Council*  
Greenwood Headstart

**Bobbie Poe**

*Family Service Worker*  
Rooftop of Virginia CAP  
Head Start

**Bonnie Egner**

*Teacher*  
council of economic opp in  
greater cleve.

**Bonnie Malakie**

*Director Of Children &  
Youth Services*  
Community Action of  
Orleans and Genesee Inc.

**Brenda Kay Kimes**

*Staff Development  
Specialist*  
DAEOC Head Start

**Brenda Poteete**

*Executive Director*  
Sierra Cascade Family  
Opportunities

**Brenda Zedlitz**

*Program Director*  
EOA of Washington  
County

**Bridgett D. Walker**

*EHS-CCP Coordinator*  
GA Department of Early  
Care and Learning

**Candace Clarke**

*Finance Director*  
Clackamas County  
Children's Commission

**Carla Unkefer**

*Head Start Director,  
Retired*  
Community Action  
Wayne/Medina

**Carly Morris**

*Former Parent*  
Neighbors in Need of  
Services, Inc.

**Carmen Barrera**

*Cook Aide*  
Neighbors in Need of  
Services, Inc.

**Carmen Garcia**

*Family Social Worker*  
Webb County Head Start

**Carol Mishler**

*Executive Director*  
Rock-Walworth  
Comprehensive services,  
Inc. Head start and Early  
Head Start

**Carol R. Schroyer**

*Director*  
Celina City Schools Head  
Start

**Carolan B Michaels**

*EHS Teacher*  
Hood Community College  
Child Development and  
Family Support Programs

**Carolina Lopez**

*Teacher*  
Neighbors in Need of  
Services, Inc.



NATIONAL HEAD START ASSOCIATION

**Carolina Viera**

*Parent*

Head start

**Carolyn L. Wiggins**

*Executive Director*

Fort George Community  
Enrichment Center, Inc.

**Catalina Rico**

*Cook Aide*

Neighbors in Need of  
Services, Inc.

**Cathy Gaston**

*Deputy/EHS Director*

Friends of Children of  
Mississippi, Inc.

**Cathy Rosa**

*Staff*

HOPES CAP, Inc.

**Charlene Schank**

*Director*

Southern Ute HS/EHS

**Charles Burke**

*Grandparent*

Peoria Citizens Committee  
for Economic Opportunity,  
Inc

**Cheri Hemmerling**

*Center Supervisor/Jamison*

*Full Day*

Northeast Missouri  
Community Action  
Agency

**Cheryl Mills**

*Executive/Head Start*

*Director*

BHK Child Development  
Board

**Cheryl A Denny**

*Individual*

WSOS Community Action  
Commission

**Cheryl Keckler**

*Child Development*

*Specialist*

Stanislaus County Office  
of Education

**Cheryl Miller**

*Executive Director*

Indiana Head Start  
Association

**Cheryl Severance**

*Outcomes Officer*

Blue Valley Community  
Action

**Cheryl Sjostrom**

*Assistant Professor*

Cheryl Sjostrom

**Cheryl Weatherly**

*Education Manager*

Salem Keizer Head Start

**Chrissy Hudson**

**Christina Hernandez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Christina Olvera**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Cindy Huey**

*Program Director*

Delta Area Economic  
Opportunity Corporation

**Cindy L Vega**

*Assistant Director Of  
Programs*

Gads Hill Center

**Clara Lopez**

*Vice President*

El Valor Corporation

**Clare Soegel**

*Consultant*

**Claudia**

*Family Service Worker*

Neighbors in Need of  
Services, Inc.

**Claudia Aguillon**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Claudia Alejandro**

*Family Service Worker*

Webb County Head Start

**Claudia Flores**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Claudia Gonzalez**

*Education Assistant*

Neighbors in Need of  
Services, Inc.

**Claudia M. Arzamendi**

*Classroom Aid*

Villa Alegre Head Start

**Claudia Rosas**

*Teacher*

Neighbors in Need of  
Services, Inc.



NATIONAL HEAD START ASSOCIATION

**Claudia S. Martinez**

*Teacher Assistant*

Webb County Head Start

**Claudia Stimphyl**

*Parent*

Trinity United Church of  
Christ Child Care Center

**Claudia Torres**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Claudia Y. Garcia**

*Area Service Manager*  
Head Start

**Clydie Howard**

*EHS-CCP Director*

Lutheran Services EHS-  
CCP

**Connie J. Newman**

*Parent*

Rooftop of Virginia CAP  
Head Start

**Connie Phillips**

*Early Head Start Director*

Onslow County  
Partnership for Children  
Early Head Start

**Connie Robers**

*Transitional*

*Administration Support*  
Rock-Walworth  
Comprehensive Family  
Services, Inc.

**Consuelo Moreno**

*Teacher Assistant*

Webb County Head Start

**Coral Suarez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Corrine Lindgren**

**Cristina Bañuelos**

*Teacher Assistant*

Webb County Head Start

**Cristina Ramos**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Crystal Garza**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Crystal Sortino**

*Parent, Parent*

*Ambassador, Policy*  
*Council Chair Member*  
Catholic Charities Head  
Start Diocese of Joliet

**Cynthia A. Flanders**

*Former Parent, Home*  
*Visitor*

Martha's Vineyard  
Community Services

**Cynthia Ann Davila**

*Teacher Assistant*

Head Start

**Cynthia Beatrice Antal**

*Employee*

Northeast Missouri  
Community Action  
Agency

**Cynthia Estrada**

*Teacher Assistant*

Webb County Head Start

**Cynthia Hatten**

*Head Start Director*

Area Five Agency on  
Aging and Community  
Services, Inc

**Cynthia Keeler**

*Program Director*

Reno County Head Start

**Cynthia Sellers**

*Home Visitor*

Mt Hood Community  
College Head Start

**Daisy Calderon**

*Policy Council*

Head Start

**Daisy Rodriguez**

*Teacher Assistant*

Webb County Head Start

**Dalia**

*Parent*

Neighbors in Need of  
Services, Inc.

**Dalila Vasquez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Danette M. Delgado**

*Teacher*

Neighbors in Need of  
Services, Inc.



NATIONAL HEAD START ASSOCIATION

**Daniela Cuevas**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Daniela Duron**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Daniela Munoz**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Danielle Bennett**

*Teacher*

Cambria County Head  
Start

**David Cochran**

Family Forum, Inc

**David Kowalski**

*Director Of Mis*

Neighbors in Need of  
Services, Inc.

**David Ramirez**

*Bus Driver/Cust*

Neighbors in Need of  
Services, Inc.

**David Williams**

*Health Data Analyst*

Williamson County Head  
Start

**Deandra Jacobs**

*CRS*

Kirksville Part Day Head  
Start

**Deb Ross**

*Executive Director*

Head Start Child and  
Family Development  
Program Inc.

**Debbie Webb**

*Family Advocate*

Texas Neighborhood  
Services-Early Head Start

**Deborah Hubbard**

*Director*

Montachusett Opportunity  
Council, Inc.

**Deborah Ramirez**

*Nutrition Specialist*

Neighbors in Need of  
Services, Inc.

**Debra Beeler**

*Director*

Hoosier Uplands EDC

**Debra Ciccone**

*Former Parent*

JCEO Head Start

**Debra Gaetano**

*Director*

Community Action  
Agency Southern Indiana

**Deidra Vachier**

*Director Of Early*

*Education*

Head Start of the Lehigh  
Valley

**Delia Silva**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Deloris Johnson**

*CEO*

The Agricultural and  
Labor Program, Inc.

**Denise Pozarlik**

*Head Teacher*

Team early education

**Dennis P. Demers**

*Retired*

Tri-Valley Opportunity  
Council, Inc.

**Denyse Cardoza**

*Executive Director*

KidZKount:Placer  
Community Action  
Council, Inc.

**Diana Alcaraz**

*Teacher*

Laredo Webb County  
Head Start

**Diana Cardenas**

*Classroom Aide*

Laredo Webb County  
Head Start

**Diana E Sanchez**

*Classroom Aide*

Head Start

**Diana Garcia**

*Area Service Manager*

Webb County Head Start

**Diana Medina**

*Teacher-Aide*

Neighbors in Need of  
Services, Inc.



NATIONAL HEAD START ASSOCIATION

**Diana Montero**

*Teacher Aide*  
Neighbors in Need of  
Services, Inc.

**Diana Moreno**

*Teacher Aide*  
Neighbors in Need of  
Services, Inc.

**Diana Peery**

*Teacher*  
Webb County Head Start

**Dolores Dominguez**

*Area Service Manager*  
Head Start

**Dolores Monroy**

*Family Social Worker*  
Neighbors in Need of  
Services, Inc.

**Dominga Saucedo**

*Teacher Assistant*  
Webb County Head Start

**Donald J Bovinett, Jr.**

*Parent*  
Knox County Head Start

**Doneida Reyes**

*Teacher*  
Webb County Head Start

**Donna Carolan**

*Head Start Director*  
KI BOIS Community  
Action Foundation, Inc.

**Donna Collins**

*Lead Teacher*  
Orange County Head Start

**Donna Goldsmith**

*Regional Site Team Leader*  
RWCFS Head Start/Early  
Head Start

**Donna Hudson-Hamilton**

*Director*  
USD 489 Early Childhood  
Connections

**Donna Jenne**

*Director*  
Education Service Unit 13  
Head Start Child  
Development Programs

**Donna Johnson**

*Caregiver/Teacher*  
Rooftop of Virginia-Galax  
Early Headstart Toddler

**Donna Veatch**

*Consultant/Contractor*  
The Donna Veatch Group

**Dora Lopez**

*Area Manager*  
Neighbors in Need of  
Services, Inc.

**Dori Craigie**

*Teacher*  
TriCounty Head Start

**Dorothy**

*Individual*  
Mississippi Action for  
Progres, Inc.

**Dorothy Cole-Gary**

*Executive Director*  
YMCA of Metropolitan  
Chicago

**Dorothy Fien**

*CIT Coach, Past Parent*  
CPCD

**Dorothy Terrill**

*Teacher*  
Mount Hood Community  
College Head Start

**Dr. Jonathan Bines**

*Head Start Director*  
Five County Child  
Development Program, Inc

**Dr. Tim Nolan**

*CEO*  
National Centers for  
Learning Excellence, Inc.

**Ebony**

*Parent*  
Trinity United Church of  
Christ Child Care Centre

**Edith Gonzalez**

*B.A. Teacher*  
Head Start

**Eldora Thompson**

*Parent*

**Elia Gracia**

*Coach*  
Neighbors in Need of  
Services, Inc.

**Eliza Aranda**

*Teacher*  
Webb County Head Start

**Elizabeth**

*Area Service Manager*  
Webb County Head Start





NATIONAL HEAD START ASSOCIATION

**Elizabeth Castro**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Elizabeth Garcia**

*Teacher*

Laredo Webb County  
Head Start

**Elizabeth Kyle**

*Hr Director*

Clackamas County  
Children's Commission

**Elizabeth Muniz**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Elizabeth Pavuk**

*Associate Teacher*

Geminus Head Start

**Elizabeth Rendon**

*B.A. Teacher*

Head Start

**Elizabeth Rocha**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Elizabeth Spencer**

*Family Advocate*

Child & Family  
Development Programs ~  
St. Helens Head Start

**Elizabeth Tamayo**

Advocacy of NINOS

**Ellen Farrar**

*Director*

Westchester Community  
Opportunity Program, Inc

**Elsa Castillo**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Elva Vidales**

*Education Coordinator*

Neighbors in Need of  
Services, Inc.

**Emilia Zuniga**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Enedelia Claudio**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Erica Diaz**

*Family Services Clerk*

Neighbors in Need of  
Services, Inc.

**Erica Garcia**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Erica Marie Gonzales**

*Family Service Clerk*

Neighbors in Need of  
Services, Inc.

**Erie Tejada**

*Director Of Children  
Services*

Neighbors in Need of  
Services, Inc.

**Erika Aguirre**

*Manager*

Neighbors in Need of  
Services, Inc.

**Erika Estella Aguilar**

*Children Services*

*Coordinator*

Neighbors in Need of  
Services, Inc.

**Erika Sandoval**

*Family Service Worker*

Neighbors in Need of  
Services, Inc.

**Erin Lutz**

*Center Supervisor*

Two Rivers Head Start  
Agency

**Esmeralda Rodriguez**

*Family Services*

*Coordinator*

Neighbors in Need of  
Services, Inc.

**Esperanza B. Garza**

*Port Isabel*

Texas

**Esperanza Gomez**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Estela Salazar**

*Assistant Head Start*

*Director*

Webb County Head Start

**Eva Kronen**

*Family Support*

*Coordinator*

Head Start of Lane County



NATIONAL HEAD START ASSOCIATION

**Eva M Garza**  
*Substitute Teacher*  
Head Start

**Evelyn Medrano**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Evelyn Patterson**  
*Director*  
Darlington County CAA,  
Inc.

**Fabian Martinez**  
*Personnel Aide*  
Neighbors in Need of  
Services, Inc.

**Fabiola Robledo**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Felipe Lopez**  
*Director*  
Neighbors in Need of  
Services, Inc.

**Felix Perez**  
*Program Development  
Specialist*  
Riverside County Office of  
Education

**Flor Franco**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Flor Guajardo**  
*Area Manager*  
Neighbors in Need of  
Services, Inc.

**Frances Agredano**  
*Substitute*  
Webb County Head Start

**Frances Phipps**  
*Board Member*  
Sharon Baptist Head Start

**Francis Berrout**  
*Area Manager*  
Neighbors in Need of  
Services, Inc.

**Fredia Washington-  
Simmons**  
*Program Director*  
Port Arthur Head Start

**Gabriel Perez Castillo**  
*Parent*  
North Powellhurst Head  
Start

**Gabriel Rholl**  
*Former Head Start  
Teacher*  
CAP Tulsa

**Gabriela Cano**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Gabriela Moreno**  
*Teacher Assistant*  
Webb County Head Start

**Gabriela Rodriguez**  
*Cook*  
Neighbors in Need of  
Services, Inc.

**Gabriela Saldivar**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Gabriela Trevino**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Gail Mickey**  
*Director*  
Deer Lodge County Head  
Start

**Genoveva Leon**  
*Teacher*  
Laredo Webb County  
Head Start

**Georgina Villarreal**  
*Teacher*  
Neighbors in Need of  
Services, Inc.

**Geri Staley**  
*Parent/Policy Council  
Member*  
Anaconda Deer Lodge  
County Head Start

**Gilda Rios**  
*Substitute Teacher*  
Webb County Head Start

**Gina K. Olson**  
*Deputy Assistant Director*  
Wyoming Child & Family  
Development, Inc.

**Glenda Wilcox**  
*Director*  
Child Start Head Start



NATIONAL HEAD START ASSOCIATION

**Glendalyn Dee Rhea**

*Site Manager*

Hendricks County Head Start

**Gloria**

*Education Coordinator*

*Assistant*

Webb County Head Start

**Gloria M. Alvarez**

*Teacher*

Webb County Headstart

**Gloria Saldana**

*Teacher*

Neighbors in Need of Services, Inc.

**Gloria Salinas**

*Substitute*

Head Start

**Gracie Diaz**

*Teacher Aide*

Neighbors in Need of Services, Inc.

**Graciela Martinez**

*Teacher Aide*

Neighbors in Need of Services, Inc.

**Gricelda Suarez**

*Teacher*

Neighbors in Need of Services, Inc.

**Griselda Ramos**

*Substitute*

Head Start

**Guadalupe Herrera**

*Family Services*

Neighbors in Need of Services, Inc.

**Guadalupe P. Vela**

*Health Assistant*

Webb County Head Start

**Guadalupe Perez**

*Cook*

Neighbors in Need of Services, Inc.

**Guadalupe Rodriguez**

**Carmona**

*Teacher*

Neighbors in Need of Services, Inc.

**Gunga H. Standley**

*Director, Program*

Henry Booth House

**Gustavo Gutierrez**

**Gomez**

*Parent*

Head Start

**Harriet U'Ilani Mokiao**

*Teacher*

Mau Economic

Opportunity Head Start

**Heather Drennen**

*EHS Home Visitor*

Rooftop of Virginia CAP

Head Start

**Heather Hood**

*Data Analyst*

OVEC Head Start

**Heather M. Berkheimer**

*Quality Assurance Officer*

Blue Valley Community Action Head Start

**Heather Peasley**

**Herlinda Cortez**

*Teacher Aide*

Neighbors in Need of Services, Inc.

**Herminia Lara**

*Teacher Aide*

Neighbors in Need of Services, Inc.

**Holly Sayre**

*Teacher*

Luzerne County Head Start

**Hortencia Narron**

*Classroom Aide*

Laredo Webb County Head Start

**Hortencia Santillano**

*AA Teacher*

Head Start

**Hortensia Torres**

*Area Manager*

Neighbors in Need of Services, Inc.

**Humbeto Lopez**

*Custodian*

Neighbors in Need of Services, Inc.

**Ilona Witty**

*Parent, Director, Staff*

*Member*

Salida School District



NATIONAL HEAD START ASSOCIATION

**Ilse J. Avila**

*Substitute*

Webb County Head Start

**Ima Y. Garcia**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Inez Cantu**

Neighbors in Need of  
Services, Inc.

**Irasema Mendoza**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Irasema. Villarreal**

*Teacher*

Webb County Head Start

**Irene Guajardo**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Iris Escalante**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Irma Cruz**

*LVN*

Webb County Head Start

**Irma Pardo**

*Teacher Aide*

Neighbors in Need of  
Services, Inc.

**Isabel Campos**

*Teacher*

Little Folks Head Start

**Isadora Conant**

*Compliance And Training  
Manager*

Child Outcome Planning  
and Administration

**Jacqueline Radell**

*Teacher*

Williamstown Head Start

**James Anderson**

*CEO*

Family Resource Agency,  
Inc.

**James Donald Hall**

*Staff*

darlington county  
community action agency

**Jamie Davenport**

*Area Coordinator*

Highland Rim Head Start

**Jane Adams**

*Retired Director*

Waldo County Head Start

**Janet Jonguitud**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Janie Quiroga**

*Teacher*

Neighbors in Need of  
Services, Inc.

**Jann Turner**

*Staff*

Mt Hood Community  
College Head Start

**Jasmine Terrell**

*Parent*

Trinity United Church of  
Christ Child Care Center

**Jason Mitchell**

*Policy Council Member*

Area V Head Start

**Javier Flores**

*Bus Driver*

Neighbors in Need of  
Services, Inc.

**Jay Lerman**

*Board Member*

**Jean Tesinsky**

*Coordinator*

Saunders County Head  
Start

**Jean Wagner**

*Director*

Mt. Hood Community  
College

**Jeannette Griffith**

*Early Head Start*

*Coordinator/ Ersea Asst.*

Rooftop of Virginia CAP  
Head Start

**Jennett Spicer-Caldwell**

*Program Manager*

Early Head Start

**Jennifer**

*Parent*

Head Start

**Jennifer**

*Family Child Educator*

Family Development  
Services



NATIONAL HEAD START ASSOCIATION

**Jennifer Butcher**

*Teacher*  
Vernonia Head Start

**Jennifer Escamilla**

*Teacher Aide*  
Neighbors in Need of  
Services, Inc.

**Jennifer Hale**

*Teacher*  
Community action  
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Tanana Chiefs Conference  
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NATIONAL HEAD START ASSOCIATION

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**Tere Matamoros**

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NATIONAL HEAD START ASSOCIATION

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NATIONAL HEAD START ASSOCIATION

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